CONTENTS

EDITORIAL

How much medicine would we like the man in the street to know? Amidst endless deliberation about what to tell the patient and his relatives, much of which is futile in that each case needs an individual decision, there is remarkably little thought applied to the problem of educating the healthy. The opportunity is here; a glance at the week's television programmes, or at the numbers of advertisements dealing with nostrums and specifics, is enough to show that the public has a voracious appetite for things medical. But unless we get down to feeding them the proper stuff, we will find that they have been glutted and even poisoned by those whose living is sensationalism.

A few of the advantages of spreading the medical word have been recognised already. Increasing numbers of women are being taught to accept the value of regular cervical smear tests for the early diagnosis of carcinoma of the cervix, and the adoption of mass screening throughout the country is being delayed only by the shortage of trained cytologists, (though before long this is the sort of gargantuan task which will be handled by computers). Self-examination of the breasts, and the early reporting of painless lumps, is slowly catching on. But advances of this sort are isolated, and are largely the work of a few men like Mr. Malcolm Donaldson, of the Cancer Information Association, (see his letter to the Journal, St. B.H.J., April, 1964). There is enormous scope for educating people to recognise the basic symptoms and signs of disease, and we must see to it that in fifty years time early presentation and even self-diagnosis will seem as natural a part of Preventive Medicine as hygiene and immunisation are today.

There are other things to be gained. If we can teach people to recognise symptoms and signs that are significant, they will learn at the

same time to disregard those which require no medical attention. The characteristics of true cardiac pain are simple and easily defined, and if they were more widely appreciated, other aches and pains in the chest would give rise to fewer cardiac neuroses and waste less of the physician's time. And in the same sort of way it should be possible to eliminate a large number of calls received by general practitioners, where no more than reassurance is needed.

Is there a danger that by encouraging people to keep a closer watch on themselves we shall breed a generation of introspective neurotics? If the size of television audiences is a guide, man is naturally something of a hypochondriac. But it is uncertainty and partial knowledge that convert this natural instinct into a malady, and by replacing this uncertainty with facts we shall cure more neuroses than we cause.

How then can we make this Utopian dream of medicine for the masses come true? Something more balanced is needed than advertisements discouraging smoking, programmes on endarterectomy, and shifty notices in the public lavatories. It is the grammar of medicine that is missing, and as with other subjects it is with the grammar that we must start. The doctor in *Canterbury Tales* was unrivalled in his knowledge "of phisik and of surgerye" because "he was grounded in astronomye." Biology, which is perhaps a sounder foundation for medicine than the study of the stars, is taught in our schools, but its application for the non-medical pupil is restricted to nature study and sex education. It should be made the basis of some simple medical instruction.

And then there is television, presenting a vast but so far largely wasted opportunity. If there ever was a pressing urgency it is for the medical profession to gain a more constructive and integrated control over medical and pseudo-medical programmes. The emphasis must be switched from the operative details of open heart surgery to the symptoms of carcinoma of the rectum.

But in the final analysis it is the individual doctor who can do most in this cause—by making himself more approachable both to his patients and his friends; by explaining, whenever the situation allows, not only the prognosis but also the mechanisms involved in the disease; and by relying for his prestige more on mastery than on mystery. The humility that this would involve would do him no harm, and there is nothing sacrosanct about his ivory tower.

FROM BART'S TO CANADA . . . .

On January 1st 1965 two prosperous and interesting practices in Alberta, Canada, will become vacant. Both of these are in the town of High River, 30 miles south of Calgary. Although these are general practices, there is a hospital of 68 beds with full facilities in High River, and the practitioners do their own surgery, anæsthetics and maternity work. The hospital is run entirely by the local doctors (six of them), each of whom is on an equal footing. Although the standard of the work is above average for G.P.'s, there is no need for a specialist degree.

The gross incomes from the practices are estimated at $25,000 and $27,000 p.a., of which about $8,000-10,000 is lost to the taxman and in practice expenses, which includes the rent of offices. Both doctors wish to sell their practices for $10,000 each, including office equipment.

The country and climate are splendid, and golf, swimming, fishing, shooting and skiing are unlimited. Although the two practices are officially separate at the moment, conditions are ideal for a partnership.

Anyone interested should write to Dr. C. W. Forsythe or to Dr. S. F. Herring, both of High River, Alberta. Although these vacancies are for January 1st, applicants who feel that they would not be able to arrive until a later date will be considered. The posts are open to both men and women.

This information was kindly relayed to the Journal by Dr. George Ellis.

. . . . AND SUCCESS

Within a few days of hearing the news of the above vacancies, the following letter was received from Alberta:

Dear Sir.—I am enclosing a tear sheet from the November edition of "Canadian Doctor". I thought your readers might like to see how well a Bart's man is doing out here. Dr. Banks was a registrar with Dr. Scowen and was in part persuaded to come to Canada as the result of a letter I wrote to your Journal in 1952. He is now practising as a consultant physician in Victoria. I met him recently at a sectional meeting of the Royal College of Physicians and Surgeons of Canada held at Vancouver. He looked very well and prosperous. Obviously he is held in high regard by his colleagues in B.C.

26th November

Yours truly,
A. J. Walker, M.D., F.R.C.S. (C.)
Drumheller, Alberta.

The cutting from the *Canadian Doctor* which Dr. Walker kindly enclosed cannot, for reasons of space, be reproduced here. It is worth recording however that it included a picture of Dr. Banks in which he certainly looked both "well and prosperous".

LETTERS TO THE EDITOR

WAS THE EDITOR BIASED? . . . .

Sir,—The very facile "Conservative View of the National Health Service" which appeared in your October issue contains a large number of inaccuracies and misconstructions which anyone who really has the welfare of the National Health Service at heart will have no difficulty in identifying. But the most remarkable thing about it is the tacit assumption, made presumbably by yourself, that the only view of the National Health Service that your readers would want to have is a Conservative one. Do you really believe this? If not, when may we expect a Liberal or Labour viewpoint? Or perhaps you would agree, as Mrs. Weaver suggested herself, that health and the National Health Service are "too valuable . . . . to be bandied about as a party political gimmick," even by the Tories.

Yours faithfully,
T. W. Meade,
15, Florence St.,
22nd November. Islington, N.1.

. . . . OR BALANCED?

Sir,—It is usual for anybody who retires after six hectic months as Editor of the Journal to swear that he will never write for the magazine again. However, Dr. Meade's letter deserves some sort of a reply. Nothing benefits a magazine more than an air of topicality, and it was with this in mind that I set about gathering the views of the major political parties on the National Health Service, intending to publish them in the October edition. This was not easy. By good fortune I was able to get Mrs. Weaver to write on Conservative policy. At the same time I wrote to the Socialist Medical Association asking for their help and advice—I received no reply. Hasty consultations around the hospital were of no avail, especially as, at that time, I did not know of Dr. Meade's radical views. However, I did write an unbiased editorial on the views of all three political parties on the National Health Service, as expressed in their manifestos.

I hope this will reassure Dr. Meade that I am not wont to making "tacit assumptions". May I also suggest that Dr. Meade might like to write an article exposing the "inaccuracies and misconstructions" which at present are obvious only to himself. I am sure such an article would be considered by the Publications Committee.

Yours sincerely,
C. J. Kelly
23rd November. Abernethian Room.

TEACHING AND PATIENTS

Sir.—That teaching across the bed may lead to deplorable breaches of manners very like the discussing of an infant in his presence in spelt words or Anglo-French—and can be shocking bad therapy, is true of course, but retreating to the fireplace or the other half of the ward and teaching on him there is a very small part of the remedy. The word spoken may offend, the word not spoken offends much more.

For many, many years discharged patients have complained to their general practitioners that they were told nothing and did not know how or whom to ask and for a good many years general practitioners have been reporting this complaint but with small response. Patients are more articulate now; they answer questionaires, they write books. Hospital staffs work long hours but couldn't they find time to read some at least of these books? If Dr. Ann Cartwright's *Human Relations and Hospital Care* fails to convince let them try Rex Edward's *Coronary Case*, Morag Coate's *Beyond all Reason* and Douglas Ritchie's *Stroke*. There are others but these should suffice. If, having read them, the member of

the staff—most of all the senior staff—remains unmoved and does not feel an urgent need to insure that patients' questions, expressed or implied, are sought, heard and answered and that they have the information they ought to have about their ailment, their treatment and their surroundings not only when they leave but from the day of admission, then tradition and inertia must have prevailed over humanity and clinical wisdom and the outlook for hospital-patient relations is bleak.

I am, Yours faithfully,
Lindsey W. Batten.
December 1st. Crockham Hill, Kent.

CORRECTION

Sir.—I would be grateful if you would allow me space to correct an error made in my article on psychiatry at Bart's in your issue of November, 1964.

The part time psychiatrists in the department are very experienced and senior men, and, of course, are not Clinical Assistants. Dr. Rose is Chief Assistant, and the others hold appointments as Psychotherapist or Associate Chief Assistant.

Yours faithfully,
Michael Pare,
Department of Psychological Medicine,
St. Bartholomew's Hospital.
20th November.

* * *

BART'S MOTOR CLUB

The St. Bartholomew's Hospital Motor Club has been reformed under the presidency of Dr. G. H. Ellis. A meeting and film show will be shown on Tuesday 15th December and further meetings will be held on the first Tuesday of each month. Further details are obtainable from J. M. Robinson and I. McLellan.

* * *

Not intentional

We apologise for the printing error in *The Disabled Child and the City Hospital* by Mr. Ellison Nash on page 488 of the December *Journal*. "Sunday morning sermons", should read "Sunday morning *sessions*". The author has been kind enough to point out to us that sermons do not usually need an anæsthetic.

Engagements

BRUTON—UDAL.—The engagement is announced between Clive Bruton and Ann Udal.

PADFIELD—FOXON.—The engagement is announced between Dr. Adrian Padfield and Gillian M. Foxon.

RIMMER—MOLAN.—The engagement is announced between Maurus Euan Rimmer and Ciaran Mary Molan.

Births

HOLLAND.—On October 31, to Patricia (née Kielty) and Dr. Jim Holland, a second son (Christopher John).

HOOD.—On September 13, to Alison (née Clair) and Dr. Chrisopher Hood, a son (Simon).

HOPPER.—On November 13, to Drs. Dinah (née Henderson) and Peter Kennedy Hopper, a daughter.

NICOLA.—On October 20, to Ann (née Bowditch) and Adnan Kamele Nicola, a daughter (Kamleh Jane).

ROLES.—On November 15, to Wendy (née Donaldson) and Nick Roles, P.O. Nandi Hills, Kenya, a daughter.

WHITE.—On November 4, to Susie (née Wright) and Dr. Roger G. White, a brother for Caroline.

Deaths

COLLER.—On November 5, Frederick A. Coller, M.D., F.A.C.S., Hon. F.R.C.S.

EDWARDS.—On November 18, Dr. Thomas Peter Edwards, M.D., D.P.H., aged 79. Qualified 1911.

GREEN.—On October 15, Dr. Arthur Charles Fitzherbert Green, M.A., M.B. Cantab., aged 56. Qualified 1937.

PEARSONS.—On November 22, Dr. Charles Ernest Pearsons, M.B., B.S., L.R.C.P., M.R.C.S. Qualified 1924.

Changes of Address

FARRANT RUSSELL.—Mr. and Mrs. S. Farrant Russell *to* The Oast House, Halstead, Sevenoaks, Kent.

GIBSON.—Dr. and Mrs. Ronald Gibson *to* 21 St. Thomas' Street, Winchester, Hampshire.

LUCAS.—Dr. and Mrs. Peter Lucas *to* Rahere, Dalkeith Road, Branksome Park, Poole.

TAYLOR.—Dr. E. L. Taylor *to* 'Byways', Gardenside, Charmouth, Bridport, Dorset.

Prizes and Appointments

College of General Practitioners

Wendy Sanders is a prize-winner of the Public Welfare Foundation Prize Competition, 1964.

Royal College of Surgeons of England

On November 12, the Begley Prize was awarded to Thomas M. Bucknill, and the Hallet Prize to Robert G. Pickard.

Dr. Robert G. Cochrane has received the 12th annual Damien-Dutton Award at the Public Health Service Leprosy Treatment Centre, Carville, Louisianna.

Dr. A. A. M. Easton has been invested as a serving brother of the Order of St. John.

Major-General R. J. G. Morrison is to be Director of Army Medicine and consulting physician from February 1965.

Mr. H. B. Stallard has been elected a member of the Swedish Medical Society.

Mr. J. Graham had been awarded the St. Bartholomew's Hospital Medical College Prize in Histology 1964.

January Duty Calendar

Sat. & Sun., 2nd & 3rd.
Prof. Scowen
Prof. Taylor
Mr. H. J. Burrows
Dr. Boulton
Mr. McNab Jones

Sat. & Sun., 9th & 10th.
Sir R. Bodley Scott
Mr. Hunt
Mr. Manning
Mr. F. T. Evans
Mr. Hogg

Sat. & Sun., 16th & 17th.
Dr. Cullinan
Mr. Naunton Morgan
Mr. Aston
Dr. R. A. Bowen
Mr. Fuller

Sat. & Sun., 23rd & 24th.
Dr. Hayward
Mr. Badenoch
Mr. H. J. Burrows
Mr. Ellis
Mr. Cope

Sat. & Sun., 30th & 31st.
Dr. Spence
Mr. Tuckwell
Mr. Manning
Dr. R. W. Ballantine
Mr. McNab Jones

Physician Accoucheur for January is Mr. J. Beattie.

FINAL STATE EXAMINATION FOR NURSES

Pass List, October, 1964

Abbott, M. R.
Barclay, Y. A.
Battley, S. R.
Bidwell, M.
Biron, J.
Blewett, R. I.
Burton, E. M.
Constable, R.
Dobson, A. C.
Easter, S.
Evans, M. E.
Evans, S. M.
Gardner, V. J.
Gray, J. M.
Groves, J. L.
Harrow, M. R.
Hawkins, C. M.
Higgins, Y. M. E.
Irvine, M.
Johnson, M. A.
Jones, R. B.
Kavanagh, D. M.
Keel, H. M.
Knight, E.
McGuinness, E. G.
Mitchell, E. M.
Morgan, J. S.
Peyton, J. A.
Prior, S. H.
Randall, S. M.
Rowland, R. M.
Smethurst, M. L.
Smith, J. M.
Thompson, W. M.
Tribbeck, M. A.
Wears, B. J.
Woollard, P. S.

FINALS RESULTS

University of London

Final M.B., B.S. Examination

October, 1964

Honours

Shand, D. G. (Distinguished in Surgery)

Passed

Anderson, B. T.
Burnham-Slipper, C. J.
Danesh-Haeri, A. A. C.
George, W. T.
Houghton, A. L.
McLaughlin, J. E.
Phillips, H.
Powles, T. J.
Robb, E. E.
Billington, B. M.
Chant, A. D. B.
Davies, W. A. M.
Harris, S. G.
Kenyon, S. P.
Milla, P. J.
Phillips, M.
Ratcliffe, R. M. H.
Tompkins, J. C. R.
Bucknill, T. M.
Clements, E. A. F.
Fletcher, M. W.
Herbert, T. J.
Knox, C. S. J.
Percival, G. M.
Powles, R. L.
Ratcliffe, J. F.

Part I. Supplementary Pass List

Axon, A. T. R.
Britten, C. S.
Bruton, C. J.
Cotterell, S.
Foxton, A. T.
Hudson, M. F.
Kennedy, J. S.
McElwain, T. J.
Phipps, C. R.
Richards, N. C. G.
Smart, C. J.
Udal, L. A.
Bedford Turner, J. E. B.
Britton, B. J.
Campbell-Smith, S.
Davies, N. J. T.
Hamilton, G. R. S. A.
Husband, P. R.
Linggood, R. M.
Otti, B. I.
Pine, R. C.
Rimmer, M. E.
Stockton, C. E.
Underwood, J. C. E.
Bennett, B. S.
Brown, M. E. A.
Cooke, T. J. C.
Dutt, T. P.
Hardy, F. J. R.
Jones, D. V.
Lloyd-Williams, J.
Owen, D. G.
Revill, M. G.
Robins, D. G.
Swain, J. R.
Wilkinson, J. M.

Part II.

Barretto, J. H.
Nicoll, J. M. V.
Labrum, A. S.
Pitt, J. M.
McNie, D. J. M.

Part III.

Barretto, J. H.
Owen, D. G.
Langley, J. F. A.
Pitt, J. M.
Lloyd-Williams, J.

Part IV.

Labrum, A. S.
Lloyd-Williams, J.
Owen, D. G.

Conjoint Board

Final Examination

October, 1964

Pathology

Smith, P. C. G.
McElwain, T. J.
Kurr, J. B. G.
Britton, B. J.
Rimmer, M. E.
Swain, J. R.
Weston-Burt, P. M.
McArthur, P.
Brown, M. E. A.
Bedford-Turner, J. E. B.
Davies, N. J. T.
Powles, T. J.
Martin, C. R.
Davies, W. A. M.
Phipps, C. R.
Robertson, A. J.
Udal, L. A.
Lee, B. C. P.
Axon, A. T. R.
Britten, C. S.
Bruton, C. J.
Hudson, M. F.
Lyons, A. J.
Otti, B. I.
Bubna-Kasteliz, B.
Revill, M. G.
Robins, D. G.
Whittaker, M.
Linggood, R. M.
Aaronson, I. A.
Bennett, B. S.
Cotterell, S. D.
Kersley, H. J.

Medicine

Danesh-Haeri, A. A. C.
Billington, B. M.
Pakiam, A. I.
Knox, C. S. J.
Thomas, M. G. W.
Harris, S. G.
Clements, E. A. F.
Anderson, B. T.
Klaber, M. R.
George, W. T.
Barretto, J. H.
Tompkins, J. C. R.
Burnham Slipper, C. J.

Surgery

Harris, S. G.
Kersley, H. J.
Robb, E. E.
Powles, T. J.
Bucknill, T. M.
Fletcher, M. W.
Anderson, B. T.
Knox, C. S. J.
Ratcliffe, J. F.
Billington, B. M.
Tompkins, J. C. R.
Smith, P. C. G.
Chant, A. D. B.

Midwifery

Harris, S. G.
Brooks, W. A.
Robb, E. E.
Powles, T. J.
Martin, C. R.
Davies, W. A. M.
Cooke, T. J. C.
George, W. T.
Billington, B. M.
Smith, P. C. G.
McElwain, T. J.
Kuur, J. B. G.
Wilkinson, J. M.
Foxton, A. T.
Fletcher, M. W.
Kersley, H. J.
Cross, M. M.
Ratcliffe, J. F.
Hardy, F. J. R.
Pine, R. C.

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

Billington, B. M.
Billington, B. M.
Chant, A. D. B.
Harris, S. G.
Powles, T. J.
Bucknill, T. M.
Danesh-Haeri, A. A.
Knox, C. S. J.
Ratcliffe, J. F.
Burnham-Slipper, C. J.
Davies, W. A. M.
Pakiam, A. I.

HOUSE APPOINTMENTS JANUARY 1965

FIRST APPOINTMENTS

Jun. H.P. to Dr. Cullinan...	Guillebaud, J.
Jun. H.P. to Dr. Spence ...	Thomas, R. S. A.
Jun. H.P. to Sir Ronald Bodley Scott	Powles, R. L.
Jun. H.P. to Dr. Hayward	Knill Jones, R. P.
Jun. H.P. to Professor Scowen	Shand, D. G.
Casualty House Physician	Tunstall Pedoe, D. S.
Jun. H.S. to Mr. Naunton Morgan	Shorey, B. A.
Jun. H.S. to Mr. Hunt	Phillips, H.
Jun. H.S. to Mr. Badenoch	Michell, D. R.
Jun. H.S. to Mr. Tuckwell	Bark, R. M.
Jun. H.S. to Professor Taylor	Chant, A. D. B.
Casualty House Surgeon ...	McDowall, R. A. W.
Jun. H.P. to Children's Dept.	Anderson, B. T.
Jun. H.S. to Gynae. & Obs. Dept.	Davies, W. A. M.
	Knox, C. S. J.
H.S. (3) to Orthop. Dept. ...	Herbert, T. J.
	Lloyd, D. A.
	Fry, D. E.
H.S. to E.N.T. Dept.	Howat, I.
H.S. to Mr. Messent, Harold Wood Hospital	Matthews, J. M.
H.P. (3) Rochford General Hospital	Harris, S. G.
	Ying, I. A.
	Gilkes, J. J. H.
H.S. (2) Rochford General Hospital	Harris, J. C. R.
	Letchworth, A. T.
H.P. (2) Southend General Hospital	Sibunruang, S.
	Bucknill, T. M.
H.S. (3) Southend General Hospital	Danesh Haeri, A. A. C.
	Burnham-Slipper, C. J.
	Haig, G.
H.P. to Dr. Balme, Whipps Cross Hospital	Powles, T. J.
H.S. (2) to Mr. Nardell, Whipps Cross Hospital	Smith, I. R.
	Fletcher, M. W.
H.S. (2) Redhill General Hospital	Bailey, P. W.
	Nash, A. V.

SECOND AND THIRD APPOINTMENTS

H.P. to the Children's Department	Coates, O. A.
H.S. to the E.N.T. Department	Maw, A. R.
H.P. to the Skin & V.D. Departments	Flower, C. D. R.
H.S. to the Ophthalmic Department	Holt-Wilson, A. D.
Intern	Robertson, A. C.
	Sandhu, M. S.
H.S. to the Thoracic Department	Richards, C. J.
	Stanley, P.
H.S. to the Neuro-Surgical Department	Delany, D. J.
	Mansell, P. W. A.
H.P. to Departments of Neurology & Phychological Medicine	Hession, M. A.

At the time of going to press this list was subject to confirmation.

Retroscope 1964

The year got off to a cracking start with coups in Vietnam and troubles in Cyprus (both recurrent themes), an attempt on Nkrumah's life, riots in Panama, mutinies in Kenya, Tanganyika and Uganda, a revolution in Zanzibar, and a barony for Roy Thomson. Cassius Clay, the poet of the ring, became World Heavyweight Champion but failed for the second time the U.S. Army Physical Examination, on mental aptitude. Cassius commented: "I just said I was the greatest; I never said I was the smartest."

Among those who died this year were Brendan Behan, King Paul of Greece, General MacArthur, Nehru, Lord Brabazon, Diana Wynyard, Lord Beaverbrook and Ian Fleming. Miss Elizabeth Taylor became divorced and re-married. Malawi and Zambia was born. Shakespeare celebrated his 400th birthday; so did Marlowe, and lest this should pass unnoticed, several students of his old college, Corpus Christi Cambridge, gathered in Old Court on a suitable day and formally sang "Happy Birthday to you". The British Army was in action in Cyprus, Aden, British Guiana, East Africa and Malaysia. In Belgium, the doctors were called up to end the strike. Somebody found microphones in the walls of the U.S. Embassy in Moscow after ten years. The course of the Nile was diverted for the building of the Aswan Dam. The Forth Road Bridge was opened. Harold Macmillan declined an earldom and the Garter knighthood, his wife accepted a C.B.E. Alfred Hinds cleared his name at last. Mr. Justice Davies described the Great Train Robbery as "a sordid crime of vast greed", and dispatched seven of the sordid criminals to jail for thirty years. "Treasurer" of the robbers, Charles Wilson, was later to escape from Winson Green, Birmingham. John Bloom returned from Bulgaria to find his empire in ruins.

The Australian Navy was decimated in February when the destroyer, *Voyager*, was holed amidships and sunk by the flagship, *H.M.A.S. Melbourne*. 82 lives were lost. Captain Robertson of the carrier *Melbourne* was later exonerated at a special enquiry, but was immediately appointed to a shore post and resigned in protest. Menzies' Liberal Government had a rough time riding that one.

This was a lean year for scandals after the rich harvest of 1963. In some desperation the Republicans resurrected the Bobby Baker affair, while at home Mr. Quinton Hogg fired a moral salvo at the Labour leaders. "What's that", said one member, "adultery on the Front Bench? Why, it's hard enough to get to sleep there".

A bad year for Ted Dexter. He lost to Simpson at Leeds, to Callaghan at Cardiff, and to Smith for the M.C.C. captaincy in South Africa. Another notable sporting casualty was Peter Scott who became the scapegoat for Sovereign's abject performance in the America's Cup. It was lucky for British pride that our athletes did so well at Tokyo. Other records fell, outside the Olympics. Donald Campbell broke the official land speed record, on Lake Eyre. A 14-year-old schoolgirl swam the Channel, and the fastest time for this was beaten also. A woman (Daisy Voog) scaled the North face of the Eiger. At home, the G.P.O. nearly broke all records for slowness.

The Conservatives put up the tax on cigarettes and spirits in April. Not to be outdone, the new Labour Government tried petrol and income tax for a change in the autumn. Possibly the nastiest shock of the election was reserved for Mr. Henry Brooke at Hampstead. Both party leaders remained Sphinx-like almost until the last result was in. It was nice to see that the computer got things wrong. When our correspondent retired to bed at 4 a.m., it was prophesying a Labour majority of over 30 seats. This figure gradually diminished throughout the morning. Staid and social Sussex suffered the Mods and Rockers during the summer, and their first Labour M.P. in the autumn. Alas for the days of the Regency.

October brought the downfall of jolly Mr. K—a triumph this, for the masterly Russian gift of surprise. More predictably his throne was usurped by two of the greyer men from the penumbral shades of the Kremlin. Strange to think that only last year Kennedy, Khruschev and Macmillan held the stage. Charles de Gaulle (L'état c'est moi), surely an outsider at the start, but hero since of numerous O.A.S. melodramas and lately shorn of his prostate, has nonetheless outlasted the lot and upset all the odds. Odd's the word if we remember the halcyon days of French politics when the Prime-Minister would change with the weather.

It was curtains too for the dear old Windmill (motto: "We never clothed"). Tears in his eyes, our correspondent went along there just before the fatal day to gaze for the last time at those lovely ladies. Nostalgically paying his 14/6d. (the cheapest seats, but built for legless men) he wound his way up the stairs, reviewing en passant some interesting photos of les girls (nailed firmly to the wall). The funny man was tolerable, but the acts which followed—"Borneo", "Rancho divorcee", "Wives or Lovers" etc.—were unbelievably grim. Ninety minutes later our correspondent staggered out, his duty manfully done, musing regretfully that what was probably risqué in 1932 is somewhat passé these enlightened days.

Two coronations were celebrated in November—firstly that of Lyndon Johnson as President of the U.S.A. Johnson, the Southerner, won 95% of the negro vote; Johnson, the Protestant, carried more Catholics than J. F. Kennedy. Both the brothers of the late President were elected to the Senate. Chubby-faced Hubert Humphrey, a very liberal Democrat, was elected to the vacant Vice-Presidency. Senator Goldwater was buried without trace, and many able Republicans were dragged down with him into the dust of Arizona.

The second coronation was that of Ann Sidney (Miss U.K.) as Miss World. Our correspondent, while applauding the patriotic taste of the judges, had an eye himself for the Misses Greece and Denmark. These two countries may be mollified in the spring, however, by the fruits of what the royal spokesman described as "a happy event". Generally it was a busy year for the royals. Spring brought sons for the Queen and Princess Alexandra, and daughters for Princess Margaret and the Duchess of Kent. Earlier in the year the Queen Mother's appendix had been pruned. The Dutch Princess Irene, amid considerable confusion, was converted to the Roman Catholic church in January, and married to Prince Hugo Carlos in April. Princess Margaret and her husband were in the news again in August when they succeeded in escaping from the Aga Khan's leaking yacht off Sardinia.

The weather, so remarkably un-English during the summer, seems to be returning to form for the end of the year. With 1964 about to be decently buried, our correspondent takes pleasure in wishing all readers a fruitful 1965.

THE SEARCH FOR OLD DRUGS IN BRITISH GUIANA

By D. P. Moody

Part III—The Results of the Search

In the first two episodes of his article, Dr. Moody described how he and his family set out to visit two Amerindian tribes in order to capture and record their medical knowledge before their culture should collapse under the impact of civilisation. So far he has given us a vivid picture of the life he found there, the strange superstitions of the people, and the status and knowledge of their medicine men. In this final section he discusses the drugs that he found.

Over forty specimens were recovered and many of these were identified from our pressed samples and photographs by Mr. Gerry Harrison, an economic botanist working at Kew. The identified species fell into three groups: those previously reported as having the same effect, those whose alleged effects could be correlated with other work in the scientific literature, and those which were the subject of completely new stories.

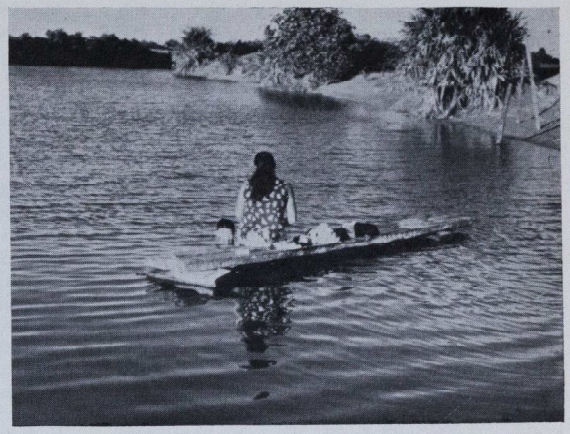
Mastruz

This small erect herb with whitish flowers was quite deliberately cultivated by most indians and ranchers. A concentrated tea was made from the unpleasantly odoriferous plant and given at the rate of a teaspoonful for a child, a dessertspoonful for an adult, and a tablespoonful for a horse or cow. A few doses were guaranteed to clear out worms from all of these types of patient. The plant was Chenopodium ambrosiodes, the staple traditional vermifuge of practically every recorded culture. Indeed, one might define a truly primitive culture as one which does not use this herb.

Warivtine

Macusi curare used to be famous as one of the most potent known; over 130 years ago Schomburgk tried to trick the Macusi into giving him the recipe for their brew. He identified one plant correctly but all of the rest of the names he gives are nonsense words in Macusi. The vine he collected was named Strychnos toxifera and since that time it has been worked on intensively and has been regarded in some quarters as the sole active principle of Macusi curare. Sir Henry Dale, perhaps the most famous Bart's man still living, initiated very intensive work on curare by the Medical Research Council in their own laboratories. They now support work on curarising alkaloids of various Strychnos species in university laboratories, so there have been several decades of continuous labour based on the notion that these alkaloids are responsible for the particular potency of Macusi curare. Incredible as it may seem in these circumstances there is absolutely no demonstrable evidence for this idea! No genuine sample of Macusi curare has ever been obtained for either pharmacological or chemical analysis in modern times. Perhaps the nearest approach was made by Ranyard West who worked at Bart's on some curare obtained by a Guianese Forest Officer in Macusi territory. West noted that Macusi curare had some pharmacological activity of a different type to other curares. Unfortunately, West was not aware that his sample had been collected from a priest living in the area who had obtained it from a wandering amerindian. This amerindian had probably got it in trade over the northern border of the country with the Arecuna indians of Venezuela and it had never been in Macusi hands at all. The last surviving calabash of that batch was handed to me some thirty years later by the same priest. One may well ask why these errors were never noticed before. The answer is quite simple: in spite of all of the money and effort spent no-one had thought it necessary to visit the Macusi themselves. The worst consequence of this oversight has become apparent only recently.

The boiling of a curare requires much knowledge and practice with each batch taking about three weeks to prepare. This time is spent in the forest well away from the village and involves much hard travelling and labour. The young men nowadays can hardly be blamed for not bothering to do this when a few hours work in a missionary's garden will produce a good handful of shotgun cartridges. Another advantage of the shotgun is that the quarry drops dead if hit whereas with curare it remains very much alive for some time and has to be run down. It should be no surprise that knowledge of curare manufacture is one of the first things to be lost following the advent of the white man. The last known Macusi curare boiler died just three years before I reached the savannahs. The tragic loss of knowledge is made more poignant by the recent discovery that some of the more potent alkaloids of calabash curare do not occur in Strychnos species. With the advance in chemical knowledge it has become apparent that curare boilers do more than make physical mixtures; they also do chemical reactions.



Wapisiana washing kid and cloth. This "outside" mother and son live amicably with the rancher's "inside" family.

The menisperms also yield alkaloids having neuromuscular blocking activity. They are of different chemical type and have slightly different pharmacological properties. Paralleling the notion that calabash curares owe their activity only to Strychnos alkaloids there is the one that curares packed in bamboo tubes owe theirs to alkaloids from menisperms. The tubocurarine used as a muscle relaxant in surgery is of this latter type and the commercial product is still obtained by extracting crude curares bartered by amerindians for goods from riverine traders. When a series of compounds having a range of potency and duration of activity is available the shrewd physician can often achieve greater effect by giving a mixture than by giving high doses of any one compound. It was conceivable that this extra possibility for increasing the effectiveness of curare had been discovered empirically by a curare maker and it was only logical to look into the best known case. The priest and one other person remembered that Macusi curare makers made a point of taking one savannah plant when they went into the forest. This was warivtine (fox-ear). Mr. Harrison identified the plant as a menisperm, within a few days I had discovered that this one had never been reported before as a constituent of any curare, and in a few more days Professor Quilliam of this College had very kindly demonstrated to me the neuromuscular blocking activity of an extract.

We still do not know, in the exact sense of the word, much about Macusi curare and I for one remain annoyed at the entirely avoidable loss of knowledge. Nevertheless we must recognise two benefits at least. First is the lead to warivtine and its somewhat unusual type of activity. We have attempted to isolate the active principle from the small quantity of material I brought back. There has not been much success with the main line of work so far but, as so often happens, this in turn attracted our attention to another unsolved problem. This sideline has yielded a result in the form of a new piece of apparatus which we hope will be of general utility in preparative chromatography. One of our major problems has been the supply of raw material but we hope this will be solved by the efforts of a colleague whom we have sent out to the Rupununi. It is obvious that the only way of tracking the active principle through our extraction procedures is by pharmacological testing and we have been grateful for the co-operation of Professor Quilliam and his staff throughout the work.

Arachis hypogæa

The way in which the Wapisiana use peanuts approaches art as well as medicine. The alleged range of activities includes use in ritual killings, the induction of parturition, the procuration of abortions, and hæmostasis. Unlikely as this grouping may sound, there has appeared in the literature within the last three years at least one set of correlations for each activity.

One piaiman gave us the details of the procedure for dealing with pestilential people in such a way that their demise served as a lesson to the rest of the tribe. By means of a long and involved recipe a particularly powerful spirit would be induced to infuse crushed 'monart' with its essence. The material would be introduced into the diet of the victim, usually in his cassiri. He would gradually become insane and finally die. Our informant claimed a Jesuit priest as one of his victims and this led us at first to discount the whole story as originating in a well-publicised wish-fulfilment. We knew that the Jesuit had left his mission in an odd way, that he died not long after, and that his personal journal covering the period at the end of his life had led to speculation on his state of mind. On the other hand we also knew that this Jesuit had had serious and open conflict with many of the piaimen, who were certainly not averse to playing any lucky card for all it was worth.

Not long after we returned to this country there began to appear some reports on hepatotoxicity of certain batches of groundnut meal. The animals concerned were all birds and very young ducklings were found to be the most sensitive. It was soon established that the toxicity was associated with the metabolic products of a particular fungus and a group of materials of similar chemical properties were isolated and given the generic name aflatoxin. At about this time and prompted by the enormous economic importance of groundnuts there appeared an official report of the Interdepartmental Working Party on Groundnut Toxicity Research. Section 11 of the report begins: "There is no scientific evidence to suggest that human beings have suffered ill-effects from the consumption of groundnuts contaminated with aflatoxin . . ." The report coincided with our learning that the Jesuits had handed over the priest's journal to a professional anthropologist specialising in amerindian cultures. One of her medically qualified colleagues also looked through the journal with a view to making an attempt at a historical diagnosis of the priest's condition. On raising the matter of section 11 with the doctor we were told that such evidence as was available indicated avitaminosis rather than liver damage as the cause of death.

We still felt uneasy about the situation but could not convince ourselves that there was enough suspicion to justify calling for further action. Predictably, there was an extension of the official tests to other animals and particularly those of agricultural importance. In early 1963 it was reported that experimentally poisoned calves had increased serum alkaline phosphatase followed by a fall to normal values during a few weeks before death. What caught our eye though was the remark that there was almost complete absence of vitamin A in the liver at death.

Adobe for haciendas. The ité fronds are used to control the rate of sun-drying of the puddled and moulded clay.

At this stage of the story the reader has as much information as we did at the time. For those readers who do not have the necessary knowledge to get the pleasure of putting the jigsaw together we suggest that you do as we did. Consult a good textbook; such as B.D. & S., 4th edition, p. 117. More recent scientific publications have added a twist to the tale and served to emphasise the need for more work on groundnut toxicity and the prevention of consumption of infected groundnuts. Briefly, it appears that if the relatively acute hepatotoxicity does not get you then the chronic carcinogenicity will.

The hæmostasis story starts nearer comedy than horror. An American zoologist suffered from antihæmophilic factor hæmophilia, could obtain no relief by consuming large quantities of special foods, and could only perform his duties with the help of periodic transfusions of fresh blood. One day he had tenderness in one knee with an active hæmatoma and a simultaneous yen for roasted peanuts. The yen was satisfied and, for the first time, there was rapid loss of tenderness. Ever since then he has been able to relieve the clinical symptoms of each hæmophilic attack by eating peanut; raw, roasted, or as peanut butter. While following up this lead the zoologist and his colleagues observed extreme vasoconstriction in male hamsters that had ingested an extract of peanut. Although properly cautious about identifying the vasoconstrictor with the hæmostatic agent they do seem to have demonstrated a good correlation of the two activities for a variety of extracts.

A cramplike response to intraperitoneal administration of peanut extract led these workers to suspect that their materials would be myotonic for smooth muscle and they duly showed that excised hamster duodenum contracted strongly when extract was added to the bath.

As it happens, my wife is always overdue with her deliveries and has to be induced, sometimes both surgically and with oxytocin. It is understandable then that a correlation between abortions, inductions, and myotonic extracts fairly leapt to our eyes when glancing through the reprints of the Americans' work. We have written to them to suggest that instead of using only male hamsters for their work they should introduce some pregnant females into the test series. The few details given for the extraction procedure would also fit the idea that the active principle will be found to be roughly of the chemical type and size of oxytocin. The amerindian women who use peanuts for inducing parturition claim that it makes the birth easier. This is not surprising since they tend to take them at about eight months and the fœtus will then be undersized. The additional infant mortality is probably simply not noticed in a rate that is about 50% anyway. It does, however, raise the question whether at this stage of knowledge it would be justifiable to tell pregnant women known to be liable to give birth prematurely to avoid eating peanuts.

Counani

We had heard of this fish poison from Conrad Gorinsky long before we went to his home on the Rupununi. It is quite outstanding since, instead of stunning or killing the fish like all of the other poisons, it excites them. It is an excellent invention for fishing in very muddy rivers. The procedure is to scatter some of the leaf either alone or in groundbait. Any fish which ingests enough will skitter about on the surface of the water and some even leap clear. It is then an easy feat for the amerindians to pick them off with floatable arrows having a hollow bamboo stem. The activity is readily demonstrated and again we have to acknowledge the help of Professor Quilliam in confirming this activity in the laboratory.

There was a very tenuous lead to the effect that counani also induced disturbances in man but we never managed to get definite confirmation of this in the field. Any suggestion to any piaiman that counani had activity in man was parried by the bald statement that, like everybody else, he grew it for fishing. In one village close to an american missionary station the piaiman even refused pointblank to consider any possible way in which the material could be used even if I took it away and found some beneficial use for it myself. When we discussed the subject with the missionaries later we got an equally strong reaction. This was because our enquiries were merely serving to reawaken amerindian interest in filthy satanist practices. After mention of the peyote cult sent one individual into a paroxysm about visitations by the devil to those who were not saved, we decided to drop the subject.

On our return the plant was identified as one of the Compositæ and a search of the literature revealed no recorded work on its composition. At first we were reluctant to work on this plant because we had no convincing stories of effects in man and we knew of no correlation between this kind of activity in fish and any kind of activity at all in man. Just at this time I went to a lecture and read a paper in a journal. The lecture was on hallucinogens but a large part of it was devoted to the very exciting story of how a Swiss firm

and an American banker combined to track down a variant of the peyote cult in Mexico. For the first time in the modern era they recorded the use of the seeds of a higher plant to produce hallucinations. They then proceeded to demonstrate that the active principle had a chemical structure akin to that of the ergot alkaloids. The paper was a summary of a long series relating the screening of vast numbers of compounds to see if some could be found which would cause fish to rise to the surface for easier harvesting and yet still be fit to eat. The only compounds which produced anything like the requisite behaviour were derivatives of lysergic acid and LSD25 itself was one of the best.

We cannot say that ololiuqui has any hallucinogenic activity or, for that matter, induces any kind of behavioural change in man. Since we cannot guarantee constant level of activity in the plant and we know nothing about the therapeutic index of the active principle, it would be extremely foolhardy to test the material now. However, the time will come when we have some nice pure crystalline material and then we will have to face the fact that the only test animal suitable for behaviour modification studies in man is man himself.

Perhaps if I were required to give a classic example of the kind of nebulous longshot which I consider it to be the peculiar job of the academic to investigate, this is the one I would choose.

Fertility

From what I have said above it can be appreciated that I consider American missionary fanatics are difficult to cope with in this business. In all fairness it must be said that most of them are very helpful and reasonable people except when dealing with their special subject. The Jesuits on the other hand are through and through tougher nuts to crack. Perhaps the secret is in the cryptic comment on the Order made by one of my Jesuit friends in British Guiana. He said that there are two kinds of missionary Jesuit: the ones who never put a dog-collar on and the ones who never take it off. Although we had heard whispers of the use of contraceptives we again got the blank wall treatment whenever the subject was mentioned. Finally the break came. At the time we were on a Jesuit mission station and the information was given by one practising catholic to my wife, who is another! We had, of course, made the mistake previously of not bothering to speak to anyone on the station itself because it would be a waste of time.

Rupununi cattle have an ancestry as mixed as that of their owners. Their nutritional state is not much worse either.

The story sounds too good to be true but I would welcome advice on whether and how it should be investigated. A few days before she is due to menstruate the girl makes a mull with water of some scrapings from a nut and drinks the mixture. Straight away it should be said that the taste is bitter enough but the aftertaste is foulness itself so that anyone who takes it must have a very good reason. After three or four doses at similar times the girl simply ceases to menstruate and does not recommence spontaneously for up to two years. In the interregnum she is infertile. The period of infertility can be extended by taking booster courses of the same plant or can be curtailed by taking another. There is said to be no impairment of subsequent fertility.

The first question that arises is whether there is likely to be any sense in the story at all. The next is how to set about doing the tests. My purely personal view is that negative results in non-primates prove nothing at all. There must be many common controls in the reproductive cycle of primates and non-primates but, equally, the mere fact that primates menstruate whereas others do not implies that there are differences as well. If the point of action is at one of the common controls then a test on any laboratory animal will give some kind of indication of activity but if it is at one of the different ones then the test is bound to be negative.

Summary

I have tried to give some indication of the type of offbeat contribution to medical progress that can be made by one of the many branches of chemistry. I quite unashamedly confess that I have also tried to raise far more questions than I can answer myself in the hope that someone else will be stimulated to produce an answer to see and enjoy.

In Search of General Practice

By John Millward

Recently reported proceedings of various professional associations and medical school committees have drawn attention, yet again, to the present inadequacies in the preparation of entrants into General Practice. My own reading of these publications failed to reveal any new solution, but I found much print reiterating theories already proved sterile.

When I first sought employment in General Practice, I soon realised my ignorance of many of the fundamentals. Initially blaming myself, in time my conscience was relieved and my opinions altered. Because my early postgraduate experience was in general practice, I found that several of my contemporaries (not all from Bart's) sought my counsel on these fundamentals of practice, already more familiar to me than to them. I must emphasise at the onset that I do not criticise the present teaching of pure medical knowledge, its evaluation and interpretation; in that sphere the younger doctor, though far from fully trained, has a sufficient grounding to give him confidence to meet his technical superiors on a civilised footing. The academic qualifications of prospective entrants is often taken for granted by General Practitioners who are interviewing prospective colleagues. Personalities, adaptability, views on practice, interests, specialities and their possible local exploitation are livelier topics for two or more people, who may have to spend most of their working lives in such a close proximity.

Now, looking back, I believe that I recognise the fundamental difficulty in understanding the present chaos. Much confusion has arisen because of the varied interpretations of the basic and simplest phrases that are an integral part of General Practice. We are taught to be precise in our definitions and descriptions; we are warned of the possible medical and financial disasters that may follow even the most trivial of misunderstandings. Yet this does not apply to General Practice phraseology. Practice varies (as does its interpretation) even amongst neighbouring doctors. Some G.Ps. will capitalise on the deliberate misunderstandings that can ensue. Such phraseological confusion may explain the varied and violent reactions of many of us to the nationally published articles and to policies of the B.M.A. and other bodies. It may explain the apathy and antipathy to medical politics that is at present shown by many, and particularly the younger, doctors.

Perhaps our salvation lies in long-term teaching and far more discussion amongst all sections once the size of the problem is realised. Thus I suspect all student courses that embrace but one or two specially selected practices. I will try to highlight the snags as I develop the main theme of this article, the search for, and eventual selection of, the right practice for the individual.

The start of the long trail usually is a sudden interest in practice advertisements which unfortunately appear in many and various places. Tradition demands that the British Medical Journal should be assiduously studied as soon as it appears at the end of each week. The B.M.J., although most eminent, has the financial disadvantage of costing money both to the advertiser and the reader.

Recently a number of free publications have appeared, for which the pharmaceutical industry is mainly responsible. These periodicals, providing advertisement free of charge, have ended the need for terse notices designed like G.P.O. telegrams to achieve a maximum of information at a minimum of cost. Disappointment is inexpensive when the advertisement is free. More important still, the efficiency of a commercial organisation ensures that the free journal reaches the widest possible circulation and does in fact have a potential professional coverage of 100%. These publications have been so skilfully devised and compiled that they are studied more closely than the ordinary pharmaceutical advertising literature which passes daily through the doctor's letter-box and on into the waste paper bin.

On the notice boards of hospitals and medical schools a few "situations vacant" are posted. This may appeal to the person who feels that his destiny is to practice only in the company of those fortunate enough to have been educated at the "old hospital". Yet another group of aspirant G.Ps. rely upon the intervention of their "chiefs" to secure for them a suitable niche. This is an accepted facet of medical life in the peripheral hospitals. Consequently this is often the vehicle by which the single-minded plan their careers.

Another method is to secure a house appointment in that part of the country where

you intend to settle. Months of hard work are well spent if the few idle moments are devoted to the study of the surrounding professional circle. You are then well qualified to judge the merits of a vacancy and, if the signs are favourable, well placed to pull a few strings. To a confused G.P., who will stand out in the host of applicants? The answer, of course, is the doctor at the local hospital who not only knows the district but also the local Consulting Staff. Finally, of course, there is the select band whose practice is predetermined by some social or genealogical factor and who need not concern themselves with the battle for a place in the sun.

Which advertisement to answer and what to seek is a difficult problem. Without adequate experience in this branch of medicine it is usually a waste of time to reply to an Executive Council's request for a doctor to fill a practice vacancy. With the formation of more partnerships this type of vacancy is less common because the responsibility for replacing a partner lies initially with the partnership, the local executive are merely required to approve the eventual choice. To apply for and to secure an immediate partnership may at first sight appear to be the height of good fortune, offering immediate security to the travel-weary young doctor and his family. The legalities of partnership, however, are too complicated to permit an overnight departure, nor can you now put up a rival plate just down the road. If the arrangements prove unsatisfactory, the choice lies between leaving the district in economic egotistical defeat, or working on in an unwholesome atmosphere of dislike for one's associates. Similar conditions can be borne in a hospital for the comparatively short time demanded, but not in the close confines of practice life. Many prefer financial disaster to the misery of an unhappy partnership.

Apart from locum tenens situations there remain three types of appointment, assistantship with a view to partnership, assistantship without a view, and trainee assistantship. The first is now easily the favourite. As its title implies it is a two-sided arrangement whereby each interested party is on probation to the other before making partnership arrangements. The post is salaried and with usually the share of the work that would be expected to continue should it lead to partnership. Notice of termination is generally one calendar month on either side. Contract invariably prevents an assistant moving away to practise a short distance from his present employers. When contemplating this sort of post beware of the employer who has no intention of offering partnership status but has met with increasing difficulty in obtaining a regular assistant. A history of a long procession of disgruntled predecessors leaving the area should act as a red light, and spare the inevitable future disillusionment.

Assistantship without a view, only suitable for those seeking regular salaried appointment, is outside the scope of this article. The trainee assistantship scheme has the high ideal of training young doctors within the space of one year to become good G.P.s. Moving then to another part of the country, they are expected to practise a high standard of medicine. Unfortunately not all the self-appointed tutors use this position of trust for the furtherance of medical technique. In theory the trainee will spend most of his working day under the close supervision of the practice principals; adequate time is supposed to be set aside for private study in preparation for taking the various postgraduate diplomas. Certain restrictions are allegedly laid down limiting the time on call for emergencies.

Tutoring is supposed to carry certain financial rewards, and so for his contribution to the practice the trainee receives less remuneration than an ordinary assistant. The circumstances allow certain individuals to exploit the trainee and to obtain comparatively cheap labour. The unfortunate doctor caught in this rare type of set-up learns plenty about life in general and about a few doctors in particular, but gains only a bitter experience.

It is the "assistantship with a view" columns that catch the eye of the majority, to be found each week in glittering array. Most of the situations sound tempting, and very few seem unsuitable at first sight. However, enquiries to box numbers show that only too often the factual practice bears little or no resemblance to your mental picture. Time teaches greater discernment and past mistakes lengthen your own list of practice requirements.

It is sensible to begin looking and to begin attending interviews as long as possible before the choice has to be made. The experience and knowledge so gained will be of the utmost value in taking the final decision. Careful questioning each time reveals the great variety in general practice and helps to crystallise your own concept of personal necessities. Not all the self imposed criteria will be met, but the longer and the more comprehensive the list, and the higher the percentage that is met, the wiser will be the choice.

These interviews need not be feared, because for the first time in the medical "student's" life, the interviewer will probably be more nervous than his victim. The outcome is serious for both parties. In general, I found that the younger principals were the more understanding and strove harder to be fair. Most of these were of a post N.H.S. vintage and many had themselves suffered whilst attempting to settle down in General Practice, in the painful transitional period following the termination of the sale of practices and of goodwill. It is very much to the credit of these men that they refused to allow their experiences to interfere with their present employment problems.

An interview of this importance may last for about one hour, with the possibility of a further "short list" session to follow. It is not a great deal of time in which to assess the future of one's career. As mentioned previously the individual's notions of the ideal arrangement will vary greatly so it is here only possible to discuss the alternative versions of standard G.P. phrases.

If the inclination lies towards a group practice then it is prudent to enquire into its minutest details for nearly everyone differs in some respect from the rest. A candidate must have thought about the present and the future development of this form of practice. My own theories will no doubt be different from those of others but it is my intention to quote them and to mention a few of the arrangements that I have seen for myself. I would envisage a partnership of about four to six doctors all working from a central modern surgery. In scattered, rural areas the single surgery is a physical impossibility but the advantages of the one surgery are numerous. Financial overheads are reduced. If each doctor contributes to the expenses pool the amount that he would have had to set aside as a single handed practitioner, then think of the spending potential. The centre can be properly equipped and enough help provided to cover early morning until the evening without a break. Nurses and treatment rooms, laboratory facilities and records are all to hand in a single surgery and there may even be a 9.00 a.m. to 5.00 p.m service if the patients are evenly distributed by an appointment system. Branch surgeries are not only uneconomical, but overextend staff at times of vacation and illness, and make the recording and reading of patients' records a virtual impossibility. With a choice of surgeries, the patient may appear at different places at different times—and nearly always where his notes are not.

The method of work within the group varies greatly. Some adhere rigidly to their own surgeries, their own equipment and their own list of patients. Such an inflexible system makes expansion and the addition of a new partner more difficult, and even the rooms suitable for use as surgeries may run out. This rigidity also makes the planning of off-duty and holidays more difficult. It is argued that patients prefer to remain with one doctor and that undue changing of doctors leads to discontent. Whilst agreeing that such conservative patients exist, I still believe that the problem can be resolved. If the group works in two or three well-equipped and efficiently-run surgery suites and then varies the hours of attendance of the individual doctors, an appointment system can ensure that the chosen doctor is available for each and every patient. In a genuine emergency. I do not believe that even the most particular patient would object to being seen by a partner.

When not engaged with surgery appointments, the doctor is free to make his visits or to undertake some other task such as a clinical assistantship at a local hospital or attendance for a session at a local factory. It is rumoured that the role of the hospital clinical assistant will become more important in the future; many peripheral hospitals look upon this as a possible solution to the acute shortage of junior medical staff. If you think this or if you have specialist tendencies in a particular branch of medicine, it might be prudent to explore the local hospital possibilities before choosing your practice as well as confirming the willingness of the practice to release you for such sessions. Another necessary decision is whether to join a static and mature practice or to seek the joy of achievement by helping to expand one.

Some so-called group practices consist of isolated doctors, alone or in pairs, practising from separate premises and even in some cases maintaining complete financial independence. Some groups exist only for the purpose of arranging off-duty cover. Others claim this status to attract assistants, whose cost is shared and whose time is spent cavorting from practice to practice in a most unsatisfactory manner. I have seen doctors working in one beautifully equipped surgery while maintaining rigid segregation of their practices. Harmonious practice today depends upon the satisfaction of three

criteria: complete fairness in the management and division of work, of off-duty time, and of money.

Other factors than the type of practice need to be considered at the interview. You should discover the exact duty arrangements including the number of surgeries, outside appointments, days and weekends on call that are expected. Learn also what each present member of the practice does in the way of duty and outside commitments, so as to gain an even clearer picture of the intended role of the new assistant or partner. Estimate your own off-duty time, the amount of annual holidays and when they can be taken. Some people believe in refresher courses and some insist that each doctor devotes a minimum period each year to such studies.

The problem of finance is one of the most difficult to discuss and to understand in the short period of the interview. The various Ministry of Health documents about payments should be studied before attending the first interview to give some solid foundation on which to assess the financial position. Always ask to see the previous year's accounts as certified by the accountant. Enquire also into the present position appertaining to the N.H.S. lists. Current trends will lead you to the knowledge of what salary to expect as an assistant and what to expect as a starting salary when offered a partnership at the end of the three months or the one year with view period. Never remain in the probationary period for more than one year. Partnership shares are now usually on a proportional basis rising to parity after a number of years. A minimum share is laid down below which no partner should fall. Estimate your initial share after the deduction of expenses. I feel that it should not be less than the salary received as an assistant. Also beware of complex systems, perhaps being expected to pay a high amount of income tax with an assurance that it will be to your benefit in the future.

There are many other considerations. Wives, an invariable possession of most aspirant G.P.s, will have a certain say in the selection. Although not vital, their impressions of personalities may form a most important part of your judgment. Wives require adequate living facilities, good shops, schools and similar amenities. Recreational and other spare time activities need thought.

My aim has been an analysis of the present times to try to explain apparent discrepancies of information and varying opinions expressed by G.P.s, all appearing on the surface to bring discredit to practitioners. Until we can present a united front our cause will be difficult to represent and we shall continue to deceive and hurt those who wish to join our ranks. We will be no match either for those with whom we have to negotiate to improve our service and the rewards, financial and otherwise, that we seek to derive from it. Consultants cannot or will not represent us adequately in the B.M.A. and other councils. They will always prefer arbitration because they are essentially united, organised more simply and paid by salary.

In conclusion, I wish all those attempting to enter into General Practice the greatest of good fortune. I hope that, forewarned, they will seek diligently and not be deceived either by accident or design. I hope that as they hunt they will not lose heart or courage. After a long search, several interviews and one mistake, I have myself settled down very happily, disquieted by some of my experiences but not downhearted. My partner is purely by chance —or is it?—a Bart's man!

* * * * *

do you do this?

Many medical students are deplorably narrow-minded. This new series shows, however, that at least some of them spend their spare time in enterprising and unusual ways.

I. PRIVATE TUITION

By Richard Cooper

Private tuition is a relatively painless method of earning money,—it can also prove rewarding, in that unlike washing dishes, glasses or beer barrels, you are reaping a harvest from fields sown years ago with what you always thought was sterile seed.—Lo! the light appears: plasmolysis, electrolysis, and the quadratics, all tumble out in the form of pearls, not cast merely before those swine of examiners, but before someone who really needs to know about them in order to pass a few examinations! It is astonishing to find yourself gaining some self respect, suddenly, after years of sponging on Society . . . .(Taxpayers' grumbles, ... time-wasting, ... Hey Dad, have you a spare fiver? and all that.)

So with trepidation, and a sharp nudge from Penury, I stepped into the world of Gabbitas-Thring and similar agencies.—Forms to fill in, 'phone calls to make, and my first pupil.—His mother was kind—a cigarette and a glass of fine sherry: most parents are very understanding with the home comforts of kitchen and cocktail cabinet. He was very patient with me. Gradually I overcame my ignorance, and, I hope, so did he.

Yes, many embarrassments occur! The un-answerable question for instance; un-answerable simply because you have never heard of the point under consideration, or you have a complete mind-block. Many are familiar with cross examinations from their young brothers, sisters, children or grand-children; . . . . better than bluff in these cases, is a frank admission of ignorance on the relative efficacies of gas turbines and the type of motor that currently propels Dan Dare round the Heavens, for example. Children seem to tolerate ignorance in their mentors far better than intellectual dishonesty. In teaching, however, bluff is a necessary part of the parry and thrust, and seems to exist on both sides of the partnership. I have found that the best method of all in this little game, is to ask all the questions myself; in this way, I learn a lot, and while the enemy camp is in rout, can glance covertly at my book!

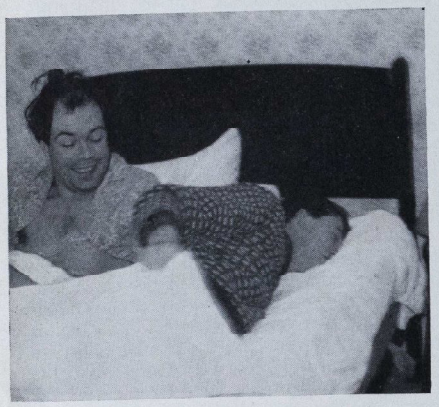
A few dark hints on the theory of relativity, the use of titrations in forensic medicine, and the inscrutability of the Life Process always help to stimulate respect and some interest in the proceedings. They should , at first, be introduced at the end of a lesson, until you can gauge when he is about to draw a few red herrings across the path. You will naturally be interested in the financial gains to be realised, as they say. My timid enquiry from the agents as to what I should charge was met with a hearty; "Well you've the equivalent of a degree haven't you? Not less than a guinea an hour then, old chap!"—Which I thought was fair enough, since they ask for a 10% cut of all earnings!

Social Chapter

A CULTURAL TRIP

Twenty-one high-spirited males left London on Friday, November 6th for the rugger tour of Devon and Cornwall, minus Nick Griffiths who got held up because of his excessive reverence for Mr. Guy Fawkes on the previous evening.

At Falmouth the first meal at the Royal Hotel provided much amusement in the shape of a waiter/waitress of indeterminate sex, who, we were later to find, the locals called "Blossom". Service was, however, efficient, and Stephens and Letchworth pronounced themselves satisfied!



After Saturday's match the gathering eventually descended on the local Palais where we were delighted(?) to have personal introductions to the "bouncers". A late round-up revealed more injuries after the match than during.

And so to Penzance on Monday and a good reception after the game heightened by the attempts of Penryn R.F.C. to obtain a fixture. At the hotel later it leaked out that Bown was a birthday boy— a zumba was the obvious conclusion, and this was followed by McIntyre deciding to show how the limbo should be done. Our resident cripple, Watson, provided the stick to go under.

Training on Tuesday, and then to Dartmouth where Bart's gave their usual opinion of the Navy; after the game there a very beery evening started at the College, and went on to the Floaters where Gilmore decided to complain about the beer. He remained undaunted even when it transpired that all complaints to the landlord went through the local constabulary in the next bar. A visit to the "Boatel" night-club is traditional, if not altogether appreciated, and a few decided a late night curry from Pancho should finish the tour; some, however, decided that the finish had already come.

RUGGER UB BALL

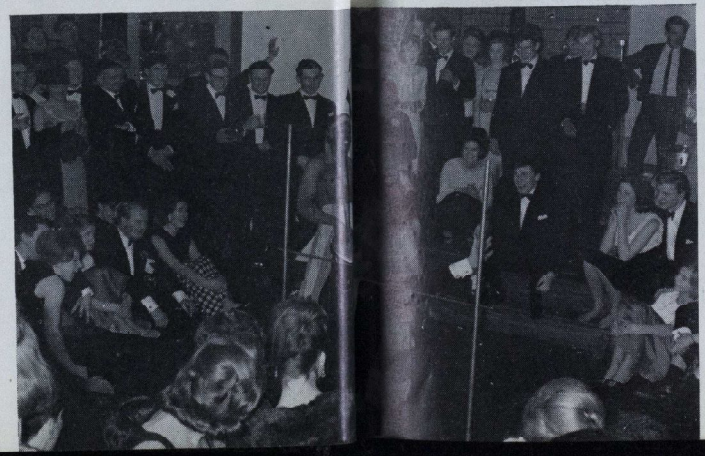
The Annual Rugger Club Ball held charterhouse Square on December 3rd was a "sell-out", and black market tickets could be obtained several days before: this was a good omen for a successful evening.

Guests started to arrive around .m., and dancing and drinking were soon under way; in the Recreation Ro Washington D.Cs. were an enormous success, churning out the now typical s Cocktail of massive noise coupled with the 'big beat'. In the Abernethian m, where there was a supplementary bar, popular alternative music was ed by Mox (a bearded, long-haired harmonica player from the Witches C) and a lone guitarist huddled round a microphone.

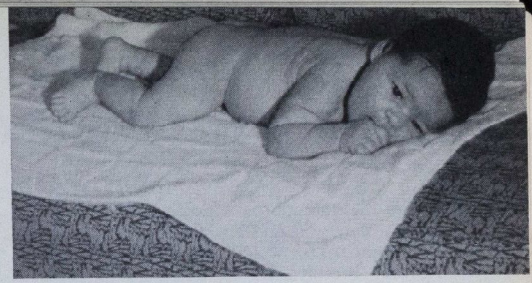
At 10.15 p.m. dinner was served refectory, and here I quote from my rather jaded reporter for the evening: was a sit down meal consisting of slivers of ham and turkey garnished lettuce leaves, preceded by a small cardboard galley-pot in which were or so sad shrimps sunk in furniture cream. Indeed this fare was not so b it deserved to be flung about by the inevitable few who must fight or sing uple of pints of beer". Into this meal Jerry Gilmore, who organised the Ba e second year running because of the illness of Dave Pope, channelled mos inexhaustable energy; it is debatable if his efforts, and those of his excelle of helpers, were justified, as the meal was the real limiting factor ticket-wise.

The club have a flair for cabar when we had been installed in the recreation room after dinner, the even literally lit up by a pair of Trinidad limbo dancers easing under a petrole ted hurdle set barely a foot from the floor. Additional amusement was pr by Chris Smart, Mike Hambly, and Company, who were induced to try ll. It is sad that on such an occasion the slower eaters are only allowed th tunity to scan the backside of many different hairstyles, and see only glim the cabaret.

My reporter concluded: "Now, from a niggling interruption for the Raffle draw, the night swiftly and sly spun itself out to the beat of the Washington D.Cs. The Wine Commi ided an excellent-run bar, with quick service and very reasonable priced and for 30/- a double ticket these occasions are bound to be enjoyed; ger Ball was no exception. Incredibly Mr. MacElwain was not present"!



bart's babies



Jane Nicola, lying on a copy of Broadsheet

BOAT CLUB DINNER

This annual function was held on the evening of Thursday, November 26th. At 7.15 p.m. the participants gathered in the Great Hall for sherry, and it was here that the onlooker would have been able to distinguish the oarsmen in their multicoloured feathers from the common herd in the more conventional black tie.

From here the company proceeded to Walker's Restaurant in Old Bailey for the eating, drinking, and other important features of club dinners! An excellent meal of soup, omelette soufflé, escalope of veal, cheese and coffee, with a choice of red and white wine was served, and when all were suitably mellowed for the occasion, the speeches and expected humorous points followed. With Dr. Donaldson in the chair, Dr. A. W. Spence and Mr. Peter Brass both gave an admirable reparteé which was very well received by the company. The Captain and several guests also found speeches suitable to the moment.

An extension allowed the bar at Walker's to remain open until 11.45 p.m., when a welcome walk in the fresh air finished in the gym at College Hall; here beer and entertainment of the old tradition was continued until quite a reasonable hour for breakfast.

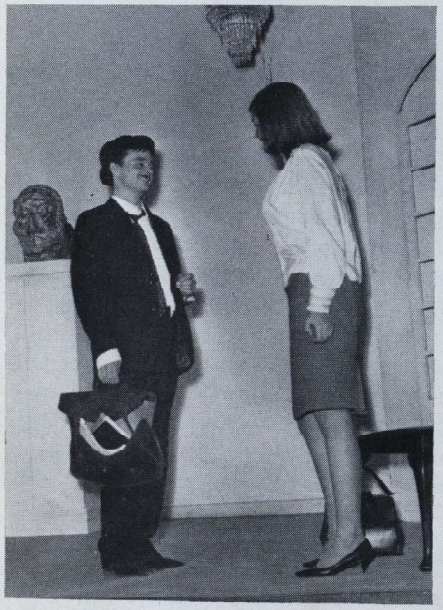
Altogether a fine dinner worthy of the importance of the Boat Club in the hospital.

YOUNG AND INNOCENT

In the December *Journal* the blame for the theft of the portrait of Richard Owen was laid at the door of the University of Sussex (*VOX*, page 487). In fact the culprit was the Brighton Technical College which apparently is a separate institution. No complaints have yet been received from the innocent party, but we feel we should make a prophylactic apology.

THE NURSERY PRODUCTIONS

The high standards which we have come to expect of the Drama Society over the past two or three years were upheld in this year's Nursery Productions. A tendency to perform plays that are somewhat difficult of presentation may be forgiven on the grounds that the actors are spurred on thereby to better achievements. This was evident in the three one act comedies that made up the evening's entertainment, opening with Jean Giraudoux' **"Apollo of Bellac"** produced by George Dunn. In light and witty comedies of this type, timing is all important. Throughout there was a tendency for the players to throw away their lines, and consequently many jokes and witticisms missed the mark. Ann Sandford as Agnes tended to gabble her lines at first but gained confidence later. Her change of mood at the end was convincing but needed more emphasis. Peter Lageard's vain and mincing Vice-President was a pleasure to watch. Nick Wagner's performance as the mysterious presiding oddity is worthy of mention although he was rather unsure of himself in the final scene with Agnes. The lighting and production at this point seemed weak. The play was held together by Jon Lilleyman's amusing and studied portrayal of the president. Over-acting in some of the minor parts, however, made the play uneven.



"How handsome you are!" A scene from Apollo of Bellac.

The central character in John Mortimer's **"Collect your Hand Baggage"** is a feckless ne'er do well young-old man, Crispin, who surrounds himself with young student friends. John Graham Pole's performance of this part was not altogether convincing. The pathos and uncertainty of the character underlying the braggadocio did not really emerge satisfactorily, even at the end, and his timing of some lines was poor. His young friends, particularly the girls, played by Christine Holmberg and Margaret Connor, made the most of their small parts. The promise shown by Liz McDonald in last year's Nursery Productions was fulfilled in her assured and amusing portrayal of the plain and horsey girl Crispin hopes to take to Paris with him. Bob Kendrick's production overcame to some extent the inherent defects of the Gloucester House stage but was rather unbalanced in places.

The Drama Society seem particularly at home with the plays of Harold Pinter. The best performance of the evening, indeed one of the best performances ever given by members of the Drama Society was this playwright's **"The Room"**, ably produced by Sue MacDonald. Pace and comedy were well sustained from start to finish. Pinter's fantastic ear for the inanities of normal human conversation and the inability of his characters to communicate with one another came out well in the first rate performances of Benita Wylie as Mrs. Hudd and Bruno Bubna-Kasteliz as her moronic husband Bert. Marcus Setchell and Bridget Jack as the bickering couple in search of a room handled their lines with confidence, as did the old landlord Kidd (Jolyon Oxley). Your reviewer failed, however, to appreciate the point (if indeed there was one) of the mysterious and completely surprising dénouement which closed a most enjoyable evening's entertainment.

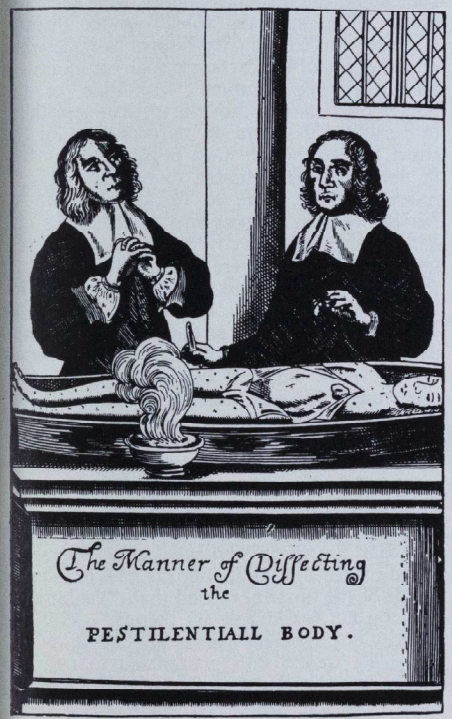
G.R.H.

A Glance at the Past

In this series of short articles two of our special correspondents will be selecting topics from the history of medicine. As Sir Zachary Cope pointed out to us recently, it is only by looking into the past that we can hope to get the present, let alone the future, into perspective.

1. THE GREAT PLAGUE OF LONDON, 1665

By Gervase R. Hamilton



Frontispiece from "Loimotomia, or The Pest Anatomised", by George Thomson 1666), *in which he gives an account of his efforts to ascertain the cause of the plague by post-mortem examination.*

By kind permission of Thomas Nelson & Sons Ltd.

THE summer of 1665 was one of the hottest ever known and followed a bitterly cold winter with hard frosts that did not thaw till March. No rain fell from April until the end of August. No one was unduly surprised when plague broke out in February in the parish of St. Giles-in-the-Fields. A few cases of plague occurred every year and from time to time more serious outbreaks had been recorded. This plague, however, was different for it spread with alarming rapidity through London and the outparishes reaching its peak in the middle of September. By the time the cold weather of November brought it to an end more than a fifth of London's 500,000 inhabitants had perished.

Seventeenth century medicine was a witch's brew compounded of tradition, chicanery and superstition savoured with a modicum of common sense. Explanations for the plague were as numerous and as confusing as the remedies advanced to cure it. A few months before the plague broke out a blazing comet had been observed. Its dull colour, odd coffin-shaped appearance and slow movement seemed to portend the heavy punishment of pestilence. Mars and Saturn, too, were in conjunction and that, according to astrologers, meant famine, pestilence or war. Society was not satisfied with the gloomy warnings of the astrologers. As the plague spread a scapegoat had to be found, and the Jews as usual were ready to hand. They were accused of bringing the disease into England to further their own wicked ends. The graver physicians lent no ear to this ridiculous nonsense but their own ideas were no nearer the truth. The plague was regarded as some sort of occult poison, perhaps an

ætherial vapour in the form of heat, cold or moisture corrupting the humours of the body. To others it took the form of pestiferous corpuscles of atomic character, outside the range of human vision, which had been generated by the malignant conjunction of the planets or in the soil where they were liberated by the agency of earthquakes. The corpuscles found their way into the human body through the medium of the "distempered atmosphere". An excess of flies and ants the previous summer was thought to have something to do with it, or perhaps dogs and cats spread, if they did not cause, the contagion. At any rate they were destroyed in their thousands while the true authors of doom, the rats, were left unmolested. Some held that the plague had come to England from Holland where it had previously been raging, in a parcel of infected goods, a theory truer than most for it was the rats that accompanied the goods that probably spread the disease. One brave man more curious than his companions, Dr. George Thomson, made an attempt to discover the cause of the plague by dissecting the body of one of its victims, "for my own instruction and the satisfaction of all inquisitive persons". His findings were recorded in his book "Loimotomia" (Loimos means pestilence in Greek), published in 1666. The post mortem changes were those that can be found in a patient dying of the toxic effects of a severe fever. The skin was, "beset with spots black and blue more remarkable for multitude than any I have yet seen; some of which being opened contained a congealed matter". On opening the abdomen he writes, "in the lowest venter or region appeared a virulent Ichor, or thin liquor variously coloured as greenish, yellow etc., the small guts being much distended with a venomous flatus did contain a great quantity of foul scoria or dross in them. The parenchyma of the liver being separated was very palid and did straight weep and send out a thin yellowish excrement". The spleen dissected, "appeared more than ordinary obscure, livid ichorous matter following the Incision". The kidneys "laid open abounded with Citrine water . . . The superficies of the Lungs being stigmatised with several large ill-favoured marks much tumified and distended; the inward part of which being pertunded with my knife, a sanious dreggy corruption issued forth, and a pale Ichor destitute of any blood". "All these changes he considered to proceed "from the deletery ferment of this Heteroclite poison".

If the cause of the plague was unknown its manifestations were clear enough. A rigor heralded the onset of the disease and was followed by high fever, nausea and vomiting. At the same time the patient became anxious, restless and delirious. Later skin rashes and vesicles, referred to as "blains" appeared, but the sign most feared of all was the appearance of raised dark spots, red or blue in colour, "the tokens" or "God's marks" which sometimes coalasced to form carbuncles: they were a certain indication of death. The coalescence and multiplicity of these spots led to the plague sometimes being referred to as "the spotted death". Curiously the "tokens" are mentioned far more commonly than the buboes or swollen lymph glands that are characteristic of the condition.

As the causes of the plague were poorly understood the remedies applied were generally useless. The alarming spread of the disease, however, caused the City fathers to issue what must be one of the earliest public health orders recorded. The insanitary condition of the poorer districts was thought to have something to do with the spread of the contagion for the street kennels, which must have stunk horribly in the heat, were ordered to be kept clear of refuse. Houses were to be kept clean. All burials were to be performed outside the city and bodies to be well covered in quicklime. Pest houses for the sick were to be provided, public meetings forbidden and medicines provided for both rich and poor. On paper these were excellent measures but as the plague spread and panic increased, the rich fled to the country and the poor were left behind to cope as best they could. In their insanitary hovels they had neither time nor ability to carry out the advice of the City council. Few pest houses were provided and those that existed merely became refuges for the dying. Fearing for their own lives many London doctors fled the City, their attitude being aptly summed up in the words of a Bart's surgeon Thomas Turpin who when asked to stay and look after the sick in the pest wards of the hospital replied that, "the business was too hot for him to act therein". With the scarcity of physicians quacks abounded and did a roaring trade. Pills guaranteed to cure the plague were hawked to sufferers at half a crown each. For the better off there was "philosophical preparation of potable gold" at £5 sterling an ounce. Amulets were very popular for warding off contagion. They were inscribed with extracts from the scriptures or magic letters. Emeralds, too, were alleged to keep the wearer from the plague, the sunbeam passing

through the stone extracting the evil humours. Extraordinary rumours were spread around that venereal disease gave immunity from infection. The doctors who stayed applied the traditional remedies of their age. The patients were wrapped in blankets and given drugs to make them sweat. The skin was blistered and the blisters not allowed to heal in order that the contagion might escape. The delirious were tied down in bed. Liberal doses of the Anti-pestilential electuary or "Plague water" of the College of Physicians were administered. Tobacco smoke and the inhalation of vinegar fumes were encouraged among those dealing with the sick as a prophylactic measure.

One of the most sensible plague physicians was Dr. Nathaniel Hodges who describes his day to day life during this time in the book "Loimologia". He recommended a light diet and promoted sweating by using Virginian snake root, a favourite remedy of his. Other drugs he used consisted of angelica. rue. veronica, scabius, pimpernel, ivy berries, gentian, juniper berries and balm. He found that bezoar stone, unicorn's horn and dried toad, all very popular remedies, were useless. He agreed with his contemporary Boghurst in the "total avoiding of purging, bleeding and vomiting as the most pernicious and destructive by what means so ever secured". He believed that the plague was an airborne infection and so recommended fresh air, "the brisk winds" of which "help to dissipate the poisonous miasmata". He was also a firm believer in fumigation using "resinous woods which throw out a clear and unctious smell". Fumigation had been introduced at the commencement of the plague by a French quack James Angier, using saltpetre or brimstone, and if more extensively used it might well have reduced the number of cases struck down by the disease. Apart from comforting the dying a physician's other duty consisted of draining the inflamed and swollen mass of infected lymph glands which, of course, was done without any form of anæsthetic and was frequently followed by gangrene due to secondary infection. The vast mass of the population received no treatment at all. As soon as the plague broke out in a house it and its inhabitants were locked up and in this way whole families perished. The death rate reached its highest level in the third week in September when an estimated 12,000 were carried off. As a last desperate measure fires were lighted in the streets to destroy the contagion in the air. With the coming of the rain and colder weather, the number of deaths gradually declined. The Great Fire in 1666 finally erased the insanitary buildings that were largely responsible for spreading of the plague. It never occurred in England again.

The Catering Department

By Miss Baum

The Catering Department is providing meals for approximately 1,800 patients and staff per day. To do this we employ a staff of 180. Amongst the porters and domestics are a number of foreign students, both male and female, who come to this country to study for various degrees, this being the only type of work the Ministry of Labour will allow them to do during the first four years of their stay. Consequently, between us we can usually speak 18 languages.

The two kitchens are supervised by Mr. Elkins, the Kitchen Superintendent, who has worked at Bart's for 16 years. The Main Kitchen is above Out Patients and provides meals for the Wards in the King George V Block and all the staff. The second Kitchen is in the Queen Elizabeth Block. These kitchens are staffed by 25 chefs and 30 porters.

There are nine Dining Rooms and Canteens spread in various corners of the Hospital; it is hoped to replan these in the near future to two main centres and to improve facilities for the staff. The Nurses' Dining Rooms are to be given a new look by complete redecoration and treatment and acoustic tiles. The Dining Room for the non-residents is to be extended and it is hoped, if possible, to provide a 24-hour service.

Miss Humpherson, the Chief Dietician, supervises the Dietetic Department with the assis-

tance of two other Dieticians. This Kitchen is run as a separate unit and provides an average of 120 special diets in the wards daily. The Dieticians spend a great deal of their time visiting the wards and clinics advising patients. The Professorial Unit is hoping to open a Metabolic Department in the near future on the 5th floor, which will incorporate a special kitchen.

The Provision Store is supervised by Mr. Haddow, who deals with the many wants of the kitchen and wards. For this he keeps a two month stock of groceries and handles daily deliveries of perishable goods. This store is also responsible for supplying the Nurses' Home Annexes in the West End and the Preliminary Training School in Radlett. The Butcher's Shop handles up to 1½ tons of meat per week.

The smooth running of these Departments depends largely on the efficiency of the clerical staff of four in the Office. They spend many happy hours daily summarising the requisition slips sent in from the Wards and Departments in order to give the kitchen a statement of numbers and types of meals required; and the Stores an official Issue Sheet stating quantities of butter, bread, milk, meat and other groceries needed each day. These quantities are worked out on a basic allowance per person. After issue the quantities are duly recorded in the ledger in a vain hope that the stock will balance at the end of the month.

The Office Staff pacify the demands of the Finance Department who provide an interesting variety of forms for the progress report of each item that we buy. They also summarise each week the time cards for the staff in the Department.

All the purchasing of food is done by the Department, but the cost must be kept within the budget allowed. Many of the branded items are bought in conjunction with the London Teaching Hospitals which have formed a Joint Purchasing Committee in order to obtain the most advantageous prices. This can be done due to the vast quantities involved. The perishable goods are bought by each Hospital individually on the open market.

In 1962/63 this Hospital spent £146,200 on provisions, which means the food for each person cost £1 12s. 8d. per week. The overhead costs for the Department including wages, light, heating, maintenance, etc., was approximately another £1 11s. 2d. per person each week.

In order to obtain these figures the Ministry require that all meals and beverages served are recorded. We are particularly interested in these figures as the salaries of the cooks and senior staff are based on the number of meals served!

It is interesting to glance back to the records of the patients' diets in the past and try to imagine the kichen in those days.

In 1656 the day's rations consisted of:—

4 oz. of boiled beife (without bones or gristle)
4 oz. of good Suffolk cheese or 2 oz. butter
10 oz. bakers best wheaten bread
1 quart of pottage
A Winchester quart of beer.

Meat was given only on Tuesday, Thursday and Sunday, when the allowance was 8 ozs., but it was found necessary to send some walking patients to the kitchen each day to control the cook!

In 1715 after Dr. Ratcliff's gift, the diet for the poor was increased to:—

8 oz. beef boyled without bones
1 pint milk pottage in the morning
1 pint ale cawdle at night
3 pints beer
1½ pints Mutton Broth
12 ozs. Wheaten bread

In 1821 vegetables were introduced to the menu and alternative diets were given.

Meat Diet
Milk Porridge
12 ozs. Bread
6 ozs. Mutton or Beef
1 pint broth with potato and turnip made as Irish stew
2 pints beer men (1 pint for women)

Milk Diet
12 ozs. Bread
2 pints Milk with tapioca, rice, sago or arrowroot as prescribed by the physician
Barley Water.

Apart from the routine day-to-day catering there is a considerable amount of entertaining connected with meetings and lectures given in the Hospital. This makes the work of the Department much more interesting and enjoyable.

Last year the Governors' Dinner was held in the Great Hall, which is their traditional meeting place. For this occasion we were able to have on show some silver candelabra, rose bowls, and three large gold plates. One of these plates commemorates the election of Prince Albert to the Board of Governors.

Christmas is a very busy time for the kitchen staff, who cook one ton of turkeys, 80 Christmas puddings and 56 iced cakes. Last year the Treasurer and Clerk to the Governors instituted a Christmas Party which was greatly enjoyed by over 450 members of the staff, representing all the Departments in the Hospital.

In the ten year plan it is hoped to build a new Catering Block which would include Kitchen, Dining Rooms, Stores, etc. This is scheduled to be in the Little Britain area and will be connected to the Hospital by an underground tunnel.

* * * * *

recent meetings of

The Abernethian Society

Television and the Arts

Humphrey Burton—Former Editor of "Monitor"

Mr. Burton, a television producer with great enthusiasm for his medium, discussed the ways in which other arts are presented on television. There are considerable difficulties: the minute budget allowed, the great technical knowledge needed, and the intrinsic evanescence of the medium. In fact, when the audience was questioned as to what television programmes immediately sprang to mind, the responses were such as "Quatermass" and "Muffin the Mule"; no "artistic" programme was mentioned. Mr. Burton thought that this was perhaps a typical response, but that television was nevertheless broadening the cultural outlook of the country.

On television, another art form may be presented more or less "straight". Alternatively, a performance for instance of a ballet, may be interpreted by means of the camera to form patterns of movement and light not normally apparent in a theatre, thus creating a new work of art. Another approach, frequently used in "Monitor", is to study the artist in his environment; this sheds much illumination on his work. A fourth type of production aims less at conveying information about a particular artist or his art than at expressing something about "the human situation".

Two films were shown to illustrate these points; "A Tribute to Hoffnung", produced by Mr. Burton, and a film about the eccentric Spanish architect, Gaudi.

"Why Study Medical History?"

Sir Zachary Cope, B.A., M.D., M.S., F.R.C.S.

Sir Zachary Cope, an historian in his own right, proposed to answer the question "Why study medical history?" first by argument, then by example, he professed surprise however that pupils of a foundation so ancient should ask such a question.

He quoted James Douglas: "I have always been of the opinion that in order to make ourselves thoroughly masters of any art or science, it is absolutely necessary that we be in some degree acquainted with the history of the origin and progress and of the persons to whom we are indebted." Sir St. Clair Thomson has given thirteen reasons for studying the history of medicine. Only some of these were truly applicable: especially, the realization of the changing character of medical theories and how knowledge becomes overlaid with opinions, the acquisition of an "historical" point of view, the stimulation of general culture, and possibly its value as a hobby.

Sir Zachary thought that most people study medical history because they are interested in it. He therefore hoped to arouse our interest by recounting some incidents and describing a few persons figuring in the past history of St. Bartholomew's. At least one famous man and his achievements should be remembered, namely William Harvey, physician to this hospital for forty years. Much work has recently been done on this subject. Next a brief account of the early years of this medical school was

given: from Abernethy to Paget—their conflicts and their successes. Sir Zachary hoped that from amongst the audience would emerge the future historian of the Medical College. An epilogue in verse completed the lecture.

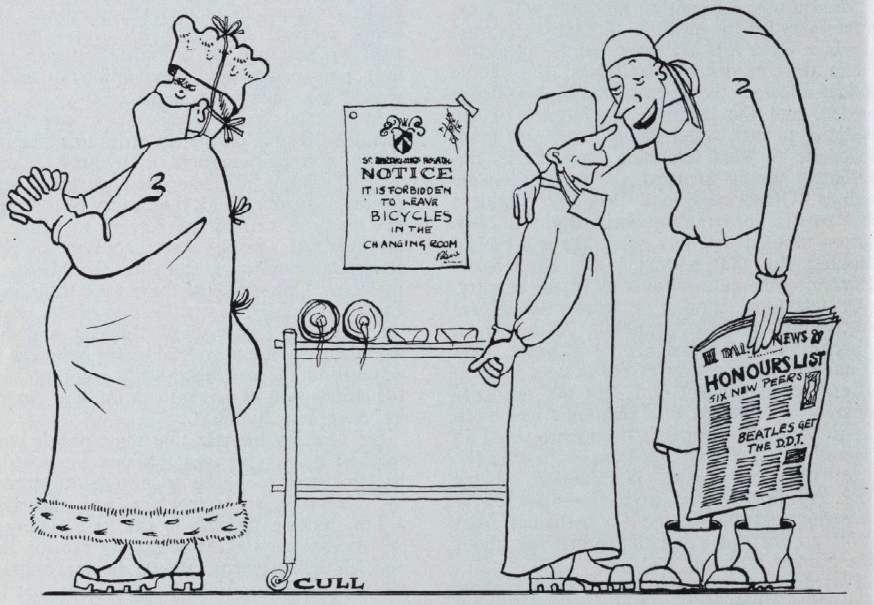
The Evolution of Wind Instruments.

Eric McGavin

Eric McGavin, who vets musical instruments for Boosey and Hawkes and is well known for his television appearances, spoke amidst a superb array of wind instruments, ancient and modern. He speculated on the early origins of the flute, which is based on the same principle as a pebble with a hole in the top; and the double-reeded instruments such as the oboe, whose earliest predecessor was two strips of grass. Single reed instruments were known in ancient Egypt and Greece; the clarinet is of this type.

In the horn family, early varieties were the oxhorn, the conch shell, and the elephant tusk, whose sound range was very limited. The Roman buccina was the first instrument with a tapering tube. No significant advance was made until the 1530s, when the techniques of manipulating metal were available; then, with the discovery of the slide, the sackbut was produced, which has a chromatic scale. The use of different crooks also developed in the 16th century. Valves were introduced in 1816 and provided an automatic method of altering the length of the tubing. Originally two or three valves were used. The modern tuba has a fourth valve for compensation when valves are used in conjunction.

Mr. McGavin demonstrated all these points by showing and blowing his magnificient collection of instruments, many of which are of considerable historical interest.



"AND I BET HE SAYS IT WAS AS MUCH AS A SURPRISE TO HIM AS IT IS TO US"

IRISH MEDICINE

A HISTORICAL SURVEY

By Gervase Kerrigan

Part 1

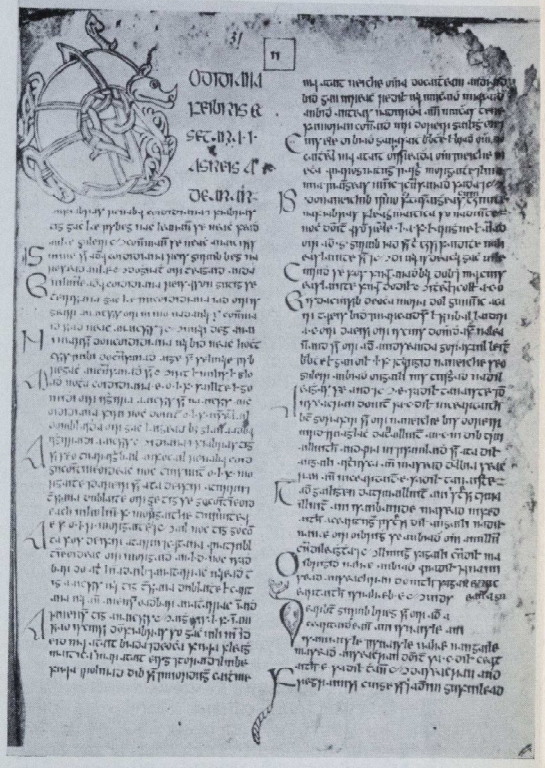
Too often the historical aspect of Irish Medicine is dismissed with a reference to Stokes, Graves or others of international fame, and I hope that this short article will place their achievements in the proper perspective of their ancient professional tradition. The knowledge of the early medical practice is fragmentary and much yet remains to be discovered particularly among the records that must abound in the libraries of the Universities and monasteries of Western Europe, relating to the many Irish exiles who contributed so much to medicine.

The earliest colonisers of Ireland came from South Eastern Europe, sweeping upwards across what are now Greece and France. With them they brought all their arts and customs including the Brehon Laws to which I shall make some reference later.

As in all primitive races, the early Irish physicians were of the priestly or Druidic caste. Their traditions were handed down orally from remote antiquity, and unfortunately for history, died with them.

Until about the fifth century B.C., most of the chronicles remaining to us refer almost exclusively to battles, slayings and woundings. In 487 B.C. the Firbolgs, a short, dark and somewhat unpleasant people by all accounts, were defeated in the first battle of Moytura by the Tuatha de Danann, who brought with them the civilisation of the East. The leader of the de Danann, Nuadhat, had his hand cut off in the battle and according to the 'Annals of the Four Masters' this loss was sufficient to debar him from the kingship. Diancecht, a learned man of physic, co-operated with a silversmith to make an artificial hand which was fitted on to the stump. From this, Nuadhat was ever after known as Airgetlamh or Silver Hand.

Another important instance of Diancecht's skill occurred at the second battle of Moytura where he prepared, in the rear of the army, a bath of medicinal herbs, into which wounds were plunged for instantaneous healing. Diancecht's son, Miach, excelled his father in medical practice, and story has it that twenty-seven years after the silver hand prosthesis, he was murdered by his jealous father. After a time, there grew up from his grave 365 herbs, from the joints and sinews of his body, each herb with mighty virtue to cure the part from which it grew. This belief that there were 365



A page from the 'Rosa Angelica' (1314), a summary of mediæval medical practice.

joints and members of the body was common up to historical times, and a reference occurs in a religious treatise of the eighth century.

The date 300 B.C. is of considerable interest, because it was then that the Irish princess Macha established the House of Sorrows, one of the two earliest public hospitals in the world, the other being established at about the same time in the Far East. This House of Sorrows was in operation for many years, being taken over in later years by the Red Branch Knights, and finally becoming the Royal Ulster Residence until its destruction in 332 A.D. These Knights had an interesting taste in war trophies, the custom being to remove the brains from defeated enemies, which being mixed with lime formed hard balls to be used in slings instead of stones. Conor MacNessa, King of Ulster until his death in A.D. 37, was wounded in the head by such a missile. The fragment was not removed, and he recovered under the conservative treatment of his physician Fingin, whose principles of aftercare were quite sound even by modern methods. Conor was told that he should be cautious and that he should not allow his anger to come upon him, and that he should not go upon a horse and that he should not run. He followed this advice for years, but upon hearing of the crucifixion of Christ . . . "he became most angry and hewed trees with such violence that the wound in his skull burst open and he fell dead".

Cupping was practised by the early Irish leeches, with a special instrument called a gipne, and tubes to drain pus from wounds were in common use. Physiotherapy was employed extensively, and to this day on Inishmurray and elsewhere the remains of 'Sweating Houses' can be seen. These were small stone huts, some three or four feet high in which a fire was lit. When the embers were cleared the patient crept in well muffled in blankets, and sweated profusely. Afterwards, a plunge into cold water and thorough massage completed the treatment, a practice similar in many ways to that obtaining in Finland and Russia.

The Irish physicians at this time were highly regarded by the general public, and in their mentions in the Irish Chronicles, it is clear that like law and literature, medicine was hereditary in particular families and there were many families who possessed lands in right of their profession. In the province of Ulster the family of MacDuinntsleibhe were hereditary physicians, attached to the family of O'Donnell and holding lands in Kilmacrenan. Like the Ui Ciaragain, the harpers of the O'Donnells, the family were dispossessed in Donegal at the Plantation of Ulster in the reign of James I, but Moore records that at the turn of this century, some of the race still lived in his boyhood as tenants on the lands which they anciently owned in Kilmacrenan. The Ui Callanains, the Ui Hicidhe and the Ui Caiside similarly were hereditary physicians and had their counterparts in Scotland.

The laws governing medical practice were derived from the most ancient code in Europe, the Brehon Laws, dating in their earliest written form from the sixth century A.D., and probably deriving from an oral tradition several hundred years before the birth of Christ. These laws provided for some sort of medical registration, for the physicians were divided into the lawful and the unlawful. The latter could practise but had to give notice of their status before performing an operation, under penalty of a fine in the case of any unfavourable results. Compensation including payment of a physician and male attendant, was payable by the aggressor in quarrels resulting in injury. The physician's share varied according to the social grade of the wounded person. For example, the fee for curing a bishop was 42 cows, that for a prince or wealthy merchant a year's wages of an ordinary labourer, and that for a slave, one sixth as much.

In the Senchus Mor, physicians and medical treatment are mentioned in the part which treats of distress, the levy of which was the remedy for a great variety of wrongs and has an interesting counterpart in the Hindu practice of "Sitting dharma". The person who had been wronged and desired to obtain justice, came to the residence of the wrongdoer and sat fasting by his door. This was a sort of notice, and if no food was offered and the fasting terminated at its due period, the distress claimed became greater. If the defendant gave a security, then the cause was in time tried by a judge. Five days' notice with one day's fasting was to be given in a variety of cases which are enumerated, and one of them "for guarding against the things prohibited by a physician" shows the respect for opinion. This is further dwelt upon in a later part of the commentary . . . "For guarding against the things prohibited by a physician, i.e. that the sick man be not injured, i.e. by women or dogs, i.e. that fools or female scolds be not let into the house to him . . .".

Provision is also made in these laws for the care of the insane, of whom various grades

Title page of 'Speculum Matricis' (1669).

were recognised. There is no record of institutional treatment of lunatics in the laws, but those who could do no work were entitled to a subsistence allowance, and probably wandered freely in the area. Both before and after the coming of Christianity, lunatics were regarded as being under supernatural protection, and even today the common expression in Irish for a lunatic is Duine le Dia—a person with God.

Despite the influence of Christianity, the idea that disease was due to evil spirits remained current for many centuries, even the Four Masters referring to . . . "Druidical or magical sickness caused by the demons in the East of Ireland". According to Sir William Wilde, Oscar's father, the names given to diseases were more often appropriate than their English or Latin equivalents. Tuberculosis was known as anfobracht or a skeleton and in the Brehon Laws the consumptive patient was "one who has no juice or strength". St. Eamin of Inis Cealtra is recorded as dying in A.D. 653 from teine-brurr, literally fiery swelling, or erysipelas. Epilepsy rejoiced in the phrase galar Poil—St. Paul's illness—in the belief that the Saint himself was a victim. Feoris O'Cassidy, an ollamh leighis or professor of medicine died in 1504 of Cruith an Righ, a sickness of unknown identity which is mentioned several times in the Annals as occurring in epidemics. This translates as—King's Game—in English and it may have arisen from the belief that, like scrofula, it was curable by a royal touch.

The culture and learning deriving from the Italian Renaissance in the 14th century had little effect on Irish medicine for many years. The hereditary physicians to the nobles and chieftains mentioned before instructed the succeeding generations who were expected to carry on the tradition, usually in the same district. Owen O'Shiel was the first recorded Irish physician to leave the country in order to study. He went to Paris in 1604, but took his diploma in Louvain, and after graduation spent a year in Padua, then the centre of the medical world.

After a period spent with the army of Isabella and Albert in Flanders, he returned to Dublin, and further army life as surgeon-in-chief of the Leinster forces under Preston, before transferring his allegiance to Owen Roe O'Neill. Despite this military title, very few surgical operations were practised in the 16th century. The first operation of lithotrity ever recorded was performed in Dublin on the Lord Deputy, Sir Henry Sidney, in 1567, "all the pieces being laid together making the quantity of a nutmegge".

Whatever of Italian influence, Dublin had her maternity hospital years before London, and early possessed a leper hospital which can be seen on Steed's map of Dublin 1610 and had its first mention in a charter of 1230. Although there are many references to leprosy in the Middle Ages, it is not always certain that the disease was accurately diagnosed. Since measles and smallpox were not distinguished until the 10th century by Rhazes, the Arab, it seems likely that the genuine cases of leprosy were much fewer; this would also account for the effectiveness in treatment of the medicinal baths which were a standard remedy. Most of the institutional treatment of the sick and infirm of mediæval Ireland came under the care of the monastic orders, who were also the chief repositories of learning in Europe. These were all swept away by the suppression of the monasteries by Henry VIII, and during the 17th century there were few, if any, civil hospitals in active service in Ireland.

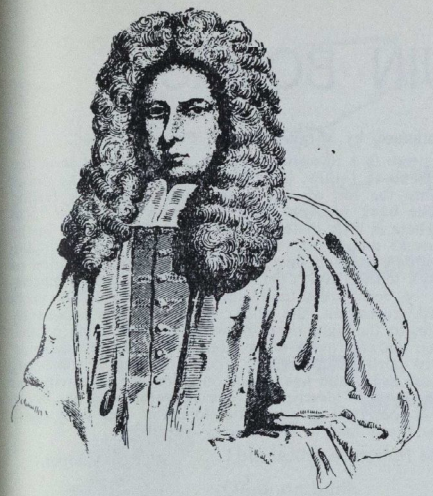
By the end of the 17th century, Ireland was in a sorry state. A succession of plantations—Tudor, Cromwellian and Stuart in turn—led up to the final betrayal at Limerick, the terms of which Treaty were so disgracefully violated by the conquerors. With the Flight of the Earls, the last of the national leaders had gone, and the Irish and Anglo holders driven from their soil. Many sought their fortunes abroad, and many like the disbanded Jacobite army attained fame in Europe. Niall O'Glacan left his native county of Donegal to fill the chair of Physic in two Universities, those of Toulouse and Bologna, and died physician to the King of France. A more permanent influence on the profession was the work of the French-born son of an Irish soldier in the army of Louis XIII, Georges Mareschal, who greatly improved the status of surgeons, and with his foundation of the Académie Royale de Chirurgie in Paris in 1731 pointed the way to the later foundations of Surgeons in Edinbugh, Dublin and London.

Trinity College, Dublin was founded under Elizabeth in 1591, but though the first statutes contain a reference to courses of study for medical degrees, only one degree in physic was granted in the first 23 years of the University's existence. In the sixties of the following century, John Stearne, a Meath man who had studied medicine at both Cambridge and Oxford, secured the first charter for the establishment of a Royal College of Physicians in Ireland. It is interesting to note that by a subsequent charter in 1692 members of the College were exempted from various public duties, such as serving on juries or being chosen as constables or scavengers! Also under this charter, the College of Physicians agreed not to admit anyone as a Fellow who had not a Dublin University degree in Medicine. In return, the Provost and senior Fellows of the University proposed that everyone to whom they granted leave to perform Acts for a medical degree should pass an examination by the College before the degree was conferred. Despite these and other elaborate arrangements no provision was made by either body for the instruction of students and at the time there was no school of medicine in the entire country.

It was around this time that Sir Patrick Dun became President of the College of Physicians and being returned member for Mullingar in the Irish House of Commons in 1692 and by a prudent marriage, he established a position of some influence. By the terms of his testament drawn up two years before his death he made provision for the establishment of a professorship of physic, but hedged with such conditions that 30 years of litigation ensued with the University, and the scheme was delayed. However, during that time the estate had increased in value, and the increment allowed for the appointment of not one, but three, King's Professors, all to be Protestants.

The Age of Reason showed little concern for the sick poor, and there was small encouragement for anyone to practise outside Dublin, except some of the old hereditary families who continued to practise at home and abroad. Usually the only medical attendant available to those in the country was the barber surgeon, a humble practitioner on a vastly inferior social and educational level. Surgery in general was but poorly regarded by physicians and the public, the barber surgeon being associated in 1687 with the apothecaries and periwig makers, an unsatisfactory union from which each sought to withdraw. As there was no corporate body representing the Surgeons, the disabilities in educational facilities could not easily be remedied.

It was Sylvester O'Halloran who had qualified under Mareschal in Paris, who petitioned for a foundation for the education of Irish surgeons after his return to Ireland in 1749. In addition he was a great antiquarian and wrote much on the history of Ireland,



(1642–1713)

Sir Patrick Dun, President of the College of Physicians in Dublin.

which may have prompted him to revive the ancient Gælic motto of his family, Lothaim agus marbhaim (I wound and I kill), of debatable suitability in a surgeon. To finance the early Society of Surgeons none was more active in his support than William Dease, who dipped largely into his own pocket to meet their expenses. This body used to meet in various taverns on the first and third Thursdays of the month, their first gathering taking place in Essex Street at the Elephant, so called because it was built on the site at which an Elephant exhibited to the public as a curiosity, was "accidentally burned" in 1681. One of the first surgeons to be granted honorary membership was Robert Adair, whose requited but unpermitted love for the Lady Caroline Keppel prompted her verses which began—

What's this dull town to me? Robin's not near.

Burns who introduced this song to the public set it to the Irish air Eileen Aroon, and Robin Adair of Ballymena Co. Antrim was included in the songs of the Scottish nation.

Several of the leading medical men of the time were members of the United Irishmen. William Dease, and his son Richard who succeeded him in the Chair of Surgery were such, as also William Lawless and John Adrian, one of the surgeons who attended Lord Edward Fitzgerald. Medicine was also well represented in this movement by Robert Emmet father of the United Irishman of the same name who was later executed, and whose other son held the State Physicianship for a while, like his father. Whitley Stokes, Regius Professor of Medicine in the University and Senior Fellow of Trinity was Captain of the College Corps and also a member of the United Irishmen. Wolfe Tone in his autobiography mentions him in appreciative terms, stating that his only fault was that he was too humane to make a successful revolutionary.

For the poor in Ireland during the early part of the eighteenth century, the only institutional care available was in the form of the workhouse. One of the reasons for erecting these was declared to be "to preserve the lives of illegitimate children and to educate and instruct them in the Protestant religion". The mortality rates in these institutions were appalling and directly related to the conditions prevailing. However, there were some benefactors of the sick poor, and when Dr. Richard Steevens died in 1710, he bequeathed all his property to his sister Grizel for the founding of a hospital and less than a century later Steeven's hospital reigned supreme in the domain of surgery, as the Meath did in that of medicine. What is now the Jervis Street Hospital began in 1718 at the expense of six Dublin surgeons, and passed subsequently into the hands of the Sisters of Mercy.

Probably one of the best known hospitals of Dublin, the Rotunda, was founded in 1745 by Bartholomew Mosse. The money for the early days of this venture came largely from the presentation of concerts and drama, a common method in those days, serving both to advertise and raise money. The first effort of this kind by Mosse was appropriately called "The Distressed Mother", and when the hospital was moved to Parnell Square, he planned to lay out pleasure gardens which would pay for the upkeep of the new buildings. In 1767 a new circular entertainment room was finished, this Round-Room or Rotunda being the source of the well known name.

Midwifery was looked on at this time by the physicians as wholly beneath their high calling, and the physician was the only medical practitioner with any pretence of scientific training, the surgeons and apothecaries learning as apprentices. There were no enforced restrictions on the right to practise and quacks abounded especially outside the capital. In general, the eighteenth century was a mixture of blind experiment, traditional remedies and the vague beginnings of a scientific method, which were the forerunners of the great advances of the nineteenth century which were to bring Ireland to the forefront of European medicine.

To be continued.

NEW PENGUIN BOOKS

Searle in the Sixties, by Ronald Searle. Penguin. 5/-.

I suppose Ronald Searle first became widely known with his drawings for the "St. Trinian's" books. Since then he has greatly diversified both his style and subjects, as is admirably shown by this new selection of recent cartoons. The book contains drawings which he has done on his travels to Germany, Dublin, Paris, and the United States, as well as some of the delightful Punch series, "As the imagination sees them."

I think this book shows more than anything his skill for evoking the atmosphere of a place and the character of its people. The drawings of Las Vegas and Florida are splendidly elaborate, and his American women, be they strippers or "grand dames", display that native American tendency to assist nature a little too much so that they appear just ever so slightly vulgar to our restrained British senses. Searle's satire can be moving as well as humorous as is shown by the drawings of Berlin, with its tangled barbed wire and stern soldiers guarding an impassable border, where a notice futilely proclaims "You are now leaving the American sector". And then in Dublin he captures magnificently the warmth, poetry, and sentimentality of the Irish, all inextricably mixed up.

A noticeable feature of Mr. Searle's work is the total absence of captions, which really brings us to the essence of his drawings. Each one is a comment in itself, sometimes showing remarkable insight and understanding of the subject. These are not just jokes to be laughed at and discarded, but rather to be smiled over again and again, and each time they will mean a little more.

Marcus Setchell

If any students who do not already review new penguins for the Journal would be interested in doing so occasionally, the Review Sub-Editor would be pleased to hear from them.

To the Lighthouse, by Virginia Woolf. Penguin. 3s. 6d.

Poetry in prose is a refreshing change. At first the style of the author is difficult to follow, but the method in which she draws the reader into the life of the family soon dispels any feeling of oddity. The book revolves around a family trip to the local lighthouse. There is little dialogue—the action taking place in the minds of parents and, most important of all, in the developing minds of a young boy and his sister. The effects of frustration of the small boy's wishes by his father, is carried on in the unconscious mind of both father and son, to a climax when, years after the first frustration, the father atones for his actions by taking his son to the lighthouse. Besides this underlying conflict between father and son, many other facets of 'human relationships' are intuitively portrayed. Virginia Woolf's writing is something to be savoured again and again, not only for her sensitivity but also for her powers of description. The appearance of her books in paper back form will give pleasure to many. Her early death in 1941 was a sad loss to the literary world.

Richard Cooper.

At Your Service by Elizabeth Gundrey. Penguin. 3s. 6d.

How can we obtain good value for money in the services on which we depend? This book, written by the former editor of "Shoppers' Guide", claims to be the first comprehensive guide to the answer.

The introduction is eloquent—a series of short newspaper quotations reporting instances of outrageous treatment received at the hands of a builder, a landlady, a chemist, a plumber, a garage. . . . . In the war, everyone had his own bomb story to tell; nowadays the stories are of bad service, no service, or overcharging. Clearly there is need for a book which considers the questions where to go, what to pay, what range and quality of service to expect, where and how to send complaints.

Most of the services we commonly use receive consideration in short concisely written chapters— and a motley collection it is which embraces ladies' hairdressers, bank managers, funeral directors and removals men. Much of the book is interesting and potentially useful. We learn the possible pitfalls in a central heating contract, the variety of services provided by the G.P.O., how to get tricky dry-cleaning jobs done, what is the proper subject for a written estimate. The book ends with an extended bibliography and a directory of specialist agencies. Readers are also introduced to their local branch of the Consumer's Association which is likely to be more specific in helping them to choose the right firm for the job.

The book, though useful, is often platitudinous. Do you really need to be told that—for example—a good High Street watchmaker who has large overheads is likely to charge more than an equally good man in the side street who has not? Did you not know that unqualified sharks are more likely to be found in those services where business is booming—currently ladies' hairdressing, estate agents and hire purchase promoters?

However, at three shillings and sixpence this one hundred and forty page book is recommended.

Kate Stockton.

OTHER REVIEWS

Textbook of Surgery, MacFarlane and Thomas. E. & S. Livingstone. £3.

This textbook, largely written by people who have been at St. Bartholomew's Hospital in the past, is an entirely new venture designed for student teaching and therefore does not suffer from the disadvantage of trying to retain characteristics of an earlier and well tried, and often out-worn, volume. For a comparatively small book, compared with many of the standard textbooks, it needs to be concise and perhaps at times it suffers from this so that controversial subjects are dealt with in a dogmatic way. It is, of course, arguable whether students should be taught to think or should be spoon fed, but where several opinions exist it would seem justifiable to give the pros and cons, whilst the author may express his own personal feeling about the matter.

Many of the line diagrams are excellent and the meaning of each is clear; whether all are necessary is however another matter. No doubt some will be pruned when the second edition comes out and others added. Mistakes in the script are few and far between but it seems likely that the index should be expanded particularly where eponyms are used. It does not seem necessary to pick out any particular part of the text for criticism other than perhaps Courvoisier's Law which seems to have been quoted in an unusual manner.

The main criticism of the book is that it will be difficult for the students to decide which diseases are common, which are rare; which are important and which are less so.

However, this is a good book of surgery for students and may well become the routine textbook. It is accurate, concise, relatively small, and relatively cheap. It will probably be some time before another textbook can be produced which has these assets.

I.P.T.

Concise Medical Textbooks-Obstetrics, by J. M. Holmes, M.D., B.S.(Lond.), M.R.C.O.G. Bailliere, Tindall and Cox. 15s.

This book has been written to provide a concise textbook which will assist the student to marshal the facts he has learnt during his clinical training. It covers the subject in three sections. 1 Pregnancy, 2 Labour, and 3 Obstetric Operations. Section 1 deals with the anatomy and physiology of pregnancy, the development of the ovum and of the foetus, the general management of pregnancy, and pregnancy disorders. Section 2 describes the management of childbirth, both normal and abnormal, while Section 3 describes the various operations and operative procedures associated with parturition. There are chapters also on anæsthesia and analgesia, puerperal fever, and psychiatry in childbearing. An appendix of drugs used in obstetrics completes the book.

A concise textbook, as Mr. Holmes states in the preface, cannot be a complete textbook. This book is a rather dogmatic summary of clinical obstetrics and, as such, the author has every right to be proud of the result.

Every student would benefit greatly if he read this book at the beginning of his clinical obstetric training and he would find it an ideal revision immediately prior to his qualifying examination. It does not replace the larger standard textbooks of obstetrics because its brevity prevents the inclusion of much basic material that is necessary if the subject is to be properly understood.

Your reviewer would disagree with both the publisher and the author in so far as this book does not provide a basic knowledge of obstetrics, because the reader must turn elsewhere for a basic understanding of human reproduction and its management. It is in some measure disappointing that the subject is advancing so rapidly that this volume would already benefit from revision.

I commend this book to every student. At 15/- it is surely one of the best buys of 1964.

G.B.

A Textbook of Veneral Diseases and Treponematoses, by R. R. Willcox, M.D. (Lond.). 2nd. Edition. William Heinemann. Price 70s.

Fourteen years have elapsed since the first edition of this book appeared. One reason for this lapse of time is explained by the author "The availability of effective treatment alone is not sufficient to control venereal diseases which continue to represent a public health problem of the first importance".

This new edition has been thoroughly revised and several new sections have been added; many new illustrations have been collected from a variety of sources. The enlarged section on the non-venereal treponematosis reflects the author's experiences abroad working on behalf of the World Health Organisation. The social aspects of the venereal diseases are not neglected. The book is representative of the high standard of the practice of venereology in this country and will be read in all parts of the English speaking world. At a price of seventy shillings perhaps only those training in venereology will be able to afford their own personal copy.

C.S.N.

SPORTS NEWS

RUGGER CLUB

Sat. 7th Nov. v. Falmouth. Drew 6-6.

Bart's took the field for the first time in four trips to Falmouth, in natural daylight and fine weather. The relatively quiet trip paid dividends, for the whole side went off with a bang, the first move of the match involving fourteen players, and being halted only inches from the home team's line. The side played vintage rugby, and must have scored several tries, but for the final pass going astray. As it was, Falmouth led 6-3 at the interval, with two penalties kicked on their rare excursions into Bart's territory. Gibson replying with a well kicked penalty.

The second half degenerated into a brawl, with Bart's trying to keep the game open, and Falmouth desperately trying to play their typical tight game. Falmouth's policy worked, and with various combinations of punches completely disrupted Bart's game. In the end the handling paid dividends, Grafton putting Savage away, who drew the full-back, giving Harris the chance to outrun the cover and score a fine try. Altogether a game of wasted chances and one that should have been won.

Mon. 9th Nov. v. Penzance. Won 11-0.

Bart's took the field against a full-strength Penzance side without Harris and Smart who returned to London, and Fryer and Grieve who were injured. The whole side played the best rugby seen from a Bart's team for probably many years, the pack particularly excelling itself. We had by far the better of the first half, but only crossed over 3-0 up, with a Gibson penalty. Soon after the interval, Grafton, on the wing, went off with a fractured collar-bone, but this had the effect of producing even better rugby. After a fine interpassing move by the pack, McIntyre went over, to cap a really magnificent debut. Near the end Davies, now on the wing, rounded off a three-quarter movement in the corner. Penzance, notably Gerald Luke, fought back, but a determined defence held steady, to give Bart's a well deserved win. Penzance town itself is still recovering!

Wed. 11th Nov. v. Dartmouth. Lost 6-9.

After a delay with the Cornish Constabulary, the side arrived, very tired, having changed on the coach, and had to run straight onto the pitch. We suffered two early injuries, due to lack of warming-up, so that Letchworth and Pope were limping for most of the game.

The tired pack was completely outplayed, and consequently the backs were starved; a pity, for odd flashes showed that they were infinitely better than their opposite numbers.

Bart's opened the scoring, Savage gathering a kick ahead, and running 40 yards to beat the cover. Several other tries were nearly taken, but two penalties, and a defensive slip let in Dartmouth for a 9-3 lead, which Bart's could only narrow to 9-6 with a Gibson penalty.

Team: Davies, Johnson, Savage, Letchworth, Fryer. Griffiths, Pope, O'Kane, Rees, Gilmore, Orr, Bates, Goodall, Gibson, McIntyre.

The side would like to thank the following for their vocal support: K. Stephens, R. Brown, and P. Bradley-Watson, and R. Atkinson for his touch-judging.

14th Nov. v. Old Alleynians. Won 13-11.

Bart's were determined to avenge last year's crushing defeat, even though in post-tour recovery. The team was somewhat weakened and took some time to settle down; weak tackling and marking by both centres letting in the Old Boys for two fine tries. Then McIntyre inspired the side with an excellent individual try following a scrum 25 yards out.

In the second half, the Old Boys scored again, but then Goodall, playing a real captain's game scored twice, both tries models of backing up, and hard running for the line. Play then fluctuated from end to end, with defences reigning supreme, and the match ended with Bart's just worthy winners.

21st Nov. v. Oxford. Lost 6-16.

More changes were made necessary by injuries and illness. Bart's went on the field with the wrong attitude of mind. It took three-quarters of the game to realize that Oxford were not as good as had been anticipated. By this time a hard pack had denied Bart's all posession, and sheer weight of numbers led to two tries by Oxford, making the score 11-0 at half-time. A bad first half, probably caused by the demoralisation of a first minute drop-goal.

In the second half, Bart's fought back and came near several times, but were unlucky to go further behind with a doubtful try under the posts. Gibson then kicked a fine penalty, and Hopkins went over in the corner to round off a passing movement in which most of the team handled. The whistle went with Johnson being pulled down inches from the line. Bart's pressing hard, but unfortunately too late.

FIXTURES FOR JANUARY

2nd Rugby v. Old Ruthishians; Home.
Soccer practice game; Home.
9th Rugby v. Nottingham; Home.
Soccer v. Institute of Education (U.L.); Home.
Hockey v. Britannic House; Away.
Cross Country; U.H. Handicap at Barnet.
13th Cross Country v. Goldsmith's College and St. Mary's College at North Cray.
16th Rugby v. Cheltenham; Away.
Soccer v. Birbeck College (U.L.); Home.
Hockey v. Erith Technical College; Home.
20th Soccer; Hospitals' Cup 2nd Round.
Hockey v. London Hospital; Home.
23rd Rugby v. University of London; Home.
Hockey v. St. George's Hospital: Away.
Cross Country in Q.M.C. 7½ miles at Coxtie Green.
27th Hockey v. St. Mary's Hospital; Away.
Cross Country; St. Mary's Hospital; Hyde Park Race.
30th Rugby v. Rugby; Home.
Soccer v. Royal Free Hospital (U.L.); Home.
Hockey v. Middlesex Hospital; Away.

SOCCER CLUB

Wednesday, 4th November. Bart's 1st XI v. S.O.A.S. Won 7-0.

Bart's had the upper hand in this game throughout the first half but only managed to score one goal through Herbert. S.O.A.S. came near to scoring several times but Sutton played well in goal and the half backs clamped down on the S.O.A.S. forwards.

Bart's, with the wind behind them in the second half, took complete control of the game, Herbert scoring another and then taking a hat trick. Eventually even the defence joined in, with a goal each from Turner and Offen.

Wednesday, 18th November v. West Ham College. Lost 1-4.

The result of this match came as a disappointment after 10 days without match practice, although West Ham are the best team Bart's has met this season.

Bart's took the lead through Thew after 20 minutes and were slightly on top in the first half. Rawlinson and Raine played well in defence but massive gaps in midfield eventually allowed West Ham to take over.

Saturday, 21st November v. Birckbeck College. Lost 1-5.

An even more unfortunate result for Bart's because Birckbeck were not a very good side. In fact Bart's had more of the ball throughout, but failed to score except for a late goal by Sutton.

Again Bart's inside-forwards and wing-halves failed to co-ordinate leaving great gaps in midfield.

Cambridge Tour.

The Soccer Club tour of Cambridge was condensed to two days because of the failure of one of their would-be opponents to provide a team. It is gathered in this office that Vartan was prevented from going near any fires, let alone completing his hat-trick of extinguishing exhibitions. In other words a quiet tour rather marred by the depletion of their quota of games.

Friday, 6th November, Bart's 1st XI v. Clare College. Drew 2-2.

Bart's were unlucky to be 2-0 down at half time, but after the restart Bart's proved the fitter team. A beautiful movement led to a Mumford goal. Dorritt then scored the equaliser. Raine was outstanding in defence preventing a comeback by Clare.

Saturday, 7th November. Bart's v. Christ's College. Won 4-3.

This time Bart's were 3-1 down at half time, the one goal being scored by Sutton. In the second half, Bart's came back with a brilliant goal from Herbert and another good goal from Sutton. A goal from Thew made it four. The half-backs supplied the drive for this win. This was Bart's eighth game without defeat—the best start to a season for many years.

The following have played for the side recently: Layton-Smith, Rawlinson, McGechie, Offen, Raine, Turner, Hughes, Herbert, Sutton, Thew, Dorritt, Mumford, Vartan, Jefferies, Savage.

D. McG.

CROSS COUNTRY CLUB

4th Nov. 2nd (1st division) League Match at St. Mary's College, Twickenham.

The club managed to field more men in this race and also succeeded in holding up the start for five minutes: the course was flat and, some people would say, uninteresting. Terry Foxton had been celebrating examination success at lunch time and therefore ran very well for his 18th position: Richard Markham is improving and we shall expect great things from both him and John Coltart as the season continues. However, the most encouraging feature of this race was the number of members who turned out—still enthusiastic after four weeks of running.

Results:—	min.	sec.
10. Thompson	30	38
18. Foxton	31	12
45. Sanders	33	36
54. Markham	34	16
67. Coltart	35	34
74. Hale	36	32
75. Oxley	36	35
76. Wood	36	45

We now stand 7th (out of 12) in the League.

7th Nov. London University v. Cambridge University at Parliament Hill Fields.

Terry Foxton, Richard Markham and Robert Thompson all ran in this race. U.L. were misguided enough not to pick Terry for their first team: had they done so they would have won the match. Richard Markham again ran well and improved his time of three weeks ago over the same course by more than a minute.

Results: —		
14. Foxton	36	40
20. Thompson	37	42
53. Markham	40	24

17th Nov. Selwyn College, Cambridge. Road Relay Race.

Eight members went to Cambridge and spent a very enjoyable day wandering around the city: they also met with success in the race. The first team came 9th—one better than last year—with Terry Foxton recording the 15th fastest time of the day. However, all honours must go to our second team, all of whose members put up very good times: all the more creditable for runners who are most experienced in "taking over" the baton half a mile behind the next team. Bart's are not in the habit of entering second teams as a rule—mainly because it is as much as we can do to raise a first team, and so for this team to come 39th is very encouraging indeed. 54 teams competed. R.T.

GOLF CLUB

There are only two late season games to report due to a lack of fulfilment of fixtures by other hospitals this year.

On October 25th we instituted a new fixture of the **Students v. the House.** This was a great success both on the course and socially. Playing teams of 7-a-side we finished with a very satisfactory halved match, and after a few beers at Chislehurst went back to Bart's where the House entertained us to supper and beer in R.S.Q.

On November 15th we were honoured to play **Thorpe Hall Golf Club** for the second time. A team of 10 from Bart's, which included Mr. Hanley and Dr. Kelsey Fry, went to Southend at the invitation of Dr. Bevan Jones. The amateur champion Mike Bonnallack was in the team, and in the morning we played five four-ball matches, in which we finished $3\frac{1}{2}$-$1\frac{1}{2}$ down at lunch.

After an excellent lunch with too much to eat and drink, we went out to play 9 holes in the afternoon but again fell to a $3\frac{1}{2}$-$1\frac{1}{2}$ defeat. However, the golf was good all-round, and all the matches both morning and afternoon were taken to the last two holes. R.E.A.

SWIMMING & WATER POLO

University Championships.

Bart's, this year, came 5th (one down on last year) in the University which is a fair achievement, but is somewhat tempered by the fact that Guy's and Mary's were 1st and 3rd.

The outstanding performances were those of the divers. W. Garson won the University Championship at his first attempt, whilst A. Gordon came 3rd, dropping a place from last year.

U. H. League.

After a promising start in which 3 of the first 4 matches were won, we lost a succession of matches and now two-thirds of the way through the season the two teams are in the middle of their respective divisions.

1st VII. Lask, Britton, Bates, Coburn, Jolly, Anderson, Quinn.

Other results.

Royal Free Invitation Relay—Bart's 1st ($\frac{1}{2}$ length), Kadleigh, Jolly, Quinn, Knight.

Bart's v. Portsmouth T.C.—Swimming. Won 59-48. Polo. Won 14-1.

Bart's v. C.E.M.—Polo. Won 5-4.

Swimming colours have been awarded to D. Hanley.

P. Quinn is to be congratulated on representing the University regularly this season in the Individual Medley and Butterfly events. B.L.

HOCKEY CLUB REPORT

Wednesday, November 4th v. K.C.H. Won 9-0.

This walk-over game gave Bart's much false confidence and no practice. Bateman on the right wing was given too much freedom due to poor marking and was able to keep the forwards well supplied with passes from which to score. At half time the score was 8-0.

Poor positioning in the second half produced only one goal. Hat tricks went to Castleden and Bateman, whilst the two backs and goalkeeper got very cold.

Wednesday, November 11th v. Gore Court. Lost 4-1.

The Bart's team was slow and lacked urgency having had a week's rest and an easy win the Wednesday before. Two defence members were missing and this reduced confidence. We were soon a few goals down in the gloomy afternoon and we didn't recover from this.

Our only goal came when the left back cleared to the right wing, who then squared to the inside left; he ran into the circle to score.

Despite pressing in the second half, the damage was already done, and the forwards' inability to complete the attack resulted in no further goal being scored.

Wednesday, November 18th v. U.C.H. Drew 1-1.

The opponents were a useful, balanced team but Bart's had the advantage of a considerable slope in the first half and scored through Castleden. We then relaxed and they scored.

In the second half, Bart's had most of the advantage but goals were not scored because of the tendency to bunch in the centre instead of using crisp, short passes which can open any defence.

Saturday, November 21st v. Old Oakmereans, Won 7-0.

The opponents were very indifferent and had two players missing which gave Bart's no incentive to put any energy into the game at all. Nor did it give us a chance to put our new forward line to use, which had been rearranged to rectify our inability to score goals. Kingsley scored most goals in his new position at centre forward and at half time we were 6-0 up. We lent them Benke to play centre half in the second half and he rallied the opponents enough to allow Bart's to score only once more. The only memorable incident of the game was massive attacks of cramp in their inside left which were competently dealt with by our team's physiotherapist and his assistant. A.B.

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EDITORIAL

There is nothing quite like Christmas at Bart's. It has something of the enchantment of Christmas as a young child, and like a childhood experience the taste of it lingers vividly long after it has passed. But now the old routine is re-established; we are back in our unfestive ruts; and it is hard to believe that the Hospital and the people who work and live in it, are the same as they were in that fantasy of a few weeks ago. The contrasts are sharp and cold.

The basis of any community, large or small, must be the free exchange of ideas between as many of its members as possible. The more cross-fertilisation there is between different groups within a community, the richer will be its yield of creative thought. Bart's, in common with the country as a whole, suffers from a stratification of its society in which there is relatively little free intermingling of isolated groups,—consultants, resident staff, administrators, nursing staff, students. And within each group there are closer and yet more isolated cliques. The result is that the individuals within each group become daily more similar to each other, and are deprived of the breadth of contact which is the catalyst of creative thought. Horses with blinkers make fine workers, but they can only see in the direction in which they happen to be going, and they never break loose.

Looking more specifically at one of these groups—the students—we can trace the development of this process of isolation. Throughout the three years that a student spends in the Hospital, there is practically never a necessity for him to follow up thought with responsible action. It is very difficult to become a full member of a community unless one has some positive contribution to make towards it. Secondly, and largely as a by-product of this

deprivation of responsibility, respect for the student in the Hospital is minimal. He is a scapegoat for the overtaxed sister, the tired surgeon, and for all those who have got out of bed the wrong side. This may sound like the case-history of one suffering from a persecution complex, but it is a fact that the tendency to be bad-mannered to students is widespread within the Hospital; and when these incidents occur in front of patients, they are quite inexcusable.

The third factor which contributes to the isolation of students is the gap which is ever widening between students and consultants. It would be possible to go through Bart's without ever having met a consultant outside the wards —and on some firms one is lucky to meet them even there. More and more of the teaching is being deputed, and although registrar teaching is usually excellent, we can ill afford any further reduction in the contacts between the uppermost and the nethermost groups of our community. Even when contact is made, it sometimes happens that the dignity which is such an essential part of a consultant's relationship with his patients, overflows to form an unapproachable barrier between himself and his pupils. It is often said that teaching, and especially medical teaching, should be a two-way system.

To some extent all this is inevitable. We are not a residential community, and we cannot hope to attain the intimacy of contact which exists between dons and undergraduates at an Oxford or Cambridge College. More realistically significant is the fact that we have no private beds or private consulting facilities which would enable our consultants to spend more of their lives within the walls of the Hospital.

But there are two ways in which this problem can be actively attacked. The first is to give the clinical student more responsibility, so that towards the end of his course he would be able to share some of the duties of the junior houseman. The second is to work for more meetings between students and consultants, of the kind which make free discussion on an equal basis possible. The recently formed Wine Tasting Society is one way of achieving this, but the gap which, almost on its own, it is trying to fill, is far too large.

Only a few weeks ago it all seemed more than possible . . . .

Dry the pool, dry concrete, brown edged,
And the pool was filled with water out of sunlight.

Had Eliot seen the Fountain at Christmas time?

Who Pays for the Journal?

In response to enquiries and speculation about the financial basis of the *Journal*, approximate annual figures of expenditure and income are shown below:

	£
Expenditure	
Printing the Journal	2,640
Salaries and Office Equipment	185
	2,825
Income	
Advertising	2,000
Subscriptions and Sales	825
	2,825

The *Journal* is sold at 1s. 3d. inside the Hospital (1s. to nurses). The annual subscription for people working in the Hospital is 15s., and for those outside the Hospital 25s., both prices inclusive of postage. If you are not already a subscriber but would like to become one, a banker's order is provided for your use on page 82 of this issue.

About 600 *Journals* are distributed free of charge each month to the students and as complimentary copies.

The cost of the *Clinical and Research Supplements* is shared equally between the Hospital and the Medical College.

February Duty Calendar

Sat. & Sun., 6th & 7th.
Prof. Scowen
Prof. Taylor
Mr. Aston
Dr. I. Jackson
Mr. Hogg

Sat. & Sun., 13th & 14th.
Sir R. Bodley Scott
Mr. Hunt
Mr. H. J. Burrows
Dr. Boulton
Mr. Fuller

Sat. & Sun., 20th & 21st.
Dr. Cullinan
Mr. Naunton Morgan
Mr. F. T. Evans
Mr. Cope

Sat. & Sun., 27th & 28th.
Dr. Hayward
Mr. Badenoch
Mr. Aston
Dr. R. A. Bowen
Mr. McNab Jones

Physician Accoucheur for February is Mr. Fraser.

LETTERS TO THE EDITOR

PRESCRIPTION CHARGES

Sir,—It is stated in your December Editorial that there can be few people in Britain who cannot afford Prescription charges.

A short visit to a General Practice in any of the poorer districts, where many families do budget to almost the last penny, would soon convince the holders of such beliefs of their errors. The occasional few shillings for the various pills and medicines that children so often require will frequently empty the pocket. And if at the end of the week there are a few shillings left over, is it fair that what might have gone some way towards a family outing or even the summer holiday should be taken away by the National Health Service?

Right or wrong though prescription charges may be, it is irresponsible to glibly assume that the vast majority can freely afford to pay them.

Yours faithfully,
B. D. Lask,
Abernethian Room.

6th December.

PROBLEMS FOR THE NEW GOVERNMENT

Sir,—I have read with interest your provocative Editorial in *St. Bartholomew's Hospital Journal* for December, 1964.

Your efforts on behalf of the out-patient kept waiting for too long on many occasions are altogether admirable. It is to be hoped that Mr. Michael Perrin and the Board of Governors, in consultation with the Medical Administrative and Social Welfare Staff, will devise means to rid our fine hospital of this standing reproach.

I share your regret that Mr. Kenneth Robinson, a particularly able and outstanding Minister of Health, has not yet been given Cabinet rank. The use of the phrase "little less than an insult to the medical profession" is, in my submission, unfortunate.

The Prime Minister in constructing his Cabinet evidently thought an experiment in better co-ordination of the closely allied services worthwhile and might well decide on a re-shuffle, making the Minister of Health a member of his Cabinet, if he finds this to be desirable in due course.

I must cross swords with you on the subject of the abolition of prescription charges, although I note that you do favour abolition for pensioners.

I freely admit that a small proportion of the general public is guilty of abusing the system of prescriptions. It lies with the Medical Profession to remedy this.

On the other hand, the amount realised from the charges was only a very small percentage of the cost of the National Health Service; and the health, well-being and comfort of a large but unknown number of persons was prejudiced by the existence of even the small prescription charge.

It is to be hoped that the Labour Government will find a way of improving pension rates for many who now often deprive themselves of the necessities of life because they are too proud to apply for help under the National Assistance Act. This has a bearing on prescription charges.

I am whole-heartedly with you, Sir, in your desire to see more medical schools established. Although, as a temporary measure, it should be possible for existing schools in the United Kingdom to provide more places on condition that the student-teacher-bed ratio is maintained, by linking suitable Regional Hospital Board hospitals with the Teaching Hospitals, it is obvious that more Teaching Hospitals with new medical schools are needed.

I urged the need for ten new medical schools last April, and in a letter to "The Lancet" on 15th August, 1964 I endeavoured to make out a cast iron case for new schools at the following centres: Norwich, Canterbury, Brighton, Southampton, Exeter, Swansea, Bangor, Nottingham, Hull and Middlesborough. As you may know, the Conservative Government favoured one new school at Nottingham; and rumour has it that Mr. Kenneth Robinson would like to see at least four new schools established.

May I express the hope that you, Sir, (and your readers) will lend your valuable support to my plea for urgent action for *ten* new schools.

Yours faithfully,
Selwyn Selwyn-Clarke, K.B.E., C.M.G., M.C., M.D., F.R.C.P.
13 Gainsborough Gardens,
Hampstead, N.W.3.

6th December.

MONKEY BITES

Sir,—With reference to Dr. L. S. Castleden's article in the October edition, I feel that I may be able to add an historical note to the section on monkeys.

In the course of a study on European monarchies, I could not fail to notice the exceptional turbulence of the Greek Royal Family. The line, a Danish one, had been established in 1864 by the coronation of George I. After profound domestic difficulties caused by the Balkan Wars, resulting in the eclipse of three monarchs by murder or abdication, Alexander looked as if he would be the hope of the nation. It is generally stated, perhaps without full medical authenticity that the young king died in 1920, from the bite of his pet monkey.

This bite changed the course of history in that it virtually proclaimed the end of the monarchy, and led to the declaration of a republic in 1924.

With apologies for the history lesson.

Yours faithfully,
Charles G. Wickes.
Greenacre Farm,
6th December. Stock, Essex.

COLLEGE HALL RENT

Sir,—On December 10th, 1964, the College Committee informed residents of College Hall that the weekly rent was to be increased from £5 to £5 10s. 0d. as from January 1st., 1965. We have no doubt that the College Committee has very good financial reasons for instituting this rise but we suggest insufficient consideration was given to the ability of students to pay this increased rent.

College Hall was built for the purpose of housing under-graduate students of Bart's. It would thus be reasonable to assume that a rent in excess of the student's ability to pay would result in the primary purpose of College Hall not being fulfilled. We suggest that one must consider that the income of a medical student is that of a maximum grant from the local authority or Ministry of Education. Any student receiving less than the maximum grant from such an authority is assumed by that authority to have his income made up to the maximum by his parents or guardian—there is, of course, an income test on the parents or guardian by which this figure is adjusted. The amount assumed to be received by the student varies with the authority but in general local authorities follow the Ministry in giving a maximum grant of approximately £415 per annum i.e., £8 per week. In the case of the Ministry £10 is allowed for travelling, £30 for vacations and £30 for books in any one year. If one assumes that a midday meal costs 3/4 per day, £1 will be spent each week on this meal (midday meals are only supplied free of charge to residents of College Hall on Sundays). Thus the total weekly expenditure is: —

Midday meal	£1 0s. 0d.
Books/vacation/travel	£1 8s. 0d.
Rent	£5 10s. 0d.
TOTAL	£7 18s. 0d.

This leaves 2/- per week for clothing, entertainment, laundry, etc. With the rent at £5 per week solvency was just possible; at £5 10s. solvency is impossible.

It may be argued that this calculation is unrealistic as the student is in residence at the Hall for only forty-six weeks per year. During the remaining period the College Hall authorities refund £1 16s. of the rent each week giving a total refund of £10 16s., thus adding a further 4/- per week to the amount remaining for clothing, etc. Of course if a sub-let can be arranged the whole of the rent can be obtained by the tenant but in view of the short periods of sub-tenancy (1-2 weeks) such subletting is exceedingly difficult.

Thus we must consider the possible alternatives. Firstly, it should be possible to find accommodation at a lesser rent but this surely defeats the object of the existence of College Hall *viz.* to house students. Secondly, the grant authorities could increase the grants: this does seem a reasonable course but the Ministry has refused. Thirdly, the rent at College Hall could remain at £5 per week. This last action is only possible, if the College Committee's calculations are correct, by either subsidising the premises (or increasing the subsidy if the Hall is already subsidised) or increasing efficiency and/or decreasing expenditure. It can be argued that subsidising College Hall is to assist a small proportion of students while not assisting the remainder. This argument has considerable merit unless all the students of the Medical College are housed in the Hall for an equal period of the course. We suggest that it is imperative that one or more of the above courses is implemented.

Another new regulation to be instituted as from the 1st January, 1965, is that in future all guests having a meal in the Hall will have to pay 5/- for this meal, and that there will be no refund for meals not taken by the resident. In the past various schemes have been tried to accommodate guests at dinner but in essence they have all depended on the principle that the resident could invite a guest, free of charge, to dinner at the Hall providing that the resident had missed a previous dinner. We suggest that providing the dinner at College Hall costs 5/-, there can be no objection to refunding 5/- for meals not taken, if due notice of absence is given. Anything short of this implies an element of profiteering. We trust that this new regulation will either be modified to enable refunds to be given or the old system instituted.

There does appear to be something grossly wrong with the whole system of grants with respect to all medical students in that a full grant is NOT the same rate per week of attendance as for other faculties, unless the student of another faculty attends for forty-six weeks per year, and we suggest that this should be taken into consideration in costing living accommodation for such students, whilst the present system of grant remains.

Yours faithfully,
C. R. S. Anderson, Miss J. Kennedy, Miss Carol Martin, Iain Matheson, Peter Rudge, John Sutcliffe, Anthony Axon, Terry Foxton.
College Hall,
St. Bartholomew's Hospital.
24th December.

* * * *

DRAMA SOCIETY

The Drama Society's main production—*Right You Are*, by Pirandello—will be presented on February 25th and 26th at 8.0 p.m. in Gloucester Hall.

BOAT CLUB BALL

The annual Boat Club Ball will be held on February 24th in College Hall.

SISYPHUS

Sir,—A tragic tale has reached my ears and I thought perhaps of setting up a fund to recompense unfortunate students, who through their own folly give laughter to others.

Robin Hood (alias) was giving his friend a lift (not Maid Marion) and after saying goodnight drove home. Unfortunately approximately 200 yards from his destination he ran out of petrol. Now he was 10 yards from the top of a hill,—so he thought awhile, and not being inclined to walk, he pushed the car to the top of the hill. What followed belongs to a Marx brothers' film . . . . A stranger helped him to disentangle the car from a wall.

Any contributions I am sure will be received via the Journal office.

Yours etc.,
1st January. A Merry Man.

A DINNER FOR MR. FRANKIS EVANS

Sir,—The Department of Anæsthesia is proposing to give a dinner in honour of Mr. Frankis Evans on Friday, 12th March, 1965.

Circulars are being sent to all known past and present members of the Department. If there are any others who see this notice who have not received a notification during January, would they be kind enough to write to me, c/o Department of Anæsthesia, at the Hospital.

Yours faithfully,
T. B. Boulton,
Consultant Anæsthetist,
St. Bartholomew's Hospital.
1st January.

MUSIC SOCIETY

The next concert will be held in Gloucester Hall at 8.15 p.m. on February 11th.

GENERAL PRACTICE LECTURE

Dr. Frank Bevan will lecture on *What is General Practice?* at 12.00 noon on Thursday, February 25th.

Engagements

BRITZ—BERGIN.—The engagement is announced between Maurice Britz and Elisabeth A. S. Bergin.

HERBERT—PRETT.—The engagement is announced between Timothy James Herbert and Heidi Prett.

SHINEBOURNE—WEBSTER.—The engagement is announced between Elliot Anthony Shinebourne and Anne Webster.

SIMMONDS—COLEMAN.—The engagement is announced betwen Dr. F. A. H. Simmonds and Mrs. Lilian Coleman, widow of Dr. A. Coleman.

STRANACK—FOOT.—The engagement is announced between K. Stuart Stranack and Caroline R. Foot.

WHITEHEAD—STURGESS.—The engagement is announced between Christopher Whitehead and Rosemary Sturgess.

Marriage

TURVILL—PENNINGTON.—On November 28th, Phyllis Pennington to Alan P. F. Turvill.

Births

CASSELL.—On December 19, to Janet and Dr. Paul Cassell, a son (Oliver Clive Sheldon).

GAY.—On November 24, to Patricia and Dr. Norman Gay, a first baby, (Honor Jane), companion for Walter, Marmaduke, Willie and Lulu.

PHIPPS.—On December 15, to Rosemary and Roger Phipps, a son (Julian Neil).

PRISCOTT.—On December 9, to Leila (née Pharaon) and Dr. Robin Priscott, a son (Simon James).

Deaths

LAUDER.—Dr. H. V. Lauder, M.R.C.S., L.R.C.P. Qualified 1932.

ROWLAND.—On December 23, Penry William Rowland, M.D., M.R.C.S., L.R.C.P. Qualified 1898.

RUMBOLL.—On December 8, Dr. Norman Rumboll, M.A., M.B., B.Ch. Qualified 1918.

Awards and Appointments

British Association of Otolaryngologists

At the annual general meeting on December 4, Mr. J. C. Hogg was elected Hon. Treasurer.

James Smellie Bursaries

Dr. A. W. Franklin has been awarded a Teacher Bursary in 1965.

A Learner Bursary has been awarded to Dr. G. Udall.

Royal College of Surgeons of England.

At an extraordinary meeting of the Council on December 9, diplomas of fellowship were granted to the following: —

Richard H. Herniman, Alfred Lytton and R. C. Whalley.

University of London

Dr. C. F. Harris has been reappointed as a representative of the University on the governing body of the London School of Tropical Medicine and Hygiene, and nominated for appointment on the governing body of the School of Pharmacy.

University of Oxford

On November 28 the following degree was conferred: —

D. M.— J. F. Hale.

New Year's Honours List

The following honours were awarded: —

Prof. J. Rotblat—C.B.E.; Miss H. Russell, S.R.N., S.C.M.—M.B.E.

PROFESSOR FREDERICK A. COLLER

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

An Appreciation

The death of Prof. Fred Coller on Nov. 5th was recorded in the B.M.J. of Nov. 14th, where reference was made to his close association with Bart's. Although it may appear strange that a Professor of Surgery of the University of Michigan in Ann Arbor should have had a close association with Bart's, as well as a profound influence on many of its surgeons, yet such is the case.

During the first World War a friendship was formed between Sir Holburt Waring and Dr. Hugh Cabot of the Massachusetts General Hospital. Cabot later became Professor of Surgery at the University of Michigan, and arranged with Waring for a succession of Bart's men of Chief Assistant standing to work in the University of Michigan Hospital from 1924 onwards. Cabot's plan, which was shared by Coller, was to introduce the Bart's method of clinical bedside teaching, the American student having previously been taught by the continental method of large clinical demonstrations. In return the Bart's men were to be taught American methods of operative work.

The scheme was a great success, as all those who were fortunate enough to take part in it will testify. They include two consulting surgeons, two present surgeons, two Professors (one of whom is a member of the Council of the Royal College of Surgeons), the late T. Nelson, an outstanding thoracic surgeon, and two notable provincial surgeons, Visick and Melly, both of whom unfortunately died while still quite young.

This achievement was very largely due to the outstanding ability of Fred Coller as a surgeon, clinician, teacher and scientist. He was the originator of what is now the commonplace estimation of the patient's fluid balance combined with the electrolyte balance, and later of the assessment of blood loss, all of which put the scientific post-operative care of the patient on an accurate and sound basis. Thyroid surgery at Bart's has also benefited by the application of his technique.

With him, the patient as an individual was the main consideration. His cheerful greeting and handshake, the words of reassurance, perhaps a simple explanation of what was happening, made the man or woman feel they were in safe and understanding hands. He was never content to replace it by the mere studying of reports or by listening to his assistants.

His kindness and hospitality were wonderful. When this country was at its time of greatest danger, after Dunkirk, he offered a home to my four children for the duration of the war. That the offer was not accepted was not because I had any doubts of the home they would have had with Fred and Jessie Coller.

Fred Coller travelled widely and was always present at important international surgical congresses. He took an active part in the American College of Surgeons, becoming its President, and received the honorary Fellowship of our Royal College. He always came to Bart's when in England, visited cases in the wards, and sometimes operated. It is only right and proper that we should pay tribute to the memory of this wise and outstanding surgeon who has indirectly done so much for Bart's. It is a pity that we do not count such a distinguished man amongst our Honorary Perpetual Students.

J. BASIL HUME.

FIFTY YEARS AGO

From the Bart's Journal

February, 1915

Extract from a letter from Sir Willmot Herringham at the Front

SIR ANTHONY BOWLBY and I are at present at general headquarters, and are occupied in visiting the clearing stations (formerly called clearing hospitals), and a stationary hospital which is here. We generally drive fifty or sixty miles a day at least.

I have not seen anything of the work in the Field Ambulances, to which the sick and wounded from the firing line are brought first by the waggons. Thence fleets of motor ambulances carry them to the clearing stations, which are placed in the small towns four or five miles behind, that is west of, the front. They are in buildings, usually schools, which are, of course, as a rule ill-adapted for the purpose, though they are the best that can be got. The R.A.M.C. has, however, a great capacity for making the best of unpromising materials, and it is surprising to see an establishment of this kind take shape and grow into a comparatively comfortable, and certainly very efficient hospital. The mud which is everywhere ankle deep, and is brought in by every man each time he opens the door, is kept under by constant scrubbing; the light cases are kept on stretchers, and are usually sent on to the base within forty-eight hours; the severe cases are put in bedded wards whose arrangements are clean and tidy; the operating theatre, originally perhaps a bare little bedroom, has its trays of sterilised instruments, sterilised dressings, boiling water, and bowls of antiseptic solutions, and the surgeons, sister, and orderlies, with operating gowns over their uniforms, make it not a bad imitation of a theatre at home.

Just now, when there is not much fighting, these stations are able to do a good deal of surgery, and to keep cases that had better not be moved for a week or even a fortnight. But when the fighting was severe some of them admitted a thousand cases in a day, which to a staff of only seven or eight medical officers means unceasing toil, and necessitates very rapid evacuation.

Retroscope:

CAPRICORN

Capricorn, constellation of the Goat and tenth sign of the Zodiac, covers the overlap between the years, which passed by this time with a minimum of fuss and mercifully few political honours. Your correspondent is still getting the date wrong on his cheques with monotonous regularity, a sure sign that 1965 is yet in its cradle.

Heartstrings.

Mstislav Rostropovich, the celebrated Russian 'cellist, was reported in Pravda to have filed a suit for divorce against his wife, Bolshoi opera soprano Galina Vishnevskaya, a noted beauty. Only last year Rostropovich gave the first performance in Moscow of Britten's new 'cello symphony. Shortly after the divorce notice came the announcement of a reconciliation between the two artists, but almost immediately Rostropovich suffered a mild heart attack.

Cops and Robbers.

John Marson, escaped prisoner from Lewes gaol, drove a white Mercedes at speeds up to 130 m.p.h. along the Embankment, crossing and recrossing the Thames, and hotly pursued by some gallant police motor-cyclists. He was finally caught in Chelsea where the local inhabitants responded generously to Assistant Commissioner Ranulph Bacon's recent (and already famous) appeal to 'have a go'. Marson was later charged with the attempted murder of two policemen, though they seem to have missed the additional charge of exceeding the speed limit in a built-up area by a trifling 100 m.p.h.

There was excitement in Leyton too when Colin Jordan and his merry band of neo-nazis invaded the election meeting addressed by parliamentary candidate Patrick Gordon Walker and Secretary of Defence Denis Healey. The Foreign Secretary had the presence of mind to push the Fuehrer off the platform but was more tolerant with Mr. Healey. Enraged Labour party stewards later escorted Mr. Jordan's friends—still in good voice—to the door.

My Fair Lady.

"Girls swing their hips provocatively only to make up for what nature has failed to emphasize—a clearer distinction between the sexes". So spoke anthropologist Dr. Ray Birdwhistell in Toronto recently. "The male and female anatomies", he added, "are not all that different, although this may surprise some people".

Professor Henry Higgins had somewhat sharper views than Dr. Birdwhistell on the subject of the female character, if not their anatomy:

"Women are irrational, that's all there is to that.
Their heads are full of cotton, hay, and rags.
They're nothing but exasperating, irritating,
Vacillating, calculating, agitating,
Maddening and infuriating hags".

Shefkat's disastrous début.

Two extracts from the same issue of the printed news-sheet of the Tulse Hill Hockey Club Third XI:

"Newcomers this season included Shefkat Siddiqi . . ."

"Philip Thomas is temporarily out of action, having been accidentally hit on the elbow by Shefkat Siddiqi".

It seems that the luckless Shefkat was anxious to make his presence felt as soon as possible.

The moon shines bright.

The change of the years brought the loss of two distinguished English poets—Thomas Stearns Eliot and Dame Edith Sitwell. T. S. Eliot was born in the United States but adopted British nationality in 1927. He startled and disturbed the decay and studied conventions of English poetry between the wars by pioneering a new style of perceptive realism, full of deep concern for the problems of those uncertain times.

"O the moon shines bright on Mrs. Porter
And on her daughter
They wash their feet in soda-water".
(*The Waste Land*)

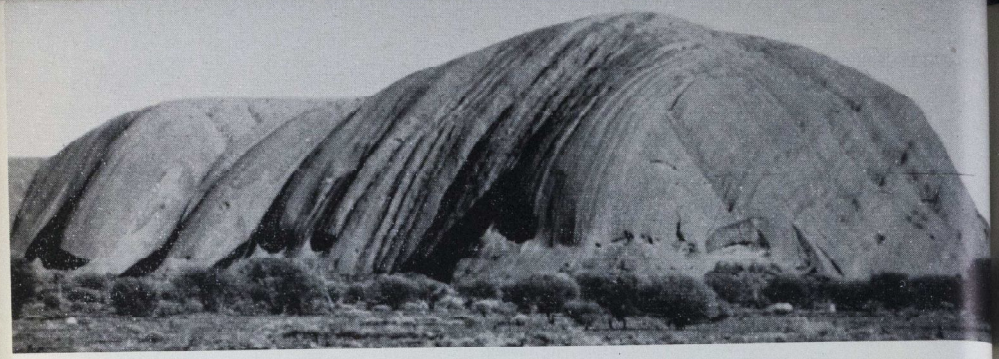
Flavus of the *New Statesman* tells this story about Dame Edith, an eccentric full of wit and colour, the flamboyant poet of *Façade*:

"I recall her embroidering a fantasy about a singularly ill-favoured female acquaintance. 'Osbert', she said, 'thinks she should marry the giant gorilla at the zoo. What fun that would be. She could always go to dinner parties by herself and say: "I'm afraid my husband can't get away. He's something pretty big at the zoo."'

The writing on the wall.

Worthing Borough Council recently threatened prosecution for any citizens failing clearly to display the number of their houses. Can this mean that the end is at hand for those cosy names which grace the guest houses, etc., in the Victorian seaside terraces?

Arrivederci *Bellavista! Mon Repos* adieu!
Henceforth merely to be known as numbers One and Two.
Goodbye *Dunroamin'* also! *Glamis* farewell to thee!
Anonymously buried as Fourteen A and B.



Ayer's Rock (Uluru)—discovered and climbed by Gosse in 1873. The monolith rises 1,143 ft. sheer from the ground. The base of the Rock is five miles round and peppered with shallow caves inhabited by Aborigines until 40 years ago.

THE RED HEART OF AUSTRALIA

By Robin C. N. Williamson

ALICE SPRINGS lies on the map at the bottom of Australia's Northern Territories, almost in the centre of the continent's red heart. The town was founded by Sir Charles Heavitree Todd, and was named after his wife. The population is very fluid; there are about 5,000 whites and a further 10,000 aborigines. This makes Alice a big town for the Northern Territories, where the fifth largest group of white people is reputed to be the mobile road gang mending the "bitumen"—the Stuart Highway, built by the Americans in the last war, which runs due North from Alice to the capital, Darwin, on the shores of the Timor Sea.

Alice is a strange town of pioneers and tourists, where the single-storied houses are neatly laid out along dusty streets. The resident population is changing all the time. The young people are attracted by the sense of adventure and by the money; they stay perhaps for three years, and then return to the civilisation which lies in Australia's coastal strip. Alice, tucked below the Tropic of Capricorn, is closer to Indonesia than it is to Sydney. At the end of Todd Street, the signpost reads "Darwin 954 miles" to the North, and "Adelaide 1,070 miles" to the South. Alice is the railhead, and the trains come up weekly from Adelaide, bringing goods and passengers. The journey takes 36 hours, but in the winter tourist season (July to October) the trains are packed.

Central Australia is in its eighth consecutive year of drought. Their annual rainfall, about eight inches on average, has remained at a beggarly two to three inches. Before 1957, there were 350,000 head of cattle in the Territories; today there are 100,000 only. If the drought continues the number will drop still lower. Most of the station owners are heavily in debt; many have already been ruined. There are occasional storms, but the rainwater seeps straight through the parched soil; sometimes the rain is followed by a dust storm which annuls any good it may do. While I was in Alice, the town suffered its worst red dust storm in months. Coming back from Ayer's Rock, an incredible sandstone-granite monolith (the Mother Rock of the aborigines) which lies 300 miles South-West of Alice, our little four-seater plane had to climb high to avoid the beginnings of the storm. Shortly after we had landed at Alice, the dust blew in from the Macdonell Ranges. The storm appeared at first as a red cloud away to the West, approaching fast until the whirling dust obscured the evening sun completely, and reduced the visibility to twenty yards. It blew hard throughout the night, and in the morning everything was covered with a thin film of red-brown dust. I was no longer surprised that cattle were difficult to rear in that inhospitable land.

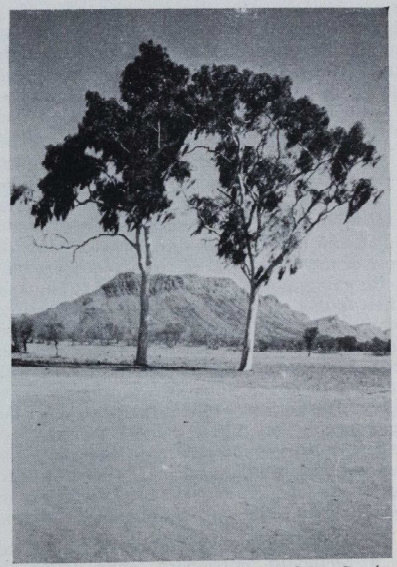
Although arid and primæval, the countryside of Australia's red heart is amazingly beautiful. There is no grass, merely a sparse scrub of spinifex and scattered trees—mulga, native willow, corkwood and the occasional ghost gum with its magnificent bark of pure white. The mountains rise sharply from the red-brown earth, and gradually change colour through the day, from orange to terracotta to purple. From the air the Macdonell Ranges, which lie West of Alice, look like the mountains of the moon. From the ground it is a wild and primitive landscape.

The first half-dozen full-blood aborigines I saw were very drunk. This was no surprise, nor yet unusual, for it was late on Friday night at the police station at Alice. It was midwinter there but the night was fine and warm. Friday is pay-day "out in the mulga", and the blacks are as little immune to alcohol as they are to the other diseases of the white man. I had flown up from Adelaide that September day, stopping at Leigh Creek and Oodnadatta. That same evening the train derailed at Finke, some 150 miles South of Alice. This seemed to surprise no-one for the authorities apparently find it cheaper to replace certain sections of track at regular intervals, rather than to build bridges over the many dry but bumpy creek beds. The airline officials could find no accommodation for me at Alice, making the unlikely claim that even the landladies had given up their beds. I understood that the town had been overrun by Tasmanian college girls and other tourists. And so it was that at ten o'clock in the evening I arrived at the police station with vague ideas of spending the night in the cells. But I soon saw that these would be required by their regular occupants.

The Territories' police were efficient and compassionate towards the alcoholic aborigines I saw that night. One old man called Syd, simply, had been punched hard above the left eye, and his upper lid was cut and already swollen. Another younger man had been hit on the forehead with a nulla nulla (a long native club) and was considerably concussed. He was groaning loudly and smelt strongly of beer; he kept grabbing at his denim trousers to stop them falling off, and I imagined that he had lost his braces in the fight. He was called Billy O'Kay (or possibly O.K.) and I watched him make his thumbprint in the police register. The station sergeant also proved unable to find me a bed for the night, but learnt that I was an English medical student. I was taken down to the hospital in a police car, sandwiched between two officers in the front, while the two injured aborigines sat groaning heavily on the back seat. I finished a remarkable evening by helping the casualty officer stitch the wounds, and in return he found me a bed in the doctors' quarters where I stayed for the next three nights.

The Australian aborigines are the most primitive race alive in the world today. They are tall well-built people with chocolate-coloured skin and long straggly hair, black or fair according to the tribe. They have dark eyes and large nostrils set widely apart. Once they were widespread throughout the Australian continent. Now, after nearly 2,000 years of exploitation and the white men's diseases, there are believed to be only some 30,000 full-blood survivors, mostly in Western Australia and the Northern Territories. In Queensland and New South Wales, almost all they have left behind them are their names—Toowoomba, Wagga Wagga, Murrumbidgee, Wooloomooloo. The native black population of Tasmania has disappeared completely. In Sydney a few pathetic half-caste aborigines survive in consiberable poverty in a settlement at La Perouse.

Only in the settlements of the extreme tropical North of Australia, in Arnhem Land and Groote Eylandt (first discovered by the Dutch) can be found the true descendants of what was once a proud and dignified race of primitive men. Here the tribal structure with all its customs and traditions has been preserved. The aborigines support themselves by



Twin ghost gums between Alice and Jay Creek, made famous by the paintings of the late Albert Namatjira.

These full-blood Aborigines are T.B. patients at Alice Springs Hospital.

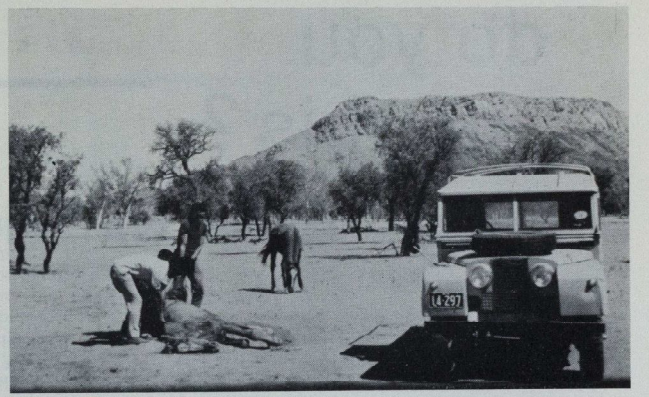
hunting and fishing, and they sell their carvings and bark paintings to the white men in the missions. One thousand miles to the South, around Alice Springs, the full-bloods are slowly dying out. Life was precarious before the advent of the white man, and obtaining sufficient food a full-time occupation in the arid central country. But now the tribal life is almost gone, and with it the skills of hunting and the knowledge of how to survive off the land. The remaining blacks live in the settlements, in their inadequate "whirlies". These are often delapidated lean-to shelters, or even just pieces of corrugated iron placed in a circle.

With the loss of the tribes has come complete dependence upon the white man. The aborigine became a ward of state—food, clothes, and medical attention were supplied free. When they found that they no longer needed to work, most of them stopped. As wards of state, they had no vote, nor were they allowed to drink in hotels (pubs). It was illegal for a white man to cohabit with a full-blood aborigine woman. Only this October the Australian aborigine has been granted the status of citizen, though with the right to re-apply for his wardship of state. Many Territorians were worried about the consequences of the new law, fearing particularly a marked increase in drunkenness. One man told me that the change would at least legalise the integration of the blacks which most people regard as the only possible final solution.

The Royal Flying Doctor Service, founded by a Methodist missionary, John Flynn, is based in part upon Alice Springs. During my stay at the hospital I listened to one broadcast from the headquarters there. Progress reports and information on new cases were radioed in from the nursing sisters at the native missions and settlements West of Alice—from Hermannsburg, Areyonga, Haast's Bluff and Yuendumu. After each report, the doctor at Alice made a quick appraisal and advised the sister on the treatment of the patient. Serious cases entail flying the patient in to Alice, or the doctor out to the settlement.

In September there was a mysterious epidemic among the one year old aborigine children in the settlements. Typically the disease followed a pneumonia which had been treated with penicillin. The constant symptom was an extensive watery diarrhoea. This was sometimes accompanied by fever, rigidity of the neck, meningitis and encephalitis. This disease proved fatal in most cases; the aetiology they believed to be viral. I understood that nine children had already died, some of dehydration before they could be brought to hospital, others from the viræmia and concomitant infections. I saw three children in the native ward on intravenous drips, and two others who were suspected early cases. Without many facilities for isolation, the doctors at Alice were naturally unwilling to admit any child without the disease to the hospital. Preventive medicine among the aborigines remains an insuperable problem, for they scorn Western ideas of hygiene. Within the hospital they were gloomy about the chances of the other children avoiding the epidemic. It was not possible completely to separate known cases, suspects, and children already in the hospital for other causes; nor can they discharge any child before it is completely well, for they know that within a few hours of returning home, it is likely to be lying in thick mud and covered with flies.

There are no consultants as such in Alice. One man does most of the operative surgery and many of the autopsies. Most of the doctors are young and recently qualified; there is no-one to assist or to contradict their diagnosis. These winter viral epidemics among the young black children occur nearly every year. A pædiatrician came up earlier this year from Adelaide, but could be of little help. A team of virologists is urgently needed to try and isolate the underlying organism. Until that time, the harassed doctors at Alice can only try to keep their patients alive with intravenous fluids and careful nursing. They told me that a recent viral epidemic among the white population of the Western Australian outback had brought swift investigation.



Vain efforts by half-caste Aborigine boys to resuscitate a horse dying of thirst and malnutrition. In the background, mulga trees and Simpson's Bluff.

Over the years the aborigines have been decimated by unaccustomed diseases, particularly tuberculosis and syphilis. There are separate wards for the tubercular patients at Alice which are still kept well filled. Nonetheless they respond well to the drugs, especially streptomycin. I heard of no cases of ototoxic damage in this context. Rickets, venereal disease, yaws, pneumonia, and widespread cellulitis are commonly encountered. Untreated fractures cause wasting in the limbs and bizarre deformities. Malnutrition is widespread and often extreme, thus seriously delaying recovery. The general health of the patient may need radical improvement before any specific therapy is undertaken. Liver disease is prevalent, cirrhosis and fatty change following on chronic protein deficiency and alcoholism. One middle-aged woman I saw had been admitted to the native ward suffering from an extensive staphylococcal infection of the face, ears and sinuses, bronchopneumonia, kwashiorkor and malnutrition. She would need treatment for twelve or eighteen months before she would be fit enough to return to her settlement. Understandably the aborigines prefer to die among their own people. For this reason, and because of the shortage of beds and medical staff, the hospital authorities are unwilling to admit incurable or dying patients. It is hard to return these people, once admitted, to their original environment, even if there is nothing that can be done for them.

If it is true that Australia has done too little too late for its native population, it is also certain that they are a difficult people to help. It has not proved possible to replace the tribal structure with a 20th. century civilisation. Many of the adults have lost the will to work, and lead unreal and empty lives. As long as the children live with their parents they can find no practical relevance in what they are taught at the mission schools. Australians find it hard to accept that the black children show so little improvement in intelligence in spite of their education, and that any significant change may take three generations. Education and modification of the aborigines into the white civilisation remain appallingly slow. It seems unlikely that many full-bloods will survive the process; intermarriage provides a considerable short-cut. At this moment there is one aborigine at Sydney University, and a very few others do seem to have made the big transition. The late Albert Namatjira, a famous aboriginal artist, made a great deal of money from his paintings and was fêted in Sydney. But on his return to the Territories he shared all his wealth with his innumerable relations (in true aboriginal style), fell foul of the police and drank himself to death. The tragedy of this man's life highlights the frustrations and the insuperable difficulties of the aborigine problem in Australia.

do you do this?

2. BADGER WATCHING

By A. J. M. Brodribb

TO spend a long evening on a cold and blustering night alone in a damp wood, crouched uncomfortably up a tree, might be thought a symptom demanding psychiatric attention. To partake of this activity repeatedly over a number of years and yet still claim that it can be absorbingly interesting is, I suspect, stretching the credulity of many too far. Those who have been initiated into the art (and science) of Badger watching would not find it so.

The public image of the badger, as portrayed in children's books, etc., is, I think, a reasonably sound one. It might be summarised as not dissimilar to the typical British Gentleman—quiet and retiring, though with great hidden resources of strength and energy, cautious but not fearful, industrious, highly intelligent and basically decent.

However, certain widely held beliefs about this animal are now becoming untenable. For example it is said that badgers avoid areas of human habitation, living mainly in the wilder and more isolated parts of the country. This is at variance with many people's findings, and there is a growing body of evidence to suggest that they may live undiscovered and unobserved in a number of provincial towns.

It is this capacity to adapt from a rural to an urban area that has particularly interested me. This is, of course, just a small aspect of the problem of how our indigenous fauna can adapt to the rapid changes we are making on their environment. It may however be an aspect which can give insight into the ways of understanding the more general problem.

One can learn much about badgers without actually watching them. After a few years experience it is easy to see in daylight where they have been active, to forecast the site of their setts, and to get a general idea of their

population density. Apart from this daytime observation coupled with night watching there is a third and most valuable method of gathering data. This is by building up a network of informers. I have been fortunate enough to be kept in touch with local badger 'news' by a large number of people.

Food supplies present no great problems to the town badger with his omniverous tastes. Gardens and parks present as rich a source of insects and vegetation as the woods. Furthermore they occasionally provide such delicacies as strawberries, on which they will freely indulge. For more novel and exciting gustatory experiences there are always the dustbins. One particular animal became so addicted to this sort of fare that he periodically raided nearly every dustbin in a road.

There are other more subtle advantages of town life. One large boar discovered that a street bench, occupied during the day by the residents of an old people's home made an ideal place for carrying out his toilet during the quieter hours. He could be seen most nights at about 1.30 a.m. lying partly on his back having a good lick and rub at his abdominal coat.

Unfortunately this beast met his end under the wheels of a car—a hazard accentuated in towns. Active persecution by shooting and gassing is probably less common than in the country. One man, exasperated at the wholesale destruction of his bulbs, laid a trap and caught the culprit. He slapped its back and released it. A farmer would not have been so lenient. Badgers are often mistaken for a large type of dog and ignorance may well be a major factor in their survival. One good lady was so upset at the noise of wild animals tramping through her garden that she sought help from the police force. Their treatment was reassurance.

It might be thought that the noise, smells and lights of a built-up area would frighten animals. I have observed badgers quite undisturbed by the noise of trains, road traffic, wireless and people talking, all quite close to them. Lights only worry them when moving, but the smell of people always puts them on guard. They seem sufficiently intelligent to recognise those forms of sensory stimulation which are a threat to their safety and callously ignore those which are not.

Perhaps badgers pace silently round the fountain every night. I may have given the impression that it is possible. I should therefore hasten to add that I think it is highly improbable. For there is a limiting factor which I am becoming convinced is all important in their adaptability.

The badger must have certain conditions for the location of his sett. It should be near water, on sloping ground, with suitable tree or shrub cover and with the right type of soil. For example, of 35 setts under my observation 85% are in two varieties of sand which together cover only 36% of the total area studied. The sett should be in a peaceful spot, unmolested by man and not frequented at dusk. Such conditions are rarely fulfilled, but in towns where they are, badgers can be expected to flourish and live in moderately peaceful co-existence with man.

IRISH MEDICINE

A HISTORICAL SURVEY

By Gervase Kerrigan

Part 2

THE nineteenth century has always been regarded as the Golden Age of Irish Medicine. New hospitals were built, and medical education and practice regularised. Most remembered of all are the teachers of the time particularly Graves, Stokes, Corrigan and Colles, who lifted Dublin to a leading place among European centres of medical teaching.

Robert Graves qualified in Trinity, and after the custom of the time travelled widely on the Continent. In Austria, he was thrown into prison for 10 days, as a spy, for it was said no Englishman could speak German as well as he did. His resourcefulness and leadership were evidenced on a sea voyage from Genoa to Sicily, where during a storm the crew made plans to abandon the vessel, and incidentally also its passengers. Graves stove in their lifeboat, furnished the leather from his own boots to repair the leaky valves, and taking command saved the vessel. Travelling in the Alps, he made the acquaintance of the artist Turner who boarded his diligence and "scribbled like a madman" during the journey. They soon became close friends, and travelled together for several months.

He returned to Dublin in 1821, was appointed physician to the Meath Hospital, and helped to found the Park Street School in the same year. He introduced the present system of bedside teaching where students examine the patients themselves, in contrast to the Edinburgh method where the teacher interrogated the patient in a loud voice, the clerk repeated the patient's answer, and the crowd of students around the bed made notes as best they could. His "Clinical Lectures", published in 1841, cover almost the entire field of Medicine, but deal principally with the various fevers, and are illustrated by case reports. It was translated into French by Trousseau, who entreated his students to consider it as their breviary. It was he indeed who on the strength of a description of a young lady suffering from exopthalmic goitre, suggested the name Graves' Disease.

Graves' principal scientific work was probably his fight against the various fever plagues, continuing at intervals for over thirty years. From his description of the tongue and other physical signs he evidently recognised the acidosis of starvation. The general custom before his time was to starve and purge fever patients, but his treatment consisted of the administration of tonics and supportive measures. What he himself thought of this contribution can be judged from what he chose for his epitaph, namely, 'He fed fevers'.

The Stokes family is well known in and out of Ireland for its associations with Medicine, perhaps the best known representative being William Stokes, the son of Whitley. Due to the latter's unorthodox views on methodical education, and Stokes' own inclination, his early education was not very orderly, but this was largely compensated for by close contact with his father's work. He studied medicine at the Meath Hospital, and later at Edinburgh where he graduated M.D. in 1825. He returned to Dublin and in the following year was elected physician to the Meath in his father's place, having as his senior colleague Robert Graves.

His teaching became famous, as he took immense pains with his lectures and was generally recognised as a great clinician. While he was still a schoolboy, Lænnec in France had introduced the first stethoscope, and the same year that Stokes took his degree in Edinburgh, he published an account of the instrument in English at the age of 21. In 1832, he diagnosed the first case of Asiatic cholera in Ireland and was all too familiar with the ravages of typhus, cholera and smallpox. Long before the conception of public medicine as we know it today he urged that public health was a specialised branch of medicine in its own right. At the Sanitary Commission in Dublin in 1863 Stokes urged the State responsibility for the collective health of its citizens, leading to the establishment in Trinity of a diploma in State Medicine in 1870. Not for another five years did Cambridge and Edinburgh follow Dublin's lead.

His contributions to medical publications were many, establishing his reputation with his "Diagnosis and Treatment of diseases of the Chest" and following it with "Diseases of the Heart and Aorta" which contains the description of Cheyne-Stokes breathing. He also recorded with Robert Adams a number of cases of very slow pulse accompanied with fainting attacks, the Stokes-Adams syndrome. Stokes, like Graves, was the recipient of many honours, including the F.R.S., but above all, he was known as the physician of the poor. He would often ruefully say that his patients instead of paying him often had to solicit money from him. As one good woman said to him, "Oh doctor, you have given me a good stomach, but I have nothing to put into it."

Though at no time in his career did he take an active part in any of the political movements of his time, he was not indifferent to them. He had a great love for his country, and of its history, and his archaelogical interest and friendship for George Petrie is recorded in a memoir of that man. His daughter became one of the leading authorities on Irish church architecture, and he himself was elected President of the Royal Irish Academy, a testimony not lightly given.

With contemporaries such as these, any other physician prominent at the time must necessarily have been most accomplished to be outstanding. Such a man was Sir Dominic Corrigan who after qualifying in Edinburgh settled in Dublin, and became attached to the Jervis Street Hospital. Here he had a service of only six beds, but from a thorough study of the cases, he was able to publish his work on the aorta. His first paper on aortic regurgitation contained a description of the pulse known as Corrigan's pulse, the water-hammer pulse. In 1843 he applied for examination to membership of the Royal College of Surgeons of England. The first and only question asked of him was "Are you the author of the essay on the Patency of the Aortic Valves?" His affirmative answer admitted him to the society.

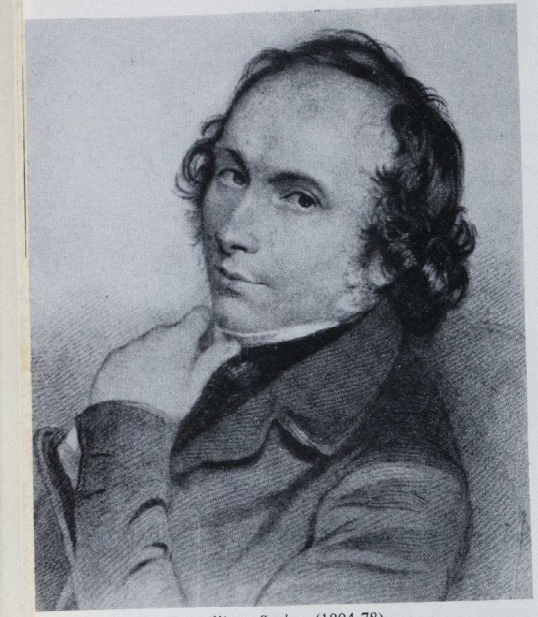
Corrigan was a thoroughly big man, competent in many fields of endeavour. From 1870-4 he was a member of parliament, but did not distinguish himself particularly in this field, his defeat in 1874 being brought about principally by his advocacy of the Sunday Closing Laws. Though he was knighted and five times President of the Royal College of Physicians of Ireland, he never lost touch with the people from whom he came. It is said that Corrigan's butler died a richer man than his master. In those days admittance to a fashionable doctor was usually regulated by a tip to

Robert James Graves (1797-1853)

the great man's butler; those who tipped badly or not at all might wait for many hours.

In these days it is interesting to see the views of medical men of the day on advertising, for George Hayden who ran the predecessor of the Ledwich School was obliged to resign his fellowship of R.C.S. following charges that he advertised and practised pharmacy. In 1852 he wrote in an introductory essay to a course on midwifery "The accoucheur should studiously avoid all allusions to his profession in general society; he should not let his crotchet and forceps be seen on these occasions, like the surgeon who always has a bougie sticking out of his pocket, as a barber erects his pole to invite passing customers. It will perhaps only be right to cultivate the acquaintance of a newly married couple but do not make a practice of thrusting yourself into their society, by visiting day after day, in order to secure the case."

Even at the beginning of the eighteenth century, surgery in Ireland was in poor repute, being considered as a sideline, and a rather despised one, of medicine. Abraham Colles was one of those responsible for elevating it from this state, and also contributed to the teaching



William Stokes (1804-78)

of anatomy by his emphasis on topographical anatomy instead of the systematic teaching in vogue up to then. The first attempt at a departure from the systematic teaching was by James Macartney—Abernethy's gifted but somewhat troublesome Irish assistant at Bart's—who subsequently filled the Chair of Anatomy in Dublin for "twenty-six contentious years."

The first person in Ireland to hold the post of Surgeon-Extraordinary to the King was James O'Beirne whose ideas on intestinal conditions were far in advance of his time, when abdominal surgery was non-existent. He wrote a number of interesting papers, "Taxis as a means of avoiding operations", and when surgeon to Queen Victoria in Ireland dedicated one of his books on rectal matters to the Lord Lieutenant.

Surgery was very different in those days. Speed was the essential criterion and it was said that if a spectator sneezed or turned his head at an amputation he would miss seeing the operation. The surgeon used his old operating coat whose bloodstains and pus encrustations testified to past experience, and the only soporifics known were alcohol and opium, though Colles used another ingenious method at Steeven's Hospital. This was the injection of an enema of tobacco smoke into the rectum by means of a long silver tube connected with a bellows—a procedure sometimes attended by disastrous results, but which was nevertheless continued until the introduction of ether anæsthesia in 1846. Prior to this date the surgeon's most important assistants were those who restrained the patient.

I have mentioned Whitley Stokes' great archaeological contributions, and in addition his studies of Old Irish were of great value. Norman Moore writing in the St. Bartholomew's Hospital reports of 1875 pays a tribute to him, and later acknowledged his encouragement when he came to translate Prof. Windisch's grammar in 1882. Another medical man who gave much to archaeology was William Wilde, the ophthalmologist who travelled in Egypt where Mahomet Ali had established a large military hospital and medical school. One of the biggest difficulties Mahomet Ali had to face was the provision of bodies for anatomical dissection in the face of religious prejudice. He solved the problem in typcial fashion by referring it to the priesthood, with the rider that it was his royal wish and pleasure that dissection be legalised, and that if the priests did not rapidly do his will, they themselves would form the first material for anatomical research. Wilde subsequently specialised in eyes and ears and published a textbook on aural surgery in 1853. Apart from medicine, his most important work was his Census Report in 1841 and 1851, and his account of the Famine which is a standard work of reference.

As in London during the first part of the nineteenth century, much of the Irish medical education was in the hands of private schools. In London during the period 1746-1783 there was only one medical school on which site now stands a famous London theatre, and Bart's in the 1830's relied largely on the Aldersgate school to which it supplied many of the lecturers. The heyday of the Dublin private schools was between 1804 and 1880, many of them giving a sound education but in some, due to economic and other difficulties, the teaching was definitely inferior. The two most famous and enduring were the Carmichael, which amalgamated with the Ledwich in 1889 to form the School of Surgery R.C.S.I., and the Cecelia Street School, which was to be the direct ancestor of the National University of the twentieth century.

Peel's administration in 1850 produced the Queen's Colleges of Galway, Cork and Belfast which were from their inception a bone of contention, branded by one English M.P. as "these godless colleges". To counter this, John Newman became Rector of a new Catholic University in Dublin in 1854, a university in name only: denied charter or grant by parliament, its finances totally inadequate, and its degrees valueless in the eyes of the State. Within three years Newman had resigned and in 1879 his foundation was nearly dead. In 1881 the Royal University of Ireland was established, a purely examining body, and until 1908 it carried on the work of higher Irish education outside the ambit of Trinity. Until the foundation of this body, the Catholic Medical School which had struggled to keep alive for thirty years had no access to medical degrees, beyond the Conjoint Diploma of the Royal Colleges. Much of the success of the Cecilia Street School derived from Ambrose Bermingham the anatomist, who was to the struggling school what William Dease had been to the School of Surgeons a century earlier. He gathered around him a talented group of young enthusiasts like John McArdle, E. J. McWeeney and Denis Coffey who was to become the first president of the new University College of Dublin in 1908.

McArdle and McWeeney were well remembered by all their students as two colourful personalities. The pathological McWeeney had a pronounced stammer but used this to effect evidently in his lecturing, the mixture of the sibilant and the staccato holding the audience spellbound. Inevitably legions of McWeeney stories abound, likewise of John McArdle whose monocled and buttonholed appearance enlivened the surgery of which he was Professor. Jock O'Carroll, his counterpart in medicine, was fittingly more austere in manner, but achieved fame or notoriety on the occasion of Queen Victoria's visit to Dublin by tying a length of mourning crepe to the knocker of his hall door, when all his colleagues in the Merrion Square environs were displaying gay bunting.

The students of the Catholic University School of Medicine had an extremely high record of success in the open examinations of the Royal University, in spite of their school's financial difficulties, so much so that in 1889, the great superiority of the Cecilia Street School was the subject of a question in the House of Commons.

The need for these separate foundations must be laid squarely on the shoulders of Trinity with its specific anti-Popish origins. Trinity for generations stood against everything that the majority of the Irish held in esteem and until the middle of the nineteenth century produced little that was of Irish value to Ireland, the brilliant exceptions of Burke, Goldsmith and Swift notwithstanding.

The transition to the 20th century was overshadowed by the political events, where successive Home Rule Bills made a belated attempt to keep pace with growing Nationalist feelings. The days of personalities had in large measure passed and medical initiative had crossed to Europe. Medicine entered upon a more sedate course and with the relaxation of many traditional barriers and the growth of new teaching centres, the flamboyance began to disappear from Irish medicine. A few like Gogarty continued the grand manner but the age as a whole was out of sympathy.

Proportionally there are many more hospitals in Dublin than in London, and all are distinct due mainly to the fact that so many grants and endowments were denominational. As Gogarty put it, this disparity in numbers is only apparent, as every Englishman's house is his hospital, particularly the bathroom. The faith that he wasted on the permutations and importance of the lower bowel could move mountains—the *mens conscia recti*.

As soon as the period of adjustment which followed the establishment of the Irish Free State was ended, it became obvious that a grave handicap was going to be lack of funds in initiating new medical services and research. There were no Rockefellers or Carnegies in the country, and few if any workers had sufficient private means, and it was at this point that the Hospitals' Sweepstakes were promoted and since 1932 these have given enormous sums to Irish Medicine.

The period that has been covered is a vast one and inevitably much has been omitted for reasons of space. The emphasis placed on the figures of the nineteenth century reflects the pre-eminent position of Irish Medicine at that time in Europe, a leadership that passed to Germany towards the latter half of the century. As in Scotland, one of Ireland's leading exports has always been doctors. Many of these have gone to England, and it is well that a country to whom tradition means so much should realise the continuity and achievements of their Irish colleagues.

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broadsheet no. 14

IT'S nice to see that 'our aged rival' *Broadsheet* has been exhumed, but harder, on the evidence of this issue, to understand why anyone bothered. The casual reader is assailed on the first page by an item of outstanding banality, called simply 'Unprintable Poem'. As a matter of fact the printers do seem to have had considerable difficulty with it. The Editors admit that 'this poem is so bad that it had to be anonymous'; I doubt if many people will find cause to argue with their judgment.

Diehards who venture further abroadsheet will be rewarded by some notably choice pearls—a peculiarly narcissistic 'obituary' by Graham Chapman (?), who also happens to be an Editor; an extremely sketchy account of Bart's clubs; and a sick article about a blue man, which frequently misfires and is sometimes illiterate. The remarks about the Pot Pourri selection committee are malignant and certainly not representative of the feelings of the cast. The writer seems unaware that one of his editorial playmates was not only a member of the Pot Pourri selection committee himself, but also selected three out of the four student members.

The attack on the College Executive Committee for increasing the charges at College Hall starts well, but the reader is soon lost amid a turgid mess of incoherent statistics. This is a pity for one has the impression that many of the critic's points are extremely valid and deserve more cogent expression (see the letter on the same subject to the Editor of *St. B.H.J.*, on page 46 of this issue).

The review of the Music Society Concert is objective and sensibly written. And the advertisements are good, (both of them).

Nearly all the articles appear without the names of their authors—can these gentlemen be shy, or is it merely that it would be too embarrassing to have the same name(s) appear so frequently? *Broadsheet* seems to thrive on 'in' jokes, which are the stamp of decadence, and must surely limit its circulation. It does pay a grudging tribute to the January issue of the *Journal* (while lampooning the Editor—whose name is *not* Alphonse). It may seem churlish but February's *Journal* finds it hard to reciprocate the compliment.

(From our Special Correspondent)

medicine in literature

The first of a series of extracts from literature that regard some aspect of medicine from an imaginative point of view.

THE AUTOPSY

A translation by Michael Hamburger of a story by George Heym (1887-1912) from DER DIEB. EIN NOVELLENBUCH. *(Leipzig, 1913).*

The dead man lay naked and alone on a white table in the great theatre, in the oppressive whiteness, the cruel sobriety of the operating theatre that seemed to be vibrating still with the screams of unending torment.

The noon sun covered him and caused the livid spots on his forehead to awaken; it conjured up a bright green out of his naked belly and made it swell like a great sack filled with water.

His body was like the brilliant calyx of a giant flower, a mysterious plant from the Indian jungles which someone had shyly laid down at the altar of death.

Splendid shades of red and blue grew along his loins, and the great wound below his navel, which emitted a terrible odour, split open slowly in the heat like a red furrow.

The doctors entered. A few kindly old men in white coats, with duelling scars and gold pince-nez.

They went up to the dead man and looked at him with interest and professional comments.

They took their dissecting instruments out of white cupboards, white boxes full of hammers, bonesaws with strong teeth, files, horrible batteries of tweezers, little cases full of enormous needles that seemed to cry out incessantly for flesh like the curved beaks of vultures.

They commenced their gruesome work. They were like terrible torturers, the blood flowing over their hands which they plunged ever more deeply into the cold corpse, pulling out its contents, like white cooks drawing a goose.

The intestines coiled around their arms, greenish-yellow snakes, and the excrements dripped on their coats, a warm, putrid fluid. They punctured the bladder, cold urine glittering inside it like a yellow wine. They poured it into large bowls; it had a sharp and caustic stench like ammonia. But the dead man slept. Patiently he suffered them to tug him this way and that, to pull his hair about; he slept.

And while the blows of the hammer resounded on his head, a dream, the remnant of love in him awoke, like a torch shining into his night.

In front of the large window a great wide sky opened, full of small white clouds that floated in the light, in the afternoon quiet, like small white gods. And the swallows travelled high up in the blue, trembling in the warm July sun.

The dead man's black blood trickled over the blue putrescence of his forehead. It condensed in the heat to a terrible cloud, and the decay of death crept over him with its brightly coloured talons. His skin began to flow apart, his belly grew white as an eel's under the greedy fingers of the doctors, who were bathing their arms up to the elbows in his moist flesh.

Decay pulled the dead man's mouth apart, he seemed to smile, he dreamed of a blissful star, of a fragrant summer evening. His dissolving lips quivered as though under a light kiss.

How I love you. I loved you so much. Shall I tell you how much I loved you? When you walked through the poppy fields, yourself a fragrant poppy flame, you had drawn the whole evening into yourself. And your dress that blew about around your ankles, was like a wave of fire in the glow of the setting sun. But you inclined your head in the light, and your hair still burned and flamed with all my kisses.

So you walked away, looking back at me all the time. And the lamp in your hand swayed like a glowing rose in the dusk, long after you had gone.

I shall see you again tomorrow. Here, under the chapel window; here, where the candle-light pours through and changes your hair into a golden forest; here, where the narcissi cling to your ankles, tender as tender kisses.

I shall see you again every night at the hour of dusk. We shall never leave each other. How I love you! Shall I tell you how much I love you?

And the dead man trembled softly with bliss on his white mortuary table, while the iron chisel in the doctor's hand broke open the bones of his temple.

A Glance at the Past

2. DRESS AND THE DOCTOR

By Gervase Kerrigan

IT has been said that magicians and medicine men constitute the oldest artificial or professional class in the evolution of society. If Carlyle's dictum that "Society is founded upon Clothes" be accepted, then the importance of his apparel both to the doctor and his patient can be appreciated. The masters of the famous school in Salerno in the 11th century gave very precise instructions for the conduct of medical practice, and insisted that the physician should be well dressed, arguing that if he were poorly dressed he would receive poor fees. *Un mince accoutremental vaudrait profit mince et sec remerciement.*

Two Plague Doctors. On the left the costume worn in the seventeenth century in England, and on the right that used during the epidemic in Manchuria in 1909.

The costume of the physician throughout the ages has always been of a distinctive character so as to proclaim the calling of the wearer. This dates back to the time when the rôles of the magician, priest and physician were united. In Greek times the costume was simple, irrespective of social standing, and consisted of the chiton or tunic over which was worn the himation. The art of wearing and draping the cloak marked a distinguished individual, and the status in the community was indicated by the ornamentation and colouring of the cloak. Virgil suggests that there were distinctive ways of draping the cloak, and that in particular there was an orthodox way of tucking up the clothes before performing an operation. Staffs were always carried, a habit that reached its peak in the eighteenth century when it was common to carry, in a receptacle in the handle, spice balls or vinaigrettes to counter the odours found in practice. Some sticks were highly ingenious and constructed to carry what was once described as a veritable tool-chest. In addition to the perfume in the handle, one stick in the possession of Henry VIII held a sundial, a pair of pliers, a compass, a yard measure, a knife, a file and a golden touchstone.

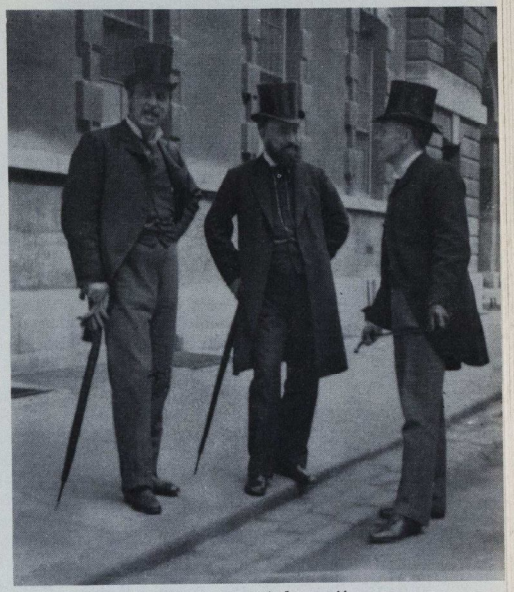
During the Middle Ages the callings of the priest and of the Physician were re-united and most of the higher medicine was in the hands of ecclesiastics and subjected to their influence. With the foundation of Universities and in the introduction of academic costume which was itself clerical in origin, medical dress derived further dignity. A recognised medical costume had replaced the clerical habit by the end of the 12th century and physicians are usually represented in a long robe with a cowl, the head covered with a cap, and holding gloves in the left hand.

Chaucer's Doctour of Phisyck "clad in sanguine and pers" was an impressive figure, but Chaucer is careful to point out that he was not just a fashionable fop. Fur was a prominent feature of medical dress at the time and remained so until well into the sixteenth century, and can be seen in numerous portraits. In addition to fur-lined cloaks, the doctors of Tudor England wore skullcaps and carried muffs in cold weather when making their rounds, interestingly enough riding sidesaddle.

During the Stuart period in England, medical men were not distinguished by any great peculiarity of costume, their chief distinction residing in the graver cut and colour of their dress. At this time most physicians were clean shaven. Henry VIII had set an example by wearing his hair and beard short, and actually passed "An Acte agaynst Bearded Men". The City followed him in discountenancing long beards and penalised their wearers. In contrast the physicians of France under Louis XIV were proud of their long beards, walking slowly with dignity. "La barbe" says Toinette in *Le Maladie Imaginaire*, "fait plus de la moitié d'un medecin".

From the magnificence of the medical costume in the early years of the 18th century it can be argued that the social status of the physician was at a higher level than in the subsequent centuries. A description of a doctor contains evidence of the ornate costume and the fancy cane "to be applied to prop the chin in cases where it was necessary to let it be thought that the physician was thinking". The powdered wig, satin or velvet coat with cravat and ruffles and tricorne hat gave way in the end of that century to the drab forerunners of modern times. Several diehards held out to the last, among them Sir Astley Cooper who was accustomed to dress in knee breeches and wore his hair powdered. For the majority, it became the age of the frock coat and the beard or side whiskers, though in the fifties of the century Sir William Jenner's moustache was considered a highly irregular adornment for a doctor, and was commonly attributed to a Royal hint. Jenner appeared to fashion himself on the traditions of Abernethy who bullied his patients as freely as he physicked them.

The beards of the Victorians must have been the counterparts of the wigs which up to the



*c.*1900. *The era of the nuciform sac.*

middle of the 18th century formed no inconsiderable part of the medical costume. Fielding makes his mock Doctor, in the play of that name, say: "I must have a physician's habit, for a physician can no more prescribe without a full wig than without a fee." The full bottomed wig was the variety usually worn giving the youngest practitioner a dignified and solemn air.

The present antiseptic figure in a white coat recalls more the prophylactic suits which originated in Italy of the 15th century, and evolved to the pest-doctor in this country. A long red or black gown was the chief feature, with gauntlets and a leather mask. The mask had a long beak which was filled with aromatics over which the air passed in respiration, and was fitted with glass-covered openings for the eyes. Special costumes like this, to be used by physicians and others in attendance upon the sick, were common in plague times, and a somewhat similar costume was worn in North China by members of the Plague Prevention Service in the 1930s.

Social Chapte

MUSIC SOCIETY CONCERT

The Music Society gave a Concert in the Recreation Room at College Hall on December 11th. Roger Boston, who had organized the Concert, rose and introduced Cameron Swift who was to play us two piano pieces. He gave us Mozart's Polognaise in A, and then, in complete contrast, Sindling's 'Rustle of Spring'. Both were performed with vigour and with considerable accomplishment, but it was a pity the atrocious acoustics spoilt, to some extent, a creditable performance. Paul and Richard Swain followed by playing Roussel's Scherzo and Andante for flute and piano, and they too suffered from bad acoustics. What was already, technically, a difficult piece was made the more so by the inability of the flute to project itself into the body of the room. Robert King concluded the first half by playing the Larghetto from Mozart's Clarinet Quintet, accompanied on the piano by Cameron Swift. They combined to give one of the best performances of the evening.

After a short interval Elizabeth Sykes gave a splendid performance of the Piano Concerto in C major by Haydn: this was written as a trio with Roger Boston and Trevor Guthrie (violins) and William Goss (cello). Miss Sykes' beautifully modulated playing was well balanced by the strings and the whole rendering was very well received by the audience. Roger Boston then introduced the final item on the programme, the Trio in D major by Dittersdorf, but with some trepidation. His fears were fortunately not realized and there followed perhaps the most masterly work of the evening. Roger Boston played the First Violin part extremely well, most competently backed by Trevor Guthrie and William Goss. The excellent exposition of this difficult piece was followed by prolonged applause, which brought to an end a most pleasant evening. Our thanks and congratulations must go to all those who had worked so hard to produce this Concert. We hope there will be many more to follow.

Ward shows should be primarily designed for the entertainment of patients and nurses on the wards at Christmas, and not for a Pot-Pourri audience. And judging from the enthusiastic reception that most shows received, the standard of ward entertainment was high.

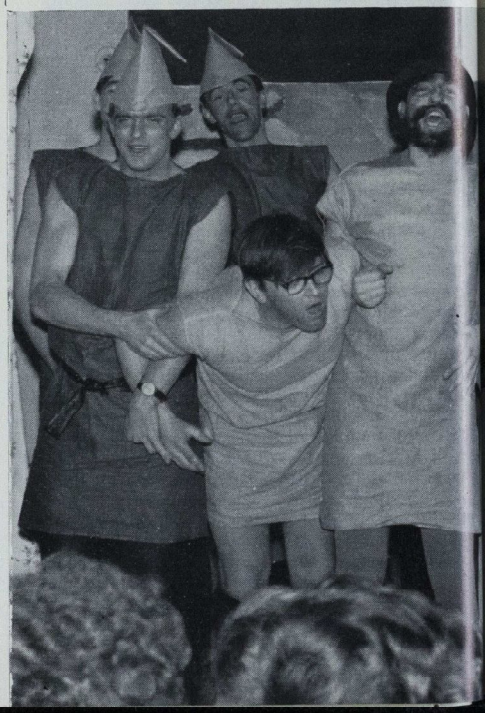
By far the best show, in my opinion, was the 'Dressers'. This was a slick show, adequately performed and ably produced. Parochial yes; but at least one show should be. It is often said that the first time shows will be the weakest because the members of it have had no experience with ward shows. This was certainly not the case with the Dressers.

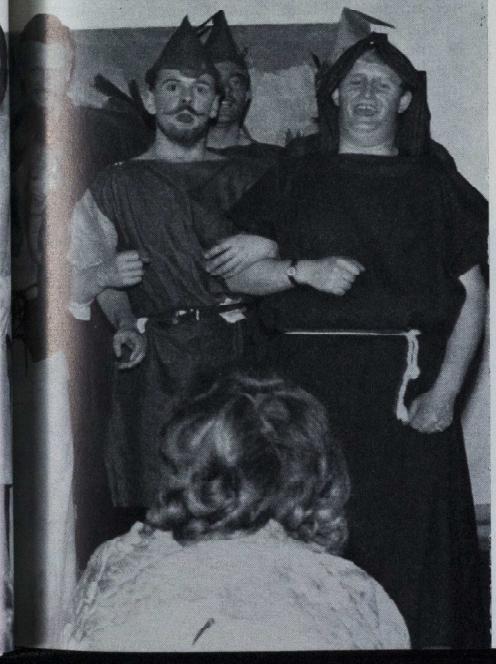
For humour of a sophisticated type, the Finalists were excellent. Without their leader (in body only) they made a much better team than in previous years, but as a ward show lacked variety. The House show this year was disappointing; its chief asset was its brevity. The idea was good, and it was cleverly written, but somehow it didn't come off. The humourous dialogue was enjoyable as was the tap dance, but otherwise it had little to commend it.

The Kids clerks managed their difficult task well. In their excellently produced pantomime there was variety, good singing, colour, noise, and tights. The Midder & Gynae show also provided good singing in a polished production. Unfortunately the 'trunk' interludes necessary for changing were weak.

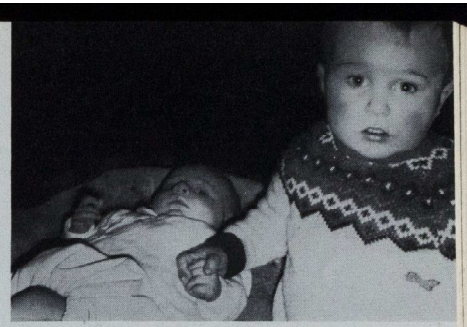
What the three remaining shows lacked was material and production. The Outpatients had good loud songs, useless words, and sounded (and looked) as if they were being sung on the back of a bus on the way from a rugby match (lost). They had a good idea but seemed unable to find anyone to produce it. The best items were those produced by the person doing them, viz. the telephone and Christmas letter sketches.

Much the same applies to the Specials show. This consisted of gamblers playing gamblers. What they didn't seem to realise was that stage gamblers are different from real-life gamblers. Had this been properly handled a much better show could have been produced. The Clerks show was a very mixed bag. I think the patients probably appreciated them more than most. Most of the sketches were old, but one or two of the songs were good.





bart's babies



Richard and Andrew Delaney.

MATRON'S BALL

Grosvenor Ho! After a brief pause for drinks in Islington, dropped ladies at the Great Room—parked off Oxford Street and took a taxi—arrived to be at the bottom of staircase as Matron descended—second onto the floor (not ostentatious) feel foolish all alone under this vast unsupported ceiling. Nice to be escorted on a guest ticket for the evening—prime feature of this ball—for once the male faces at the table are the strange ones. More couples circling now — 1965-look well represented with high waists, slim skirts, low tops. Time for an aperitif—no drinks served below, so up to the balcony—most rewarding view—assistant matron doing the *blue beat*. The occasional familiar face appears and recedes into the sea.

Meal? very excellent. Wines? well perhaps we made the wrong choices. No music during dinner—not even to cover the clatter of seven hundred plates signalling the dispatch of seven hundred turbot fillets.

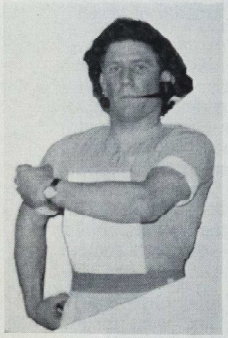
Anyway, much relieved to be free of the usual run of raffles, cabaret, gaming, and tombola—dinner and dancing are the only essential ingredients for a gay evening. Band was well in touch with the mood of the dancers, debouching Sylvester, Beatle, and Jimmy Shand rhythms—that eightsome reel was some test for the clip-on bow-tie and the half-bottle in the hip-pocket. And so to the melodic oil-drumming of the Trinidad trio—demands some invention on the floor though.

At 1.45, with rain falling in Upper Grosvenor Street, the seven hundred left and went their various ways: to bowl at London Airport, to a party, to bed, or like me to beer before breakfast.

POT POURRI

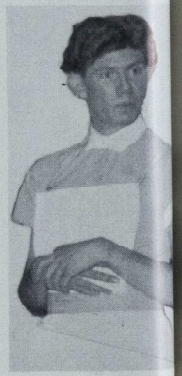
I have just been bribed with a copy of the new *Broadsheet* by the producer of the Pot Pourri as encouragement to write a rave review. The ward shows this year needed drastic pruning, so that the end result was a shorter than usual show at the Cripplegate, but nevertheless a show which was, in general, up to the usual standard.

The evening opened with the Kids show. This is always the most difficult to write as it must cater for the Pot Pourri, ordinary ward audiences, and for ward audiences under the age of twelve. I thought that this year's effort was more successful than usual. The show took the form of a Pantomime of Dick Whittington with a delightfully feline Tony Edelsten. There were some good songs, well sung, especially by Judy Bell and Malcolm Fryer, but the panto-chat was superfluous though I am sure it amused the children on the wards.



Excerpts from the Clerks show followed and included a "Three little maids from Bart's" song. Although not a very original idea, this was particularly well sung and acted and it was a pity that the same tune was used in the next show—"A Slight Show", produced by the Midder and Gynae students. The highlight was Philip Crawley's rendering of "The very model of a modern gynæcologist". He had obviously studied his subject carefully even down to the colour of that eminent consultant's braces. "A Slight Show" was memorable for the quality of the singing, in fact the audiences were so appreciative that they probably did not notice the long gaps between each item.

The Outpatients could have done with some of the singers from the preceding show. So much enthusiasm had so obviously been put into their show, "Matured in Wood", that it was a shame that they did not have more singing or acting talent amongst them. All their songs and skits were sadly lacking in punch lines and were performed with more volubility than sobriety. The one exception to this was Sue MacDonald who played Maid Marion and had a very pleasing singing voice. Everyone enjoyed listening in to Jerry Gilmore relive the painful moments of an embarrassing telephone call to father after crashing "Mummy's Mini".



When putting on a show for the first time, most people make so many mistakes that they are reduced to a two minute spot in the Pot Pourri. Not so this year's Dressers. Their show, although lacking in continuity, was full of good old traditional Pot Pourri numbers, starring Phil Savage and Andrew Crowther.

After the interval we were well entertained by the Finalists. In the true Chapman tradition they produced a most polished and professional twenty minutes. They were rewarded by the biggest laugh of the evening which went to their "Lecture on the History of Humour". This was five minutes of formal slapstick, produced by Messrs. Swaine, Anderson, Garson, and Matheson. It will be a long time before I forget Bill Garson with his face covered with mock cream, and Ian Matheson with a mouthful of banana. It is a pity that the popularity of the finalists is so great that many of their numbers have been repeated so frequently to Bart's audiences. We are all glad to see their ringleader back at the hospital and hope he has brought some fresh material with him. It will be interesting to see what form the House Show will take next year.

This year's House Show told a tale of Sir Francis Drake and his bowls, pirates and mermaids. It had more continuity and colour than any other show, but lacked the polish which we have come to expect from the House. Ken Wise and Brian Shorey produced the jokes, which received a mixed reception of laughs, groans and hisses. One of the most popular numbers was a song dedicated to the consultants leaving Bart's this year, but like many of the House Songs, it lacked adequate choreography. The same cannot be said for the "Pantaloon Song" written to the tune "The light of the Silvery Moon", and during which Nick Dudley and Tim Carter performed a "soft shoe dance".

The shows were compered by Tom Cochraine, Bill Havard and Adrian Padfield—three brave men.

SUSAN KNOX

This year's **Pot Pourri party** on the 30th December at College Hall was well organised and good value. It is traditional and correct that on these occasions the cast are admitted free of charge, for how else can Pot Pourri participation be justified? Partners, guests, and other post-Christmas drifters and party-seekers were granted entrance on payment of ten shillings.

The buffet meal (melon, ham-n-fowl with cold veg, and fruit salad) was quantitatively and qualitatively good. The punch was brewed to a sickly perfection, and pickled the audience into a receptive mood for the cabaret, which, with Graham Chapman back from his wanderings, was a hilarious success.

(from our special correspondent)

Negligence

By T. J. Clogger

Negligence is a breach of a legal duty owed to the plaintiff to exercise the care of a reasonable prudent man. In medical parlance it is referred to as Mala-praxis or Malpractice and Glaister comments: ". . . . .is as the name implies, failure in the exercise of reasonable skill or care on the part of a medical practitioner. As it is of the highest importance that the lives of the citizens should be conserved, if possible, when menaced by disease or by the infliction of injury, most civilized States enact that those who are to pursue the profession of medicine and surgery should be duly educated and examined before being adjudged fit to have their names placed upon a register as being considered duly qualified by the State. The public who entrust themselves to the skill and care of such registered practitioners are, therefore, entitled to demand and to expect from them the exercise of reasonable skill and care . . . ." (*Medical Jurisprudence and Toxicology* by John Glaister, M.D. 4th ed. pp. 285, *et seq.*).

What a reasonable prudent man would do in the circumstances is a question of fact. The primary rule is that the burden of proof of negligence or incompetence or similar causes of action is on him who alleges it. Hence, ordinarily, a patient alleging injury due to the negligence or incompetence of, say, a doctor or a nurse must bring forward evidence in support of that allegation. Manifestly it would not suffice to show that the treatment given had not resulted in any improvement or even that the patient's condition had deteriorated, for this might equally be due to lack of care on the part of the patient or, more likely, to factors beyond the control of either doctor or patient. The kind of evidence which might suffice would be medical evidence to show that the treatment given had not been that which would be given by a skilled and careful practitioner or that the defendant had apparently not troubled to see his patient as often as a skilled and careful practitioner would have considered necessary in the circumstances; (see Speller—*Law Relating to Hospitals and Kindred Institutions*, 2nd ed., p. 119 *et seq.*). However, when the doctrine of *res ipsa loquitur* (the thing speaks for itself) enters into such cases the burden of proof is shifted to the medical practitioner or other defendant. The leading case on this principle is *Byrne v. Boadle* (1836, 2H. and C.722), in which a barrel of flour fell from an open doorway on an upper floor of the defendant's premises, injuring the plaintiff who was below. As barrels do not ordinarily fall down like that without negligence, the *res ipsa loquitur* doctrine was held to apply, and accordingly the onus was placed on the defendant to disprove negligence. This places the defendant at a serious disadvantage. The application of the doctrine of *res ipsa loquitur* in the hospital field is best illustrated in the judgements delivered in the Court of Appeal in *Mahon v. Osborne*, (1939, 2K.B.,14), the effect of the majority decision in that case being that the doctrine applied. McKinnon, L. J., said: —

"The plaintiff having no means of knowing what happened in the theatre, was in the position of being able to rely on the maxim *res ipsa loquitur* so as to say that some one or more of these five must have been negligent since the swab was beyond question left in the abdomen of the deceased." (1939, 2 K.B., 38). Later in his judgement (1939, 2 K.B., 43), MacKinnon, L. J., quoted Maugham, L. J., in *Marshall v. Lindsey C.C.* (1935, 1 K.B., 516, 540), as to what might constitute a negligent act: —

"An act cannot, in my opinion, be held to be due to want of reasonable care if it is in accordance with the general practice of mankind."

"A defendant charged with negligence can clear himself if he shows that he has acted in accord with general and approved practice."

In the same case, in the course of his dissenting judgement Goddard, L. J., a member of the Court of Appeal, following mention of a suggestion that the surgeon was entitled to rely on the nurse for the counting of the swabs, said (1939, 2 K.B. p. 47): —

"But is this a true statement of his position and the respective responsibilities of surgeon and nurse? I would not for a moment attempt to define *in vacuo* the extent of a surgeon's duty in an operation beyond saying that he must use reasonable care, nor can I imagine anything more disastrous to the community than to leave it to a jury or to a judge, if sitting alone, to lay down what it is proper to do in any particular case without the guidance of witnesses who are qualified to speak on the subject. But this much can, I think, be said with certainty. As it is the task of the surgeon to put swabs in, so it is his task to take them out, and in that task he must use that degree of care which is reasonable in the circumstances and that must depend on the evidence. If on the whole of the evidence it is shown that he did not use that standard of care, he cannot absolve himself if a mistake has been made, by saying 'I relied on the nurse.' "

Dealing more specifically with the application of the doctrine *res ipsa loquitur* (1939, 2 K.B., p. 50), Goddard, L. J., continued:—

"I think it right to say that in my opinion the doctrine of *res ipsa loquitur* does apply in such cases as this, at least to the extent I mention below.

"The surgeon is in command of the operation, it is for him to decide what instruments, swabs and the like are to be used, and it is he who uses them. The patient, or if he dies, his representative, can know nothing about this matter. There can be no possible question but that neither swabs nor instruments are ordinarily left in a patient's body, and no one would venture to say that it is proper, although in particular circumstances it may be excusable, so to leave them. If therefore, a swab is left in a patient's body, it seems clear that the surgeon is called on for an explanation, that is, he is called on to show not necessarily why he missed it, but that he exercised due care to prevent it being left there." That is to say that the onus of proof shifts to the surgeon.

Criminal Negligence

The law of England recognises two types of negligence, namely civil negligence and criminal negligence, the difference being whether the defendant was guilty of such culpable misconduct as merited punishment (*criminal* negligence), or merely of such a breach of duty as merited compensation (*civil* negligence). A decision of great importance to medical men on the difference between civil and criminal negligence was that delivered by Lord Hewart L.C.J., in the Court of Criminal Appeal in the case of *R. v. Bateman* (1925, 133 L.T. 730). The appellant, a doctor, was charged and convicted of manslaughter. The evidence was that he had attended the deceased upon her giving birth to a dead child. The accouchement was a difficult one, and the mother died some days after the birth. The prosecution gave evidence of negligence against the accused under three heads. Two of them depended on medical technique and the third was that he had not caused the deceased to be removed to hospital as soon as he should. In the course of his summing up Sherman J. is reported as having used the words "culpable", "wicked" and "gross" negligence. In his judgement in the Court of Criminal Appeal quashing the conviction, Lord Hewart said: ". . . . but whatever epithet be used, and whether an epithet be used or not, in order to establish criminal liability the facts must be such that in the opinion of the jury the negligence of the accused went beyond a mere matter of compensation between subjects and showed such disregard for the life and safety of others as to amount to a crime against the State and conduct deserving punishment."

Question of Causation

Questions of causation in which third parties intervene frequently arise in relation to medical treatment or other events which follow a wounding. In a case *R. v. Smith* (1959, 2 Q.B. 35) the deceased had received two bayonet wounds, had been dropped twice on the way to the medical reception station and had been given incorrect medical treatment. In the judgement of the Court of Appeal, at pages 42-3 is the following passage—

"In these circumstances Mr. Bowen urges not only was a careful summing up required, but that a correct direction to the court would have been that they must be satisfied that the death of Private Creed was a natural consequence and the sole consequence of the wound sustained by him, and flowed directly from it. If there was, says Mr. Bowen, any other cause, whether resulting from negligence or not, if, as he contends here, something happened which impeded the chance of the deceased recovering, then the death did not result from the wound. The court is quite unable to accept that contention. It seems to the court that if at the time of death the original wound is still an operating cause and a substantial cause, then the death can properly be said to be the result of the wound, albeit that some other cause of death is also operating.

Only if it can be said that the original wounding is merely the setting in which another cause operates can it be said that the death does not result from the wound. Putting it in another way, only if the second cause is so overwhelming as to make the original wound merely part of the history can it be said that the death does not flow from the wound. There are a number of cases in the law of contract and tort on these matters of causation, and it is always difficult to find a form of words when directing a jury or, as here, a court which will convey in simple language the principle of causation. It seems to the court enough for this purpose to refer to one passage in the judgement of Lord Wright in *The Oropesa*, where he said: 'To break the chain of causation it must be shown that there is something which I will call ultroneous, something unwarrantable, a new cause which disturbs the sequence of events, something which can be described as either unreasonable or extraneous or extrinsic'."

* * *

"HAD IT NOT OCCURRED TO YOU THAT EMBEDDING THE PROFESSOR OF PATHOLOGY'S LEFT FOOT IN BOILING PARAFFIN WAX MIGHT BE CLASSIFIED AS AN ACT OF GROSS NEGLIGENCE"

THE MYOCARDIAL PHYSIOLOGY OF CARDIAC ARREST AND THE ACTION OF ADRENALINE

By F. E. Weale

Surgical Unit, St. Bartholomew's Hospital.

Understandably cardiac arrest has been mainly studied from the very utilitarian point of view of providing the clinician with some ready means of reversing it. All therapeutic advances, however, are liable to be superseded by others. Such a leap-frogging process must sooner or later require cross-reference to the profound physiological derangements which occur in the myocardium.

Current methods of cardiac resuscitation largely depend on physical forces. All these have secondary effects. Electrical countershock, for instance, is a powerful mechanical stimulus too. We may assume too readily that its electrical aspect alone is important. These forces further trigger off biochemical and pharmacological changes. The converse, that the latter carry both mechanical and electrical sequelæ, needs no stressing and prompts the question whether the treatment of cardiac arrest cannot be made more elegant and less crude by means of pharmacological agents.

In the pharmacological approach to the treatment of cardiac arrest, apart from the stress laid on the correction of acidosis, there has been little notable progress in the past few years. There are several standbys, such as calcium chloride, procaine amide, and adrenaline which, when injected into the heart, sometimes appear of benefit. Owing to the weak rationale on which the use of these drugs is based, cynics are apt to ascribe the "stimulating effect" to the puncture rather than the drug. Resuscitation measures are often unplanned and carried out on a motley group of patients. It is not surprising that we remain in a relative state of ignorance. Equally it is not surprising that this ignorance tends to be exploited by some who attach their faith to this or that drug, to this or that technique whatever the circumstances.

The usefulness of adrenaline has been known for the whole of this century. In cardiac arrest it has been found useful only in isolated instances. Experiments concerned with its effect on mortality rates (Pearson and Redding 1963) can be improved by techniques of threshold measurements (Maclean and Phibbs 1960, Peleska 1963) which permit a more precise quantitation under more controlled conditions. Trends become discernible where previously the response was "all-or-none".

Adrenaline has such a profound influence on the heart that virtually none of its component tissues is exempt. In the potentially fatal arrhythmias, however, we need not concern ourselves with the pacemaker, the atrial musculature or the autonomic innervation. Interest begins with the bundle of His because it is the distribution of action potentials in ventricular fibrillation and asystole that seems to be interfered with. Ventricular fibrillation may be facilitated by the incoordination of impulses arriving at different points of the myocardium, owing to a differential depression of conduction (Burn 1960).

Oxygen Deficit

The noxious factor which requires particular scrutiny is the deprivation of oxygen. Relative hypoxia of the bundle may be a cause of arrhythmia. The bundle may be particularly vulnerable to hæmorrhages even when the myocardium elsewhere is histologically unchanged (Clark, Christlieb, Diaz-Perez, Sammarco and Dammann 1962). On the other hand, glycogenolysis of the Purkinje fibres is appreciably slower (Kleinfield, Magin, Murphy and Stein 1963) and this may protect them somewhat. In non-arrested perfused hearts when myocardial anoxia lasting up to 100 minutes is followed by full reoxygenation, atrioventricular conduction may be normal. Such hearts, however, resume activity only in the form of fibrillation, and therefore need to be defibrillated (Coffman, Lewis and Gregg 1960). Restoration of atrioventricular conduction is, of course, more rapid the shorter the period of anoxia. The shortening of action

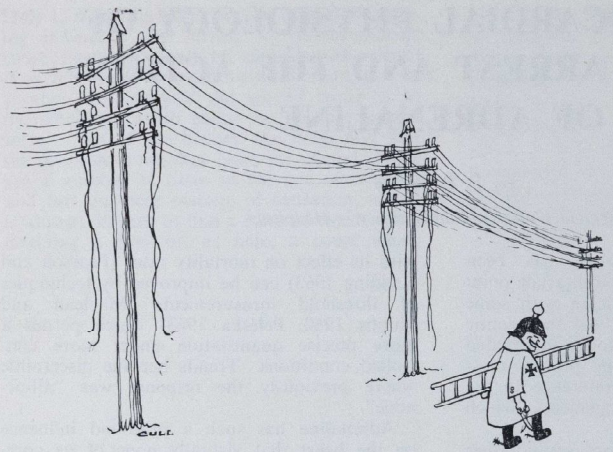


FIG. 1.—*The arrival of signals in different parts of the ventricle is irregular. Firing of muscle fibres is therefore uncoordinated.*

potentials in the ventricular musculature occurs earlier than in the conducting tissues, presumably because their oxygen needs are greater. Whether such metabolic needs can be directly compared is, however, uncertain because the bundle, being in certain respects comparable to nervous tissue, may have greater needs (Schnur 1948).

Ventricular Excitability

Adrenaline increases the velocity of atrioventricular conduction (Zoll, Linenthal, Gibson, Paul and Norman 1958, Siebens, Hoffman, Yale, Farrell and Brooks 1953) and here, as in the ventricular musculature, the question arises whether the drug can be of help at a price which should be met, or whether, by accelerating metabolic reactions, it merely flogs a tired horse. Zoll and his colleagues (1958) state that the same doses of adrenaline which increase atrioventricular conduction arouse, maintain and accelerate idioventricular pacemakers in Stokes-Adams attacks. Such doses shorten the absolute and relative refractory periods, but in other respects their influence on ventricular excitability can be very variable. If an intravenous infusion of adrenaline is slowly increased to a maximum of four micrograms per minute, the consequent increase in ventricular rate may prevent ectopic ventricular activity and recurrent ventricular tachycardia. The acceleration in ventricular rate may be preceded by a slowing. Reasons for variations in ventricular irritability are unknown, and their unpredictability is characteristic (Linenthal and Zoll 1963). The toxicity of adrenaline differs from patient to patient. Were it not for the availability of external countershock the two opposing effects of adrenaline, acceleration and irritability, would make the exhibition of adrenaline particularly dangerous. The prevention of fibrillation by adrenaline surely hinges on the use of very dilute solutions. The complex and variable relationships between heart performance in the broad sense and the use of catechol amines (Eich, Markason, Cuddy and Smulyan 1962) may have to do with changes in resting excitability. The diastolic threshold may be lowered before it is raised. The lowering of the threshold, associated with an elevation in the serum potassium (Siebens and others 1953)

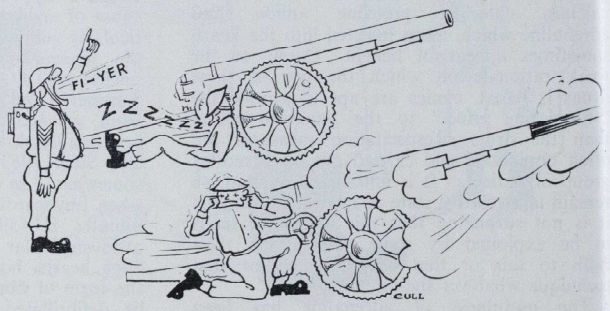


FIG. 2.—*The chaos due to irregular arrival of signals is aggravated because individual muscle fibres are not ready or prepared to fire simultaneously.*

is not necessarily the result of a decrease in resting potential. In myocardial ischæmia from coronary occlusion ectopic foci are liable to result from the release of intracellular potassium as well as histamine, and possibly catechol amines (Harris, Bisteni, Russell, Brigham and Firestone 1954). Quite a variety of substances, many of them surface active, possess the power to improve contractility besides adrenaline (Hajdu and Leonard 1961); nevertheless, tachyphyllaxis may set in with any individual one, and the net result may be further aggravated by acidosis (Bendixen, Laver and Flacker 1963). If contractility, even if only partly, depends on locally liberated intracellular agents, then a time may come when, in the arrested heart, their concentration may be insufficient, and the response of the myocardium alter.

The Coronary Circulation

Of fundamental importance to myocardial responsiveness must be the state of the coronary circulation and the availability of nutrients. Lewis, Coffman and Gregg (1961) estimate that in asystole flow could be increased by 37%, an increase which may be further accentuated by adrenaline. Here extravascular resistance to coronary flow due to the myocardial musculature is negligible. In ventricular fibrillation, however, with increases in intraventricular pressure, flow to the subendocardial tissues diminishes with increases in intraventricular pressure (Cutarelli and Levy 1963). For a given ventricular volume a higher pressure is developed by the fibrillating myocardium compared with one in arrest or even diastole (Monroe and French 1960).

In the potassium arrested heart adrenaline may curiously cause a primary reduction in coronary flow which is later counterbalanced and outstripped by a dilation secondary to the resultant anoxia (Berne 1958). The preeminence of the increase in myocardial oxygen consumption is related to the active tension developed in the ventricular wall, being least in asystole (irrespective of a rise in pressure or volume) and most in the fibrillating ventricle (Monroe and others 1960). There is a limit to the increase in oxygen consumption with the artificial inflation of the fibrillating ventricle, but, as might be foreseen, excessive distension can to some extent be compensated for by increases in coronary perfusion pressures.

Under normal conditions the heart extracts most of the available oxygen from the coronary blood. Increased demands for oxygen are therefore met almost entirely by increases in coronary bloodflow. In the arrested, empty but contracting, or fibrillating heart this may not be so, because it requires only 20% of the oxygen used by the quietly beating heart (Beuren and Bing 1958, Danworth, Ballard, Kako, Choudhury and Bing 1960). In both the cold arrested and the potassium arrested hearts oxygen consumption depends to some extent on interstitially dissolved oxygen, and inexplicably on whether the chest is opened or closed. After potassium arrest the resumption of full oxygen metabolism is delayed, and ventricular work capacity remains substantially reduced (Greenberg, Edmunds and Brown 1960). It

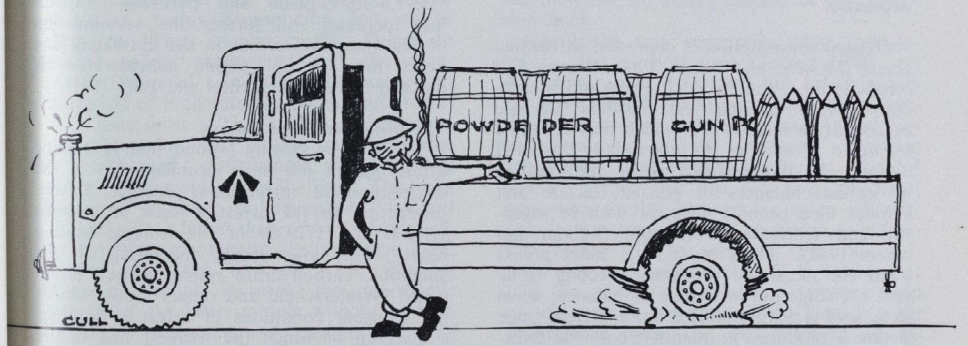


FIG. 3.—*The coronary supply lines, though widely open, do not supply the much needed nutriments.*

is interesting that if 100% nitrogen is substituted for oxygen in the perfusing medium, fibrillation soon ceases (Burn 1960).

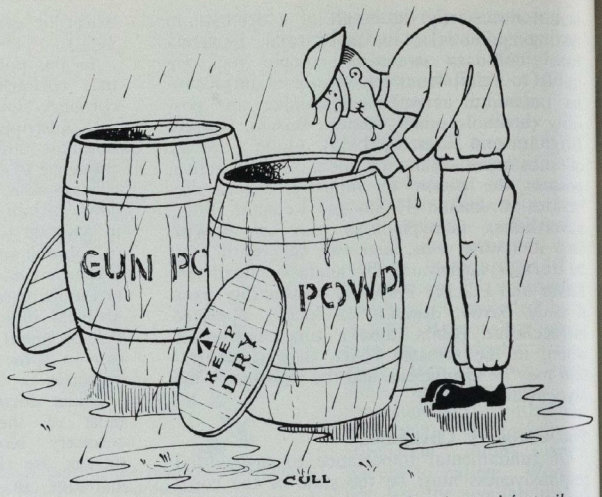


FIG. 4.—*Myocardial metabolism does not function satisfactorily.*

Myocardial Metabolism

Even brief periods of anoxia, such as occur during angina, and the localised anoxias due to infarction, lead to increased lactate levels in coronary sinus blood (Danworth and others 1960). The rate of glycolysis in ventricular fibrillation may be limited by the phosphofructo-kinase reaction (Klarwein, Kako Chrysohon and Bing 1961). Such an effect is similar to what occurs in skeletal muscle. Little is known about the bioenergetics of the ventricular musculature in the hyperacute failure of cardiac arrest. In chronic failure Schwartz and Lee (1962) have shown that mitochondrial (i.e. respiratory) activity is clearly depressed with respect to oxygen consumption in addition to uncoupling of oxidative phosphorylation. Using ascorbate and oxygen as electron donor and acceptor respectively, they presumed that the depression of phosphorylation occurred at the site of electron transfer from cytochrome C to oxygen, the terminal link, and perhaps the Achilles heel, in the electron transfer chain. Anaerobic glycolytic activity was also depressed.

Oxygen consumption is depressed in cardiac arrest (Monroe and others 1960, Beuren and others 1958). Winterscheid, Vetto and Merendino (1958) ascribe the residual aerobic carbohydrate metabolism, which may continue for up to 10 minutes, to interstitially dissolved oxygen. In the perfused heart the positive myocardial balances of glucose, lactate and ketones then become negative both in standstill and ventricular fibrillation (Beuren and others 1958). There must be a short period when the metabolic processes affecting lactic acid exchange are in a state of balance, when lactic acid is neither utilised nor excreted. Once lactate is produced in quantity, both the intracellular and coronary sinus blood pH will fall, sometimes as low as 7.0, within 20 minutes.

In ventricular fibrillation the active form of phosphorylase, phosphorylase *a*, which catalyses the interaction of glycogen and inorganic phosphate with the liberation of glucose-1-phosphate, (Kukovetz, Hess, Shanfeld, and Hangaard 1959) first increases in concentration but later declines—maybe as a result of lactic acid accumulation and the resultant pH change (Klarwein and others 1961). There are no appreciable changes in alpha-glycerol phosphate, dihydroxyacetone phosphate, fructose-1,6-diphosphate and pyruvate. Adrenaline increases still further the accumulation of phosphorylase *a*, but in the fibrillating dog heart the catechol amine concentration is reduced (Kako, Chrysohon and Bing 1961).

The Mobilisation of Energy

The view is gaining ground that in cardiac arrest one of the basic problems lies in the distribution of intracellular energy. Energy production in the arrested heart is between 1/1,000 and 1/2,000 of the isolated beating heart. The low energy potential of the anaerobic carbohydrate system is well established (Winterscheid and others 1958). Under the stringent conditions of arrest it becomes a question of which the weakest link in the chain of events leading up to the useful utilisation of energy may be, the usefulness in this case at least partly lying in its conversion into mechanical energy. Adrenaline exerts a calorigenic effect (Berne 1958) and this may be a wasteful transformation. It is to Wollenberger (1947) and Fawaz and Hawa (1953) that we owe the interesting concept that in spontaneous heart failure, and that due to barbiturates, the defect is one of energy utilisation rather than energy production. They argued that because adrenaline exerts a positive inotropic action (Garb 1950) in many forms of cardiac failure which are NOT associated with a deficiency in available phosphate bond energy, its action must be concerned with a phase of myocardial metabolism other than the generation of utilisable chemical energy. Danworth and others (1960) classify cardiac metabolism into three phases: energy production, energy conservation and energy utilisation. They ascribe cardiac failure to reduced energy production, and the spontaneous failure of a heart-lung preparation to exhaustion of both catechol amine and cholinergic substances. They find no common denominator for heart failure, rather is it due to multifarious disturbances in all three phases of myocardial metabolism. This may not be so in acute failure, since Furchgott and Lee (1961) found that, upon asphyxiation, the creatine phosphate concentration fell, indeed faster than that of ATP. Because adrenaline could increase the contractile strength of the heart muscle without increasing the concentration of creatine or ATP (sometimes indeed causing a drop in the former according to Spekerez, Lénérd, Bánhidy, and Török 1958), and because local anæsthetics could impair the heart's contractile strength without influencing high energy phosphate concentrations, they conclude that there is "a clear dissociation between contractile strength and useful energy stores". Their findings point to an impairment of utilisation of high energy phosphate stores for mechanical work.

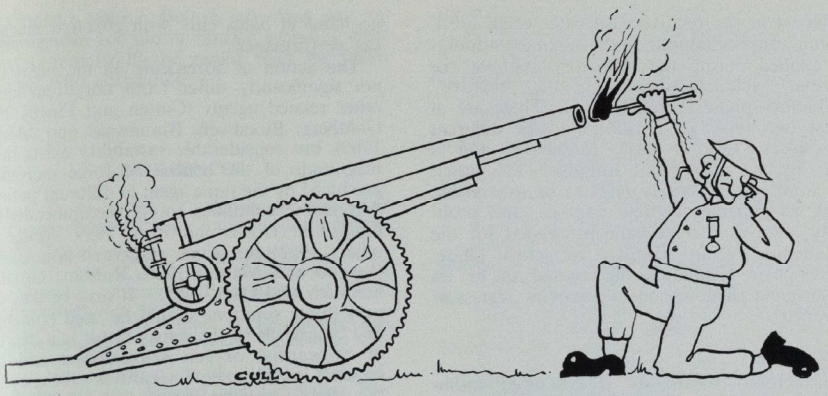


FIG. 5.—*Even if all the energy is there, it is misdirected.*

Burn (1961) emphasises that energy is also required for the maintenance and prolongation of the refractory period of the ventricular muscle. When there is lack of oxygen or glucose, or when their metabolism is inhibited by dinitrophenol, azide or mono-iodoacetate, fibrillation is very easily elicited. He regards this as due to a shortening of the refractory period which he can bring about at will by the inclusion of acetyl choline in the perfusion fluid.

Fibrillation may sometimes cease spontaneously after a short time (Schnur 1948) and ATP may arrest it in some but by no means all experimental conditions. Both the reduction of potassium and the increase in calcium concentrations in the perfusate facilitate ventricular fibrillation. Energy is also, of course, needed for the selective return of potassium to the intracellular space whereby polarisation necessary for an adequate refractory period will be achieved. For this purpose glucose is needed, but it is conceivable that the amount of potassium released upon anoxia may be too great. That there is some interference with the establishment of an adequate refractory state in fibrillation may be

reflected in the relative ease with which fibrillation can be induced if the noxious stimulus is applied during the refractory state of the cardiac cycle, particularly in the "relative" refractory phase (Peleska 1963). There are at least two types of fibrillation, with different prognoses. One is easily terminated and is usually due to a small stimulus. The other, of more gradual onset, tends to be irreversible and accompanies cardiac damage, and probably involves the mechanisms needed for the production of an adequate refractory phase. Ventricular fibrillation has ceased to be an all-or-none phenomenon; it possesses degress of severity.

Treatment

If aerobic metabolism is exhausted within 10 minutes of the commencement of cardiac arrest, there is evidence that after this time has elapsed defibrillation becomes increasingly difficult (Hosler and Wolfe, 1959, Dawson, Moffitt, Glover and Swan 1962). Both asystole and ventricular fibrillation represent dynamic situations due to changes in myocardial metabolism. It is against a rapidly changing background that the action of adrenaline must be assessed. This is also where the choice of cardiac massage may play an important role in delaying cardiac decline. External massage, for instance, is useful in a heart which has only just become arrested and which remains relatively undamaged. Pupillary reaction is a good index to cerebral perfusion but tells nothing of the dynamic metabolic decline taking place in the ventricular musculature. Successful defibrillation and the establishment of normal electrical activity, moreover, are not synonymous with the return of a satisfactory blood pressure (Hosler and others 1959), much less with an adequate coronary circulation. If external massage does not rapidly succeed, or if commencement of massage is for any reason delayed the greater mechanical advantages of internal massage should not be ignored (Dawson and others 1962, Gurevich, Sasahara, Quinn, Peffer and Littmann 1961, Weale and Rothwell-Jackson 1962, Weiser, Adler and Kuhn 1962). Furthermore, although external massage can maintain the systemic circulation for 30-120 minutes, stimulation of the heart electrically in asystole is seldom permanently effective if mechanical stimulation has not already been effective in starting spontaneous rhythm (Klassen, Broadhurst, Peretz and Johnson 1963). Effective metabolism can go hand in hand only with effective mechanical performance.

The action of adrenaline on the heart does not significantly differ from noradrenaline or other related agents (Cotten and Pincus 1955, Goldberg, Bloodwell, Braunwald and Morrow 1960), but considerable variability exists in the magnitude of the contractile force increments produced by the same agent in different patients. Adrenaline continues to be recommended for fibrillation (Hosler and others 1959, Weiser and others 1962) but some reserve it for asystole (Levine and Matton 1926, Robbin, Goldfein, Schwartz and Dack 1955). It may be that only very dilute solutions should be used (Linenthal and others 1963); these may result in a decrease of myocardial oxygen consumption and consequent improvement in cardiac efficiency. If the effect on heart metabolism of adrenaline in large doses is much more prolonged than its inotropic and chronotropic effects, and if it does act as an uncoupling agent (Spekerez and others 1958), the elimination rather than the administration of catecholamines might be of importance in the acute hypoxic conditions of the ventricular myocardium.

Methoxamine may supersede adrenaline in usefulness in the treatment of cardiac emergencies (Aviado 1959). Before any drug can be recommended for use in cardiac arrest, it must more systematically be tested than has been the case with adrenaline.

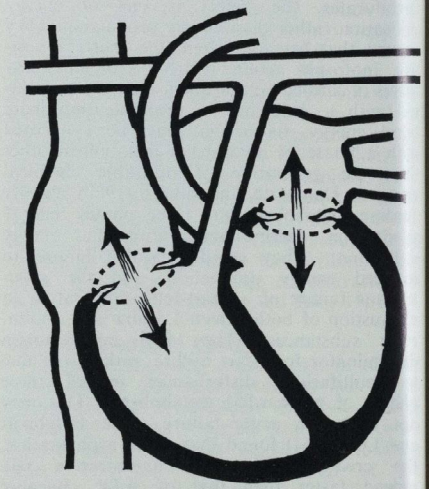


FIG. 6.—*The arrested heart dilates, hence the atrioventricular valve rings dilate also. They become incompetent and the feeble heart beat expels blood into the atria as well as into the main arteries.*

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books books books books

Electro-Cardiography, by R. W. D. Turner. 2nd Edition. E. & S. Livingstone. 21s.

This book represents a collection of twelve articles on electrocardiography previously published in "The Practitioner". As such, the various chapters tend to be rather disjointed, and there is considerable repetition. Much more emphasis is given to the clinical features of the disorders described than is usual in a book on electrocardiography, tending to make the book a review of cardiac disease with emphasis on the electrocardiogram. This is probably ideal for the General Practitioner who is anxious to obtain more idea of the help that the electrocardiogram can give him. The book is profusely illustrated, and the electrocardiograms are of high quality.

J.S.F.

Beyond All Reason, by Morag Coate. Constable. 21s.

The enigma of schizophrenia continues to challenge all who work in the field of mental illness, and therefore any aid to a greater understanding is to be welcomed. This autobiographical book (written under a pseudonym) gives an account of a woman's experiences of recurrent severe manifestations of schizophrenia, with ultimate recovery. The detailed and vivid description of her feelings given in the first part of the book provides some insight for us into what psychotic patients undergo.

The second part of the book may well be regarded as even more valuable. The author makes some highly pertinent comments on life as a patient in a mental hospital, the attitude of the psychiatrists and nurses, and the changes she regarded as essential. Telling statements such as the following, will find wide acceptance —"The least successful nurses are the most authoritarian"—"Any form of therapy which regards spiritual problems as outside the doctor's province is likely to touch no more than a fringe of the problem"—"Chaplains can do more harm than good if their work is not integrated with that of the medical and nursing staff."

This book could with profit be read by all who are concerned with the treatment and care of the mentally ill.

S.S.

Lecture Notes on Psychiatry, Willis. Blackwell Scientific Publications. 7s. 6d.

When first introduced to the subject of Psychiatry, the student requires a simple guide which will give him a reasonable outline of the scope of the subject, without going into the detail which he will later be able to obtain from the larger text books.

This book fulfills these conditions in a very satisfactory fashion. As the author points out, it is not intended as a comprehensive text; but it does contain a good deal of useful information for the student, including a list of definitions of commonly used psychiatric terms, a guide to history taking and to the psychiatric examination of the patient, together with summaries of the clinical features of the main psychiatric syndromes, and useful notes relating to methods of treatment.

J.A.I.

Whitby and Hynes' Medical Bacteriology, including Elementary Mycology and Parasitology. Eighth Edition, by Martin Hynes. 485 + vii pp. J. and A. Churchill Ltd., London. £2.

This book has been a favourite textbook for medical students for many years. The present edition, coming out three years after the last, has minor alterations throughout and rather more substantial changes in the sections dealing with viruses and with immunology.

It can be recommended to medical students in search of a traditional textbook of bacteriology. Omission of much of the technical details might have made it a more readable and helpful guide to those whose main interest lies in the behaviour of bacteria outside the laboratory.

R.A.S.

Physician's Hand book. Krupp, M.A., Sweet, N. J., Jawetz, E. and Biglieri, E. G. 1964. Edit. 13. Lange Medical Publications, Los Altos. Pp. 558. 34/-.

This small volume, now in its thirteenth edition, contains in concise form, details of the diagnostic procedures and therapeutic measures that are most likely to be of value in the day to day practice of clinical medicine. Revision of the book every two years ensures that it is kept up-to-date, and its size is designed to fit in the pocket.

The greatest value of this book lies in the help it gives with the investigation of patients. It describes clearly what tests may be of value and how they should be carried out. The interpretation of abnormal results is fully discussed and complete lists of normal values are given. The sections on chemical pathological data, the investigation of endocrine disorders and the assessment of liver and kidney function are particularly well done.

The book contains useful information on the diagnosis and treatment of medical emergencies, including patients in coma, and of cases of poisoning. However, insufficient detail is given of alkaline diuresis and peritoneal dialysis in treating the common forms of poisoning due to salicylates and barbiturates. The general section on therapy describes clearly the indications, dosage schedules and toxicity of all the important drugs, and includes an up-to-date summary of the antibiotics in current usage.

This is essentially a working manual and will be particularly useful as an "aide memoire" for final-year students and House Staff. The authors, however, have at times attempted to be too exhaustive and have included topics better left to larger text-books of medicine. The book could be pruned with considerable advantage and would then fit more comfortably into the pocket, as intended.

M.B.

Medical Handbook—Part I. Contraception.
Obtainable through the International Planned Parenthood Federation.

Contraception is one of those para-medical subjects which has become of utmost importance in a world threatened by a population increase which will outstrip food supplies. Yet the average medical student receives little or no direct instruction in the subject, partly because it is not a function of the National Health Service. For those who wish to learn, this handbook edited by Dr. R. L. Klainman for the medical committee of the International Planned Parenthood Federation deserves the highest recommendation.

Each main method of contraception is described and a list of references given. A chapter is included on the choice of method and on the effectiveness of all methods. The rhythm method (safe period) is classified, using the basal temperature as a guide to ovulation.

Recent letters and articles in the *Lancet* and *British Medical Journal* have raised again the hazards of blood-clotting and carcinogenesis as a side-effect of oral contraceptives. At the time of publication the views expressed in the Handbook were a fair assessment of the risks, taking into account the great effectiveness of these oral agents as contraceptives.

On pages 20 and 21 a new series of intrauterine devices is illustrated . The reviewer has seen them used with success by the Family Planning Association of Hong Kong. Few side-effects are reported and they can be inserted directly into the uterus of a multiparous woman without the need of an anæsthetic. In Hong Kong the condom is poorly accepted and other mechanical methods are difficult to use without the privacy denied by overcrowding. Doctors have been taught to decry the Graffenberg Ring, but these intrauterine devices may become of great value in over-populated areas.

Courses in instruction are given by the Family Planning Association and details can be found in the Handbook.

G.S.B.

Positioning in Radiography, F. C. Clark. Eighth Edition. Wm. Heinemann Medical Books Ltd. Price 126/-.

This sumptuously produced book written for radiographers is much used by them during training and as a reference book later when some special radiographic view is requested. It can hardly be recommended to medical students or even those doing house appointments, since in this country they will not be called upon to do radiography, and if they are working in remote parts without ancillary help, it is too large for easy transport and too inclusive for the odd surgeon taking, for instance, an occasional wrist or elbow.

Maybe it is a pity it is not in two volumes, Part I being for simple investigations, which might have a use in areas without the free availability of a radiographer, and Part II for more specialised work.

The reproductions are very fine and the positioning of the patient and X-ray beam are clearly described. New matter included since the previous edition is mainly concerned with more elaborate investigations such as angio-cardiography. G.S.

An Introduction to Diagnostic Neurology. Volume III. Exercises. Stewart Renfrew, Neurologist, Royal Infirmary, Glasgow. pp. viii + 201. E. & S. Livingstone Ltd. 12s. 6d.

This is the third volume of Dr. Renfrew's paperback. In the two earlier volumes he has put forward an unorthodox method of teaching clinical neurology and this volume contains a series of exercises based on his method. These exercises present about 150 clinical problems each followed by a relevant question. The answer appears some pages further on and is followed by a further question arising from the answer to the first; each problem contains about six such questions. If the reader has understood the unusual nomenclature and methods propounded in the earlier volumes, this volume will no doubt, as the author says, "give the student the much-needed opportunity of exercising his brains". The book is well printed and of convenient size.

J.W.A.T.

Surgeon James's Journal, 1815. Edited by Jane Vansittart. Cassell, 1964. 175 pp. 21s.

John Haddy James (1788-1869) was a student at this Hospital from 1802 to 1812, and lived for some of this period in the home of John Abernethy, becoming a great friend of the family. Eventually James settled in his birthplace, Exeter, to become the foremost surgeon in the area, and he was mayor of the city in 1828. From 1816 to 1858 he was surgeon to the Devon and Exeter Hospital, but might well have joined the staff at Bart's. Abernethy asked James to remain in London, but after qualifying M.R.C.S. in 1811 John Haddy James was appointed an assistant surgeon in the 1st Life Guards, and was present at the Battle of Waterloo. He kept a Journal during his period on the Continent, providing a vivid eyewitness account of the Battle and of the subsequent occupation of Paris. This is now published to provide a fascinating account of observations made in Belgium and France during 1815.

James was keenly interested in everything he saw, and his Journal records a wide range of observations. He records that "the price of French books is comparatively nothing", and that they were "exposed to the view on the parapets of the quays, where you may beat down the vendors to sums quite insignificant". The Palais Royal and the books and prints exposed for sale led him to record: "I believe the Parisians to be the most immoral people under the sun". He describes a visit to the Bibliothèque Nationale, then the Bibliothèque du Roi; to the manufactory producing Gobelins tapestry, and gives details of the process; and to the Ecole de Médecin. There the price of bodies was only five francs and the museum contained "models in wax most beautifully executed". There was a very large amphitheatre capable of holding eight hundred students, a number of dissecting rooms, and public lectures on surgery and anatomy were provided at the expense of the government: "Yet with all these advantages at their hand I could not find that the majority of pupils possessed either great talents, or application—in fact more the contrary. They appear to be a very ordinary and not very industrious set."

This Journal provides fascinating details of one episode in the life of a remarkable personality, and Miss Jane Vansittart is to be congratulated on making the previously unpublished document available.

J.L.T.

Zimbabwe Tapestry and other Poems, by Mary Fourie. Arthur H. Stockwell Ltd. 42 pages. 3s. 6d.

(*The author was trained at Bart's in the war.*)

When a man or woman from this hospital goes into non-medical print, it is very easy to turn the milky eye of charity. One's own *alma mater* stands in danger of becoming a philosopher's stone.

Here even this is not enough. This is young, unripe poetry: naivety is the word that fits best. Intermingled among happy, but dreadfully dull, pastures of nature poetry is an occasional aura of divine afflatus which cloaks the biblical pages. Neither subject lends itself easily to the free word-choice which is one of the pillars of poetry, and even the restricted licence that remains is not made use of. What better than to quote?

"Pure as a baby's brow in sleep.
The curved petals of the rose . . ."

This, following a title poem born of Africa, which of late has become truly prolific of good verse, is bitter disappointment.

STEWART BRITTEN.

Swire's Handbook for the Enrolled Nurse. Edited and revised by R. T. Farnol. Published by Baillière, Tindall and Cox Ltd. Price 16s.

Your reviewer felt at first that a teacher of student nurses was not competent to express an opinion on a book for pupils, but since the Platt report envisages a large increase in this grade in all Hospitals, perhaps this opinion is relevant.

The amount of anatomy given is quite large, and since it is not related to the pupil's needs in nursing, must be difficult to acquire. In contrast, the style is deplorably condescending. "This is a very long word, but if you break it up into small ones, it is easy to remember." (p. 69). "This disorder of the thyroid gland is rather trying for the Pupil Nurse." (p. 84).

However, writing an elementary textbook is infinitely more difficult than writing for experts, and the author has kept the especial problems of her audience in mind. Technical procedures seem outmoded: there are detailed descriptions of boiling instruments in soda solutions, but an autoclave is only named once, and does not appear in the index.

The trolley for a simple dressing contains a sprinkler of sulphanilamide powder, and the instructions include the burning-down of granulation tissue with silver nitrate.

W.E.H.

Bacteriology for Nurses. Geoffrey Taylor, London Price 10/6.

This is in many ways an admirable book. Short, cheap, and easy to read, it takes the severely practical, clinical and epidemiological view of bacteriology which the nurse needs. Criticisms of detail apart, its principal defect as a text for the nurse is that it is not sufficiently strongly nurse orientated. This is most marked in the general section on transmission of infection which occupies two pages of text, mentions bites as a means of transmitting infection, and refers to rabies twice, but the nasal carriage of staphylococci not at all. The figure illustrating the modes of transmission of infection shows four varieties of food borne spread, and infection by a mosquito. Contact, direct or indirect does not appear.

As a general introduction for the nurse and certainly as a text for others interested, these blemishes are of little importance compared with the generally excellent coverage and treatment. As a background for her duties and responsibilities in the management of infected and susceptible patients, the nurse will need something rather more substantial.

F.W.O'G.

NEW PENGUIN BOOKS

The Penguin André François. Price 5s.

André François, born in 1915, is a grave, modest, Rumanian born, French cartoonist. He lives near Paris with his English wife and two children.

He attended the école des Beaux Arts and later studied with the famous poster artist A. M. Cassandre. As well as cartoons which he has done for Punch, Lilliput, etc., he has illustrated children's books in France, England, and America, and designed posters and advertisements.

Most of his cartoons are without words, and his drawings are very simple, almost child-like, but none the less express his ideas excellently. His major themes are concerned with elephants, monks, monkeys, centaurs and Adam and Eve. However because the material in this book is largely extracted from "The Half-naked Knight" and others, these themes are not developed as extensively as in those books, and there is a case where only one part of an original two part cartoon has been printed with unamusing results.

With some of the cartoons it is difficult to see what is amusing M. François, and in those cases where the light is seen, one's conclusion is that the thought is an interesting one, but hardly amusing.

M. François naturally has a French sense of humour, and I feel sure this accounts for the difficulty in finding the book amusing. Hence I really feel justified in recommending The Penguin André François to you if you are French or would like to try to develop a French sense of humour.

William Goss.

Unlawful Occasions, by Henry Cecil. Penguin. Price 3s. 6d.
No bail for the Judge, by Henry Cecil. Penguin. Price. 3s. 6d.

It is often said that Henry Cecil does for the law what Richard Gordon has done for medicine. But these two books at least are far removed from the student nostalgia and Salad Day capers of Grimsdyke and co. in the 'Doctor' books. Where Gordon is content with caricatures, Cecil largely succeeds in making his characters credible, subject at least to two limitations. Firstly one gets the impression that Cecil's books are designed as a careful exercise to prove some nice legal point, and to this end both plot and characters appear contrived. Secondly the author has an unmistakably soft spot for the arbiters of the law. It is indeed a comfort to know that Sir Edwin Prout, the High Court Judge accused of murdering a prostitute (*No Bail for the Judge*) displayed an equal dignity in the dock as he had upon the bench. Similarly we are given good opportunity to see that although the rising young silk Brian Culsworth (*Unlawful Occasions*) lied openly and deliberately in court—though not of course on oath as a barrister's word is sacred—he did so only to save his client, a murderer. The law may be an ass but gold lurks in its ventricles.

In *Unlawful Occasions* (first published 1962) we meet the unpleasant Mr. Sampson who blackmails an attractive young married woman, and drops enough hints around the Temple en passant to scare most of the lawyers stiff. For once the victim tells the police, but surprises abound in the subsequent prosecution. *No Bail for the Judge* first came out in 1952. Judge Prout, concussed and amnesic after gallantly rescuing a child from being run over, is misjudged and subsequently taken home (in a confused state) by a Prostitute in Curzon Street—circumstances which clearly date the book to pre-Wolfenden days. The lady is subsequently killed and the unfortunate knight finds himself up before the Lord Chief Justice at the Old Bailey with the Attorney-General prosecuting for the Crown. The Judge's admirable daughter however employs a suave master-criminal to unearth the real murderers and the Judge himself regains his faculties—and none too soon at that—during the trial.

The two books were written ten years apart but there is little change to be detected in Cecil's inimitable style relaxed, sophisticated, and amusing especially in the occasional digressions. Best of all are his villians—educated, plausible, smooth-tongued rogues bursting with *mens rea* (i.e., criminal intent). Long may they so continue!

Robin Williamson.

"Love Me Do"—The Beatles Progress, by Michael Braun.
Penguin. Price 4s.

"It's a good job for Mersey Side that so many people are on the dole. Gives them time to practise their guitars!"

'Love me do' follows the progress of four such young men, The Beatles, from the Cavern to the heights of fame. Basically a documentary, this book describes in detail their various tours in Paris and America. It also includes much repartee and humour, giving us insight into their characters and lives.

However, this book is dully written and pedantic. Its material is unlikely to appeal to the fans, attracted by the title and pictures. The only redeeming feature for me is John's "gear" sense of humour.

Mary Newbold.

The Abernethian Society

Dr. G. H. du Boulay, M.B., B.S., F.F.R., D.M.R.D.
Neuroradiology

Dr. G. H. du Boulay first gave an account of a radiologist's aims: to make objective observations without preconceptions; to fit in his observations to a pattern of a known disease for diagnosis; and to observe normal functional anatomy. He proposed to discuss three examples of neuroradiological investigation.

Aneurysms leading to subarachnoid hæmorrhage have been long assumed to be due to congenital weaknesses of the arterial muscle coat. The age incidence of subarachnoid hæmorrhage is similar to that of atherosclerosis, which has recently been postulated to be important and show a significant correlation between the presence of aneurysms and atherosclerosis, while symptomless aneurysms are not found under the age of thirty.

The value of radiography (e.g. myelograms, ventriculograms) in the elucidation of cerebral and spinal tumours is well known: cine-radiography has also shed considerable light on functional anatomy, for instance, the pulsation of the cerebrospinal fluid in the spinal canal and ventricles.

Of particular interest and challenge was the co-operation between surgeons and radiologists over the three pairs of craniopagus twins. It is vital to have the clearest possible idea of the configuration and blood supply of the brains before surgery commences. Dr. du Boulay showed several slides demonstrating the differing problems in each case.

meetings

Thursday, 4th February. J. H. Hicks, M.B., Ch.B., F.R.C.S.: "The Clinical Significance of Pain".

Thursday, 25th February. Professor A. M. Boyd, F.R.C.S., L.R.C.P.: "Self-Inflicted Injuries".

Thursday, 4th March. Colin Davis, C.B.E.: "The Sadler's Wells Theatre".

Thursday, 25th March. L. Guttmann, C.B.E., M.D., F.R.C.P., F.R.C.S.: "Athletic Skill of the Paraplegic".

Thursday, 8th April. R. L. W. Cleave, B.M., B.Ch., Surgeon Lieutenant, Royal Navy: "Overland Journey to China".

SPORTS NEWS

Editorial

England—a second rate sporting country! Is this really the case? A recent article in a Sunday newspaper considered the position of England compared with other European countries in the build-up for the World Cup Soccer Tournament.

Twenty-three sports writers from thirteen countries placed us fifth in supremacy in soccer after Spain, Russia, Hungary and Italy; whilst the Football Editor of *L'Equipe* placed us *tenth* after countries which included Italy, Austria and Belgium. This indeed is only one sport, but weighed against that is the fact that it has been for many years the national sport of Britain and draws a figure of millions of people from their homes every weekend to pay to watch. Not many years ago one spoke of England as the nation that symbolised soccer to the world: indeed, it was the yardstick of success.

I do not say that we agree that some of the countries mentioned above should come before England *in any sport*, but we must sit up and think about our position before any of these small countries has the chance even to be considered to merit a place above us in any sport.

Is this going to be a passing phase as the popularity for a certain sport waxes and wains in a foreign country, or is this to be a permanent millstone around our necks? Is, on the other hand, England going through a barren period in some sports and are we waiting for the other half of the circle to turn to put us back on top? Time will tell, but what is certain is that England must try to redeem her name in the forefront of world sport, and it is pleasing to see this happening in some branches with our gold and silver medals.

Before the label is attached to us permanently, let us realise that we are not as good as we think we are; we must pull our fingers out.

FIXTURES FOR FEBRUARY

3rd
Rugby v. Old Merchant Taylors; Home.
Soccer v. West Ham College (U.L.); Away.
Hockey v. Rochester and Gillingham; Home.
Cross Country Kent Hughes Inter-Hospitals Championships at Barnet.

10th
Soccer v. St. George's Hospital (U.H.L.); Away.
Cross Country v. Middlesex Hospital, Regent's Park Relay.
Golf v. Bristol University; Home.

11th
Soccer v. Queen's College; Away Oxford.

12th
Soccer v. Lincoln College; Away Oxford.

13th
Rugby v. Metropolitan Police; Home.
Soccer v. Worcester College; Away Oxford.
Hockey v. Orpington; Home.
Boat Club v. Downing College at Cambridge.

17th
Hockey v. Pembroke College; Home.

20th
Rugby v. Old Millhillians; Home.
Soccer v. School of Oriental and African Studies (U.L.); Home.
Hockey v. Smith's; Away.

24th
Soccer v. London Hospital (U.H.L.); Away.
Hockey v. Gore Court; Away.
Cross Country U.L. League (Div. I) at Petersham.

27th
Rugby (a.m.) v. Old Haberdasher's; Home.
Soccer Hospitals Cup Semi-final.
Hockey v. College of Estate Management; Home.
Cross Country I.C. Hyde Park Relay.

28th
Hockey v. Bandits; Home.

CROSS COUNTRY CLUB

3rd League Match at Mitcham, Wednesday, 25th November.

The 5½ mile King's College Course at Mitcham is probably the most unpleasant that we have to run over during the season: it is flat and consists of first, a stretch of Mitcham Common, which is littered with broken glass, then a railway embankment which the race seems to cross from side to side by means of an infinite number of railway bridges; the "run in" includes a park with slippery wooden bridges leading over very cold streams into which some poor unfortunate always falls, and the race ends with a mile through a factory estate.

Results:

1.	Moor (Borough Road)	31 min. 44 sec.
2.	Byrne (St. Mary's College)	31 ,, 45 ,,
3.	O'Reilly (St. Mary's College)	32 ,, 11 ,,
14.	Foxton (Bart's)	33 ,, 13 ,,
21.	Thompson (Bart's)	33 ,, 41 ,,
33.	Sanders (Bart's)	35 ,, 00 ,,
58.	Coltart (Bart's)	37 ,, 08 ,,
63.	Oxley (Bart's)	37 ,, 49 ,,
69.	Hale (Bart's)	38 ,, 40 ,,

Osterley Park Relay. Wednesday, 2nd December.

The only drawback to this relay race of four laps each of 3 miles is that the start is at 2.00 p.m., so that one either has to forego lunch and put up with the resultant pangs of hunger or enjoy a lunch and then regret the effect of running too soon afterwards.

We entered two teams and both did very well indeed; Terry Foxton and Roger Sanders had good runs for the first team, ably supported by John Coltart, who arrived at the start just in time to take over for the 3rd lap.

Results—End of lap position in parenthesis:—

1st Team.		
Foxton	(4th)	15 mins. 39 sec.
Thompson	(3rd)	15 mins. 46 sec.
Coltart	(7th)	17 mins. 24 sec.
Sanders	(7th)	16 mins. 51 sec.
2nd Team.		
Markham	(23rd)	18 mins. 02 sec.
Wood	(26th)	18 mins. 03 sec.
Oxley	(25th)	17 mins. 58 sec.
Thompson	(19th)	16 mins. 05 sec.

University of London Championship. Saturday, 12th December.

We started this 5¼ mile race of three laps around Hampstead Heath with a faint chance of winning the Roehampton Cup which is awarded to the first "smaller" College team in the race. All the members of our team had a good run so that we finished fifth overall and won the cup by a handsome margin.

This good result is a suitable climax to the first half of the season and augurs well for the Inter-Hospitals Championship in February.

It is a good idea to place on record the reason for our success which is basically this:—

Although the runners at the front of the field may improve their racing time by perhaps one minute, this will only mean a gain of about five places. On the other hand if our late scoring men increase their speed by the same margin they will in doing so gain 15 to 20 places, and this is what, by regular hard training, runners like John Coltart, Huntley Oxley and Philip Wood have achieved. Thus it is largely due to their efforts that we were able to reach success in the Championship and that we can have such a good chance of retaining the Inter-Hospitals cup next term.

Results:

1.	Domleo (Goldsmiths)	28 min. 07 sec.
2.	Davies (U.C.)	28 ,, 48 ,,
3.	Hartshorne (U.C.)	28 ,, 50 ,,
4.	Thompson (Bart's)	29 ,, 00 ,,
8.	Foxton (Bart's)	29 ,, 31 ,,
22.	Sanders (Bart's)	30 ,, 41 ,,
50.	Coltart (Bart's)	32 ,, 15 ,,
71.	Wood (Bart's)	33 ,, 57 ,,
	Kesselden (Bart's)	33 ,, 57 ,,

The field numbered about 100.

R.J.T.

RUGBY CLUB

28th November v. U.S. Chatham. Won 52-0.

This was in many ways a most uninspiring game. Chatham provided no opposition at all, in fact turning up two short, and Bart's were able to do much as they pleased.

Scorers: Johnson (3), Savage (3), Smart, O'Kane, Hopkins, Orr.

5th December v. Old Cranleighans. Won 8-6.

This was a disappointing win, on a very wet day, against a side which should have been well beaten. The forwards showed no fire, and consequently provided little of the ball for the backs, who always looked dangerous when in possession. It was Hudson playing at blindside who scored Bart's only try, when he followed up a hack-ahead out of a loose scrum. Gibson, playing well at scrum-half converted, and later kicked a penalty.

19th December v. K.C.S. O.B.. Won 5-3.

On a fine day, Bart's with Moynagh playing in the back row, Gibson still at scrum-half, and Smart in the second row, began with a bang, and McIntyre scored in the first minute after a fine handling movement. Thereafter K.C.S. pack got well on top and consequently Bart's backs were again starved of possession; several players had good runs but stupid passes denied the side of any more score.

The second half continued the same way. K.C.S. backs coming more into the game, only to be stopped by excellent defence. They scored once, but never looked dangerous again. Bart's finished by attacking strongly, Savage being brought down on the line after a fine three-quarter movement. The only real encouragement of this match was the defence of the whole side.

2nd January v. Old Rutlishians. Won 18-5.

The first match of 1965 was played in beautiful conditions, and produced a good win, although the margin should possibly have been greater. The pack, with Delaney prominent in the line-out regained much of its old fire, and gave the backs the chance to produce many exciting moves, from one of which McIntyre, well up with play, scored. Many chances were wasted through thoughtless and wild last passes.

O.Rs. equalised early in the second half, but then Bart's, playing more together, produced many fine moves, notably led by Griffiths, three of which ended in tries for Letchworth, McIntyre again, and Johnson, Gibson converting two.

THE RIFLE CLUB

The results for the first half of the small-bore season having been published by the markers, are most encouraging. The "A" team have won seven out of nine matches shot, in spite of some individual performances of a disappointing standard. The team has undoubtedly been lucky to achieve this number of wins. The "B" team has shot very well indeed, winning five out of eight matches, their practice taking their scores up to those of "A" team standard, thus providing the selectors with a pleasing problem.

The "C" team has not had the same success, having lost both the matches for which results are available. In a similar fashion the "D" team has lost one and won one. The Novices "A" team has done well in their five matches, having won four of them, with some very fine individual scores of 93 to 97 (possible—100). The Novices "B" team has also spent its time rewardingly, by winning two out of three rounds in their league. The Pistol team have continued their excellent start to the season by winning all four matches by very wide margins (c.65).

BOAT CLUB

U.H. Winter Regatta. November 25th.

This year the winter Regatta was held at Chiswick for the first time. The change from Putney to Chiswick is in many ways a sad one; the atmosphere of Putney is certainly unique but for practical reasons the change was made and the result was a success. The course is more fair competitively although not so good for the spectator.

Senior IVs—The first IV stroked by Nicholson on bow side was somewhat unusual for Bart's with M. Stallard at 3 and Crowther steering at 2, both on stroke side: Ayers was at bow on bow side. This was undoubtedly the fastest IV Bart's have had for many a long year. In the first round we proved this by beating St. Mary's by 1½ lengths. This crew contained one purple and three University trial caps. In the second round we disposed of Bart's second IV of Keighley, Tynam, Garson and Gilchrist without much difficulty—thanks to a police launch that got in their way. In the final, St. Thomas' IV containing three of their last year's Henley IV took advantage of the bends in their favour to gain an early lead of 1-1½ lengths. This they held until the Boathouse 30 strokes from home when the Bart's crew stirred and stroke shot the rating up magnificently and 15 strokes later we had reduced their lead to nothing. At this point, St. Thomas' steered into our water and there was a clash of blades just before the line.

A strong appeal from us brought a re-row over half the course where Thomas' got off to a better start and held on to beat Bart's by ½ length.

Junior VIII—At the start of training in October, this crew was an embarrassment, but with some good coaching and steady stroking from H. Tubbs, they were a credit on the day. Their draw was unlucky against St. Mary's and they lost by 1½ lengths—Mary's being the eventual winners.

Other Events—An all-Bart's final of the open pairs was won by Stallard and Nicholson. Garson reached the final of the Junior sculls.

The double sculls reached the final, but a tired Wetherington-Fickle was not enough support for Barrington-Ward!

University Winter VIIIs. December 4th.

Lack of training for this event produced an VIII without Nicholson and Stallard which was surprisingly unsuccessful against U.C.

The junior VIII again rowed well but were beaten by the eventual winners—more enthusiasm for training could lead to success for this crew in the summer.

Bart's—Tommies Regatta. December 11th.

A very good and enjoyable regatta was held at Chiswick where Bart's proved to be the stronger club winning ten of the fourteen pots—a good day!

A.B.A.

HOCKEY CLUB

Wednesday, 25th November v. Imperial College. Won 1-0.

This was a most delightful game especially from the captain's point of view. He found himself marked by the opposing captain who was pouring a continual torrent of instructions to his team such that it goaded them into ineffectual frenzied chaos. Our two backs, Thompson and Barclay, stayed rock solid under continual pressure whilst the Bart's forwards hardly saw the ball. A neat combination after a free hit outside their circle produced our only goal, and won us the match.

Saturday, 28th November v. National Provincial Bank. Draw 3-3.

A depleted Bart's side faced this average bank side, and from the start our forwards showed ingenuity and sparkle which has so often been missing. Kingsley scored from a solo breakaway, and then play swung to and fro with the Bart's defence being a little more shaky than usual. A second goal was scored towards the end of the first half.

The second half play was depressing and lacked urgency, with an unusual amount of defensive error. Bart's scored once more and then allowed the opposition to score three times to level the game.

Saturday, 5th December v. Tonbridge. Lost 3-1.

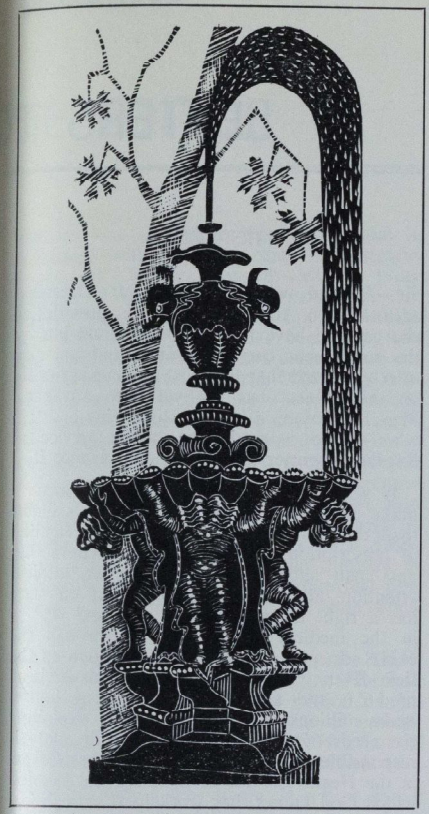
Lateness and mismanagement caused the Bart's team to take the field with only nine men. The three forwards roamed but steady pressure from numerically larger numbers put us one goal down. Kingsley however managed to level the score.

Tonbridge only scored twice more despite the advantage of weight and Bart's must take credit for an excellent defensive effort.

Saturday, 12th December v. Tulse Hill. Won 3-0.

This was a pleasing game on a wet sticky pitch. Bart's used the long square and through pass as the state of the pitch did not allow short crisp passing. Steady pressure was applied through the wings but brought no goals in the first half. These did, however, come by the end of the second half through an excellent Peek and Kingsley combination.

A.B.



CONTENTS

EDITORIAL

Seventeen years of rumbling discontent and confused negotiation. It is hardly surprising that the general practitioner has had enough. The issues which were put before the Review Body are complex, but the more important proposals made by the profession may be summarised as follows:

1. *The basic income of a general practitioner should be increased by about £650 p.a., for three reasons—*

(a) *this income has always been inadequate since 1948.*

(b) *the workload of the general practitioner is increasing, (while the population is expected to increase by 3.65% between 1962 and 1967, the number of general practitioners is falling).*

(c) *there is an urgent need to encourage more people to enter general practice, and to reduce the number of general practitioners (at present about 400 p.a.) who are emigrating.*

The Review Body's answer to these points was to award £10 p.a. for the increased workload, while they did not regard reasons (a) and (c) as sufficient to merit any larger increase. They also made an award of about £4½ million to cover the partial refund of practice expenses to practitioners. This sounds, especially to the lay public, a generous gesture; but it is not widely appreciated that these refunds are in the process of being agreed upon between the Government and the profession, and are not within the province of the Review Body at all. On the matter of recruitment the report argued that although there is a shortage of general practitioners, there is also a shortage of doctors in the hospital service, so that to increase the attractions of general practice would be to intensify the problem in hospitals. We are still suffering in fact from the reduction in the intake of medical students recommended

by the Willink Committee in 1957. But although there is certainly a general shortage of doctors, the Review Body has failed to recognise the acuteness of the shortage which is already present in general practice, and which is manifesting itself in low standards of practice and in hopelessly overworked practitioners. One man cannot look after 3,500 patients properly. The situation is bad now, and it is difficult to see how it can fail to deteriorate rapidly as a result of this report. There are certainly very few students at this Hospital who are still fool enough to want to enter general practice.

2. *Any earnings from extra work undertaken by a general practitioner such as hospital, local authority, and maternity work, should be regarded in future as completely separate, no longer having an adverse effect on his own basic income and that of his colleagues.*

Here the Review Body came some of the way to meet the proposal, and at last it will be possible for a general practitioner to hold a hospital post without prejudicing his colleagues, and there will be no more fiascos like the smallpox scare of 1962, when the large numbers of vaccinations which general practitioners had to perform resulted in a reduction of average income despite the extra work.

3. *Additional payments should be made to reward seniority and experience* (*£400 p.a. after 15 years, £700 after 25 years*).

The Review Body rejected this proposal, but said that they would be prepared to recommend awards based on merit rather than on long service. The profession had in fact come to the conclusion that it was impossible to lay down any objective criteria for selecting practitioners for merit awards. In all other professions there is a tendency for incomes to increase with age, and thereby to cover the parallel rise in expenditure. In general practice, where there is no scope for promotion, seniority awards seem the only answer to this problem.

These are some of the details which have contributed to the emotional outburst of the last few weeks. But what must be far more upsetting for the individual practitioner is the consciousness that not just on this occasion but for years now no-one has taken any notice of his protestations. His is the most vocational and responsible career of all, and yet his complaints are said to stem from jealousy of his hospital colleagues. Perhaps a Government that can afford £22 million in abolishing prescription charges should reconsider a cause which is not only more worthy, but also more fundamental to the survival of socialised medicine.

LETTERS TO THE EDITOR

N.H.S.—C.N.D.

Sir,—I read with interest your December editorial on the abolition of prescription charges and have followed with equal interest the subsequent correspondence; and am now utterly amazed that the most obvious argument on this subject has not yet been advanced. May I therefore, a humble dispensing assistant who started work in the health service as dispensary porter at Bart's, now advance it.

If you believe that it is right for men to make capital out of their fellow men's illness then there is indeed a case for the retention of prescription charges. I do not believe that any man should have to pay for medical attention, nor yet do I believe that the state has a right to exploit those men and women in the medical profession who through the N.H.S. do give free care and attention to the sick. Every year the pharmaceuticals division of I.C.I. and all the other big drug houses make millions of pounds profit by exploiting the needs of the sick. Every year the state is responsible for defrauding by law the workers in the Health Service of their rightful salaries, which God knows they work hard enough for.

But who are the workers? When I was employed at Bart's, I remember a discussion which I had with the Chief Pharmacist re the salaries of Hospital Pharmacists, and I remember Mr. Edwards saying to me "but surely Tony your own favourite cry is 'what about the workers'?" To which I replied, "and what's a pharmacist if he's not a worker and a damned hard one."

All the political parties from Conservative to Communist have mouthed promises for better pay for nurses but in terms of action what have they done? Virtually nothing. History has shown that on any occasion that the workers have placed their faith in politicians, be they right, left or centre they have eventually been sold down the drain.

The old imperialist tactic of divide, rule and conquer was applied to the N.H.S. from its beginning—with their little state bureaucracies known as Whitly Councils—whose prime purpose is *to keep the workers under by keeping them apart*, and so far it's worked very well thank you. It has been truly said that when the workers stand united there can be no greater force on earth. Whether you be a top consultant or the chap who is responsible for emptying the bins, whether you are a Chief Pharmacist or Dispensary Porter it matters not one iota. If you work inside the N.H.S. you are a member of a very important team. Now if *all* the members of that team were to organise and tell the Ministry of Health that they intended to take non-violent direct action, e.g. a sit-in at the Ministry by thousands of workers until the state met their demands for fair pay *for all* the state would have to give in.

And where would the money come from? For the cost of *one* V-bomber *ten* Hospitals could be built. Two thousand million pounds are spent every year on weapons of murder. With that money not only the N.H.S. but all the social services could be re-vitalised.

But it's only a day dream. It is now, but if *you* who are the workers decide to organise it wouldn't be a day dream for much longer. Remember *you* own and pay for the health service, *you* do the work—who therefore is better qualified than *you* to run the Hospital and the N.H.S.?

And if you do these things we would not see a correspondence dragged out over three months on the terribly difficult question of: 'Should a sick man be forced to pay money for the crime of falling ill?'

Yours sincerely,

Tony P. M. Murphy,
White Cottage,
The White Hermitage,
Church Road,
Old Windsor.
Berks.

3rd February.

TERRITORIAL ARMY COMMISSIONS FOR SENIOR STUDENTS

Sir,—Regular Army Commissions for students in the Royal Army Medical Corps have aroused a lot of interest, but the scheme whereby students in their last two years may be commissioned into Medical Units of the Territorial Army seems to be less well known.

There are several T.A. Medical Units which may have officer vacancies in and near London, including two General Hospitals, two Field Ambulances and a Base Transfusion Unit.

The Territorial Army is a live concern, thoroughly worth belonging to, and offers attractive pay and allowances for training both in and out of Annual Camp. I would be very glad to put any interested student in touch with a suitable unit.

Yours faithfully,

H. B. Lee,
Orthopaedic Department,
St. Bartholomew's Hospital.

23rd January.

NSPCC—AN URGENT APPEAL

Sir,—The NSPCC is in need of special and immediate help and I would like, through your columns, to appeal to your readers for support in caring for needy British children. We have recently found it necessary to extend the Training period for our Inspectors from 6 months to 1 year. There was also an urgent need to establish an Emergency Relief and Welfare Department, as well as a Research Department in Child Welfare. These facts, coupled with the expiry of the lease on our old and inadequate Headquarters building, forced us into the additional heavy expense of a move to new offices. Our new Headquarters has a 940 year lease and accommodation for our foreseeable needs, but we must now raise £250,000—in addition to our normal income.

The NSPCC is an entirely voluntary organisation. Last year, the Society helped over 120,000 children of whom 75,000 had been neglected and over 9,000 had been the victims of assault or ill treatment. It is a tragic fact

that almost half the number of children helped by the Society are under 5 years of age.

These figures speak for themselves and I hope they will move your readers to give special help to the NSPCC in its present need. Donations would be greatly appreciated as would the proceeds of special efforts run by Local Organisations.

Volunteers are needed in many districts to act as Stewards for our Brick Scheme. Stewards are asked to place 10 personal collecting boxes amongst their friends and neighbours, to collect the contributions periodically and to pass the money to the Local Committee of the NSPCC through which they will be working. We hope that holders of Brick Boxes will try to contribute £1 to the NSPCC.

Many appeals are addressed to the generous British public but I earnestly hope that this one may find a special place in their hearts because the need is great and urgent! Any contributions which your readers may send to me will be promptly and gratefully acknowledged as will all offers of help and, when it is appropriate to do so, readers and Local Organisations who kindly offer us their help will be put in touch with our Local Committee.

Yours sincerely,

(Rev.) Arthur Morton,
Director, NSPCC.,
National Headquarters,
1, Riding House Street,
London, W.1.

20th January.

Engagements

DUDLEY—RUSSELL.—The engagement is announced between Dr. Nicholas E. Dudley and Miss Dawn P. A. Russell.

GORDON—PARFITT.—The engagement is announced between John Frederick Gordon and Pamela Margaret Parfitt.

McDOWALL—DUNN—The engagement is announced between Dr. Robert Andrew Woodman McDowall and Miss Elizabeth Ann Dunn.

Marriage

STEVENS—WILLOUGHBY.—On October 3, 1964, at the Priory Church of St. Bartholomew-the-Great, John Edward Stevens to Priscilla Jane d'Eresby Willoughby.

Births

DOWNHAM.—On January 25, to Sally (née Gibson) and Michael Downham, a son (Philip).

RICE. On January 19, to Julia (née Whiting) and John Rice, F.R.C.S., a daughter.

WALTER.—On January 21, to Heddi (née Lersey) and Tony Walter, a son (Tom).

WHITTARD.—On January 7, to Shirley and Dr. Brian Whittard, a son (Robert Kingsley).

Change of Address

DR. GEORGE LUMB, M.D., M.R.C.P., *to* 2-K Hamilton Court, 7 Hamilton Road, 170 Tabor Road, Morris Plains, New Jersey.

Deaths

BASTOW.—On January 1, John Bastow, M.D., F.R.C.S. Qualified 1928.

CHIPP.—On January 15, Eric Edmund Chipp, M.R.C.S., L.R.C.P., aged 79. Qualified 1912.

GRANT.—On January 14, Alan Hamilton Grant, M.R.C.S., L.R.C.P. Qualified 1937.

Appointments and Awards

Royal College of Obstetricians and Gynæcologists.

At a Meeting of Council held on Saturday, 28th November, 1964, Jeffrey C. S. Spry-Leverton was awarded the Green-Armytage Short-Term Travelling Scholarship for 1965, for work to be carried out in this country and in Vienna.

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

John Escott Gabb, B.A.Cantab., M.R.C.S.—O.B.E. (Civil).

Wing-Commander Ellis Rhys Griffiths, M.B., F.R.C.S.E., R.A.F.—O.B.E. (Military).

Major-General William Herbert Hargreaves, O.B.E., F.R.C.P.—C.B. (Military).

William Fife McGladery, M.B., F.R.C.S.E.—O.B.E. (Civil).

The following, and possibly others, passed the M.R.C.P. (London) examination in October 1964: —

C. G. Beardwell, C. W. Burke, M. I. D. Cawley, S. G. Cotton, K. R. Durrant, G. I. Scott, S. M. Watkins.

obituary

E. V. OULTON

B.A., (Hons.), M.B., B.Chir. (Cantab.), M.R.C.S. Eng., D.O.M.S.

Ernest Vivian Oulton, "Podge" to his friends at Cambridge and Bart's, and "Boojum" to his friends in Sussex, died in Hove at the age of 83, on November 25th, 1964.

He went from the Leys School to Christ's College, Cambridge, and then to Bart's. He got his Blue for Rugger as inside three quarter, and his friend, Pip Hadfield, well remembers the match. Oulton had to be carried off early in the game because of a dislocated clavicle. Hadfield hesitated whether to go round to the Pavilion, but as he was sure there would be many in attendance he did not do so. Oulton told him afterwards that he had been left in the Pavilion all alone and very miserable for the rest of the game. Oulton also received his half Blue for Lacrosse. From Christ's he went to Bart's, and there played for the Rugger team throughout his student career. He played also for Middlesex, and in 1906 was reserve three quarter for England against the South Africans.

After his house surgeon appointment at Bart's he worked as Clinical Assistant to the Royal London Ophthalmic Hospital, the Royal Westminster, and Moorfields, and in 1910 was appointed Ophthalmic Inspector and Surgeon to the Egyptian Government. He came back to England on leave in 1914, but in August was recalled to Egypt, having just time to be married. He remained in Egypt throughout World War I, and many of the wounded from the Dardanelles and other campaigns were returned to his care. He was mentioned in Despatches.

He returned to England in 1923, having been given the Order of the Nile, and settled in Hove. Until his retirement he served on the staff of the Sussex Eye Hospital, the Royal Sussex County Hospital, also 8 other Hospitals as far away as Eastbourne and Haywards Heath, and became very popular in private practice. When he began, his wife and secretary, fearing he would return to the Egyptian method of ophthalmological examination, which at that time involved holding the patient doubled up on the ground, waited anxiously outside his consulting room. The fears, and the examinations, were groundless.

In 1939 he was not at first accepted for Service in the Army, so volunteered for the Home Guard, in which he served until 1941. In that year, thanks to a fortunate error in the statement of his age—which was possibly the only untruth in his life and involved a night of wrestling with his conscience—he returned to the R.A.M.C., again as Command Ophthalmologist with the rank of Major, and served until 1945. On leaving the Home Guard he received two letters which are still treasured family records, one thanking him for his services when he volunteered for the crew of a 4" gun; and the other wishing him well in the Army and congratulating him on his last feat with the Home Guard, when in a rifle test he secured 4 bulls and an inner.

He retired from Hospital Service with the establishment of the National Health Service in 1948, but continued in private practice until he retired through a crippling illness, which he bore patiently, outwardly cheerful but inwardly sad. He lived to enjoy his golden wedding.

In addition to an arduous professional career, he was a member of the Alpine Club and the Fell and Rock Club, and he and his wife were photographed rock climbing high in the Alps on their silver wedding day. Climbing was a great happiness, though he played a great deal of tennis and squash, and when he was over 70, at the end of a climbing holiday in the Alps, he left Switzerland by plane in the morning and was playing tennis in Hove in the afternoon. During the very hard winter of 1939/40, before he could get back into the Army, he was, on one occasion, motoring by the coast road from Brighton to Eastbourne and noticed that the winding river from the road down to the sea at Cuckmere Haven was frozen over. He stopped, put on skates which he had in his car, and skated down to the frozen sea and back.

These sporting interests, however, formed only a small part of his charm. His kindness to his juniors was extreme. He took a great interest in the Hospital (he was a member of the Fountain Club), and in the doings of his old School and University. He was a perfect

example of the best product of that way of life.

His home life was ideal, but, much as we sympathise with his widow and family, they must at the same time feel very proud of a man who was so gifted and unselfish, and whose life was so complete.

March Duty Calendar

Sat. & Sun., 6th & 7th.
Dr. Spence
Mr. Tuckwell
Mr. Burrows
Mr. Ellis
Mr. Hogg

Sat. & Sun., 13th & 14th.
Prof. Scowen
Prof. Taylor
Mr. Manning
Dr. Ballantine
Mr. Fuller

Sat. & Sun., 20th & 21st.
Sir R. Bodley Scott
Mr. Hunt
Mr. Aston
Dr. Jackson
Mr. Cope

Sat. & Sun., 27th & 28th.
Dr. Cullinan
Mr. Naunton Morgan
Mr. Burrows
Dr. Boulton
Mr. McNab Jones

Physician Accoucher for March is Mr. Howkins.

STUDENTS' UNION ANNOUNCEMENT
View Day Ball

The St. Bartholomew's Hospital Medical College View Day Ball will take place in the Criterion Banqueting rooms on May 14th and will be in aid of St. Christopher's Hospice.

Errata

Our apologies to Sir Selwyn Selwyn-Clark whose letter on page 45 of the February Journal should have referred to Keele, and not to Hull, as one of the centres where a new medical school is needed.

We also apologise for three rather gross errors in our report of the last Music Society Concert. The Rustle of Spring was written by Sinding; the Polonaise in A was written by Chopin; and we are aware that even if Mozart had written it he would not have spelt it as if it were a spaghetti sauce.

FIFTY YEARS AGO

From the Bart's Journal March, 1915

An extract from a description of a meeting with an Egyptian general practitioner, by L. B. Cane.

The doctor's house was bare and scantily furnished. An armed gaffir, or super-policeman, saluted at the door and conducted us within. Upstairs, the doctor, though presumably a Mohammedan, soon joined us in the glass that cheers. We were all seated round the table when a patient was brought in by several friends and introduced by the fully-armed gaffir, who stood with his carbine at attention throughout the interview. One of the fellaheen, an agricultural labourer, had been attacked, and apparently had received a wound on the scalp.

We understood scarcely a word of Arabic, but the doctor kept explaining to us in fair English what was going on. After hearing what happened he asked the man if he would go to hospital. On his refusal the discussion of fees immediately arose. The doctor said he could "cure" him for 300 piastres (about three guineas), explaining to us that he asked this in expectation of getting two guineas after the usual bargaining. For ten minutes or more this bargaining continued, with much talking by the patient and his friends, and few words from the doctor, who continued to smoke and sip his whisky. Once, during the patient's protestations, the doctor looked at the abrasions on his hand, and then turned away, shrugging his shoulders to imply doubtless that if his services were declined and the man died they would have only themselves to blame. The doctor told us that if the man paid the two-guinea fee, he would then be given a certificate to the effect that he was under medical treatment and would require fifteen days' "cure" at least! He would then attend daily at the "dispensary" for fifteen days, and take the doctor's receipt and certificate to the local magistrate, who would have his assailant arrested, and probably give him several weeks in prison with a fine proportionate to the doctor's fee. If no fee were forthcoming, the doctor told us he would either send him to the hospital and write a certificate for the magistrate to the effect that he would probably be all right in three days, or, if hospital treatment were unnecessary, the certificate would state that there was nothing much the matter. In either case his assailant would probably get off scot free, or with some trifling punishment.

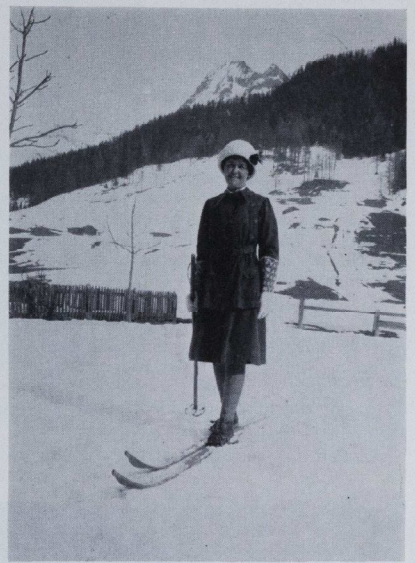
Mountains Do Not Change

By J. Howkins

The motors had been run up and the great silver monster squatted on the tarmac of London Airport, impatient to release the projectile power of her four Rolls jets. In a moment she would climb into the night sky and, with luck, I should have time for a couple of drinks before landing at Geneva. How different was our first Alpine pilgrimage in 1919. For some reason, we left before dawn from Charing Cross on the London, Dover & Chatham railways. The carriage was illuminated by gas; the lamps were lit by a man walking down the carriage roof (older readers will confirm) and there was a dense fog. The whole scene was eerie, mysterious and, by reason of the Channel, slightly dangerous. My father who had a taste for the macabre, hoped that all enemy mines would have been properly cleared but it was not mines that dominated my thoughts but the dreaded sea-sickness. The cross-channel packets were then little bigger than trawlers and stabilisers were a dream of the future. The sea passage did not in the least disappoint our worst fears and it was with a jaundiced eye that I first glimpsed Calais.

Disembarkation was impeded by a boarding party of Gallic banditti who appropriated our hand-baggage and against whose invasion preparatory school French made little impression. Herded by these amiable but fearsome-looking privateers, the English invader was in no physical state for his first encounter with the *douaniers* who regarded him with suspicion and distrust. Their lengthy inquisition was aggravated by constant parental misgivings that the Paris train would leave without us. To the youthful train spotter of 1919, the locomotive power of this Express was indeed fascinating. Such a complicated lumbering piece of machinery was a wonder to behold. It was vast, adorned with innumerable knobs and excrescences, wheezed like a bronchitic old gentleman and gave tongue in a shrill treble whistle quite out of keeping with its otherwise extremely masculine proportions.

On the way to Paris, the passing scene was dominated by the reminders and the obscene squalor of recently fought battles. The huge hutted encampment of Abbeville, the shell-torn



Ladies' ski outfit (1919 *style*). *Note puttees.* (*Bloomers were obligatory*).

ruins of some pastoral hamlet, the trenches so recently occupied by friend or foe, the rusting barbed-wire and gun emplacements conjured up in the gathering gloom a terrifying picture of the horrors and cruelty of war. The schoolboy of 1919 was not yet conditioned by the devastation of full-scale aerial bombardment let loose in 1940 and the picture which unfolded from a French railway carriage window was, therefore, the more dramatic and memorable. The occasional impertinent raid of a Zeppelin had been no real foretaste of what was to come twenty-two years later.

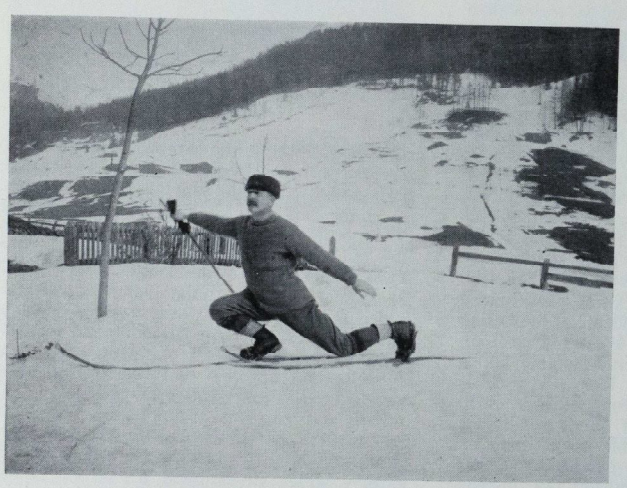
Paris and the Gare du Nord were reached at last. In those heroic days, there was no luxury of a through carriage to the Gare de Lyons, a journey which necessitated a taxi or horse-drawn *fiacre* (petrol and the internal combustion engine being in short supply). Having

attained this objective—the terminus of the P.L.M. (Paris, Lyons, Marseilles) a new ordeal awaited the traveller; this was a long and meticulous inspection of all heavy luggage, lasting at least an hour. After this, we were safely and snugly ensconced in a second class compartment—the third class had wooden seats and was full of garlic-scented buccaneers and the first was far too plutocratic; there were no sleepers or couchettes in 1919. So, the long trek to the frontier started. We arrived at Frasne, the French frontier, before dawn and out into the cold and snow every passenger was peremptorily herded—passports and customs formalities thoroughly and unhurriedly performed. Once more entrained, we trundled over the border and were at last in a clean, bright station, Vallorbe, where, alas, a further customs inspection—all passengers out—was conducted. These wartime formalities took long enough to ensure that the connection at Lausanne was missed.

Our destination was Leukerbad, reached from Leuk on the Simplon line by a delightful narrow guage toy train which ran once daily at noon. Frenzy and frustration ended in an enforced stay overnight at the station hotel in Lausanne which was considered more suitable than the primitive hostelries up the line.

All that day and the next were cloudy with rain and sleet so that my first passage of the upper Rhone was no more impressive than a trip from Carlisle to Crewe on a foggy morning, apart from occasional glimpses of a great dark-green river, as yet unspoilt by hydro-electric barrages. After at least one more change, our train puffed—it was then a steam engine—into Leuk and we made the last and most momentous change of the long eventful journey into the mountain railway. What magic words—to conjure up a vision of steep cliffs and vertiginous precipices exactly like the picture postcards. Of all the journeys that a man may make, none can equal or displace that first youthful experience whereby he passes from the drab, ordinary existence of the lowlands into the exhilarating, slightly unreal fairyland of 4,000 ft. above sea-level.

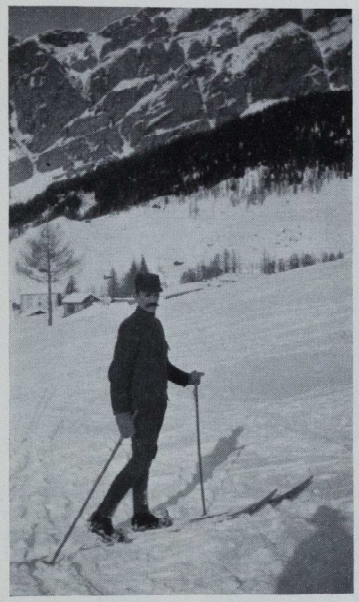
At first the gorge is dark and narrow, the view restricted and the clouds not yet dispersed. The patient little motor churns stubbornly up the track and each bend promises some startling surprises, only to twist back into a tunnel. Tiny stations come and go, and suddenly there is a blinding revelation of absolutely incandescent light, a firmament of unimaginable blue and, all around, a rampart of towering monsters. This scene was paradise indeed but the snow was equally unreal—it was not measured in inches but in feet (the actual depth in 1919 at Christmas was 5 feet), and its texture and purity to English eyes was dazzling and irresistable. Such snow evoked in a small boy only one response—to roll in it. From the Bassett-Lowke station to the hotel was some 300 yards but the path was magic, cut out of the snow with long-handled shovels wielded by amiable giants who treated the strangers with tolerant but kindly smiles and the first words of Schweizer-Deutsch that I had ever heard. This strange tongue, so unlovely to the speaker of pure German, will always remain for me the most beautiful background music to the Alpine scene. But, almost better than the path



The telemark position. Broken legs were almost unknown with the Huitfeldt bindings shown here.

—hardly a road—was the conveyance, a sleigh, drawn by a mule with a wicked eye and plenty of jingling bells. The return of the English after five years of war was, to the Swiss, significant since, in those days, the winter tourist trade was almost entirely monopolised by the English and, that year, the non-English guests only numbered four foreigners as they were then called—a party of four delightful Swiss.

The great attraction of Leukerbad was then, and still is, the naturally hot swimming baths in which muscles and joints bruised by the buffets of a day's skiing can be immersed with curative benefit. Whether these waters are endowed with any real therapeutic magic matters little as their psychological potency is invariably effective. On the 3rd February I watched people bathing in the open air, thermometer minus 5°C, sun shining.



Ski slopes at Leukerbad in 1919. You can count five chalets in this picture (there are now nearly 100).

The village in 1919 deserves description as a comparison with its present state. There were six hotels—only one, the des Alpes, open—the others having recently been occupied by French internee officers. Apart from the hotels and the cafés, there was one of everything—church, hospital, doctor, chemist, souvenir shop, butcher, baker and, best of all, a patisserie shop. Here, for afternoon tea, the standard menu was crisp rich rolls, lashings of butter, cherry jam or honey (agonising choice) and, spare my pancreas, a huge plate of whipped cream. This dainty dish was supplemented with as many cups of chocolate as you could drink and a variety of cakes, biscuits and pastries. (Price: One franc—exchange 25.50 Swiss francs to the pound sterling.) Incidentally, the all-in charge at the hotel was 10 francs a day, excluding afternoon tea which, of course, was taken at the patisserie under the solicitous eye of the proprietress, Frau Tschopp, an ample and amiable lady whose only ambition was to stuff her guests to saturation point. I used to wonder if she was subsidised by the hotel to take the edge off the guests' appetites for dinner; if so, this little scheme failed miserably as far as the younger guests were concerned. I said there was one of everything—there was even a tiny English Church, a beautiful little building on a rocky knoll surrounded by pine trees and here there was one grave inscribed: "Here lies an Englishman who died after climbing the Gemmi Pass in the autumn of his life." Perhaps this simple feat of mountaineering was the vindication of a lifetime ambition for which he had striven and saved for many years and, having gazed his fill on the great sweep of the Valaisan giants and carefully photographed their faces in his mind, he was content to rest for ever in their shadow.

At this time, all the chalets were of wood and many were elaborately and beautifully ornamented with fish-scale shingles and carving—the ground floor, even in the main street, was reserved for the beasts of the field and the rich smell of smoking cow-dung mingled with the sweet aroma of pinewood smoke and cheap Swiss cigars is peculiarly dear to my nose. Incidentally, what is it about Swiss hotel floor polish that is so uniquely evocative? All these chalets were inhabited by the villagers who lived there because they had their roots there from time immemorial—they were mostly called Grichting or Loretan and the tourist business was merely an incidental in the placid pattern of their life. In spring and summer they took their herds and flocks up the Gemmi to the rich pasturage that stretched nearly to Kandersteg, and lived with the animals a life of idyllic simplicity in the upper chalets; meantime, the lower pastures were cut and harvested for winter fodder. How sweet that hay smells to this day. In the autumn, when the snow came, huge loads of hewn and split

Indoor swimming bath.

timber were brought down by *luge* and cut and stacked against the chalets in the neatest and most symmetrical piles. This seasoned fuel was fed into a large stone stove, the smoke stack of which writhed like a tortured serpent throughout every room in the house and provided cheap, efficient and beautifully fuggy central heating. So you see, the air we breathed in 1919 was not yet poisoned by the carcinogenic effluvia of a hundred oil-fired molochs.

The ski-runs at Leukerbad, by reason of the terrain and the danger of avalanche, can never aspire to the first-class and, though there are now adequate ski-lifts, forty-five years ago, there was nothing. The locals only skied on Sundays and then only a few lads for a lark. The lonely tracks that despoiled the snow's virginity were of English manufacture and they carried the characteristic English signature of those days. A straight line to signify misguided courage and a large smudged full-stop—to signify prudence as an after-thought—the sitz-mark being the only absolutely safe and certain stop turn. Bindings in those days being Huitfeldt were fitted with the most modern forward and torsional release device—they invariably came off when you fell and, as for heel lift, you could kneel on your skis, long ash planks with a rurved prow like a Canadian canoe, toe irons morticed through the ski and quick frozen leather bindings secured by a metal clip. One stick was fashionable and anyone using two was considered something of an outsider. The actual costume was optional but any old heavy boots (usually ex-army), with a small leather stud tacked on the heel to keep the binding on, were acceptable, puttees, riding breeches (cavalry cut for the experts) and one or two furry wool sweaters guaranteed to hold every flake of snow; the headgear was strangely modern, being a Balaclava. My mother and sister skied in skirts. (See picture.)

Equipped in this workmanlike rig-out, I was ready for my first lesson in the deep, recently fallen, rather wet snow. Immediately, the bare wooden soles of the ski collected a huge ball of snow and were duly waxed with black tar applied by a laundry iron. This was too effective and guaranteed multi-directional uncontrollability. Ski schools, apart from Vivian Caulfield's and Rickmer's which were purely the work of voluntary enthusiasts for pupil enthusiasts, were non-existent and the *ski-lehrers* had not yet learned the alchemical formula for turning snow into gold.

My father, having been a pupil of Caulfield's, was only interested in one turn—the telemark—and this was practiced *ad nauseam* morning and afternoon, until I could do a stop turn; being right-footed, this was to the left. Having reached this elevated standard—and many of my contemporary pupils never achieved it that season—I was considered advanced enough for an expedition. This was the apogee of the young skier's career. It involved an early start (9 a.m. at the latest), the porterage of a rucksack complete with a generous lunch and emergency provisions, a large dimension bottle of water, spare sweater, gloves, spare ski point and a complete boy scout's emergency tool kit—in fact, an outfit that would satisfy the leader of a high alpine tour. Our objective was laboriously attained by three hours of walking, carrying skis until we sank thigh deep, and then climbing on skis—no skins as these were considered effeminate and doing it the easy way, cheating in fact—two paces forward and at least one slip back, side-stepping, herring-boning and, above all, sweating and cursing. Our destination would be some deserted chalet, perhaps one thousand feet higher than the hotel, the equivalent of the third pylon reached by your local *telecabine* in three minutes.

Outdoor fussbad

The descent which would take a leisurely modern runner perhaps five minutes, occupied us all the afternoon, the most spectacular stop falls involving a full scale dig out by the whole party. At last, tired, soaked to the skin but triumphant, we were greeted by an anxious maternal search party whose members regarded this high altitude expedition with suspicion and certainly fraught with danger. A curt order to change to the skin, readily obeyed, was completely offset by a small snack (*vide supra*) at Frau Tschopp's patisserie and, after this, came the highlights of the day, a long luxurious splash in the warm swimming baths whose temperature was isothermic with the warmest human blood and, therefore, a little hotter than that of the phlegmatic Northerners. Dinner, for which even the youthful changed into Eton jackets, if not yet promoted to the tuxedo, was little different from the modern Swiss idiom, though there was more of it. After dinner, the hotel band consisting of a pianist, fiddler and drummer, played again and again, very badly, the one English foxtrot they had laboriously learned and of which they were so unjustifiably proud. Fun, in inverted commas, was admirably organised and all sorts of indoor games—not much of the modern variety—were interspersed with fancy dress balls and even an ice gymkhana by moonlight. I doubt if anyone would even leave the bar now for such Spartan outings but, in the early twenties, they were considered tremendously good value.

On Christmas eve at midnight all the visitors en bloc attended midnight mass and, on their return, were given, by a solicitous hotelier, hot punch and hot soup.

Winter sports had not then been entirely sold out to the skier and every resort had a *luge* run which, if only short, was well iced and had one hair-raising corner where, if you were clever, you could shoot over the top and end up in a glorious spill. Skating was a serious business and the real devotees would mark out their own bit of rink and practice round an orange set down as an ornamental centre-piece. The formal English style—no fancy bits but dignified self-controlled stuff—had not yet lost ground to the high-kicking Continental style where arms and legs were allowed a free range.

Another great joy—incomprehensible, no doubt, to the modern—was the tailing party, the ingredients of which were as follows: One mule and muleteer hauled a sledge in which the more elderly and sedate ladies would ride; to this was attached a long, strong rope and, like a flying kite's tail, eight other *luges* were linked in series at intervals of a few feet. The victims sat on their *luges*, the whip was cracked and the whole contraption started with a jerk. If the front *luge* pilot knew his job, he could, by twisting his runners, impart to the tail a vicious flick. The whole object of the exercise was to unhorse the last man or more. This went on with frequent stops for a couple of miles until the nearest village was reached, where the proprietress of the local inn had been warned by telephone what to expect. Nor did her guests fail to do justice to one more enormous tea. It is incredible to think of the calories that were ingested at tea-time that year without doing permanent damage to the victims.

At last the day of doom arrived and trunks (not suitcases) were packed. These huge coffers were never able to accept the additional freight of carved chalets, bears, paper-knives, trinket boxes, Swiss chocolate and other trophies and bric-a-brac collected with loving care and at considerable parental expense. A royal send-off thronged the miniature station platform as the tiny one-carriage train gave a shrill petulant pip. Several manful efforts were required to keep a stiff upper lip as the awful realisation sank home—we were going the wrong way. A strange silence suddenly fell on the chattering travellers as they scanned the faces of their fast-disappearing mountain friends and the only cheerful talk was of plans for the next year.

It is dangerous to re-visit the happy haunts of impressionable youth. The returning traveller, keen to rekindle the flame of his first love, finds only an ageing but prosperous matron. It was, therefore, with some misgiving that I finally boarded surely the self-same carriage of the little train at Leuk. The pip of her whistle announcing our departure was as plaintive as ever and, as we slowly climbed up the valley, I recognised my beloved mountains one by one. As we reached the last defile before the tunnel, I waited the final scene with impatience and quickening pulse. The boom town had not quite materialised but, on the unpeopled meadows where we had skied, were thickly clustered hundreds of chalets and the once great open spaces were now dominated by a huge hospital clinic. There was no longer one of everything but scores of anything—several modern style hotels were open, flats were being built, classy shops abounded and progress and success had arrived in the shape of a cinema. A *telecabine* ran to the top of the Gemmi Pass and quite a big ski-lift had been cut through the great pine woods to the foot of the Torrentalp. Three other lesser ski-tows were also doing good business.

Leukerbad is now in the process of being developed. The noises you hear are not the great silence of the tall dark pines, the impatient rush of the tumbling river Dala, and the wind that blows from the Gemmi at noon but the pneumatic drill, the concrete mixer and the staccato gunfire of the chain-saw. No-one must regret the prosperity and affluence that will come to the village and the happiness and pleasure that only a really crowded resort can provide for its visitors. Mind you, by the standard of some of her near Valaisan relatives, Leukerbad is still an unspoiled country cousin and has retained sufficient beauty and charm to keep this old admirer faithful for a few more years.

A Glance at the Past

3. A ROYAL AND MEDICAL SCANDAL

By Gervase Kerrigan

When her uncle William IV was on the throne, the young Princess Victoria lived with her mother, the widowed Duchess of Kent. From the time she was fifteen years old, the monarchy was inevitably hers, and to her mother the only prospect of power lay in a Regency if William should die before Victoria was eighteen. Her brother, Leopold I of the Belgians had an eye on this possibility also, and refused several vacant minor European thrones in the greater expectation. During this period, Victoria and her mother had a mutually irritating time, each over-conscious of the dues of their respective positions, and to this household in 1834 came Lady Flora Hastings as Lady in Waiting to the Duchess.

By the time the Princess became Queen in 1837, Lady Flora had become almost a daughter to the Duchess, whose own child had become so distant. It was about this time that Fraülein Lehzen, Victoria's governess, became Baroness Lehzen and exercised a considerable influence over the young Queen. The relations between Victoria and Lady Flora were further strained by the presence of Sir John Conroy, Comptroller to the Duchess, with whom Lehzen had a long standing feud. The reason for her hatred of Conroy is obscure but very real, and by influencing her mistress against him she may have prejudiced Lady Flora as the two were thrown much together by their duties and family friendships.

The next character concerned in the affair was Sir James Clark, Physician to the Queen. Clark was a Scotsman in the fullest sense of the term, and had served as a naval surgeon in the Napoleonic Wars. He was appointed physician to the Duchess of Kent, and shortly after the young Princess' accession became a baronet and her medical attendant.

In 1839, returning from a holiday visit to Scotland, Lady Flora consulted Clark about abdominal pains and bilious sickness that she had had for a month or so, and while talking to her, he noticed that her abdomen was considerably distended. His prescriptions were thought little of by his patient who claimed that "by dint of walking and porter" she could alleviate the pain. However it made little difference to the abdominal swelling, and before long rumours began to circulate that she was pregnant. There is no evidence as to who started the rumour, many thought Lehzen, but once the suggestion was made it provided a splendid subject for gossip and conjecture.

Lord Melbourne who was then Prime Minister of the Whig Government, summoned Clark to inform him that Lady Tavistock, one of the Ladies of the Court, had come to tell him of the rumour that, as she put it, Lady Flora might be privately married. It is hard to see why at this stage, unless it was at Victoria's instigation, Melbourne was involved rather than the Duchess of Kent. The Queen definitely knew of the rumour and wrote in her journal, "We have no doubt that she is—to use the plain words—with child! The horrid cause of all this is the monster and demon incarnate whose name I forbear to mention". As this was undoubtedly Conroy, Lehzen had done her work well.

Clark was considerably taken aback by Melbourne's question, and had to admit that he had no idea of Lady Flora's condition. He asked for time and continued to visit her for a fortnight in an effort to determine the situation, but making no mention to the patient of his suspicions. After this period, he bluntly informed Lady Flora of the rumours in the palace and suggested calling into consultation another doctor—perhaps one more versed in those things than naval matters. At this stage the Duchess of Kent was still uninformed of the state of things, probably due to fear of her volatile anger at the slanders on her Lady in Waiting.

The Court Ladies of Clark's acquaintance lost no time in informing the Queen of the latest events, and she dispatched a Lady in Waiting to tell her own mother of her desire not to see Lady Flora "until her character was cleared by the means suggested". Reluctantly, Lady Flora decided that the only course open to her was to clear her name and agreed to an examination by Sir Charles Clarke—whom she had known from childhood—and Sir James Clark. The joint statement issued after the examination stated that "though there was enlargement of the stomach there are no grounds for suspicion that pregnancy does—or ever did—exits".

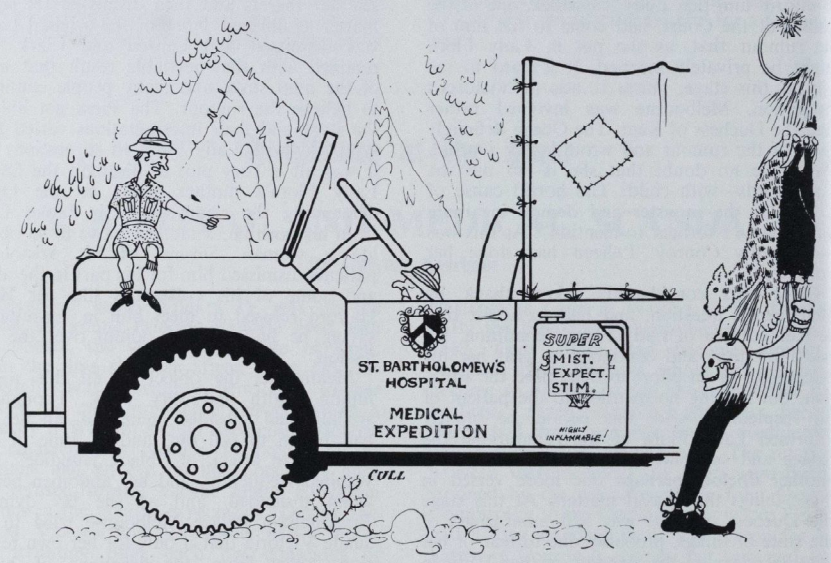
The Duchess of Kent who had been shocked by her daughter's behaviour promptly dismissed Clark for his blundering part in the affair. Lady Flora wrote to her brother, Lord Hastings, to tell him of the truth before he should hear any distorted versions. He hastened to London to avenge his sister and find who was responsible for the rumours, but since all roads led to the Court Ladies and Melbourne was determined to keep Victoria from all blame, a conspiracy of silence baffled him in any attempt directly to avenge the family honour. Victoria received Lady Flora, expressed her regrets and then dismissed the whole matter as finished. None of the original Ladies was dismissed and Lehzen and Clark were retained with the inevitable result that much of the mud stuck and many people continued to believe the rumour. The Press got hold of the story and their interpretations varied from sympathy with Lady Flora to suggestions that it was all a Tory plot to discredit the Queen. Lady Flora's mother wrote to the Queen demanding the removal of Sir James Clark from his position, a tactless move to so obstinate a woman. Several of his aristocratic patients dismissed him for his part in the affair, and some of his colleagues like Sir Henry Halford refused to meet him in consultation, saying he had cast an odium over the profession.

Meanwhile, the object of all this was in failing health and very weak. Though the swelling had subsided somewhat, all her hair had begun to fall out, and in June of 1839 she had an attack of "black jaundice". She vomited frequently, and her abdomen became again distended, and as she lay dying in Buckingham Palace Melbourne tried to persuade Victoria that if only for her own reputation, apart from considerations of human decency, she would have to cancel the State Ball arranged for that week.

Lady Flora realised that the only thing which would ever silence her detractors was a post mortem, and this was conducted by Sir Benjamin Brodie the evening after she died. He issued a statement with five other doctors that she had died of an enlarged liver and as a result of it her stomach and intestines had been distended. This statement was really necessary as a notice was displayed from some source saying that the death was due to medicine taken to procure an abortion.

Queen Victoria's unpopularity was never greater than at this time. In public she was frequently hissed and assailed with cries of "Mrs. Melbourne, where's your Lamb?" and "Dismiss your Doctor". Clark however remained and acquired some social fame in later years by enforcing abstinence from soup at dinner for his patients. Looking round a London dinner table, Clark's influence could be detected in the numbers of diners who waved away the 'consommé'. He assumed his most impressive air when having enjoined a strict rule of diet he uttered the Scripture-like valediction, "I seek to impose a yoke upon you that you may be truly free". As George Russell said, St. Paul himself never framed a better sentence.

It was an irony indeed, that after Victoria's support, his lack of diagnostic skill may have been responsible for the death of her 'beloved Albert'. In 1861, he treated The Consort for a "feverish sort of influenza" and when it failed to respond to treatment, Sir William Jenner was called in and diagnosed typhoid, said to have been due to the bad drains at Windsor Castle. There was no chance of better treatment as he died a few days later. However Victoria, true to her heritage saw what she wished to, and ascribed his death to the immorality of her own son, later to become Edward VII, whose whole life was to be clouded by this unnatural accusation and its subsequent effects.



"YOU AND YOUR 'DEMETHYLCHLORTETRACYCLINE IS BETTER THAN SNAKE-VENOM POULTICE' .....SEE IF YOUR SCIENTIFIC MEDICINE CAN GET US OUT OF THIS ONE"

Temporary Medical Posts Abroad

by D. L. GULLICK

Secretary to the B.M.A. Committee on Overseas Affairs

Emigration of medical and other graduates, in other words, the brain drain—is much in the news at present. The extent to which doctors from the United Kingdom do settle overseas has been in dispute. This note is not an attempt to settle what the position really is in this respect, but briefly to review some of the ways of gaining experience abroad on a *temporary* basis. Experience of this kind may lead the doctor to take the decision to continue to practice abroad, but that is by the way, so far as temporary engagements are concerned.

The shortage of medical manpower is world wide. Even in Israel, which has more doctors per head of population than any other country, it is said that more are required. The particular need of the developing countries was reviewed in 1963 by an extremely high powered Working Party under the Chairmanship of Sir Arthur Porritt. The whole of the report of the Working Party is well worth study, but the following are two extracts from it. The first, from the section concerned with the value of overseas experience, reads as follows:—

"The Working Party is unanimous in believing that it is of the utmost value, for the men concerned, for developing countries, and for the Health Service in this country, that selected doctors of all sorts should spend a period at suitable centres overseas. Experience gained in overseas service, with the demands which it makes on the initiative and adaptability of the young doctor, often develops professional skill and personal character more quickly and more effectively than any equivalent period spent at home.

The Working Party hopes therefore that everything possible will be done to encourage young British postgraduates to spend periods of service overseas, either as general duty doctors or in suitable hospitals or teaching posts. The Working Party is aware that many of the developing countries are as much in need of general duty officers as they are of specialists, and considers that all possible encouragement should be given to doctors to meet this demand by short periods of service overseas."

Then in the next section of the report, to do with the secondment of registrars, senior registrars and lecturers, the Working Party says:—

"The difficulties of creating secondments or exchanges for service in the developing countries are considerable and are widely known. The Working Party feels, however, that a great deal more could be achieved if the value of such overseas service were more widely recognised. To this end it wishes to express, as a body representative of senior members of the profession, its considered belief that given adequate safeguard, such service provides an excellent preparation for the holding of consultant and teaching posts in this country as well as for general practice."

Whilst in developing countries the need is surely greatest, positions are advertised in many other countries as well. Every week in the classified advertisements sections of both *British Medical Journal* and the *Lancet* there are a large number of different openings. Amongst these are pre-registration appointments, internships, openings in general practice and in private consulting practice, long term and short term engagements in the employ of Commonwealth governments or of our own Ministry of Overseas Development, industrial medical appointments, and miscellaneous others including work as ship's surgeon.

No more will be said now about openings in general and consulting practice overseas as such are almost invariably intended to be of a permanent nature.

In advertisements for house officer posts it may be stated that they are approved for pre-registration purposes. A list of overseas hospitals having such approved posts can be obtained from the General Medical Council.

It is essential to check in every case with the Dean of one's medical school that the appointments will be acceptable. The reason for doing this is that the authority responsible for approving hospitals for house officer service for a doctor who qualified in the United Kingdom is the university or licensing bodies whose examination he has taken. In some instances too it may be possible, through the Dean of one's own medical school or university, to obtain G.M.C. approval for posts not then entered in the approved list.

Internships in Canada and the U.S.A. are much advertised. No generalisation can reasonably be made about their content and value. In the U.S.A. some posts are listed as "A.M.A. Approved"—both internships and long term and more senior residencies—and it is wise to restrict application to those hospitals. In order to obtain such an appointment the British doctor must first take an examination set by the "Educational Council for Foreign Medical

Graduates", 1633 Central Street, Evanston, Illinois 60201, U.S.A. The examination is usually held twice yearly in many centres throughout the world of which London is one. Permission may be obtained to take the examination before qualifying but an appointment cannot be taken up until provisional registration here has been granted. Those who intend to work for a time in U.S.A. hospitals should plan to take this examination about the same time as their own final as it should then present little difficulty. Before seriously considering applying for such a post it is always as well to obtain advice from senior colleagues with knowledge of medicine overseas.

Indeed this leads on to the very important question—particularly for those planning to make their career eventually in the United Kingdom—of what is the effect on their prospects of a stay abroad. The views of the Working Party have already been reported but, as the Working Party acknowledge, there is a widespread feeling that to vacate one's rung on the United Kingdom ladder may be unwise, particularly for the intending consultant. This emphasises the vital importance of taking advice from teachers and senior colleagues. Clearly there are overseas hospitals and departments of world wide reputation at which a temporary appointment— at the right point in one's career—would be very desirable but they are not very numerous. So far as the future general practitioner is concerned it is only fair to point out that at the present time it is easier to become established in the U.K. than it has been for many years. It is, therefore, "up to" the young doctor to consider and then decide, whether or not to broaden his experience with a year or two of practice elsewhere before seeking to settle down permanently into general practice.

The appointments offered by Dominion governments and by the Ministry of Overseas Development vary from general duties to specialist posts of all kinds. For the latter, special experience and higher qualifications are usually essential. A typical selection, from one issue alone of the *B.M.J.*, included under this group of posts—general duties posts (each for three years) in Swaziland, Sarawak and British Honduras; the lonely job of doctor on Tristan Da Cunha (280 potential patients, two years tour of duty—and no income tax!); bacteriologist, psychiatrist, medical and surgical specialists, and a medical officer of health post in places as widely scattered as South Arabia, British Guiana, Malawi, and the West Indies.

Industrial medical appointments abroad may call in certain instances for candidates of several years postgraduate experience. However, at the present time there are available in certain areas —particularly the Middle East and in East and West Africa—a small number of industrial appointments with such interests as oil and mining companies. These are open to applicants without special postgraduate experience and often are relatively well paid. The duties of industrial medical posts vary but in isolated establishments the doctor will have to deal with all aspects—medicine, surgery, family practice in some cases, and environmental hygiene.

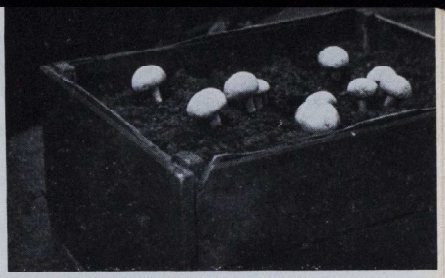
The financial implications of these very different kinds of overseas appointments are equally varied. The advantages and disadvantages can only be assessed in the light of a knowledge of the rates of exchange and the cost of living in the area concerned. If the post is advertised by a government agency or a reputable industrial organisation, each will be able to provide advice of this nature. In addition one's own bank should be able to advise on the financial aspect and rates of exchange.

Travel and leave privileges are usually included in the advertisement. In other words, in the present state of shortage of medical manpower, any attractions such as free passages and ample leave are put "in the shop window". Enquiry about details of these, and of housing available, should be made at the time of application. In addition, as with all posts, their terms should be embodied in a written agreement or exchange of letters between the parties concerned. In this connection it should be borne in mind that when one party to a contract is a company registered elsewhere than in the United Kingdom, enforcement of its terms in the event of dispute may not always be easy.

A further point: an increasing number of doctors are now married either before or very soon after qualification. Marriage is not necessarily a bar to short term employment overseas, but it is generally true to say that the single man is probably eligible for a much larger selection of openings than is the married man.

The British Medical Association has for many years been advising its members about the availability and implications of appointments both overseas and in this country. The services of its Medical Practices Advisory Bureau in Tavistock House are always available to those who are thinking of faring further to gain experience— as well as to those working in the United Kingdom.

do you do this?



3. MUSHROOM CULTURE

by A. J. WALTER

This horticultural exercise was primarily prompted by an addiction to the delicate flavour of the mushroom, although the actual attempt was motivated by thoughts of economy and disgust at market prices.

After perusing the works of two pundits on the subject, my initial enthusiasm was subdued by its seeming complexity. However, spurred on by thoughts of eventual gastronomic reward, the quest for raw materials began. Wheat straw was obtained with ease from a nearby recently harvested field. Horse dung had to be procured fresh; a rag-and-bone man's horse was most obliging, right on the doorstep. This was supplemented by a stealthy visit to the meadow of a local riding stable, at dusk.

Composting could now begin. The straw was well soaked and three parts were mixed with one of dung, the mixture being stacked in the lee of the coal-bunker. This educed indignant inquiries on questions of hygiene from down-wind neighbours, who were eventually pacified by promise of part of the produce at a future date.

Now began the daily ritual of compost care; a sack was kept moist covering the heap to prevent drying out, and a thermometer was inserted to detect signs of heating up. At four days the temperature began to rise. By seven days it was running a fever. Time for turning. After turning and shaking out on a fork the compost temperature remained steady for two days. Then the rise began again, evidenced by marked steaming. At fourteen days the temperature had reached the critical 145°F, thus effecting pasteurisation and completing composting. Turning the compost twice more in the next week reduced the temperature to 70°F.

The compost was now transferred to clean wooden boxes, roughly the size of fish boxes, which were filled to a depth of seven inches, four inches from the top. Pieces of mushroom spawn were inserted just below the surface, a few inches apart, and each box was then covered with a damp newspaper. The *Guardian* was particularly apt for this purpose.

The boxes were now stored in a dark corner of a shed and left for ten days. At the end of this time the white strands of mycelial growth were visible below the surface of the compost. The time had come for 'casing' the boxes. When an opportune moment arrived, the other members of the household being out shopping, a substantial bucketful of meadow soil was sterilised in the oven for half-an-hour at number 5. This was then applied to the surface of the compost to an even depth of one inch, and the boxes returned to the gloom of the shed. Six days later the boxes were gently sprinkled with water to induce the first 'flush' of cups. The white pinheads began to appear a few days later, gradually progressing from the *bouton* stage to expose their pink fleshy gills, which quickly darkened as the cups opened out.

Each box produced a further four flushes on induction with water, with a total yield of one-and-a-half pounds of mushrooms per square foot of compost. Our stomachs were richly rewarded for the total outlay of two shillings and sixpence.

Social Chapte

SKI-ING IN AROSA

The party collected on January 9th at the Golden Arrow Bar, Victoria, and this year there was a poor turn-out of Bart's students, although, with various external souls, thirty people joined the trip. The journey out was rough cross-channel, alcoholic on the train, and otherwise uneventful; all arrived tired and dishevelled at Arosa on the Sunday in a heavy snow-storm, to be greeted by two plutocrats who had flown over the previous day.

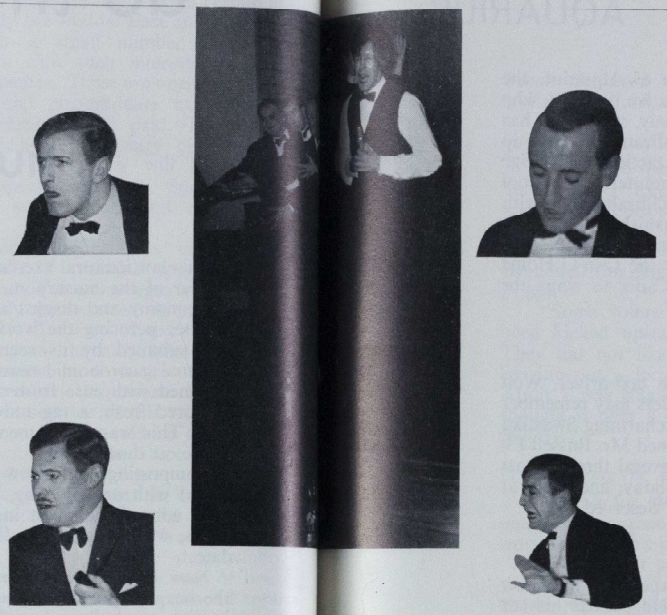
Hotel Quellenhof was halfway up the long village street, and thus very well situated. Instead of taking it over entirely, as had been hoped, it was found that more beds had been crammed into each room, and there were in fact about a dozen Swiss and Germans, some with children, in the place.

The ski-ing at Arosa is relatively easy, and ideal for beginners; it is blessed with a good ski-school which was well patronised by members of the party. The standard of ski-ing left much to be desired, although we produced a nucleus of red-anoraked speed merchants to entertain the foreigners on the slopes. This year the weather was unfortunate for the sun worshippers, but it did at least produce excellent quality pistes, and plenty of snow.

Arosa is a large village, and there was plenty of night-life variety, much of which was found to be expensive; perhaps, for some, because of the presence of a Boule table at the Casino. One of the most popular pastimes was eating beef *fondue* accompanied by several large bottles of cheap, but not-too-rough, local wine. The number of sticks in the fondue pot was often alarming. Several enjoyable evenings were spent in tobogganing down the road for three miles to Litziruti, the next village down the valley. This sport took place at night to avoid the majority of cars coming up the hill, but nevertheless there were a few hair-raising moments. After nerve - restoring alcohol everyone would pile into the last train to Arosa to the mortification of the harassed Swiss conductor.

Our man in Arosa.

The holiday was efficiently organised by Ruth Smiley, and enjoyed by everyone, although mixed feelings were aroused by the cliques into which people organized themselves: with more Bart's members a better and more amusing "party", in the true sense of the word, could be arranged.



THE OKER

For three hours a cast of 19 and themselves and an audience of 120. Supposed to be 8.30 for 9, 8 for 9.3[illegible] turned out to be more friendly.

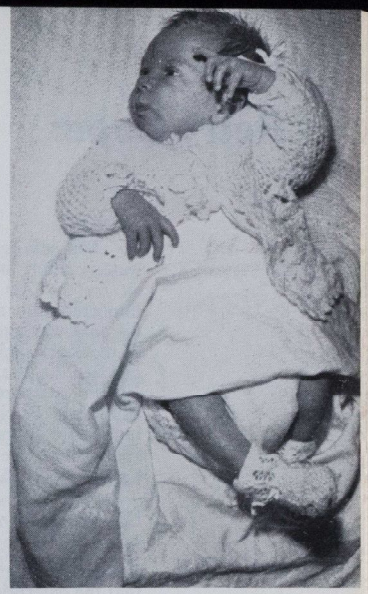
The performance—on the auth[illegible] the Chairman I have it—was in three halves with an interval between, and of 29 acts was presented. Great praise for the performers. They varied be[illegible]good and excellent, with a clear predominance of Very Goods. The [illegible]—being an all-male evening—was wit without dirt, and no maiden aunt [illegible]it would have blushed. She might not have understood all, for there was [illegible]rcasm, a suggestion of sick, and a lot of slick. Very smooth performanc[illegible]esh talent as well as by the known smooth performers. A new singer, [illegible]ed in the Christmas shows, was born; high quality miming, some to the [illegible] of Monty Banks himself, delighted; and the versatility again astonished, [illegible]ologues as in conversation pieces.

The audience—students, house[illegible]semen in exile, registrars, chiefs and a professor (and also Dr. Lehmann we were delighted to see again) advanced from cautious appreciation [illegible]first half to unbuttoned enjoyment of the second and then, catalysed by [illegible]lent punch, to throaty participation in the third. This had been the Third Smoker, and I think from the point of view of the home consumer the [illegible]njoyable. An elegant, Edwardian sort of evening, dinner jackets, with [illegible]unds and discreet coloured ties, and snuff boxes, one came away from [illegible] been vastly more entertained, and in a more civilised way, than is too often the case after even the West End stage.

I am booking my ticket for the [illegible] Smoker today.

H.W.B.

bart's babies



Julian Phipps.

MUSIC SOCIETY CONCERT

The newly formed Bart's Orchestra gave their first orchestral concert in Gloucester Hall on Thursday, 11th February. The orchestra, which numbered about thirty players was composed mainly of Bart's students but was augmented by friends from outside the Hospital.

The first work of the evening was Haydn's Symphony No. 103, 'The London'. The first two movements were played with vigour. Unfortunately, though most understandably, the orchestra lacked that lightness of touch, so essential for Haydn.

The pièce de résistance of the evening was undoubtedly the first piano concerto of Beethoven. Bart's was privileged to welcome as soloist Miss Judith Watson, who played at times with gaiety and panache and at times with much sensitivity. The piano-clarinet duet in the Largo was outstanding. The accompaniment by the orchestra in a concerto is never easy, but the players rose to the occasion well.

The concert concluded with a performance of Mozart's Symphony No.40,K550, perhaps the finest symphony Mozart wrote and a difficult work by any standards. The orchestra struggled gallantly with some of the greater intricacies of the piece and they still managed to convey the atmosphere of pathos which dominates the symphony.

The concert, the proceeds of which are to be given to Oxfam, was ably conducted by Mr. J. R. W. Fletcher and Bart's must be grateful both to him and to Roger Boston (Leader), who conceived the idea of an orchestra, for a most enjoyable evening.

J.O.

Retroscope:

AQUARIUS

The sun has now passed through the sign of Aquarius, the water carrier, unknown to all but those imaginative prophets who sit on the Air Ministry roof. More mundanely, the year has lumbered into second gear, as Generalissimo Franco warms up his cold war against colonial Gibraltar. Latest tactics in his seige of the Rock include delaying and searching commuters and school children at the frontier, and expelling 400 Gibraltarians with British passports from La Linea at the Spanish end of the causeway. Patriots will join your correspondent in demanding immediate action from the Admiralty; possibly the C-in-C Home Fleet should be dispatched straight away to Cadiz to singe the Caudillo's beard.

Crossing La Jordan

When Mrs. Françoise Jordan asked Jewish taxi-driver, Wolf Bussell what he was doing out of the ovens, readers may remember that the enterprising fellow ripped off the lady's charming Swastika necklace. British Justice took a poor view and fined Mr. Bussell £3, and he and his family were later subjected to several threats. Last month however they flew off to Israel for a holiday, and there at last they received the warm welcome they fully deserved.

A sorry tale

Your correspondent had an unfortunate experience the other day when going to Finsbury Public Library. He parked his car somewhere off St. John Street, casually noticing that it was next to a shop marked "Dental Suppliers". Readers may be aware of the incredible complexity and morbid anatomy of this part of Finsbury—streets interwine absurdly, lined by ugly houses in the hands of the demolition men. Having asked the way at a hardware shop, your correspondent arrived eventually at the Library, but when he emerged an hour later he found it impossible to retrace his steps. The car was nowhere to be seen; all the streets looked identical; all were full of hardware shops. Wandering fruitlessly for nearly an hour in the gathering dusk, his head full of thoughts as grey as the district, your correspondent passed and repassed Sadlers Wells and the Metropolitan Water Board. At length, in despair, he was reduced to entering a local shop, simulating toothache, and asking for the nearest Dental Suppliers. Thus directed he found his car immediately, parked just round the corner from the Library.

Vinum sacramenti

Retroscope Prize of the Month for ingenuity goes to the vicar caught having a midnight whisky in the local pub. When questioned on the spot by the local constable, he said, "Like Brer Rabbit I shall say nothing," but he told the magistrate that he had in fact been preparing the landlord for christening and confirmation. The Bench displayed remarkable incredulity in fining the padre £5 and the landlord, *confirmandus*, £10.

Upstairs, downstairs, in whichever chamber

After the personal tragedy of Patrick Gordon Walker's humiliation at Leyton, Lord Sorensen must have found himself in a somewhat curious position. This may account for his somewhat curious statement to a *Sunday Express* reporter in which he said that, if it were possible, he'd resign overnight to win back the seat. He added this fine example of political double-talk and dramatic irony:

"Some voters got the impression, quite wrongly, that I had been kicked upstairs to make room for the Foreign Secretary. They did not like the implication of a ruthless party machine moving out a local man. This was a false picture. Of course I admit I was staggered when I was offered a life peerage, but I thought it over and accepted, quite happily, for the sake of the country."

"First among the social diarists"

Hurrah for William Hickey, by self-appointment arch sycophant to the aristocracy and purveyor of useless information. No worthwhile Deb's delight should miss the following:

"Few of our great homes retain that epitome of a quieter age —the orangery. It is refreshing to hear that Mrs. Rosamund Fairbairn, daughter of the late Lord Clifford of Chudleigh, is redressing the balance. She is having one built at her home in Rushlake Green, Sussex."

A case for Sherlock Holmes

BRITISH CHECK ON ASSASSIN

Clue sought to missing priest

DAILY TELEGRAPH REPORTER

INTERPOL is expected to say soon whether a self-confessed political assassin, who used a poison gas pistol to kill two Ukrainians in exile in Munich, is likely to be able to solve the disappearance of a Polish priest from Bradford in 1953.

A CASE OF GAUCHER'S DISEASE IN AN INFANT

by M. F. Hudson

This case concerns a three year old girl who first presented in the Out-Patient Department in April 1962, aged 15 months, with a squint.

On examination then, it was noticed that she had a peculiar facies which was suggestive of Gargoylism. There were protruding upper teeth, a short broad nasal root, a kyphosis, and broad spade-like hands and feet. There was an internal strabismus of the right eye but no nystagmus. Routine abdominal examination revealed a considerable degree of hepato-splenomegaly, the liver being enlarged to one finger-breadth below the costal margin, and the spleen by three finger breadths. The child also appeared mentally retarded, though there was nothing of relevance in the family history, during the pregnancy, delivery, nor neo-natal period.

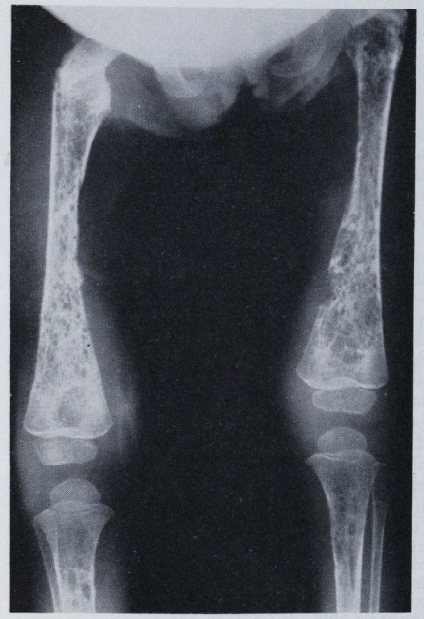


Fig. 1.—X-ray of the femora showing diffuse osteolytic lesions due to marrow replacement by Gaucher cells.

Investigations at that time showed: —

1. A gross anæmia, Hæmoglobin 50%.
2. Dorfman's test for Gargoylism, (urine mucopolysaccharides) was positive.
3. Marrow biopsy was normal.

Following transfusion to correct the anæmia, and bilateral medial rectus recession for the squint, the child was discharged with a view to frequent follow up in Out-Patients. Subsequently the hepato-slenomegaly progressed, and there was a lack of normal development. Readmission in August 1962 for further investigation showed that the spleen was now so enlarged as to be easily felt in the left iliac fossa. The liver extended some 2" below the costal margin.

Investigations showed there to be a gross anæmia, (Hb 42%) and a right tibial marrow biopsy was grossly abnormal in that the traits were hyper-cellular and contained a large number of abnormal cells, which were considered to be Gaucher's cells (*vide infra*). Skeletal radiography at this time was normal. A diagnosis of Gaucher's disease was made and splenectomy advised, and subsequently performed. The spleen was found to weigh 689 Grams (normal weight for this age is 33 Grams approx.) and histology confirmed the diagnosis. Further transfusion was carried out and post operative recovery was uneventful.

Following discharge there was for a time an improvement in the child's condition. However following an injury to the left arm, there was a rapid deterioration. Radiology of the left humerus showed a pathological fracture in the upper third. Further admission was necessary in view of the deterioration. The child sat now almost motionless with permanent head retraction, gross kyphosis, and obvious respiratory distress. Abdomnial distension was marked and the liver grossly enlarged, extending below the umbilicus. Skeletal X-rays at this time showed multiple erosions of the long bones and a healing fracture in the left humerus. The distal ends of the femora were characterised by the

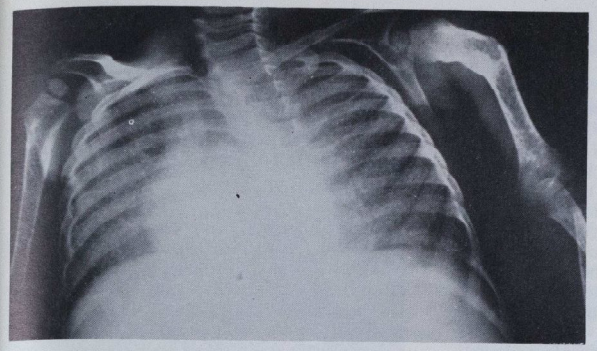


Fig. 2.—Chest X-ray showing diffuse miliary mottling due to pulmonary infiltration with Gaucher cells, and mal-union of a pathological fracture of the left humerus.

"bottle shaped" or Erlenmeyer flask appearance often seen in this disease. (Fig. 1). Chest X-ray showed a diffuse miliary mottling of the lung fields, thought to be due to pulmonary œdema (Fig. 2). The child's condition deteriorated further and she died in January of this year (1964).

Post-mortem findings

The body was that of an extremely wasted and poorly developed girl, with a protruberant abdomen.

Positive findings: —

(a) Cervical, mediastinal and axillary lymph nodes were enlarged and showed a greyish-white appearance on the cut surface.

(b) Lungs—Right weight 295 Grams (Normal 90 Grams)..
Left weight 250 Grams (Normal 78 Grams).

The lungs were very heavy and solid, and on section were fleshy and almost airless. There was *no* œdema.

(c) Liver weight 1,360 Grams (Normal 430 Grams).

The liver was greatly enlarged, firm and very pale. The cut surface had a yellowish white apearance.

(d) There was generalised enlargement of lymphoid tissue throughout the abdomen.

(e) Marrow—The marrow throughout the skeleton was intensly hyperplastic and had a soft fleshy appearance with areas of soft yellowish-white tissue interspersed here and there (Fig. 3).

Histology: —

The lungs, thymus, lymph nodes, liver, Peyer's patches, colonic lymphoid tissue, suprarenals, and bones, all showed gross diffuse infiltration with Gaucher's cells. (See discussion and Fig. 4).

Discussion

Gaucher's disease is an uncommon familial disorder of cerebroside metabolism, occuring predominantly in patients of Jewish origin, and is characterised by an abnormal deposition and storage of cerebrosides within the cells of the reticulo-endothelial system. Sites of predilection are the spleen liver, marrow, conjunctivæ, and lymph nodes.

The disease may be infantile, or occur in older age groups, and it is known to occur in adults in a subclinical form. The infantile form is usually acute and fatal as seen in the case

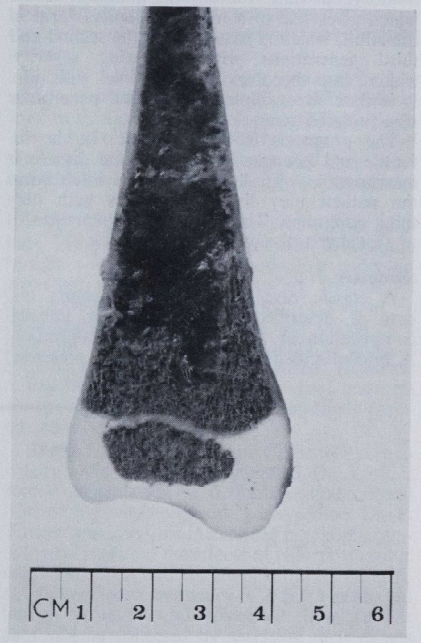


Fig. 3.—Lower end of femur showing marrow replaced by Gaucher cells.

described. Involvement of the lungs is a rare accompaniment of the disease but is a recognised complication of the acute infantile form.

The disease was first described by Gaucher in 1882, but it was not until 1924 that Ebstein and Lieb independently showed the true metabolic abnormality. The hall mark of the disease is the Gaucher cell: this is a round or polyhedral pale reticulum cell, which has a small eccentrically placed darkly staining nucleus, and a pale eosinophilic cytoplasm with linear striations. These cells can be shown to contain an excess of a cerebroside, kerasin. Kerasin occurs normally in the cells of the reticulo-endothelial system, but in this disorder, there is an abnormal affinity of the reticulo-endothelial system for this kerasin.

The precise inherited abnormality is as yet obscure. It has been suggested that the defect is inherited as a single dominant non-sex linked characteristic. Other suggestions are that the defect is due to a recessive gene in the homozygous state. Initially the mutation occurs which gives rise to a mild sub-clinical form in the adult, which is passed on to the second and third generations with increasing severity, which soon becomes incompatible with life. It is thus an example of enhanced penetrance of a mutated gene.

The prognosis is very variable. In the infantile and younger age groups, the disease is incompatible with life, but in the adult form the patient may live many years with only mild symptoms. There is no known treatment of Gaucher's disease.

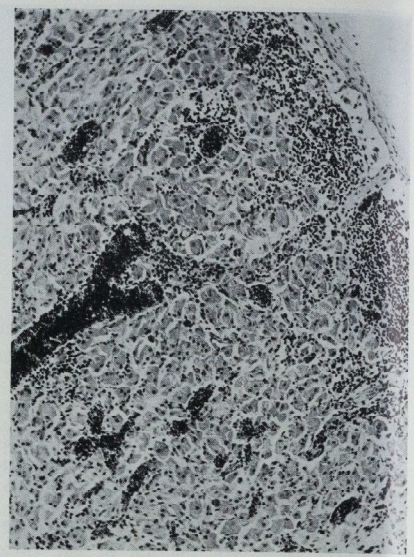


Fig. 4.—Lymph node with normal architecture largely replaced by Gaucher cells.

Summary

A classic case of infantile Gaucher's disease is described but showing an unusual complication of diffuse pulmonary infiltration. A brief discussion of the disorder is presented with an attempt to explain the metabolic and inherited abnormalities.

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Acknowledgments:—

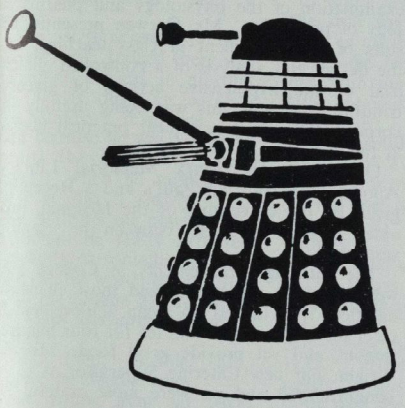
I am most grateful to Dr. C. F. Harris for his kind permission to publish this case, also to the departments of Pathology, Radiology, and Medical Photography for their help in preparation of the illustrations.

THE DALEKS INVADE PHARMACOLOGY

G. M. Besser

A Report of the Winter Meeting of the British Pharmacological Society held in the Department of Pharmacology, 5th-7th January, 1965.

Four hundred members and guests of the British Pharmacological Society attending the Winter Meeting of the Society at Charterhouse were kept under strict control by a five foot high Dalek. This self-propelled, light-flashing and probe-flourishing monster appeared in the Physiology Lecture Theatre to declare the meeting open in characteristic Dalek language. It made intermittent reappearances over the next three days to ensure that its chief slave, Professor Quilliam, was conducting the meeting according to the best traditions of outer space.



One of its offspring—a six-inch mini-Dalek, was constantly present in front of the audience and communicant, and announced to the latter when the allotted time for his paper was up, by moving around the lecture bench and exclaiming "End your communication, you are due for extermination".

Communications were given in the Physiology Lecture Theatre, but owing to the large attendance, it was not possible to accommodate all the audience in the one place. However, closed-circuit television was used to transmit the proceedings from the main part of the meeting to the overflow audience in the adjacent Pharmacology Lecture Theatre and to the Foyer. This proved a highly successful arrangement. Furthermore some of the communications were recorded on videotape and were later re-televised. We were thus able to demonstrate how the use of television enlarged the meeting as a whole and to show how the undoubted usefulness of television for teaching (first exploited in the U.K. by Bart's Pharmacology Dept. in 1958) could be extended by videotaping and storing teaching material for use at a later date. Indeed one could easily envisage the setting up of a videotape library of good "feature" lectures and demonstrations which would increase the range of ordinary teaching and revision courses.

In all there were fifty-six communications which were split into either General Pharmacology or Clinical Pharmacology and Toxicology. The subjects covered a wide range and most of those attending were able to find papers of considerable interest in their own specialist field.

F. W. Wolff and co-workers of John's Hopkins Hospital, U.S.A., impressed with their further work on the production of a hyperglycæmic state in man following the use of diazoxide—a compound which is related to chlorothiazide and which was introduced as a hypotensive agent, before its ability to produce a diabetic-like state was recognised. However, it has been put to good use in the treatment of spontaneous and leucine sensitive hypoglycæmia.

Bart's communications in Clinical Pharmacology were several and included Dr. Linford Rees's presentation of a double blind clinical trial of the antidepressant, nortryptiline. Dr. P. Turner presented his interesting psychopharmacological work on the effects of chlorpromazine, amylebarbitone and the amphetamines on critical flicker fusion frequency (C.F.F.F.) in normal human subjects and discussed how further data can be collected by assessing their effects on the C.F.F.F. determined after preceding conditioning with flickering stimuli. Dr. D. A.

Chamberlain reported his findings of the effect of the new β sympathetic blockers on the cardiovascular system of normal subjects. Drs. P. V. Cole & R. C. Birt provided confirmation of the suspected adverse physiological effects of closed-circuit halothane anæsthesia and demonstrated some of the frightening electrocardiographic abnormalities which develop.

Drs. J. McKinna, J. Griffiths and J. Ind commented on the intra-arterial administration of nitrogen mustard in the palliation of inoperable malignant disease. In the session on Toxicology, Dr. D. A. Brown showed that the acute effects of the staphylococcal α-toxin in the rabbit and cat were to produce marked vasoconstriction in both peripheral and coronary arteries, and Drs. Willoughby, Walters and Prof. Spector communicated some of their work on inflammation — in particular the pharmacological basis of the irritant action of dimethyl sulphoxide.

Among the papers on General Pharmacology, that of J. R. Tata of the National Institute of Medical Research discussed a novel approach to the investigation of the potential teratogenicity of drugs. He showed that while thalidomide did not harm bullfrog tadpoles in their resting phase of development, if metamorphosis was induced with thyroxine, then thalidomide both slowed the metamorphosis and killed the changing tadpoles. P. B. Bradley and co-workers' elegant technique for recording the electrical activity of individual neurones of the cat cuneate and gracile nuclei allowed them to show the differential sensitivities of the constituent cells to nicotine and muscarine. These drugs had opposing effects on individual cells.

Dr. B. Payton from Bart's communicated his new findings that gallamine has an action, not only in depressing the end plate potential at the neuromuscular junction, but also a somewhat less powerful but paradoxical action in causing repetitive firing in the presynpatic nerve. Dr. D. Shand (Bart's) recounted how in the rat superior cervical ganglion preparation he had shown that after the addition of depolarising drugs, the depolarisation recovered before ganglionic blockade had passed off.

The twenty-seven demonstrations shown during the afternoon of the second day of the meeting were very well attended. Over half of them were given by people from Bart's—predominantly from the Department of Pharmacology but also the Departments of Physiology, Statistics, Medicine, Surgery and Pathology. New apparatus was shown by Mr. P. Bell (an electically controlled circulation pump), Mr. J. Gasking (a transistorised microscope warm stage) and Mr. K. Wiggins (an automatic gut bath). Dr. Elliott demonstrated his work on the actions of some tranquillizers on the medullary vaso-pressor response in the cat, and Mr. Pixner and Dr. Richens showed two methods whereby the isolated spinal cord of the frog could be cooled to allow electrical recording at controlled low temperature. Mr. Tamarind exhibited his electron microscope pictures of the superior cervical ganglion of the rat. Dr. B. Davies and Dr. P. Withrington demonstrated how they were investigating the output of transmitter substances in response to sympathetic nerve stimulation, from the isolated blood perfused dog spleen. Dr. G. M. Besser demonstrated the new methods he has developed to allow objective measurements to be made of certain aspects of perception in normal man so that the effects of psycho-active drugs can be studied. In particular he showed that determination of the auditory flutter fusion threshold provided a sensitive method allowing examination of the physiology and pharmacology of perception. Mr. Curwen presented results of an experiment in class teaching, i.e., the design and analysis of a controlled clinical trial of the hypotensive actions of glyceryl trinitrate and how this was being usefully incorporated in the pre-clinical practical classes at this College.

Outings to the Marx Memorial Library, Apothecaries Hall, St. Paul's and a Reception given by the Governors of the Hospital, provided pleasant interludes between the scientific sessions.

The catering arrangements in College Hall were excellent throughout and most efficiently handled. It is indeed no mean achievement to cater for coffee, lunch and tea for four hundred people, and yet provide good food. Miss G. Wright, our new Catering Supervisor, is to be congratulated and we were most grateful for her efforts and those of her colleagues.

The Official Dinner of the Society was held in the Balmoral Room of the Connaught Rooms, Great Queen Street.

The most lasting impression of this meeting was of the enormous quantity of material presented—indeed, there was a record number of communications. Although one cannot hope to carry away much detailed information, these meetings serve most of all to inform others of the types of work being pursued in all fields of the subject and to foster the dissemination of new concepts. For the pharmacologist these occasions form a great intellectual stimulus providing ideas for future research.

medicine in literature

An extract from

THE HEART OF THE MATTER

by Graham Greene

'It grips me,' Scobie said, 'like a vice.'

'And what do you do then?'

'Why nothing. I stay as still as I can until the pain goes.'

'How long does it last?'

'It's difficult to tell, but I don't think more than a minute'.

The stethoscope followed like a ritual. Indeed there was something clerical in all that Dr. Travis did: an earnestness, almost a reverence. Perhaps because he was young he treated the body with great respect: when he rapped the chest he did it slowly, carefully, with his ear bowed close as though he really expected somebody or something to rap back. Latin words came softly on to his tongue as though in the Mass *sternum* instead of *pacem*.

'And then,' Scobie said, 'there's the sleeplessness.'

The young man sat back behind his desk and tapped with an indelible pencil: there was a mauve smear at the corner of his mouth which seemed to indicate that sometimes—off guard—he sucked it. 'That's probably nerves' Dr. Travis said, 'apprehension of pain. Unimportant.'

'It's important to me. Can't you give me something to take? I'm all right when once I get to sleep, but I lie awake for hours, waiting . . . Sometimes I'm hardly fit for work. And a policeman, you know, needs his wits.'

'Of course,' Dr. Travis said. 'I'll soon settle you. Evipan's the stuff for you.' It was as easy as all that. 'Now for the pain'—he began his tap, tap, tap, with the pencil. He said, 'It's impossible to be certain, of course . . . I want you to note carefully the circumstances of every attack . . . what seems to bring it on. Then it will be quite possible to regulate it, avoid it almost entirely.'

'But what's wrong?'

Dr. Travis said, 'There are some words that always shock the layman. I wish we could call cancer by a symbol like H_2O. People wouldn't be nearly so disturbed. It's the same with the word angina.'

'You think it's angina?'

'It has all the characteristics. But men live for years with angina—even work in reason. We have to see exactly how much you can do.'

'Shall I tell my wife?'

'There's no point in not telling her. I'm afraid this will mean—retirement.'

'Is that all?'

'You may die of a lot of things before angina gets you—given care.'

'On the other hand I suppose it might happen any day?'

'I can't guarantee anything, Major Scobie. I'm not even absolutely satisfied that this is angina.'

'I'll speak to the Commissioner then on the quiet. I don't want to alarm my wife until we are certain.'

'If I were you, I'd tell her what I've said. It will prepare her. But tell her you may live for years with care.'

'And the sleeplessness?'

'This will make you sleep.'

Sitting in the car with the little package on the seat beside him, he thought, I have only now to choose the date. He didn't start his car for quite a while: he was touched by a feeling of awe as if he had in fact been given his death sentence by the doctor. His eyes dwelt on the neat blob of sealing-wax like a dried wound. He thought, I have still got to be careful, so careful. If possible no one must even suspect. It was not only the question of his life insurance: the happiness of others had to be protected. It was not so easy to forget a suicide as a middle-aged man's death from angina.

(Acknowledgements to the author and to Messrs. William Heinemann Ltd., for kind permission to print).

JOURNEY IN HOPE

"To travel hopefully is a better thing than to arrive"

A further extract from Col. Spackman's Reminiscences.

Early in November 1916 I saw the last two patients leave the Turkish hospital in Mosul for their long desert journey en route for the P.O.W. camps in Anatolia. They were in as good physical condition as could be expected and were glad to be on their way. I had been able to get them a lift as far as Ras el Ain on an Austrian motor lorry so that they did not have to undertake the long desert march which had destroyed so many of their fellows in the large earlier groups.

I had feared I might be sent off with them automatically, but there seemed some uncertainty as to my disposal. I could, as usual, get nothing out of the Merkez Commandani though I kept stressing that the all-powerful Enver Pasha had said that I, as a doctor, could be repatriated in due course. Actually, no such statement or promise had been made, but it was known that I had had an interview with him in May, and as Enver's name alone was a passport past minor officials, I had taken a suitable opportunity when there were several people present in the Merkez Commandani's office, taking coffee with him one morning, sitting Turkish fashion on benches, of mentioning the 'fact'.

I did not have many days to wait, however, for just then Khalil Pasha, the Army Commander on the Tigris front, made one of his occasional visits to Mosul and I obtained an interview with him. I spun the same story about Enver, who was his father-in-law, and reminded him that a number of other British doctors captured at Kut el Amara who had got no further than Baghdad had been transferred across the Tigris front when their services were no longer needed. After all, my proposition was a reasonable one, but I could hardly disguise my relief and joy when he agreed and, much more vital, actually initialled an order for my despatch down river to Baghdad as a first step. General Maude's army below Kut, facing the same old positions at Sannaiyat was practically static and my transfer across between the two armies should present no serious problem, though I should be most interested in its details, not to mention its outcome!

I was thrilled by the thought of spending Christmas on the right side of the lines. Little did I dream that five months later I would march wearily back into Mosul with no more kit than I could carry in my old sleeping-bag, but still able to get a laugh, a bit cynical by now, out of the daily scene and my own misfortunes.

Oblivious of this disappointment in store for me, I was feeling on top of the world. My health was excellent and fortunately thanks to large quantities of local yaghort, a staple article of diet, I had got rid of the nagging chronic dysentery that had worried me for months, and I rarely felt a touch of the malaria I had in Amara the previous summer. My health and spirits were at a peak. My age was 26.

I was not worried about my journey down to Baghdad, as I knew that the Turks would not like to give me an unfavourable impression of themselves just before returning me to the British. I expected to travel by arabana, the four-wheeled springless covered cart, the height of travel luxury tho' often riddled with bugs, but was granted the unique experience of a voyage right down the Tigris to Baghdad on a kelek. My preparations for leaving were soon completed and the local parole I had given (necessary for the efficient performance of my duties in aid of all the P.O.W.'s passing through Mosul) cancelled.

These keleks were rafts of a construction going back to Cyrus and are described by Xenophon in his Anabasis. They consisted of a platform of poplar poles, 'balies', bound together and cross-woven with withy twigs and branches to give a roughly level surface, with an extra pile or two for sleeping. Underneath and to give buoyancy were goat skins inflated with air. The cargo had to be arranged with care so as to keep an even balance and to avoid the danger of falling off into the river from any sudden jolt, as from touching a sand-bank in rounding a bend.

Commercially, the scheme was a sound one. The balies were sold in Baghdad for building purposes and the skins, deflated or filled with water or 'leben', were taken back to Mosul by donkey over the desert.

The great day arrived and I went down to the river's bank where the keleks were put together, accompanied or met by almost all my miscellaneous friends. Even lazy old Umar Bey left his official seat in the barracks entrance to see me off.

Mine was the only kelek that day. It was about 12 feet square or slightly larger and had a nice little bower where on a pile of leafy twigs I put my kilim, carpets and old sleeping bag as a bed. I had two 'nefers' Turkish soldiers, as guard, more for protection en route than to prevent my trying to escape, the last thing I would attempt under the circumstances, and as crew two kelekchis to guide the kelek with their poles down river. A bit crowded perhaps, what with our official baggage and a bit 'on the side' for trading purposes belonging to the kelekchis, but why worry?

It was the pleasant custom when anyone departed for his friends to bring presents for his journey, and soon my kelek was well stocked with wafer cake, fresh fragrant and pliable, figs, grapes, eggs and local cheese, lettuce and melons. There were also some sausages, as hard as wood. These I recognised, for I had often seen them hanging up in a shop, too old and mummified even to attract flies! Much more acceptable and surprising was a half-dozen of Guinness's stout! I can't remember if it was still drinkable, probably not, or whether I gave them to the crew.

After cordial greetings and farewells I got aboard and we cast off, waving to our assembled friends, out into the sparkling waters of the Tigris. Downstream we drifted, past the half-submerged ancient brickwork arch in midstream that had been the goal I had so often failed to reach in my evening swims, past the Hospital and my vacant room on the roof overlooking the river, and the place where they used to shoot the deserters, and past those wonderful melon beds on the exposed silt banks and the fields of maize alongside them. All these familiar scenes I hoped never to see again.

Having made friends with my escort and crew—I could by now talk colloquial Turkish quite fluently—and settled my few possessions conveniently on the kelek, I sat kicking my legs joyfully in the water watching the kelekchis steer us in the brisk current and away from the shoals and sandbanks as we rounded the many bends in the wide river. Mosul soon faded into the distance and I hoped into the past.

After a meal and an afternoon rest in my arbour I felt like a swim. Easy enough, though I had to explain my intention to my two soldiers who viewed the project with surprise and suspicion. Just slide off the edge into the water and paddle around in the current alongside the raft. This I did, morning and evening, and always to the great amusement of my companions.

At night, we tied up at places well established by long custom, usually near a village where fresh provisions could cheaply be bought, yaghort and eggs and melons. A fire of brushwood was comforting as the nights were as cold as the days were hot. Once or twice we passed through disturbed districts where hostile Arabs on the banks took pot-shots at us with ancient and unreliable firearms, but my good kelekchis knew where to expect such compliments and kept well to the opposite side of the river; and as we passed the mouths of the two Zab rivers, flowing in from the east, in the region of the hot sulphur springs and shallow oil wells near Hammam Ali and Shergat, there were frequent lumps of pitch floating down on the water, prophetic indications of the great oil-fields near Kirkuk as yet unprospected.

In this manner we drifted gaily down the sparkling river, in perfect autumnal weather, and I thought of Browning's Wanderers.

"We set the sail and plied the oar;
But when the night wind blew like breath,
For joy of one day's voyage more
We sang together on the wide sea,
Like men at peace on a peaceful shore."

In my exuberance and the lyrical optimism of my mood at that moment, I sang to the wide sky:

"Here in the Morning of Life I stand . . ."

After all, I had my Book of Verses, my Loaf of Bread, and even my Jug of Wine (but as yet no Thou beside me singing in the Wilderness). There were, it is true the kelekchis but their song was in much more sombre vein. In their melancholy nasal voices they sang of a lost love:

"Sàm'ra rafiq, oh! Sàm'ra rafiq . . ."
("Oh! my Sàmara friend, my friend,
Where is she, my beloved, my little dove,
Where is my Zubeida that I loved

When I came to Samara on my kelek?" I wonder if the kelekchis still sing this traditional old song, or indeed do keleks still float down the Tigris from Mosul to Sàmara and Baghdad?

In about five days we were at Sàmara, with its golden dome and towering minarets, and from there we floated happily past the lovely mosque at Kazimain to Baghdad in great content. There must have been discomforts but I have forgotten them.

books books books books

The Practical Management of Head Injuries

(2nd Edition).

Lloyd-Luke: 92 pages Price 15s.

This book is written by a neurosurgeon who has had unusually wide experience of head injuries. It gives a clear and brief account of the management of these patients and will be particularly useful to students and to post graduates having for the first time responsibility for the care of these cases.

Observation and care of the unconscious patient is well covered and the signs of the formation of intracranial haematomas are dealt with in some detail. The author makes the point forcefully and rightly that in cases of acute extra-dural haemorrhage, operation must be performed "at the hospital where the condition is diagnosed, and as soon as it is diagnosed". This means, of course, that the operation may often have to be carried out by a surgeon with little or no training in neurosurgery and without ideal instruments. To a young surgeon in such a predicament, this little book will give much help and encouragement.

The last chapter deals with convalescence and rehabilitation. It includes some enlightening points concerning post-traumatic epilepsy, and on difficulties likely to be encountered in the home after the patient's discharge from hospital. It also offers useful advice on returning the patients to work.

R.C.C.

How to interpret: Investigations used in Clinical Endocrinology, by M. Perrault, B. Clavel and J-F. Colas-Belcour, translated by E. N. MacDermott, M.D., F.R.C.S.I., F.I.C.S. Pp. 136. Bristol: John Wright & Sons. 1964. Price 13s. 6d.

This little book is written by three physicians of the Faculty of Medicine, Paris who describe and assess the numerous investigations which may be employed in clinical endocrinology. A number, however, are hardly necessary, such as electroencephalography and the measurement of the plasma volume and of the extracellular fluid in the diagnosis of Addison's disease, and some are unreliable, such as the use of posterior pituitary extract to determine whether lack of thyrotrophin is due to a lesion in the pituitary or in the hypothalamus. Nor would the reviewer agree that electromyography is indispensable in any patient showing the clinical signs of hypoparathyroidism. Estimation of the urinary 17-ketosteroids is useless for assessing testicular function except in panhypopituitarism and further analytical methods are hardly ever required. On the other hand, investigations for the diagnosis of diabetes insipidus and phæochromocytoma are omitted.

In Britain the normal range of the serum protein bound iodine is considered to be 3.5 to 8.0 mcg. per 100 ml. rather than 6.0 to 8.0 and the normal range of the urinary 17-ketosteroids is also wider than that given by the authors. The dose of ^{131}I which they recommend for study of thyroid function in Britain is 30 mcc. (microcuries). Most readers might have difficulty in understanding the formula on p. 118 and the section on polysteroid investigation in the study of the different adrenal metabolites.

The following statements may be misprints: the average total inorganic blood-phosphurus in the adult is about 30 mg., and after the administration of histamine by gastric intubation "a fall in blood calcium of the order of 10-20 mg. is found without any signs of tetany". The expression "renal attack" (presumably meaning chronic nephritis) is vague. There are terms which are unfamiliar to British readers, such as andropause, thyrosis (defined as "global state of reaction observed") and thyroidia (defined as "histo-physiopathological condition of thyroid activity").

It is not a book which the reviewer would recommend to British students.

A.W.S.

Bailey's Textbook of Histology. 15th Edition. Revised by W. M. Copenhaver. Balliere, Tindall & Cox Ltd. Price £5 8s.

The latest edition of this well known book maintains the high standard of the earlier editions, and contains much additional information. A considerable number of electron micrographs are included among the illustrations, and the quality of reproduction is high. In the first chapter dealing with the cell it is refreshing to find that some of the elementary principles of microscopy are mentioned. It might have been stated, when resolving powers were discussed, that objectives of N.A. 1.5 are no longer made and that few firms make lenses of N.A. 1.4. On the whole the limits of resolution given are on the pessimistic side, but in histological work where contrast may be far from ideal they are probably near the truth. It is a pity that the old R.C.A. diagram of the path of rays through the light and electron microscopes has been reprinted complete with the original error (in both instruments the condenser focusses an image of the source upon the specimen; it does not throw a parallel beam upon it). There is a valuable table giving the relationships of the Micron, the Millimicron and the Angstrom Unit.

In the chapters dealing with tissues special praise must be given to Chapters 9 and 10 dealing with the nervous system. Muscle also is very well done.

In the description of organs, the kidney is excellently described and illustrated, but the excretory passages receive scant attention. The gut, and the respiratory system are both treated well with ample illustrations which include electron micrographs where necessary.

The organs of special sensation are well described, but the illustrations are not to the same high standard as those mentioned above. In some cases this may well be due to wear on old blocks used for printing.

To sum up, an excellent book, and one which will be of great assistance to anyone rich enough to buy it. The price is higher than that of any other comparable textbook, and there are at least two others which are superior both in text and in the quality of their illustrations.

F.J.A.

Diseases of Women by Ten Teachers, Berkeley. Edward Arnold Ltd. Price 50s

The interested reader will notice that this text book is written by ten successful London Gynæcologists and this fact will indicate its considerable merits and may also suggest its possible shortcomings. Gynaecology, possibly more than any other specialty, is an art and the first essential skill is to be able to communicate with the patient. This the book displays admirably; for it is extremely lucid. It is also readable and concise. No student who has attended ward rounds and clinics regularly and who knows this book should have any difficulty with finals, especially as each author examines for the London M.B. It is accurate, up to date and the photomicrographs are mostly of a high standard.

Nevertheless, I wonder whether the student who uses Ten Teachers to qualify will still wish to keep it on his book shelf afterwards. It has neither the enthusiasm of Howkins nor the stimulus of Jeffcoate. It may be that these are the qualities which are really the hall mark of the good teacher.

D.K.W.

Blood and Bone Marrow Cell Culture, by H. J. Woodliff. Published by Eyre and Spottiswoode, London. 141 pages. Price 30s.

This is a small monograph dealing with the culture of blood and bone marrow cells based on the author's personal work in this field and on a review of the literature.

The technique of suspension and solid substrate cultures is described and also the fundamental criteria of cell survival, growth and multiplication. Present methods are still somewhat unsatisfactory since cell multiplication and cell maturation may be limited, or not occur at all, and recognisable haemopoietic cells may be overgrown by transformed macrophage type or fibroblast-like cells. Further technical refinements are required whereby a single cell can be isolated and its multiplication, maturation and transformation potentialities investigated.

The results of cultures of specific cell types—the granulocytic, monocytic, lymphocytic, plasmocytic and erythrocytic series, and also megakaryocytes are dealt with and there are some instructive findings. Studies of plasma cells have shown them to be capable of *in vitro* synthesis of antibodies, and actual platelet formation has been observed taking place *in vitro* from megakaryocytes. Little that is new concerning haemopoiesis has resulted and the same applies to the classification of the acute leukaemias. Chromosome studies have been made from leukaemic cells cultured *in vitro* but similar and possibly more accurate findings are obtained by direct treatment of cells aspirated from a patient's marrow.

There are chapters on the effect of nutrients and stimulants as well as cytotoxic therapeutic agents on established cell strains and on freshly isolated fibroblast-like cells and neoplastic cells. The action of cytotoxic drugs on leukaemic cells *in vivo* may be forecast from *in vitro* observations on cell cultures; also there is a possibility of improving on the current techniques of the assay of erythropoietin by this means. Eventually cells may be induced to grow and mature *in vitro* for use in replacement therapy. The potential value of cell culture methods in haematology is great and this well written and concise monograph contains up to date information in this field. There is a very full bibliography and the microphotographs are well produced. It will be of interest to all senior workers in haematology.

H.F.B.

How to Interpret an Electrocardiogram, by Lian & Vilenski. Translated by Cornelio Papp, M.D. John Wright & Sons Ltd. Price 11s. 6d.

This is an attempt by two French physicians to present a great deal of information in less than one hundred pages. The English translation contains several words and terms not commonly used by British cardiologists, which adds to the difficulty of trying to understand the text. Facts are presented in profusion with no explanations, and this makes for uninteresting reading. The recommendations in this book occasionally differ from orthodox British teaching, and in particular the practice of giving 8g. of potassium chloride whenever one is in doubt of the coronary origin of an abnormal 'T wave' is regarded as hazardous by American and British cardiologists.

J.S.F.

Guide to House Surgeons in the Surgical Unit, by G. I. Fraenkel and I. Ludbrook. William Heinemann Medical Books Ltd. 99 pages. Price 12s. 6d.

The first few weeks after qualification are apt to be alarming and on occasion embarrassing for the doctor starting his first house job. No longer an irresponsible student he discovers that the mass of theoretical knowledge acquired over the course of five or six years has a stronger practical basis than he imagined. His chief problem is to organise the practical procedures he must perform and the investigations he requires, at the same time bearing in mind the difficulties and complications that may arise. This little book, which fits easily into the pocket of a white coat, should fulfil a long felt need. Clearly and simply written it describes the investigation and management of patients suffering from the more common surgical conditions. Under each heading the salient features of the history and examination are listed and the raison d'être for the use of a particular routine explained. The section on intra-venous fluid therapy is particularly well written; there is none of the lengthy theoretical discussion of the subject found in most textbooks—only the important facts that a busy houseman needs to know are included. A minor criticism here is the omission to note that an extra half litre of fluid may need to be added to the daily requirements for each degree rise of the patient's temperature above normal. The scope of the book could be improved by the inclusion of more details on the treatment of burns and fractures, although these conditions are often handled by special units. A useful chapter is included on the common medical conditions that may come under the house surgeon's province. He should also find the section on the use of steroids for maintenance and replacement in patients undergoing surgery of great assistance. In a little book of this sort there is a tendency to adopt a rather dogmatic approach, but this may be forgiven on the grounds that a harrassed houseman needs to know the essential facts and be able to put them into practice with the maximum of efficiency and the minimum of delay. With this work and Pye's "Surgical Handicraft" ready to hand the fledgling houseman should acquit himself well in his first surgical appointment.

G.H.

A Guide to Diseases of the Nose, Throat and Ear for General Practitioners and Students, by E. G. Collins. Published by E. & S. Livingstone Ltd. Price 36s.

This is a guide book to the diseases of the nose, throat and ear. It is aimed at the general practitioner and is intended to help him in the day to day management of his patients. Emphasis throughout is on practical problems and the style is not academic. The author has attempted to achieve a personal communication with the reader and his success is such that one is left with the impression of sitting in at his out-patients. Mr. Collins is a very able specialist and the advice he gives is very sound. One also feels that he is talking down to the reader. The format is that he discusses the anatomy, physiology and symptomatology of the nose and throat together as the upper respiratory tract, reserving separate attention for diseases of the ear, with a short chapter on the Eustachian tube to link these two divisions of the speciality. He sets forth in very useful tables comparisons of the common diseases of the specialty. These differential tables are a very good feature of this book. They cover such subjects as nasal discharge, nasal obstruction, headache, swelling of the face, alterations of the voice and deafness. Some of the illustrations are in colour taken from paintings. These are uniformly bad, both for colour reproduction and form and it would have been better to have avoided them altogether and brought the price down instead.

A useful book for a general practitioner who has not done any work in the E.N.T. department.

A.P.F.

A Review of Dietetics and Nutrition. A textbook for Nurses and Dietitians by Audrey Z. Baker, L.R.C.P., M.R.C.S., B.Sc. Faber and Faber. Price 25s.

No textbook on Dietetics and Nutrition can be suitable for both Nurses and Dietitians. The latter require a greater scientific knowledge with references for further study; few are given in this book. The layout is muddled and one has to turn to many pages for all the available information on a particular nutrient or disease. The inclusion of simple tables, diagrams and some pictures would help to fix points in the student's mind. The section covering diseases requiring special diets is very sketchy. The diet sheets need elucidating and are often impractical e.g. no milk is allowed for cereals, diabetics are given no carbohydrate in the evening and people are unlikely to eat the yolk and waste the white of an egg. Most authorities would agree that no weight reduction would be achieved on a diet of 1800-2000 Calories in the majority of cases, and no mention is made of the need to vary the carbohydrate distribution in diabetic diets according to the type of insulin given. There are some good points in this book but the student would not be able to sort them out from misleading statements and figures that do not always correspond with the food tables in the Appendix.

P.L.H.

NEW PENGUINS

The Sense of Humour, by Stephen Potter. Penguin. 3s. 6d.

To attempt to analyse the sense of humour is to pursue a will-o-the-wisp into the depths of a morass. Mr. Potter makes a praiseworthy attempt to analyse the particular characteristics of the English sense of humour without getting himself completely trapped in the mud. To analyse humour too closely is to destroy the reason for its existence and Mr. Potter is aware of this danger. He believes that specifically English humour is on the wane but I am not at all sure that I agree with him. To capture the particularly English brand of humour he has brought together a fascinating anthology of humerous writing from Chaucer to Rattigan and Shakespeare to Ustinov. In his introduction he analyses the sense of humour by adopting an historical approach and there is plenty to think about in what he says. He is probably right in assuming that the essence of English humour is a form of "good sportsmanship", a sence of something begetting a quietly analytical amusement, but there is more surely to it than that. The nineteenth century was probably the great age of English humour; but that George Bernard Shaw, the expatriate Dubliner, was its high priest and apostle is doubtful. If you tire of these speculations there is a wonderful selection of humorous writings to choose from. Joy is tinged with disappointment that some old favourites are excluded, but as the author rightly points out this is a highly personal selection. Much of it was refreshingly new to me and I am glad that someone has seen fit to include a bit of a script from "Itma", that most English of radio comedy shows. The selections are included under broad headings. My own favourite is the parody section. We have to thank Mr. Potter for revealing to us the rich vein of unconscious humour that pervades so much English writing: I wish he had included more. This is a delightful book which can be picked up at random and read over and over again.

Gervase Hamilton.

The Future of the Welfare State, by David C. Marsh. Penguin Special. 3s. 6d.

We in Britain are proud of our Welfare State; we tend to think that it was born after the Second World War, and that it aims to ensure a basic material standard of living for all. This is much nearer to a definition of the social services (although they have existed in one form or another since the Poor Laws). The provision of education, medical treatment, unemployment and sickness benefits, pensions and so forth are all social services, but the Welfare State carries wider implications. It can, for example, direct industry to unemployed areas, control building programmes, provide armed forces and police, and in innumerable other ways influence the security and welfare of its citizens.

The early social services were only available to the poor and needy, but in 1942 the Beveridge

Report proposed the setting up of a National Health Service, which would be free to *all* citizens, whatever their income or occupation. Since then services have evolved, somewhat haphazardly, which meet the needs of people from 'the womb to the tomb'. Mr. Marsh reveals many of the glaring inadequacies and injustices inherent in the system, the lack of planning and central organisation, the archaic administration which fails to examine the future systematically, and altogether he poses some very pertinent questions. A Welfare State ought surely to provide basic services for its citizens without thought of the financial cost so long as it is shown that they will benefit the efficiency of the country in the long run. And yet, whilst governments sanction the spending of enormous sums on the armed forces and other symbols of national status, it is only with the greatest reluctance that they will increase expenditure on vital aspects of the services such as schools and hospitals. Is it right that in this highly technocological age many of the services should be administered by amateurs? On a national scale there are the civil servants, who by virtue of an arts degree are considered capable of picking up the essentials of a technical service in a few weeks as they are shunted from one department or ministry to another. On a local scale we have local councillors who cannot possibly have the time (and even ability?) to understand the principles of local government too highly altogether? Is it not anomalous that a National Health Service should be administered by a series of different local bodies, the hospitals by 14 Regional Boards, the General Practitioners by 138 Executive Councils, and such services as midwives, district nurses and home helps by the county or borough councils? Is there really any evidence that a man will be better at running the social services in his own area than an outsider, especially as the requirements of different areas are unlikely to differ greatly?

But of more far-reaching significance, says Mr. Marsh, is the apparent lack of overall planning, research and policy-making. It is no longer true, and indeed never has been that Britain leads the world with her social services, and nor does she spend as much on establishing a Welfare State as many other Western countries. After reading this stimulating book, one wonders if our pride is so justifiable after all.

Marcus Setchell.

SPORTS NEWS

HOCKEY CLUB

Bad weather has severely eroded into our fixtures and so the match on **Saturday, January 30th** against **Middlesex Hospital** was a welcome practice and rehearsal for our cup match against Guy's Hospital on the following Wednesday. Bart's quickly settled down despite an indifferent pitch and a biting cold wind. The forward line moved in a constructive and cohesive way, and, but for an excellent goal keeper, they would have scored much earlier. Kingsley, in his characteristic way, opened the scoring by seizing onto a loose ball in the circle and hitting it home. We continued to press home our advantage, although there was an initial marked absence of the long square pass which so devastatingly splits open the opponent's defence. Two further goals were scored by Peek. Our own defence had little work, and the only dangerous shot, a hard high one to the left-hand corner, was very well stopped by our frozen goal-keeper, Jordan.

This satisfactory win of 3-0 gives us every hope of beating Guy's Hospital, last year's winners, provided that we can match their fitness.

A.B.

RUGGER CLUB

On **January 9th,** the XV played Notts **Corsairs** on a fine afternoon, and started at a fast pace, sending the strong Notts forwards reeling with several foot rushes. Within five minutes, Bart's went ahead, Savage running up fast on the full-back, charging down his clearing kick, and then touching down the bouncing ball.

Notts came back strongly, and Bart's, now reduced to fourteen men, defended well. Play fluctuated excitingly from end to end, and it was not until mid-way through the second half that the Notts scrum-half scored after a fine run up the touch-line. Both sides strove for the winning score, and in the final seconds, Letchworth gave Bart's a **6-3 win,** with a splendid try.

The XV had a long trip to play **Cheltenham** on **January 16th,** and **lost 11-3** in an excellent game. The pack certainly had the better of the game, but the match was lost through two spates of weak tackling when the strong-running opposition backs scored. On occasions, our backs looked dangerous, Dorrell and Brown playing fine games in place of Letchworth and Savage. Bart's could only reply with a try by McIntyre, although several chances were lost through the usual indifferent final pass. The most encouraging aspect of the game was the vast improvement of the pack, a good omen for the Cup.

An episode during the triumph against St. Thomas's.

On **January 23rd,** the full Cup side, with the exception of Delany, **lost 6-3** to an underestimated Varsity side, through stupid penalty kicks being given away in our own 25.

The pack took some time to wake up, but towards the end of the game began to play with something like their expected fire, as the side tried for the winning score, their only reply being a push-over try accredited to Bates. The backs at last began to run well again, but too late. However, the lesson of giving away kicks was well rubbed in.

The **second round of the Cup** was played on January 26th, on a cold but fine day, against a strong fancied **Thomas's** side. The decided tactics worked exactly; Bart's pack playing magnificently to firstly bewilder and then crush the opposition. Tommies then tried to dictate play through the hard running of their backs, in particular Brooks. However, with odd exceptions, Bart's threes tackled excellently, and the opposing attacks came to nothing.

Thomas's went into the lead when a fine cross-kick sent their wing away. Bart's, encouraged by their supporters, soon replied as Goodall following up hard, charged and touched down the rolling ball. Gibson converted. Score 5-3.

In the second half, Bart's were justly on top, but again lost the lead, as two men went for Brooks, leaving the wing unmarked. Amidst great excitement, **Gibson** kicked the **winning penalty,** and Bart's emerged victors. Credit must go to the pack who were faultless, particularly in the last quarter when they were without Smart. **Won 8-6.**

P.E.S.

The **Cup match semi-final** versus the **London Hospital** was played at Richmond on February 9th. Oh, what a disappointment this game was! London Hospital were supreme in the line-out and used this to their advantage by passing back along their line to the centres, kicking ahead and allowing Bart's full back, Davies, to put the ball into touch again from which there was the same cycle of events.

Half-time saw the score at 3-3, London having scored an unconverted try, and Gibson having kicked an excellent and difficult penalty goal after missing an easier one.

In the second half, the same type of play continued until about ten minutes from time when Wilkinson, the London centre, intercepted inside their half and with the help of two punts, went through to score and convert himself.

Johnson nearly went over to get a try for Bart's, but in the end the final result stayed at **8-3 against us.**

R.E.A.

CROSS COUNTRY CLUB

U.H. Handicap: 9th January at Barnet.

This race was won by an unknown gentleman from the London Hospital. Of the Bart's contingent, Doctors Pott and Tunstall Pedoe ran very well to finish 3rd equal, John Coltart was 7th, Roger Sanders 12th and Francis Pagan 17th, all off quite stiff handicaps.

On the same day, Foxton and Thompson were running for the University in Dublin.

v. Goldsmith's College at St. Mary's College: 13th January at N. Cray.

This race was run in drenching rain over what otherwise would have been a very reasonable course. The most interesting feature of this match was the fact that Francis Pagan managed to lose his way in the middle of a large field. We had given up all hope of seeing him again when a Kent housewife telephoned from 5 miles away to tell us that she was offering him a bath. We lost the match.

Queen Mary College 7½ mile Championship: 23rd January at Coxtie Green.

Seven and a half miles is a long distance, especially when most of it consists of sticky ploughed fields. The Bart's runners performed very creditably in a field of more than 200, including teams from Sandhurst, Cranwell, Sheffield, Cambridge and other Universities.

Bart's positions:—

14th Foxton, 24th Thompson, 56th Sanders, 86th Hale, 94th Coltart and Hesselden, 126th Wood and Oxley, 149th Pagan.

St. Mary's Hospital Hyde Park Race: 27th January.

Once again we were victorious in this 5½ mile road race. Terry Foxton was very fit and took the individual honours very convincingly from Kenwright, an Oxford blue, and last year's "Bogey-man", Lew Steiglity.

Nick Pott and Dan Tunstall Pedoe turned out to race, the latter putting in a very fast time. It was nice to see so many club members in support, including Fred Hardy whom we have not seen for many months.

1st Foxton	27 min. 25 sec.
2nd Kenwright (London H.)	
3rd Steiglity (St. Mary's H.)	
4th Thompson	28 ,, 50 ,,
5th Tunstall Pedoe	29 ,, 09 ,,
7th Sanders	30 ,, 00 ,,
10th Pott	30 .. 35 ..
11th Coltart	30 ,, 58 ,,

Hesselden

13th Hale, 15th Wood, 23rd Markham, 24th Hardy, 32nd Pagan.

R.T.

SOCCER CLUB

In December and January, Bart's 1st XI suffered a long period without fixtures. Bart's lost away fixtures to **Westminster** and **Thomas'** in the United Hospitals league just before Christmas.

On 28th November, Bart's were at home to the **Middlesex Hospital** in the first round of the Hospitals' Cup. In a game which was surprisingly quiet for a cup match, Bart's walked home to a 5-1 victory. In this event, Sutton scored four goals and Savage one.

The second round of the cup was played after the Christmas break when Bart's were at home to **St. George's.** Despite good goals by Sutton, Bart's lost 3-2. Raine and Offen in defence and Layton-Smith in goal played really well but the few stalwarts on the touchline could not inspire the extra goals required. It was the referee's opinion that the better team lost, unfortunately this was the only one of his verdicts with which one felt in agreement.

In the University League the situation is much more optimistic. Bart's carried on the good work after Christmas, beating **Birckbeck College** at home **5-0.** There was no score at half time, but in the second half Offen netted two good goals and Dorritt, Hugh and Sutton added one each.

Away to **Guy's** a weakened Bart's team lost **3-0** in the U. H. League. Layton-Smith played well in goal but the defence missed Offen's head especially after corners. However, against a far more experienced side this result was satisfactory.

The last match in January gave Bart's a **4-1 win** at home against the **Royal Free Hospital** in the University League. With the sound of the Death March still ringing in their ears and in some cases the taste of the Bart's Smoker still in their months Bart's did not play brilliantly. Sutton, however, headed a beautiful goal from a good Phillips cross, and then added another leaving Pemberton and Hugh to bang in the remaining two. This made eight wins out of ten matches in the University League.

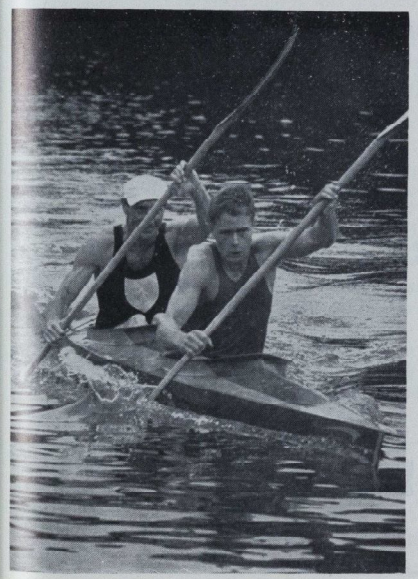
Players representing Bart's 1st XI for this period:

Goal Layton-Smith, Hudson, Pope. **Defence** Rawlinson, McGechie, Barclay, Offen, Raine, Turner, Mumford.

Forwards Phillips, Herbert, Sutton, Thew, Dorritt, Hugh, Jefferies, Pemberton, Vartan, Savage, Mumford, Barclay.

D.McG.

CANOE CLUB



The **retirement of Dr. Bernard Watkins** from canoe racing signals the end of an era for the Bart's Canoe Club. For the last four years, he has paddled with Charles Evans, and 1964 saw the fruits of these years of training.

The crew **won the National Long Distance Championships,** after winning seven ranking races in eight starts, and in **August represented Great Britain** in the Desconso Internationale Del Sella in Spain. Here, despite a very subtle draw whereby all the Spanish competitors were at the front of the field, and all the faster visitors at the back, the Bart's pair finished **seventh out of two hundred and sixty.**

In September, the crew went to Dublin for the Irish Championships, where they were less successful, breaking their boat in two while in the lead.

In sprint racing, after a rather shaky start to the season, Evans and Watkins paddled well, in some very close races, to collect **eight silver medals and one gold** at the National Championships.

This year, racing starts seriously in May though the first race is at Oxford on March 7th. With several new members, and in particular Miss Huskisson, who shows great promise, it is hoped that our results will not be too badly affected by the retirement of our oldest and strongest paddler. C.W.E.

CONTENTS

EDITORIAL

Housing conditions in this country should strike at the heart of every doctor. Whether or not he is primarily involved in Public Health, he must bring to bear on this disgrace what influence he still possesses in society.

Just over a hundred years ago it was realised for the first time that health could be profoundly affected by housing, and the earliest efforts, inspired largely by the cholera epidemic of 1831, were focused on sanitation. Today over-crowding is at the apex of the problem. When too many people live in a room or in a house, their health is exposed to certain specific risks. It is obvious that any infectious disease comes into this category, but the far-reaching effects of recurrent infection are sometimes forgotten. The mortality which results from rheumatic fever (including rheumatic heart disease) rises with density of population and with poverty, and this is almost certainly due to the increased risk of recurrent streptococcal infection which accompanies over-crowding. It is significant that quite apart from the dramatic effects of chemotherapy after 1948, the mortality from tuberculosis had been on the wane since 1851, which was precisely the time that the first steps were taken to improve housing conditions. More topical is the problem of chronic bronchitis, a disease that is certainly exacerbated by recurrent infection, and may even be caused by it.

A second risk which is directly increased by over-crowding and bad housing is that of domestic accident. In 1960 more than 6,000 people died as a result of accidents in their homes. The three major causes of death were falls, especially in the elderly, fire, and poisoning. All these can be related to dilapidation, inadequate or unreliable heating and cooking facilities, and insufficient space for children to play in safety.

There is a third stigma, which despite its recent recognition, dwarfs all the others into insignificance. The realisation that housing conditions have a profound influence on the mental health of the community is perhaps the most fundamental advance in the history of Public Health since its origins in Edward II's attempts to control leprosy. The modern concept of Mental Health embraces not only existing mental disease, but also prophylaxis and the improvement of attitudes, responsibility, and happiness. The idea of the 'therapeutic community', embodied in the 1959 Mental Health Act, needs for its fulfilment an urgent improvement in housing conditions. Hippocrates said a lot when he wrote that 'institutions contribute a great deal to the formation of courageousness'.

Some of the figures published in the Milner Holland report last month show just how compelling the situation is: 7,000 people homeless; 200,000 families urgently needing improved accommodation; 500,000 families without even the shared use of a bath; in 1964

1,000 children taken from their families into local authority care simply because of inadequate accommodation; — all this in London alone. And rents are such that a family earning an income equal to the national average can afford no more than two rooms.

The long-term solution is straightforward, —we need more housing; and the Milner Holland committee has emphasised that building programmes are not enough. Experience in other European cities has shown that fiscal conditions must be adjusted to encourage the private landlord to keep his property in good condition and his rents reasonable. The other big mistake that has been made in the past is the absence of a plan for London as a whole; the acuteness of the situation in some boroughs makes it impossible for them to solve their problems without the help of land and housing from other boroughs and even from areas outside London.

But even measures of this kind are going to take time, and as for the slums, it is estimated that it will take 20 years to get rid of the houses which are considered unfit at the moment, let alone those which fall into disrepair in the meantime. We need something to tide us over the gap between sowing and reaping, and here are three practical suggestions:

1. The Government must spend more on improving houses even if they are due for demolition, (the cost of a few baths would hardly ruin the economy).
2. More particularly large subsidies should be made available for the installation of space-heating in old houses (there is a large amount of space wasted simply because only one room or even a part of a room can be kept warm).
3. Travel allowances should be granted to those who must work in over-populated areas, to enable them to live outside London or at least in a less crowded district.

The task is an enormous one, but it was after all the present Minister of Housing and Local Government who once wrote, ". . . there is no more justification for pessimism in politics than there is for a gardener to say 'I'll give up weeding because it's a wet summer' ".

The miasma of housing conditions hangs over us today like the Great Plague of exactly 300 years ago. It calls for action no less drastic and decisive than the fire which swept away that disease in the subsequent year.

LETTERS TO THE EDITOR

G.P.'s ANONYMOUS

Sir,—Although sympathetic to the GP your March Editorial is misleading on two counts. First, you naïvely welcome the Review Body's double-talk about payments for extra work. Para 42 of the recent Report states: "None the less we are clear that any comparisons we may make with incomes in other professions will have to be based, as the Royal Commission's comparisons were, on total earnings; and for this purpose we shall have to take into account the earnings of general practitioners from all sources, not just earnings from Executive Council services".

In other words, when extra work increases, the new Pool will decrease as its counterpart did in the past, so that as more family doctors are asked to fill the widening gaps in hospital staffs the fees for this work will be extorted, as at present, by an increasing involuntary levy on all GPs and thus achieve a saving to the Exchequer. The BMA's insistence on a new pay system is intended specifically to smoke out this device, which in any other walk of life would be condemned as sharp practice. That GPs once accepted it may be attributed to the fact that until the 1963 14% revelation it had not occurred to them that their leaders were fumbling amateurs at the mercy of conscienceless professional jobbers.

Second, you seem to endorse the impression conveyed by the lay Press that the present upheaval is primarily about money. In fact, the latest financial fiasco has been no more than a detonator. The profession's leaders are for the first time representing the family doctor's pent-up resentment of his role in the NHS. The GP is no longer prepared to endure unrelieved drudgery under mob rule. He is ashamed of—and determined to renounce—the degraded level of medicine to which he has been reduced by the sustained onslaught of selfish and stupid people to whom anything free at the time is an irresistible invitation to abuse. In no other social service is the beneficiary empowered to call the tune with impunity, and if a breakdown in general practice is to be averted the type of patient to whom I refer must be disciplined to exercise consideration for the doctor and for the people who really need his services. Britain's greatest need is a Government which will acknowledge that the Welfare State depends for its survival on a reversal of the prevailing tendency to renounce personal responsibility.

I am entirely in favour of treating the poor with compassion and charity, but to insist on gearing the entire nation's medical care to the needs of the unfortunate few is an immature egalitarian obsession which achieves nothing useful and can lead only to progressive waste of resources and loss of doctors. The patient whose fingers are black with tobacco stain regards it as a tremendous joke that he can again get his linctus free, yet politicians continue earnestly to plug this folly as a fundamental social virtue.

If the present dispute fails either to cure politicians of their pauper encephalopathy or to compel them to afford the GP a reasonable life and work worth doing, one cannot honestly advise your younger readers to risk disillusionment in a career which in most areas of Britain consists largely of the hectic certification of coryza. In that event the best service we older men will be able to offer you will be some form of "GPs Anonymous", so that if by reason of personal crisis, penury, examination failure or funk you begin to feel an attack of general practice coming on you can ring a doctor who isn't sucking up to the Establishment and hear something to your lifelong advantage.

Yours sincerely,
B. Burns,
28 Endcliffe Crescent,
5th March. Sheffield, 10.

N.H.S.—C.N.D.

Sir,—Oh dear, oh dear! What a lot of emotional clap-trap in your letter from Mr. Tony Murphy. The sentence about whether it is right to retain prescription charges is so worded as to suggest that some evil persons were making fat profits out of them—which is clearly nonsense since they went to the treasury. Since the beginning of time (and even to Hippocrates himself) it has been considered perfectly right and proper for a physician to receive payment (i.e. to make capital) out of treating his fellow men's illness. Whether he is paid directly by the patient or indirectly through taxation makes not a scrap of difference, he is still making capital out of illness. Neither do the Drug Houses "exploit" the needs of the sick. They manufacture and supply the drugs needed to treat the sick and, in addition, do very good work in research into new drugs. The executives, research chemists, and the men who actually make the drugs are all 'workers' and, as such, are perfectly entitled to be paid for the work they do. As a pharmacist, Mr. Murphy would be well aware of these facts if he were not blinded by his inane left-wing prejudices.

He believes that no man should have to pay for medical attention. But good health is only one essential to a happy life. Good food, clothes and housing are others. If it is immoral to pay for good health it is equally immoral to have to pay for food, clothing and housing. By Mr. Murphy's philosophy all these should be supplied free by the State which, presumably, would extract every halfpenny of everyone's income in taxation in order to pay for them. No, Sir. The more the State considers that it has a divine right to decide how people should spend their money the more frustrated the people will get—and the bigger the flood of emigrants.

So two thousand million pounds are spent every year on "weapons of murder". Murder is an aggressive action, so presumably Mr. Murphy believes that our defence forces are maintained with the intention of waging an aggressive war against someone. This is an insult to the British people and the governments which they have elected democratically. What in Heaven's name, is the use of spending all the nation's wealth in creating a Dodo's paradise only to have it taken over immediately by some aggressive foreign power. We have been forced to fight two major wars in the past fifty years because we refused to learn one of the main lessons of history; that any nation which gives an aggressive nation cause to believe that it is unwilling or unable to defend

itself always becomes the victim of aggression sooner or later. And it is no good imagining that the rest of the world is full of angels with no aggressive intentions. It isn't.

Those of us who work directly with the people of this country are only now beginning to appreciate the evil effects of the Welfare State. It breeds a "welfare state mentality", the belief that a man should not be expected to do anything for himself, make any decisions, or even to think for himself. Someone else, supplied by the State, will do all his thinking for him and, as their services are free, this 'someone' is usually the general practitioner or the district nurse. We are constantly told that the funds of famine relief organisations are intended primarily to teach the people of the underfed areas of the world how to feed themselves. Similarly, the people of this country do not want more state largesse doled out to those who are quite capable of looking after themselves. We are living in 1965, not 1865, and the people should be encouraged to fend for themselves and to make their own decisions about every problem in life. Only then will they become independent human beings again and not animals in a zoo .

So come down out of the clouds, Mr. Murphy, and recognise the world as it really is. Your lotus-eaters paradise would not be a very pleasant place to live in even if it were achieved.

Yours faithfully,

R. G. D. Newill,
Penmans End,
Chipperfield Common,
5th March. Nr. Kings Langley, Herts.

THE SHORTAGE OF DOCTORS—A SOLUTION

Sir,—There is at present in this country a critical shortage of doctors in all branches of medicine, and the position is not likely to be improved by the Government's "crash programme", (i.e., the building of one new Medical School and the overcrowding of the existing ones).

There is therefore a good argument for better organisation of the existing manpower. If all doctors, on qualification, had to work for a period of two years in an area selected by the State, then some of the existing problems could be solved. The chronic shortage of staff in some provincial and rural Hospitals could be relieved, there could once more be a good G.P. service in some parts of the Country, future Hospital staff could broaden their medical experience, and the State would get at least some return on their investment in the four hundred or so doctors who leave the Country each year on qualification.

Yours sincerely,

P. T. Doyle,
Abernethian Room,
25th February. St. Bartholomew's Hospital.

THE GOVERNMENT'S SOLUTION?

Sir,—One of my personal highlights of a week notable for the B.M.A.'s decision in favour of the resignation of General Practitioners from the N.H.S. was reading an advertisement in the *Daily Telegraph* entitled 'Doubly Rewarding'. This was on behalf of the Ministry of Overseas Development and was an attempt to attract doctors and other professional people to the idea of working abroad. The Ministry, one must assume, was either unaware of Mr. Kenneth Robinson's difficulties, or, in a true inter-ministerial spirit of competition, was trying to exacerbate them. In this context it might perhaps be pertinent to add that the majority of the countries on whose behalf the Ministry is trying to solicit our help are just those countries that provide the majority of the junior staff of many of our own provincial hospitals.

The advertisement concluded by saying: "Many employers regard overseas service as a plus mark." At the present moment it would seem that many G.P.'s will earn the plus mark but few will return to reap the benefits of its award.

Yours faithfully,
C. R. W. Edwards,
Abernethian Room,
St. Bartholomew's Hospital.
26th February.

GUILD FOR DOCTORS' WIVES

Sir,—May I request space in your columns to draw your readers' attention to the work of the Ladies' Guild of the Royal Medical Benevolent Fund.

Founded in 1909 to assist the Royal Medical Benevolent Fund in its efforts to help doctors and their families in times of distress, the Guild has increased its commitments each year. In 1963 over £26,000 was distributed in the form of supplementary maintenance grants, school fees, holidays, gifts of coal, clothing and food and in many other ways.

It has been brought to our notice that there are still many young doctors and their wives who are totally unaware of the existence of the Guild and in consequence there have been cases of extreme hardship among young widows who did not realise that they could apply to us for help and advice.

It is hoped that this letter will make the work of the Guild known to a wider circle and will also encourage doctors' wives, who are not already members, to enrol in the Guild. Subscriptions may be of any amount from 5/- upwards and should be sent to Mrs. J. D. Cambrook, the Honorary Secretary/Treasurer, The Bart's Hospital Branch of the Ladies' Guild, at 61 Wimpole Street, W.1, who will be pleased to give further details.

Yours faithfully,
Joan Cambrook,
61 Wimpole Street,
1st March. London, W.1.

April Duty Calendar

Sat. & Sun., 3rd & 4th.	Dr. Hayward Mr. Badenoch Mr. Manning Mr. Evans Mr. Hogg
Sat. & Sun., 10th & 11th.	Dr. Spence Mr. Tuckwell Mr. Aston Dr. Bowen Mr. Fuller
Sat. & Sun., 17th & 18th.	Prof. Scowen Prof. Taylor Mr. Burrows Mr. Ellis Mr. Cope
Sat. & Sun., 24th & 25th.	Sir R. Bodley Scott Mr. Hunt Mr. Manning Dr. Ballantine Mr. McNab Jones
Sat. & Sun., 1st & 2nd May.	Mr. Naunton Morgan Mr. Aston Dr. Jackson Mr. Hogg

Physician Accoucheur for April is Mr. Bourne.

NURSES' REPRESENTATIVE FOR THE JOURNAL

This post on the *Journal* Publications Committee will become vacant in June, and applications are invited. The post is open to all members of the nursing staff, of whatever rank, and applicants should write to the Editor not later than April 23rd. If possible applications should be accompanied by suggestions for making the *Journal* more attractive to nurses. The Editor will be pleased to provide information about the nature of the post.

ST. BARTHOLOMEW'S HOSPITAL GOLFING SOCIETY

The Society was founded in 1928. All past students of the Hospital, who are on the Medical Register and members of the Teaching Staff, are eligible to join, on payment of an entrance fee of 5s. The Club meets in June and October, and plays upon courses around London. There are several cups and prizes which have been presented by members of the club, and have been so donated that they allow even those beginners with a handicap of 24 to enter successfully into the spirit of competition.

Newly qualified men who are interested in golf, and anxious to maintain a link with the Hospital, should apply to the Secretary for membership.

James O. Robinson, Secretary,
St. Bartholomew's Hospital Golfing Society,
149 Harley Street, W.1.

WESSEX RAHERE CLUB

The Spring dinner of the above Club will take place on 3rd April, 1965, at Sofroni's Restaurant, Torquay, under the Chairmanship of Dr. Thrower. It is hoped that the Guest of Honour will be Dr. Carrick, Editor of "Medical News".

Further details will be circulated, or can be obtained by any Bart's graduates practising in the West Country from the Hon. Secretary: Dr. George Lloyd, Kirkham, Babbacombe, Torquay.

MADRIGAL GROUP

The above group has recently been formed and is open to all. Anyone interested should contact either Janet Carr (Nurses' Home), or Robert Johnson (Students' Cloakroom).

Dr. EDWARD R. CULLINAN, C.B.E., M.D., F.R.C.P.

Dr. Cullinan died on the morning of 16th March, 1965. An obituary will be published in a subsequent edition.

Engagements

GATELY—ASPINAL.—The engagement is announced between John Gately and Valerie Aspinall.

JACKSON—GARRELTS.—The engagement is announced between John Jackson and Gitta Garrelts.

Marriages

WELCH—MOSTYN-PHILLIPS.—On February 13, Dr. David McPherson Welch to Anna Mostyn-Phillips.

WYATT — LAWSON. — On January 30, Dr. Nicholas David Wyatt to Anne Lawson.

Births

BADLEY.—On February 23rd, to Inge, wife of Dr. Bernard Badley, Inverness, Nova Scotia, Canada, a son Andrew, brother to Jennifer.

BROWN.—On February 9, to Elizabeth (née Cumberlege) and Dr. Patrick Brown, a daughter.

GRAY.—On January 16, to Jill (née Hoyte) and Dr. Denis Pereira Gray, a daughter (Penelope Jane Pereira).

HASLAM.—On February 22, to Shirley (née Jeffries) and Dr. Michael Haslam, a son (Michael Patrick Gerald).

KETTLEWELL.—On February 28th, to Sarah (née Dawkins) and Michael Kettlewell, a son (Nicholas).

Deaths

DALE.—On February 9, Dermot Dominic Dale, M.R.C.S., L.R.C.P. Qualified 1924.

FIDDIAN.—On February 16, James Victor Fiddian, M.D. Qualified 1912.

MCDONAGH.—On February 14, James Eustace Radcliffe McDonagh, F.R.C.S. Qualified 1906.

Obituary

Dr. PENRY ROWLAND

M.D.. M.R.C.S.. L.R.C.P.

Dr. Rowland will be mourned as a beloved personal friend by Colcestrians of three generations and of all walks of life. While he was also a skilful surgeon, it is as an inspired family physician that he will be chiefly remembered. He knew his patients as people, often from the cradle to the grave, and his knowledge of human nature was always behind the practice of his medicine.

Alone among Colchester doctors he favoured the introduction both of Lloyd George's health insurance scheme and of the National Health Service, yet he combined the best of the "old-fashioned" qualities with his progressive outlook. No doctor was out at night more unsparingly; none forgot to send in more bills where he knew it would cause hardship to meet them.

(an extract from the Essex County Standard).

Scholarships and Prizes

Brackenbury Scholarship in Surgery: B. J. Britton (*Prox. Access*: T. J. C. Cooke).

Brackenbury Scholarship in Medicine: J. S. Kennedy (*Prox. Access*: T. J. C. Cooke).

Willett Medal (Operative Surgery): B. S. Bennett.

Skynner Prize in Children's Diseases: D. G. Robins. (*Prox. Access*: J. S. Kennedy).

Burrows Prize in Pathology: A. T. R. Axon.

Walsham Prize in Surgical Pathology: A. T. R. Axon.

Matthews Duncan Medal and Prize in Obstetric Medicine: L. Davis-Dawson. (*Prox. Access*: T. P. Dutt).

Roxburgh Prize in Dematology: T. J. C. Cooke.

Hichens Prize: J. A. Tricker.

Examination results

University of Cambridge, M.Chir., February 1965: R. A. Roxburgh.

University of Cambridge, M.A., March, 1965: G. N. W. Kerrigan.

ST. BARTHOLOMEW'S HOSPITAL MEDICAL COLLEGE

VIEW DAY BALL

Friday, 14th May, 1965

The View Day Ball, under the patronage of Nadine, Countess of Shrewsbury, will run from 9 p.m. to 3.30 a.m. at the Criterion Banqueting Rooms and will be in aid of St. Christopher's Hospice.

A four course dinner will be served at 10 p.m., the cabaret taking place immediately afterwards. After dinner there will be dancing to three bands, including Bill Savill's. From midnight there will be facilities for gaming, probably Roulette as last year. There will be a Tombola.

DOUBLE TICKET: 90/-

St. Christopher's Hospice

St. Christopher's Hospice is a new foundation designed to provide care for those in pain and suffering due to advanced cancer or other long term illness for whom no further active treatment is thought possible by other centres. These patients may be of any age and it is to provide the best medical care within a secure community life that this Building Fund Appeal is being launched.

Research into the many aspects of such illness will be an important aim of the centre and facilities for teaching and experience to medical students and nurses will further the understanding of the problems in such cases.

Providing a community which can replace the patient's home is one of the most difficult aspects of medical care in a normal busy hospital. St. Christopher's tries to offer this in an informal atmosphere in which friends and relations can also be welcomed to play their own part.

It is felt that only a religious foundation can sustain a staff with a true vocation for such work, and give the patients security and hope. The Hospice will be œcumenical in the fullest sense of the word, and though having its own Chaplain, ministers and priests of all denominations will be welcomed to visit their people.

Independence is essential to retain the true character and to admit of a flexibility that will allow development in this field in a way that is different, but it is hoped that links with the National Health Service will mean that for most patients its care will be free.

Send this to:
Secretary, View Day Ball Committee, Abernethian Room, St. Bartholomew's Hospital, London, E.C.1.

I ..... *(Name in block caps.)*

Address .....

.....

wish to apply for ..... *Double Tickets and enclose cheque/cash for the sum of £* : *s.* *d.*

I understand the Committee cannot guarantee to refund money for returned tickets.

Date ..... *Signed*.....

N.B.—Cheques payable to St. Bartholomew's Hospital Students' Union, crossed "Ball a/c".

Receipts will only be sent if requested. No tickets will be sent out before May 1st.

TABLE RESERVATIONS

Tables will be for parties of ten. It will greatly assist the Committee in arranging the seating plan if the organisers of individual parties would fill in this form:

I wish to reserve a table for ten in the name of

.....

and the male members of the party will be*

.....

.....

.....

.....

.....

.....

* *(This information will prevent double bookings).*

Retroscope:

PISCES

Pisces the Fish has slipped from our grasp and it is now technically Spring. The Cambridge Union, that former bastion of the masculine world, has succumbed to the season and its first woman Vice-President. The ceiling fell in at U.C.H. in the maternity ward, but the only casualty was a visitor, the husband of one of the expectant patients. Lord Morrison died at 77; and with his death four men alone survive from the old War Cabinet proper—Earl Attlee, the Earl of Avon, Viscount Chandos (Oliver Lyttleton), and Lord Casey, the eminent Australian. Incredibly Dawn Fraser was banned from swimming for ten years for trying to pinch the Japanese Emperor's flag after the Olympics. No-one can have been more astounded at this than the Emperor himself who gave Miss Fraser his flag after the escapade.

Box of Tricks

Excitement has been brisk and the weather squally down at the B.B.C. lately, and no doubt quite some static generated, what with reshuffles at the top and questions asked in the House. Donald Baverstock, able, original, but apparently impatient with subordinates, was forced, alas, to leave. Promotion came for Attenborough ("I *was* going to Ecuador") and the earnest Huw Wheldon ("It is indeed an ignorant man who has not heard of the works of Geist"). The Lord Privy Seal, Lord Longford, and several other Labour members protested strongly against the birth control sketch in *Not so much a programme* and drew a public apology from the Director-General, Sir Hugh Carleton Greene. Two intolerant Conservative M.P.'s went so far as to demand Sir Hugh's resignation in view of his "complete inability" to control his programme managers, but mercifully sanity prevailed. Another attack was launched at poor old Auntie B.B.C. by the former head of radio drama, Val Gielgud, in his recent autobiography. He supposed that even if Auntie did need changing and bringing up to date, there were better ways of doing it than by taking off her drawers in public. He also regretted having introduced Mrs. Dale's Diary (as well he might), and this corespondent shares his profound wish that somebody (possibly the exasperated Doctor himself) should finally and rapidly finish the wretched woman off.

There was a further shock when the Panorama team was arrested in Madrid while filming the students and police on duty at the University. They were detained on suspicion of distributing illegal propaganda, but let loose all too soon. However ominous the atmosphere elsewhere, in Tannochbrae at least all is as quiet as ever, and the inhabitants rest secure in the encyclopaedic knowledge of Drs. Cameron and Finlay up at Arden House. The success of this indefatigable pair of clinicians, not to mention the omniscient M.O.H. Dr. Snoddy, must ensure at least some grains of comfort at the Television Centre.

Custard Pie

Inflation has reared its ugly Gorgon head in that national shrine of democracy, the noble House of Commons. Mr. David Ennals, Labour M.P. for Dover and a staunch guardian of liberty has demanded an explanation from the Chairman of the House's Kitchen Committee (Mrs. Bessie Braddock, appropriately enough) as to why the price of a portion of custard, as sold in the members' dining room, has soared drastically from 1d. to 3d.—this compared with a general increase of a mere 25% in the cost of the food there. Readers will be staggered to learn that this heroic vigilance, this gallant assault, this fearless exposé was motivated by pure altruism, for it transpires that the worthy Mr. Ennals dislikes custard intensely himself, and having never so much as sampled the parliamentary kind, learnt the ghastly truth from one of his secretaries. Rightly may we be proud that the representatives we helped to elect, though faced with so many motes in so many other eyes, can yet find time to examine so closely the shameful beams in their own.

The Emerald Isle

Strange antics have been performed of late in Dublin. Elizabeth Taylor lost her jewels, and the controversial body of Sir Roger Casement, which had apparently defied the quicklime at Pentonville, was finally laid to rest at Glasnevin. Casement retired in 1913 from a distinguished career in the British consular service, and after an abortive attempt to raise an Irish brigade from among the prisoners-of-war to fight for the Germans, he landed with arms from an enemy submarine off the coast of Galway in 1916. He was captured the next day, tried, and hanged for treason. A Protestant by birth, he was a fanatical nationalist and according to the notorious Black Diaries, a homosexual with an extensive practice. England he once described as "the bitch and harlot of the North Sea". 83-year old President Eamonn de Valera who delivered the final eulogy may well have mused on the fate which allowed him to escape a similar sentence of death, by virtue of his somewhat flimsy claim to American citizenship.

De mortuis nil nisi bonum

From *The Guardian*, a fair deal for our feathered friends:

> A death with honour decision was made by the North West Sussex Water Board at Horsham yesterday. A directive to the board's bailiffs allows them to shoot cormorants suspected of eating any of the £1,700 worth of trout which are to restock Crawley's Weir Wood reservoir at Forest Row. But 'to be fair' to the dead birds a post-mortem examination will be made to establish their guilt or innocence.

NOTES ON

SIR ARCHIBALD GARROD'S STAY IN MALTA, 1915-1919

(a period of his life which has until now remained undocumented)

By F. Vella,

M.D., M.A. (Oxon.), Ph.D., A.R.I.C.

Reader in Biochemical Genetics, University of Khartoum.

The following notes owe their origin directly to the reprinting of Garrod's *Inborn Errors of Metabolism* by Professor H. Harris. While perusing the bibliography of Sir Archibald Garrod's writings appended as a supplement to that reprint, I was struck by the item: "*Islands*, a lecture delivered in the Aula Magna, Malta University, 21 January 1919". During a visit to Malta in the spring of 1964, I took the opportunity of looking up this lecture in the Royal Malta Library and to my surprise there discovered a second lecture delivered by Sir Archibald in the same place on 3rd November 1917, entitled *The University of Utopia* and also that Garrod was honorary M.D. of that University. This set up a train of events, of researches in the archives of that University and in the daily newspapers published in Malta during the First World War, of interviews with people who had known Garrod during that period, of correspondence with Dr. George Graham, F.R.C.P. and with Mr. J. L. Thornton, Librarian at St. Bartholomew's Hospital Medical College. The results give a reasonably clear glimpse of a little known, but important part of Garrod's life. For a detailed information on the life and works of Sir Archibald Garrod the reader is referred to the Wix Prize Essay 1949 by C. J. R. Hart[23].

Introduction

At the outbreak of war, Garrod aged about 57 years, was physician to St. Bartholomew's and Great Ormond Street Hospitals and served at the 1st London General Hospital at Camberwell with the rank of Major. In December of 1915, he was promoted Colonel in the Army Medical Service and sent to Malta as consulting physician to the forces there. In February 1916, he was joined by Dr. George Graham who acted as his assistant until April 1917. In Malta he succeeded G. L. Gulland (who had been physician to the Edinburgh Royal Infirmary) and shared medical responsibilities with Sir J. Purves Stewart (formerly physician to the Westminster Hospital) until the middle of 1916 when Purves Stewart was moved to the Salonika Command and replaced by Dr. Howard Tooth, a former colleague of Garrod at St. Bartholomew's Hospital and Camberwell.

Garrod has left a sketch of his first impressions of Malta in the opening paragraphs of *Islands*:

> "He who first comes to Malta in the early morning can hardly escape it (i.e. "island charm") as he sees the shadowy outlines of the island emerge from the horizon mists, the unfamiliar features and colouring of the nearer landscape, the harbour girt with bastions and the half oriental buildings of Valletta and her sister towns, the gaily coloured dghaisas, which flock around the ship".

He also forecast the island's destiny with remarkable accuracy when he said, in the same lecture:

> "The agency which promises to be most destructive to insular seclusion is only emerging from its infancy. Malta has been a halting place of migrant birds, northward and southward bound: so we may expect that in the future it will become a place of call for squadrons of aircraft making the same traverse. But even when the sea-girth fortress shall no longer afford protection, nor insular retreat seclusion, there will remain the fascination of the far-reaching sea, the island's beauty and the island's charm".

On arrival he lived in a house on the Sliema Sea Front (now Tower Road) with the Purves Stewarts, but in June 1916 he moved to a house in Floriana (4 Piazza Miratore) which he shared with Col. Tooth and with Sir Charles Ballance and where he was joined by Mrs. Garrod for several months later that year. He and Tooth then moved to the Osborne Hotel in Valletta where Garrod lived till his departure.

Garrod lost his three sons in the war. His second son, Thomas Martin, a lieutenant in the Royal North Lancashire Regiment, died on 10 May 1915 aged 20 years, while his eldest, Alfred Noel, a Lieutenant in the Royal Army Medical Corps, died on 25th January 1916 aged 28 years, that is, just after Garrod's arrival in Malta[2]. Professor V. Mifsud, who had served as a medical officer in one of the hospitals under Garrod's care, recalls him as "very depressed over the death of his children" The third, and youngest son survived a year of active service and died in Cologne from influenzal pneumonia just after the armistice[3], and before Garrod left Malta. His only daughter Dorothy, then aged about 28 years, travelled out from England to be with him during this period of heart-break. She survives her father and her career as a distinguished archeologist, first woman professor at Cambridge (she was Disney Professor of Archeology between 1939 and 1952) and the recipient of several honorary doctorates in science and letters would have gratified him had he lived long enough. It is interesting that a letter in the University of Malta archives written on 6th July 1916 conveying "to the Rector my sincere thanks for the statute of the University kindly sent to me" is on black-lined paper.

He was early impressed and very appreciative of the services rendered by the V.A.D. nurses in his hospitals. On 1st July 1916 appeared in the local daily a *Note on the work of the V.A.D. Nurses in Malta* over the signatures of Colonels C. A. Ballance, Purves Stewart, Charter Symonds, A. E. Garod and W. Thorburn[4].

Garrod had had little experience of tropical diseases before going to Malta. He quickly mastered his deficiencies however and Dr. Graham was astonished by the amount of knowledge on amœbic and bacillary dysentery, malaria, kala azar and Malta fever (Brucellosis) which he gained in the two months following his arrival in Malta. According to Dr. Graham: "Garrod was rather like the great Bartholomew's physician, Dr. Samuel Gee, much more interested in the diagnosis of the disease than in its treatment." He was especially interested in the diagnosis of amœbic hepatitis by percussion of the upper level of liver dullness both in the back and front of the chest and in the axilla, and in the detection, by palpation and light percussion, of dilation of the right heart in patients suffering from malaria.

Garrod, always a hard worker, immersed himself in his clinical duties during all this time. Subconsciously, he may have been prompted by a desire to overcome the pains of adversity. Official recognition was taken of his efforts though he did not go out of his way to seek it. In 1916 he was created C.M.G. and mentioned in dispatches. The New Year Honours List of 1918 created him K.C.M.G. and soon after he was again mentioned in dispatches and in mid-year was invested by the King.

Garrod became friendly with many important Maltese families. He was medical consultant to the Strickland family and attended Lady Edelaine Strickland during her last illness. His name is included amongst those who were present at three funerals in this family.

He went out of his way to befriend the Maltese people and on 22 October 1917, he attended a Rally of "Baden Powell's Boy Scouts" and together with Surgeon-General Sir M. J. Yarr and Colonel Ballance he "inspected the bandaging and stretcher drill with, which they expressed their satisfaction". According to Dr. Graham: "his charming personality was never better shown than during these four years at Malta."

Malta During The War

In February 1915 an enquiry from Egypt as to the availability of hospital accommodation in Malta, led to the preparation of a scheme to provide 3,000 beds for sick and wounded. Under the guidance of Field Marshall Paul Sanford, Lord Methuen, newly appointed Governor of Malta, new hospitals sprang up, existing ones were enlarged, barracks and schools were prepared for the reception of sick and wounded, until over 25,000 beds were equipped. The first convoy, numbering 600 wounded, arrived on 4th May 1915 and was very quickly followed by others so that, by the end of the month over 4,000 patients were being treated and by September some 10,000, all from the Gallipoli campaign. At first the cases were mostly of a surgical nature, but later dysentery and enteric fever, trench fever, frost bite and rheumatism became the priciple diseases. It is remarkable that the health of the civilian population of the island was in no way affected by this influx of patients. With the abandonment of the Gallipoli campaign, the number of sick and wounded in the Malta

military hospitals fell, but later rose again as a result of the sending of numerous malarial patients from the Salonika campaign[5].

According to Bruce[6], 2,550 officers and 55,400 other ranks arrived for treatment in Malta during the Gallipoli campaign while 2,600 officers and 64,500 other ranks were admitted from the Salonika army up to August 1917. The number of medical officers available to cope with these patients fluctuated, but was nearly 340 in January 1916 and included as consulant surgeons: C. A. Ballance, Charter Symonds and W. Thornburn, and as consultant physicians: Sir J. Purves Stewart, G. L. Gulland, H. Tooth and Garrod. Altogether, the medical life of the hospitals was a very live thing. All alike were intensely interested and anxious to gain experience. The medical officers met together in conference every fortnight in the University to discuss and learn from the experience of others, methods of treatment of disease and wounds that were new to them. These conferences were well attended and proved to be of very great benefit. Garrod gave an address to the Malta Medical Conference on *War Hearts* on January 5th, 1917. This was probably based on the article he published early the same year on the subject[7]. He probably addressed the conference on other occasions. According to Mifsud he "was a very good speaker who could be relied on to give an interesting lecture even without any previous notice".

Mackinnon, senior Presbyterian Chaplain in Malta at the time, has left this description of the work that fell upon the consultants. "These men worked as a band of brothers. All serious cases were, by order, at once notified to them by telephone, and were visited and consultations held. No serious operation or amputation was allowed to be performed without consultation. Every hospital was visited at least twice a week by the physicians and surgeons, and methodical visits to the wards and to all cases were made as is the custom in peace time in all the great hospitals. Sunday was no exception, and on that day rest was no more possible in the hospitals than on weekdays. The labours of the consultants were incessant and often extended far into the night".

Garrod's Public Lectures in Malta

Garrod's lecture on *War Hearts* to the Malta Medical Conference in January 1917 was the first of a series of lectures he delivered. His public lecture was delivered in the Aula Magna of the University of Malta—the same hall where less than a year previously he had conferred on him the honorary degree of M.D.—on 3rd November 1917, and was called *The University of Utopia*. One is struck by how modern the views he expressed sound to a reader today. Since this lecture is little known a few quotations may be allowed:

"But to convert our universities into higher technical schools, to the exclusion of the pursuit of knowledge for its own sake, would be a disastrous step, nothing less than the killing of the goose which lays the golden eggs. The wonderful advances of applied science which have transformed the world, have sprung from the patient investgations of men who have searched out the secrets of nature for sheer love of knowledge, and with no eye to its practical application. When Galvani investigated the contractions of the frogs legs prepared for his dinner, as the breeze blew them against the bars of his balcony, and so laid the foundations of our knowledge of current electricity, he can have had no vision of the future of electrical engineering which should follow from his discoveries".

"The main functions of the University are four in number. The more important are the instructions and research, the less important examination and the bestowal of degrees".

"Just as pupils originally gathered to the informal teaching of eminent men, renowned for their erudition, so nowadays the university system calls for professors who possess such knowledge as is only to be acquired at first hand. They should be investigators who are still pursuing their investigations, whether the field of their studies be the lofty concepts of theology and philosophy, the minutiae of grammatical form, the foundations of history, or the study of the phenomena of nature by observation and experiment".

"None of us can hope to be more than partly educated, and, if one has to choose between the two, the ignorance of natural science at present prevailing is far more deplorable than would be the disappearance of Greek from the curriculum of other than classical students".

"Nevertheless an education which is wholly scientific is just as lop-sided as one from which science is excluded, for there are great fields of thought which are not controlled by scientific reasoning, but, shorn of which man would lose many of his highest attributes".

This lecture, delivered under the chairmanship of Lord Methuen, was very well received. "It was a lecture that none but the sourest critic and cynic could carp at; an academical achievement . . . "[10].

His second public lecture was delivered at the Valletta Gymnasium to the Church of England Men's Society on 11th February 1918. This was a lantern lecture on *Other worlds than ours*, the lantern slides having been lent by the University. It is not likely that this lecture was on ancient history, probably on an archeological topic. Garrod had a life-long interest in history and imparted his interest to his children at an early age. He was very knowledgeable on Malta's pre-history. The lantern slides could easily have been prepared by Professor Zammit for his lecture on the Tarxein Neolithic Temples delivered three months previously. There was no indication of the subject matter treated, in a news item published a few days later[11]. The chairman was again Lord Methuen.

His third lecture was delivered to the same society on 12th November, 1918 on *Life on other worlds*, also illustrated by lantern slides. This was on the day following the signing of the Armistice and was delayed by an hour because of the *Te Deum* ceremony which was held that afternoon at St. John's Cathedral in Valletta, and which was attended by the Governor, heads of civil, naval and military departments and officers, in fact by many who would have formed part of Garrod's audience and, more likely than not, by Garrod himself. It might be worth pointing out, in connection with the likely subject matter of this lecture that while at Christ Church Oxford in 1879, Garrod had won the Johnson memorial prize essay, having chosen as his title *The history of the successive stages of our knowledge of nebulæ, nebulous stars and star clusters from the time of Sir William Herschel*[12a]. While a clinical student Garrod had re-written this prize essay and had it published privately as a 44 page pamphlet[12b]. This interest in astronomy remained with him throughout his life.

Garrod's last public lecture was delivered at the University on 21st January 1919, shortly before he left Malta. This was on *Islands*[13], a very thorough and scolarly survey of the subject from many points of view (history, geography, culture, biology etc). The chairman was again Lord Methuen, himself soon to relinquish the Governorship, and was attended by a "large and distinguished company which filled the Aula Magna almost to overflowing". The listeners were, without doubt, charmed and gratified by this talk. Any present day audience, if afforded the opportunity of hearing or reading it, would be equally so.

Garrod's Interest in Archeology

Garrod's interest in archeology and prehistory has already been referred to. During his stay in Malta he found opportunity to pursue this interest. He became very friendly with Professor (later Sir) Temistocles Zammit, (see biographical note) at the time Curator of the Malta Archaeological Department, who was still excavating the Tarxien Neolithic temples. These had been discovered in 1913 when a farmer's plough struck large blocks of stone buried in his field. The photograph, taken in 1916 or 1917 shows Garrod watching Zammit excavating at this site. Whenever he could he accompanied Zammit on his expeditions. The papier maché model of these temples, which can be seen by any visitor to the Malta Museum and which was presented in 1918, was paid for by Garrod, Zammit, Lord Methuen and three others.

The following quotation, from *University of Utopia* indicates the depth of this interest:

"There are few branches of knowledge which are not becoming permeated by scientific method, and even classical studies are awakening to new life under the influence of scientific work upon the relics of the past. History no longer relies on written records alone. The archeologist is the practical historian, and his methods which are strictly scientific, closely resemble those of the geologist. The broken sherd, the dropped coin or weapon, the hidden treasure, serve to date the successive deposits on a buried site, just as the fossils which they contain date the several strata of the earth's crust. A child's toy, a votive offering, the wares exposed for sale in a buried shop, are for the archeologists precious documents. Even the scribbling of idle hands upon the walls help to reveal the daily life of remote peoples, and it is a comfort to think that those who so deface historic spots nowadays may be providing graffiti for archeologists of the future!

"Here in Malta we have ample opportunities of studying the methods and results of scientific archeology. As the spade brings to light the sanctuaries of our neolithic predecessors of five thousand years ago, the explorer needs to note,

label and classify all his finds, to mark where they lay and at what depths. Pottery is of special value to him for from its materials and decorations it can be identified as neolithic, bronze age, Punic or Roman. From the plans of the sanctuaries, from archaic statuettes and votive offerings, he can reconstruct, to some extent, their ceremonial, and from fragments of bone can identify the animals offered for sacrifice. The artistic level of the neolithic peoples can be appreciated in graceful carvings, painted ceilings and pottery of exquisite shapes and finish. Further more, he can trace the coming of the bronze age race, which finding the sanctuaries desolate, used them as burning places of its dead and burial places of their ashes".

Garrod and unidentified colleagues watch Professor Zammit excavating at Tarxien Temples, Undated, probably 1916. (Courtesy of Captain C. Zammit).

Garrod referred to Malta's pre-history in *Islands* where he also shows himself knowledgeable on the indegenous flora and fauna. He read the manuscript of Zammit's book on *Malta; The Maltese Islands and their history* and this manuscript was also read by Dorothy Garrod before it was published in 1926.

Award of Honorary Degree by The University of Malta

At a meeting of the General Council of the University of Malta held on 21st November 1916 the following resolution was adopted unanimously:

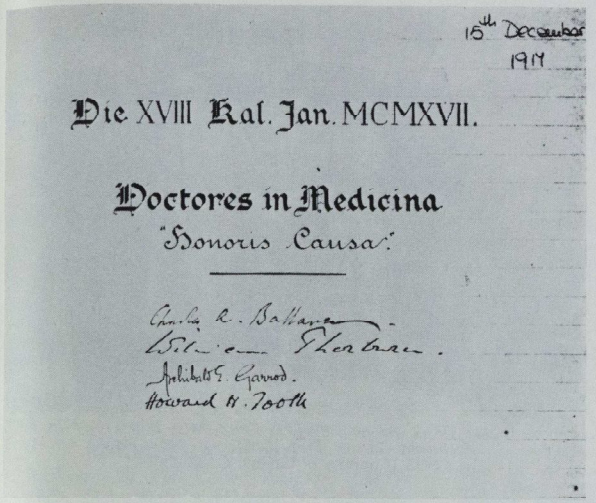
"That the degree of M.D. of this University may be conferred, *Honoris Causa*, on:

Col. C. A. Ballance,
Col. W. Thorburn,
Col. A. E. Garrod,
Col. H. H. Tooth,

in recognition of their professional eminence and of the important work which they are rendering in connexion with the war". On this occasion, the University was availing itself, for the first time, of provisions in the new Statute for the making of such awards.

The day appointed for this graduation ceremony was 15th December 1916 at 3 p.m., the ceremony being held in the Aula Magna of the University and presided over by H. E. Lord Methuen in his capacity as Visitor to the University. It was a unique occasion attended by a "large gathering of Maltese notables and their ladies and a considerable number of ladies and gentleman connected with the medical services of the army and navy". After the ceremony, the whole distinguished gathering were guests of the Faculty of Medicine and Surgery at tea[14].

A detailed report of this occasion published a few days later makes very interesting reading[15]. The scene in the packed hall is described, with the "grave and revered countenances of several generations of Maltese worthies . . . looking down from the walls on a gathering made colourful by military and naval uniforms and by nurses in the varied garbs of their calling", judges in their lawns and velvets and professors and graduates in their academic robes. In front of the dias 'sat the four gentlemen to be honoured, square soldierly figures in khaki and splendid types of British manhood as well as the noble profession which they adorn". The oration was in Latin and concerned education. The Rector made a speech which was punctuated with bursts of applause whenever reference was made to the honorary graduands, especially when he said that "the



Signatures of Honorary Graduands, from Liber Aureum University of Malta. (Courtesy of Professor J. A. Manche.)

University felt itself honoured in honouring such distinguished surgeons and physicians" and that "in conferring that degree our University has simply done what was assuredly its bounden duty, namely, to appreciate merit where merit exists, especially when that merit is of such superior order". The occasion, according to the reporter was "what will no doubt be remembered as the most memorable Anglo-Maltese gathering ever witnessed in the walls of the University". At least one person was inspired by the significance of the occasion to write a sonnet[16].

Garrod was also recipient of honorary degrees from Aberdeen, Glasgow, Edinburgh, Dublin and Padua.

Farewell Dinner to Garrod

On 2nd January 1919, Garrod sat with the General Council of the University at a special graduation ceremony at which the honorary degree of LL.D. was conferred on his good friend Field Marshal Lord Methuen "for his great practical interest in advocating compulsory education in Malta". Methuen had been outstanding in these efforts and "during the whole of his governorship, Methuen preached the absolute necessity of education, made it the keynote of every speech, appointed a committee to enquire into the subject, encouraged the instruction of the illiterate section of the Maltese troops, and finally, in January 1919, appointed an Emigration Committee the first object of which was to instruct prospective migrants"[17].

In the evening a complimentary dinner was given to Lord Methuen and Sir Archibald by the University and its graduates at the Casino Maltese in Valletta. The toast to Garrod was proposed by Judge A. Parnis and was punctuated by outburst of applause. The following statements bear quotation: "Garrod is a household word not only among gentlemen belonging to the medical profession but even laymen like myself", "Colonel Garrod is further entitled to the gratitude of us, Maltese, for his kindness and generosity towards the civil population who have never appealed to him in vain for his medical assistance, and who have benefitted by his kind and disinterested attention", "Gentlemen, it is to the eminent physician, to the eminent citizen, to him who has so cruelly suffered by the war and who is now one of our real friends, that I ask you to lift up your glasses".

Garrod replied to the toast and "confessed that the loss of his two sons was most painful, but even in such pain, there was a certain amount of pride which time could not efface, the pride of the sacrifice and the pride that those most dear to him had done their duty and had fallen for a just cause"[18]. Barely six weeks later his only remaining son breathed his last.

Garrodiana

Hart has written that "No truly contemporary description of the man, not a diary, not a single letter even, has been found". Professor Zammit's son has given me permission to quote this letter from Garrod to Zammit soon after the latter became Rector at the University of Malta. It is dated 17.VII.20 and addressed from Wilford Lodge, Melton, Suffolk:

Dear Zammit,

Thank you very much for your letter. I was

very glad indeed to hear of the Mary Kingsley medal, especially as it recognises another aspect of your work. I was invited to the function in Liverpool at which the medal will be awarded but I did not feel I could go to Liverpool next week, especially as I only got back from examining at Glasgow a few days ago. My visit to Dublin went off all right and I can now sign myself M.D.[3] if I want to! I was only 24 hours in Ireland, where I stayed with O'Sullivan who is quite fit.

Left to Right: *Dr. S. Debono, Prof. E. Ferro, Miss Dale (??) Prof. P. P. Debono. Sir Archibald Garrod, Prof C. Mifsud Bonet, Malta. 6th April,* 1932. (Courtesy of Captain C. Zammit).

As you will see I am down at Melton for the weekend, resting after my exertions. Xuereb showed me a very pleasing paragraph in the Malta Herald about your new honour. I wish you all happiness and all success in your work at the University. Doubtless you will have some battles to fight, but King Stork is what is wanted nowadays, although people are apt to think him a bit of a nuisance.

Now that all is settled about the Oxford house, several fresh ones are coming into the market, which we should have preferred, including one which we really wanted but could not get because the tenant had decided not to move. Now it is too late.

The first half of July was very wet and often cold, but we are having fine hot weather at present.

Ashby has arrived and had dinner with us at Montague Mansions on Thursday evening.

Yours sincerely.

Capt. Zammit also possessed a copy of *Inborn Errors of Metabolism* inscribed, in Garrod's handwriting, "T. Zammit from A.E.G. Malta 1918" which he has presented to the Medical Library of the Royal University of Malta.

A Maltese appreciation

The feelings of the Maltese for Garrod are perhaps nowhere better expressed than in a short news item giving notice of his impending departure: "For, we shall certainly lose a most prominent, familiar and sympathetic personality, as not only will a gifted scientist and distinguished physician of world-wide reputation disappear from our midst, but also one of the best types of the perfect English gentleman. Colonel Garrod, to give him the name by which he is best known amongst us, soon commanded general respect, esteem and admiration. He may indeed say with Caesar: *Veni, vidi, vici*, for he came, travelled over Malta a great deal more than the average Maltese could claim to have done and easily won the hearts of us all". It predicted that "he will not easily forget the little Island which was so dear to him, its University which he honoured and its inhabitants generally who had the privilege and fortune of largely benefitting by his vast knowledge and experience, during his four years stay among them"[19].

His short visit to Malta in April 1932, his acceptance to represent the University of Malta at the meetings of the Congress of Universities of the Empire held in Oxford in 1921 just after taking up his duties there as Regius Professor of Medicine, and the important part he played in furthering the clinical training of several Maltese doctors, prominent amongst whom was the late Professor P. P. Debono, amply justified these predictions.

The links between Malta and St. Bartholomew's Hospital were forged during this time. Garrod was very friendly with and held a very high opinion of Peter Paul Debono a civil surgeon attached to the R.A.M.C. as a specialist in Pathology and Bacteriology. Debono had qualified M.D., when 20 years of age, in 1910 and was pathologist to the Civil Hospital for some seven years. Garrod introduced Debono to Professor Gask, Director of the Surgical Professorial Unit at St. Bartholomew's, who made him his assistant at the end of the war. Soon after, Debono qualified F.R.C.S. and a few years later became Professor of Surgery at the University of Malta. This started the trend, which later became established practice, for Maltese doctors to gain postgraduate experience in British Hospitals, a tradition which has greatly benefitted the Maltese people. Professor Mifsud recalls Garrod saying, "We must do something for the medical profession in Malta". He did. This is Garrod's invisible memorial in the Island he came to love so well.

BIOGRAPHICAL NOTES

1. *Professor Sir Temistocles Zammit, C.M.G., M.D., Hon. D. Litt. (Oxon). Born 30 September, 1864. Died 2 November, 1935.*

Had his medical training in the University of Malta, and later studied chemistry at Ecole Superieure de Pharmacie, Paris, and at King's College, London. Served on the Mediterranean Fever Commission with Sir David Bruce which resulted in the isolation of Brucella Melitensis (1904). Investigated malaria in Malta (1899) and cholera in Naples (1910). Became Professor of Chemistry and later Rector of University of Malta. Received Mary Kingsley Medal. Carried out important archeological investigations at various sites in Malta, particularly at Tarxien Neolithic Temples and became Director of the Malta Museum. Author of *The Maltese Islands and their History* and various guide books to places of historical interest in Malta.

2. *Howard Henry Tooth, C.B., C.M.G., M.A., M.D. (Cantab).. Hon. M.D. Malta, M.R.C.S., F.R.C.P. Born 22 April, 1856. Died 13 May, 1925.*

Educated at Rugby and St. John's College, Cambridge. Clinical training at St. Bartholomew's Hospital, where he was assistant, full, and finally consulting physician. Mainly interested in neurology and held similar appointments with the National Hospital for the Paralysed and Epileptic, Queen's Square. Served as physician in the Boer War and was in charge of the 1st London General Hospital, London (1914-1918) till he served with the forces in Malta and later in Italy[20].

3. *Sir Charles Alfred Ballance, C.B., K.C.M.G., M.V.O.. M.B., M.S., F.R.C.S., Hon. M.D. Malta. Born 30 August, 1856. Died 8 February, 1936.*

Educated at Taunton College, in Germany and at St. Thomas's Hospital. Surgeon at National Hospital for the Paralysed and Epileptic, Queen's Square. Consulting surgeon to the forces in Malta between May 1915 and June 1918. Vice-President, Royal College of Surgeons of England (1920-1921). At a young age, worked with Sir Charles Sherrington on the formation of scar tissue. Author of: *The healing of nerves* (with Sir James Purves-Stewart), *Some points in the surgery of the brain and its membranes*, and *Essays on the surgery of the temporal bone* (2 vols.)[21].

4. *Sir William Thorburn, K.B.E., C.B., C.M.G., M.D., B.S., B.Sc., F.R.C.S., Hon. M.D. Malta, Born 7 April, 1861. Died 18 March, 1923.*

Received his medical education at Owen's College, Manchester where his father had been professor of Obstetric Medicine. Professor of Clinical Surgery at University of Manchester and Hunterian professor at the Royal College of Surgeons, on the Council of which he served for several years. His outstanding interest was in surgery of the nervous system[22].

ACKNOWLEDGEMENTS

I am grateful to the following for the help they gave me in my researches: Professor J. A. Manche, (Vice-Chancellor, Royal University of Malta); Dr. G. Depasquale (Librarian, Royal Malta Library); Captain C. Zammit (Director, Malta Museum); Sir Hannibal Scicluna; Hon. Miss Mabel Strickland; Hon. Dr. P. Paris; Professor V. Mifsud; Professor J. E. Debono and Mrs. P. P. Debono. Dr. George Graham, F.R.C.P. supplied me with his recollections on which the Introduction to this paper is based.

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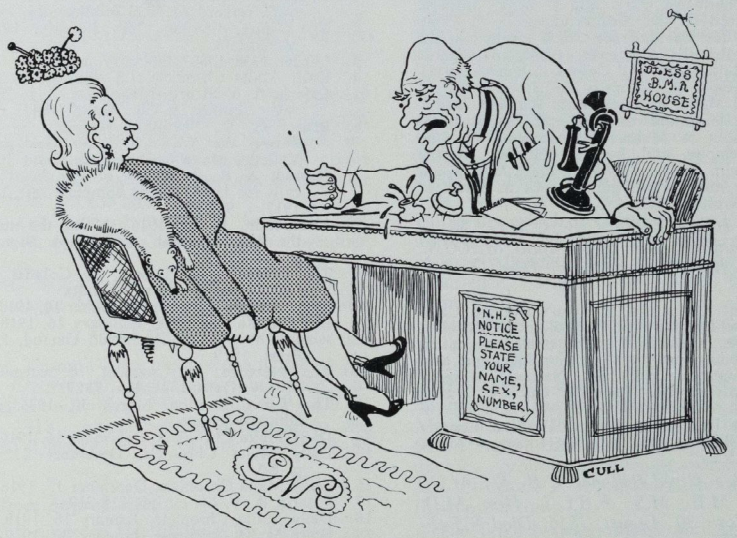
FIFTY YEARS AGO

From the Bart's Journal of April, 1915

An extract from a letter from Mr. Ronald Burns

Dear K—, I wonder what you are doing these days. I have had no letters or papers from home since those dated November 10th, so I am quite ignorant of the state of affairs. I enjoy myself fine, but shall be glad to get home when it is all over. We left Portsmouth in October and went to St. Vincent Islands, Las Palmas, Dakar, Sierra Leone, and then across and down to the Falkland Islands. We arrived there very short of coal, and some of the ships started coaling the day we arrived, December 7th. On the 8th in the morning the enemy came smelling round right up to the mouth of the harbour, and we all got under weigh as soon as possible and after them. They made away for dear life, and we piled on coal and indeed every piece of wood that we could possibly spare. All ladders, chests, spars, planks, &c., went to make the speed juice. Our big ships, the "Invincible" and "Inflexible," got into range at about one o'clock, and we astern watched the fighting about seven miles ahead. Oh, a wonderful sight! The "Scharnhorst" and "Gneisnow," of course, took them on, and they turned off. We left them on our port beam while we chased the other three cruisers. We passed the "Leipsig" about 4.15 and gave her a salvo or two as we passed, and left her to the "Glasgow" and "Cornwall." We chased the "Nurnberg" and got busy at five o'clock, and sank her at about 6.50. We had a few casualties, nearly all burns. We had just enough coal to get us back to the Falklands.



"I DON'T GIVE A TINKER'S CUSS FOR THE G.P's. EDUCATIONAL PROGRAMMES ON B.B.C.2., ... YOU'RE GETTING THE SAME PINK MIXTURE AS BEFORE"

Social Chapter

BOAT CLUB BALL

"The best thing that can be said about College Hall is its lavatories". Fortunately the Boat Club Ball Committee did not leave it at that: armed only with eight oars and thirty-six candles they concealed most of its stark décor by turning out the lights.

The best part of an enjoyable evening was the cabaret by ex-footlight Richard Stilgoe—the well-sung and relatively benevolent content of his numbers made a good change from the current surfeit of satirical dialogue. The "London Jazz Sextet" (strict tempo trad) became increasingly popular during the evening, helped in part by the "Hijackers", who never became really inspired.

Although no one should expect to be filled by a buffet supper, this clearly is what many people were hoping for, and late starters were reduced to siphoning fruit salad from beer mugs:—small criticism for a smoothly run and successful "ball".

A BELTING PARTY

Having paused on route to entertain the regulars of the George at Southwalk, the jubilant November '61 set moved off in a convoy of minis to the Poor Millionaire. The blue illumination in the entrance passage gave some people fleeting doubts about the wisdom of their choice of partner for the evening. These fears were soon dispelled as all plunged into the gloomy cocktail bar, divested of cloaks and cash, and were hustled onwards by a betailed Spaniard into the candlelit interior where sherry was waiting.

The gaily decorated tables were reserved, with an excellent view of the cabaret; the effect created by red cloths and mock mediaeval candleholders was somewhat marred by the plastic salt and pepper pots. Here more Spaniards speedily served an excellent dinner, accompanied by Bordeaux blanc, of crab-filled escalopes followed by the inevitable Petit Marmite (superior to the Grosvenor equivalent because of its carrot content). The majority of the party then enjoyed Aylesbury duckling while two Friday fasters, a Bart's bard and his Falstaffian fellow, sampled scampi.

The Carrier Baggers which commenced towards the end of dinner starred Richard Stilgoe and three companions performing to his music and lyrics; it was enjoyed for its cleverness and crudeness as well as being comic.

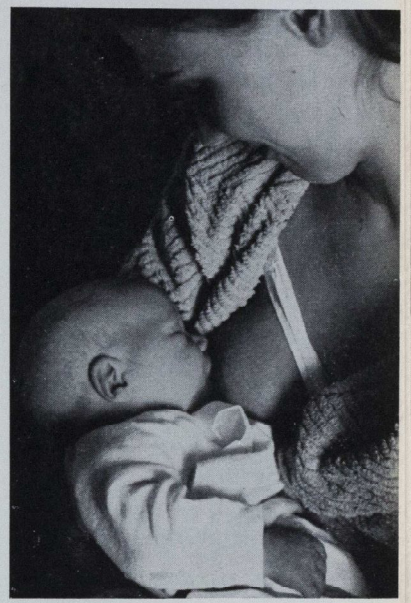
Jennifer, our fashion editor, writes: "The girls looked gorgeous in shapeless shifts of corduroy or wool, and lovely long skirts and tops, black being the predominant colour. Although these have largely replaced the little black dress with the night club set, this was still much in evidence."

The stage was converted into a dance floor, but people found that the three piece band who provided excellent background music for talking and eating were not suitable for dancing. By 2.30 a.m. long after most of the regular patrons had retired, the Bart's contingent started to wind up, with the profound satisfaction that three and a half years of toil had culminated in a very successful party.

H. McC.

(More articles from nurses please—Ed.)

bart's babies



Tom Walter

summer holidays

A JOURNAL GUIDE

NEARLY every newspaper and periodical, broadcasting station and advertising agency, in this country is holiday crazy, so sheeplike the Social Chapter follows suit. We offer you short, sample reports of three holidays pursued by students from the hospital last summer; all are relatively cheap, most enjoyable, and well within the scope of any interested aspirant this year.

CARAVANNING

Three little maids from Barts last year risked life and reputation in a horse-drawn caravan in Ireland, and their report reads thus:

"We arrived in Galway after an incredible journey which included a bus crash, a night in the Liverpool Home of Help for Wayward Women, and a breakneck ride in the Dublin Fire Brigade ambulance.

The meeting between Irish horse, with its caravan of the nissen hut variety, and English girls was momentous; within five minutes of starting our journey we were safely wedged between a telegraph pole and a stone wall, staring at our jaundiced animal, who seconds before had been galloping down the road with gay abandon. After lengthy repairs the eventful journey along Galway Bay proceeded, and in all we travelled twenty miles in seven days. Among our minor incidents, we had to dispose of a happy Irishman who tried to roll our caravan into the sea, we caused a couple of major traffic jams, we were crowded out of our abode by seventeen children from whom we had to beg potatoes, and we lost our horse.

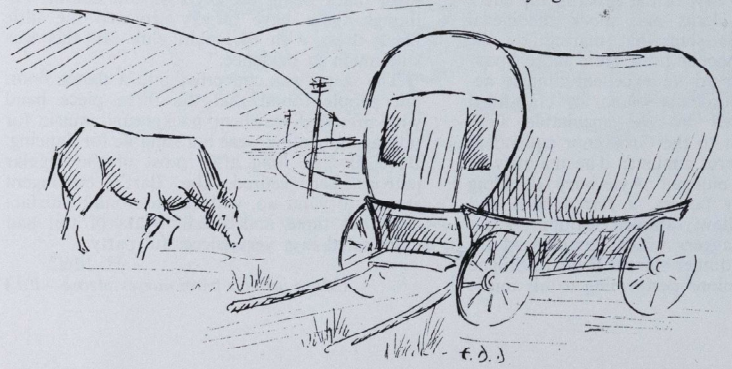
If you ever feel in need of that "glad to be back alive" feeling, this is the holiday for you."

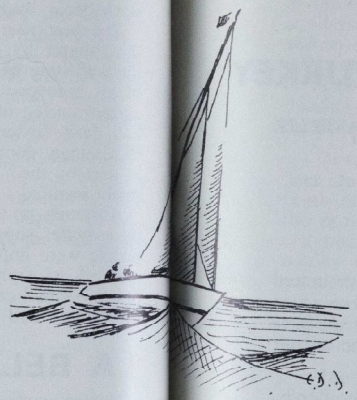
CREWING

Last summer three members of the Hospital Sailing Club had a most enjoyable and economical holiday crewing on yachts in the Royal Ocean Racing Club's race to Santander in North Spain.

To some people the rather arduous five days spent sailing down the Channel, and across the Bay of Biscay, would seem a strange sort of holiday; but no self-respecting medical student could fail to enjoy the hospitality of the Real Club Maritimo, who supplied free sherry on draught, and had no licensing hours.

After four glorious days in Santander, we rather reluctantly again set sail: this time to La Trinité on the West Coast of Brittany. For the first day of this race we spent more time sunbathing than sailing, with hardly enough wind to fill our Spinnakers. On that evening the wind started to increase in strength, and next day we were spanking along, with a lot of spray coming aboard, but still warm enough to wear only swimming trunks. By the next day the wind had increased to full gale strength, and the Bay of Biscay was living up to its reputation; this was magnificient sailing, travelling along at 8-9 knots under a storm jib and a well-reefed mainsail with the wind on our quarter. Under these conditions we rapidly approached La Trinité, normally a tricky harbour to enter, and under the prevailing circumstances terrifying.





Eventually all Eng[illegible]ats competing reached harbour safely, but we heard that two French boats had foundered[illegible]st trying to approach the coast. Despite this sobering news, the French entertained magnificently, and it was with reluctance that two days later we had to leave our respective yachts return by train and ferry to our mundane[illegible]on life.

IBIZA

Telling others about Ibiza is like letting them into a secret. The thing anyone wants to happen is for Ibiza to become spoilt by hordes of tourists, so of course only tell the best people. And of course we've met anyone, who having spent a holiday there hasn't the continual urge to return there soon.

We went by car—three of us. It's cheaper and more enjoyable that way—though of course if you want the maximum possible time on Ibiza you'll go by air to Perpignan and then get a connection to Ibiza.

It took us about three days from door to beach, that's taking it reasonably leisurely but you'd probably do it in two if pressed for time. There are various routes through France to Spain. The N.7 is possibly the quickest, but not the most attractive. If you've the time and the inclination drive through Andorra (we did this on the way back). There's ample compensation for the extra mileage in the way of magnificent scenery and "picture-book" towns.

Once into Spain you follow the coast road through the over-rated Costa Brava down to under-rated Barcelona —in our opinion one of the most impressive towns in Europe—and catch the ferry. In twelve hours time you're in sight of the *town* of Ibiza, which set on a hill, overlooks the harbour. Halfway up the hill you'll see the massive stone walls, built by the Carthaginians two-thousand years ago, which completely surround the old town, and separate it from the new. A museum at the top of the town houses many relics of bygone ages and is well worth a visit—if only for the view from the top.

Accommodation is cheap—we stayed at a Hostel in the old town where bed, breakfast and evening meal came to 10s 6d. each per day.

The car comes in handy on Ibiza because the best beaches are about a mile and a half out of town. Imagine a golden beach, palm trees, clear warm sea and best of all—few people and this is how you'll find nearly all the Ibizan beaches. The exception is over on the west side of the island near San Antonio, fast becoming a tourist town. Here the beaches are anything but unpatronized but the towns gay night life offers compensation. This is not to say that Ibiza (the town) is without night life—it's just less evident. The Domino Bar whose reputation a year or so ago was somewhat doubtful, is now very much an attraction, and you can go in there now without any fear of being knifed.

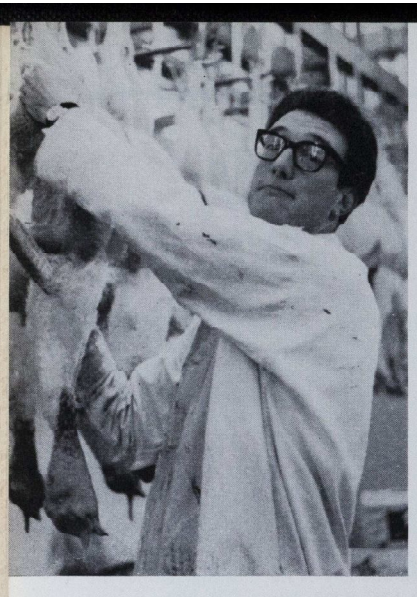
Having the car gives you the chance to see the interior of the land which is quite mountainous in places, and on the North coast the beaches have everything that could be desired.

A day's boat trip south to the Island of Formeutera is a must (without the car) and it seems to enjoy even warmer weather than does Ibiza. Only six families live on the island, and there's very few real signs of civilisation at all. The island is a favourite rendezvous of beatniks and other escapists—who sleep out every night, but you seldom run into any of them as the beaches are so vast. One gets a fair idea of how Robinson Crusoe must have felt.

There's not much to spend your money on in Ibiza and the holiday should cost you somewhere between £25 and £30 depending on how many of you go. The ferry from Barcelona to Ibiza cost us about £13 10s. for the car and 25s. each (1964). Petrol is expensive in France so it pays to fill up at Dover on the way over, and in Spain or particularly in Andorra (where it's dirt cheap) on the way back.

An added attraction of this holiday is that Paris lies en route, and so you need no excuses for visiting it.

All that remains is to find two or three other people who've read this article (one of whom has a car) and off you go. You won't regret it!



do you do this?

4. TALKING TURKEY

by BRUNO BUBNA-KASTELIZ

SINCE what I am going to write about is neither a hobby of mine nor indeed anything particularly out of the ordinary, I was rather surprised when asked to compose this month's 'Do You Do This?' But since many Bart's students have done 'this' and some may want to in future and anyway 'this' is right on our doorstep, here goes.

Christmas is a bad time for the bank balance and after presents for the family, various side-issues and other dependents there was not going to be enough of the ready cash to finance a short holiday in Paris. So, driven only by thoughts of monetary gain, I applied, with half a dozen other Bart's students, for a job in the Poultry Market loading turkeys, and came away with more than just 10 days' wages.

On the first morning I duly reported at 6.00 a.m. but after failing to find the right entrance I stood and looked about me. The new Poultry Market is not a beautiful building but functional, its only claim to architectural fame being that, at the moment, it has the largest unsupported roof in Europe. The old Poultry Market, which was burnt down in February, 1958, the fire raging for nearly ten days, was destroyed completely. Four men lost their lives, the names of some of those who escaped can still be seen scratched on the walls of the old meat market, ticked off as they emerged from the acrid fumes of burning meat and feathers. No doubt the old meat market with its peculiar ornate Edwardian charm will also disappear and be replaced by a possibly more functional but hardly less hideous building.

As I stood, load after load of turkeys rattled past me, piled head to claw with wings tucked in and parsons nose outwards. There seemed to be millions of them. Large and fat, thin and scraggy, long and short, brown and white feathered. Cold and slimy they looked with their heads flopping around your knees and their claws scratching your face, how did you pick the beastly things up? Watching at first, how the experts swung them with laconic ease on to the hooks, it seemed straightforward. But it was days before I learned to grasp the turkey by the root of the neck

and swing the feet up so that the string by which the birds hung dropped effortlessly over the hook.

At this time of year, some three to four thousand turkeys a day passed through this one dealer's shop alone, some freshly killed, some frozen, plus a small number of geese, ducklings and capons. The quality of the fresh birds varied from the really scrawny and high-smelling six-pounders designated—"For the Lord Mayor" (presumably to feed the poor of the City) to 40-pounders with dimpled breasts and sleek legs. The record-weight turkey (this year's champion was 63 lbs.!) is always given to Bart's. The quality varies as to the farm they come from, the time of life they are killed, their sex, and the handling they undergo. Unfortunately, at Christmas time, many turkeys are killed off too young in order to fill the market and so the overall quality is lowered. Frozen turkeys, on the other hand, are all killed off at their prime and sorted accordingly to their weights, sealed and placed in boxes so that their standard of quality is higher. If treated properly, i.e. by thawing out for at least 4 days before cooking, the frozen turkey regains all its flavour and compares well with the freshly killed bird.

It took some time before I was able to sort out one bird from another. The hens are on the whole shorter in leg and neck than the cocks and lacking the short brush of stiff, hair-like feathers which are present on the throat of most males; the brown feathered breed were called 'bronzes' and each farm had their own coloured string attached to the leg of every turkey. The frozen turkeys and other poultry were kept in the refrigerated store rooms (called the 'pot') below the shop, guarded by a thrice-wrapped, duffle-coated Cerberus who barked obscenities at any one who dared to interfere in his arctic hades. After working down there for most of the day it was very embarrassing coming into a reasonably warmed room in the evening, since my face turned a deep shade of puce from reactive hyperæmia.

Most of the day was spent standing in a chain slinging turkeys from trolleys to hooks and back again via the scales with drawn-out tea-breaks in the Cock Tavern inbetween. The regular turkey-loaders in the shop accepted this Bart's invasion with a mixture of defensive banter and wary friendliness. The only time relations were strained was when we encroached on pitcher or bummaree territory. A pitcher, who is attached to a meat or poultry dealer, is the only person allowed by union rules to hand meat or poultry into lorries from his trolley, a bummaree being a freelance version usually working for the smaller firms which cannot afford a regular pitcher. Since both are paid per weight transported, they naturally resented any work taken from them. So there was internecine war, with the bummarees enlisting the authority of the unions and us pleading innocence of the rules.

There are two other sorts of people who are a constant, if unobtrusive, feature of the Market. The Food inspector, a quiet grey-haired giant of a man, came twice a day, sometimes three, to slit the suspicious looking turkeys open with a large knife, kept in a special sheath which bathes the blade in surgical spirit. And the policemen who patrol the Market 24 hours a day. Besides the more obvious routine of controlling the traffic, they also check on meat leaving the Market and see the rule that no meat may be carried down or accross the shop-front corridors, is kept; all meat must pass via the back entrance of each shop. I was never able to find the exact reason for this rule.

Of all the holiday jobs I have ever taken, I think I have found this the most rewarding, learning an admittedly only very small amount, but that practical, about something which I might otherwise have taken for granted, or never even considered.

Right you are!

(IF YOU THINK SO)

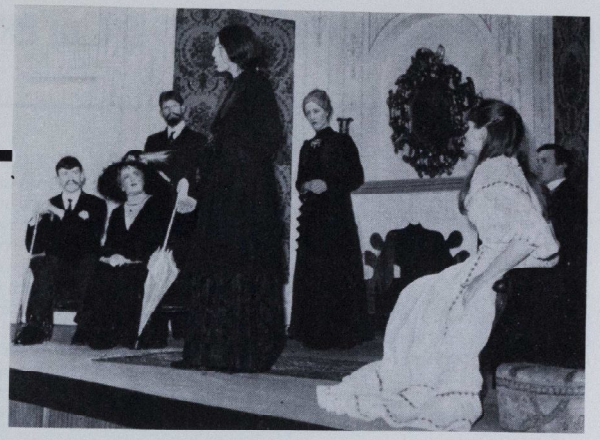
A Review of the Drama Society Annual Production

This play, presented by the Drama Society in Gloucester Hall on February 25th and 26th. was a good and a brave choice. Good, because it provided a little known play containing a generous supply of characters and brave, because Pirandello is a notoriously difficult and demanding author.

The action concerns the consternation in a group of provincial Italians at the turn of the century, at the strange behaviour of a newly-arrived official who seems to keep his wife under lock and key, and his mother-in-law from receiving any social visits, even from her daughter. The Agazzi family and their friends are confused by the contradictory versions of the stories that the official and his mother-in-law give them in explanation, since one says the other is mad and the second says she only plays mad so as to pacify the first. Conflicting evidence is seized upon with avaricious glee by all except one: Laudisi, who, while not standing aloof, certainly views all the horrors of human curiosity with a cynical and humorous eye. Indeed, he is the only one to see that the reality of the situation of these unfortunate people driven to extremes of emotion, lies in the importance that others wish to attach to evidence set before them. In short, truth, like beauty, is in the eye of the beholder.

That the Society succeeded in putting this play across was undoubtedly partly due to the fact that the actors felt confident in their setting—the scenery, costumes and props merged into a pattern which was not only pleasing to the eye but gave the tone of the play. The roofed-in set, with its suggestion of middle-class opulence, was a stroke of imaginative co-operation on the part of Paul Swain, Virginia Todd, Jenny Coulson and their assistants. At the cost of nearly overloading the inadequate circuit, Dick Atkinson managed to light the stage more evenly than in previous years but, though not his fault, there were still the invitable pools of darkness.

Marcus Setchell made a forceful and amusing Laudisi. This sub-hero cum chorus who shows us the cruelty and inanity of human beings in the face of something they do not understand, is surely not only the author's mouthpiece but also the link between audience and other characters. This last aspect of his rôle was regrettably absent. The only time one felt one was seeing the characters through his eyes, was in the sofa scene in Act II, where he archly confides his ideas to two credulous old women. Instead of being able to identify oneself with Laudisi, one was left with the feeling that he was merely a rather engaging eccentric, tolerated by his family. He could have achieved this link with the audience by saying the last line of each act, for instance, not to the actors but out to the audience, thereby urging us to see things his way and not let ourselves be confused like the characters in the play. Elisabeth Macdonald as Mrs. Frola, the old lady who says she must pretend to be mad, gave a gentle and sympathetic performance, although, presumably in order to retain all the variety of pitch and expression demanded of the part, she kept her voice too young for a 70 year old. As Ponza, the tempestuous and overwrought son-in-law, John Graham-Pole was often convincing, particularly when playing opposite Mrs. Frola, yet spoilt some of his most tense moments by speaking in his throat and making too many unnecessary gestures. Much of his violence was not suppressed enough at the beginning, making his increasing anguish less appreciable later. He is a fine actor but one who correspondingly needs more stringent direction. Judith Bell and Mary Newbold, as Mrs. Agazzi and her daughter Dina, gave their best performances to date—Amalia, warmth and graciousness; Dina, all eagerness and concern. Andrew Crowther as Mr. Agazzi was a rather perplexing characterisation. From what he said he seemed, although somewhat puzzled by the whole affair, to be in command of the situation, but the way he walked and moved belied this; gave more the impression of fussy incompetence. This impression was mainly due to the fact that he was never quite sure what to do with his hands, sometimes nearly putting them in his pockets, sometimes taking up a Percy-like stance, with many incomplete variations. There was too much of the good old variety artist in his playing. The grotesque caricatures of the scandal-thirsty friends were consummately portrayed by Benita Wylie, Jolyon Oxley, Bridget Jack and Sue Macdonald. Anthony Mann gave an authoritative performance as the urbane, hemiplegic Prefect called in at the last minute in an attempt to clear the mystery up.



George Dunn directed the group scenes very well indeed, the reactions of the onlookers to the various disclosures giving the play tremendous impetus. The action was kept at a great speed and if the pace was on occasions too fast, with some of the characters swallowing words in their efforts to keep up the pace they had set themselves, it was a fault in the right direction, understandable in a play which seemed so full of explanatory verbiage. It was the ending which perhaps suffered most from a headlong rush; the climax was there and a more controlled last few minutes would have given Ann Sandford as Mrs. Ponza more of a chance to dwell on her few, compelling lines and Laudisi time to round off the play more expansively.

This was a compact, enthusiastic production acted with feeling and obviously backed by an enormous amount of hard work. There is little reason to doubt that the Drama Society is capable of carrying off all the trophies in their next attempt at the Wandsworth Drama Festival in May.

B.B.K.

medicine in literature

SICK LEAVE

Propped on pillows not attending to business;
For two days I've lain behind locked doors.
I begin to think that those who hold office
Get no rest, except by falling ill!
For restful thoughts one does not need space;
The room where I lie is ten foot square.
By the western eaves, above the bamboo-twigs,
From my couch I see the White Mountain rise.
But the clouds that hover on its far-distant peak
Bring shame to a face that is buried in the World's dust.

ILLNESS

Sad, sad—lean with long illness;
Monotonous, monotonous—days and nights pass.
The summer trees have clad themselves in the shade;
The autumn 'lan' already houses the dew.
The eggs that lay in the nest when I took to bed
Have changed into little birds and flown away.
The worm that then lay hidden in its hole
Has hatched into a cricket sitting on the tree.
The Four Seasons go one for ever and ever:
In all Nature nothing stops to rest
Even for a moment. Only the sick man's heart
Deep down still aches as of old!

SINCE I LAY ILL

Since I lay ill, how long has passed?
Almost a hundred heavy-hanging days.
The maids have learnt to gather my medicine-herbs;
The dog no longer barks when the doctor comes.
The jars in my cellar are plastered deep with mould;
My singers' mats are half crumbled to dust.
How can I hear, when the Earth renews her light,
To watch from a pillow the beauty of Spring unfold?

ILLNESS

(*Written c. A.D.* 842, *when he was paralysed*).
Dear friends, there is no cause for so much sympathy.
I shall certainly manage from time to time to take my walks abroad.
All that matters is an active mind, what is the use of feet?
By land one can ride in a carrying-chair; by water, be rowed in a boat.

POEMS by PO CHU-I (772-846)

translated by ARTHUR WALEY

BEING VISITED BY A FRIEND DURING ILLNESS

I have been ill so long that I do not count the days;
At the southern window, evening—and again evening,
Sadly chirping in the grasses under my eaves
The winter sparrows morning and evening sing.
By an effort I rise and lean heavily on my bed;
Tottering I step towards the door of the courtyard.
By chance I meet a friend who is coming to see me;
Just as if I had gone specially to meet him.
They took my couch and placed it in the setting sun;
They spread my rug and I leaned on the balcony pillar.
Tranquil talk was better than any medicine;
Gradually the feelings came back to my numbed heart.

ILLNESS AND IDLENESS

Illness and idleness give me much leisure.
What do I do with my leisure, when it comes?
I cannot bring myself to discard inkstone and brush;
Now and then I make a new poem.
When the poem is made, it is slight and flavourless,
A thing of derision to almost every one.
Superior people will be pained at the flatness of the metre;
Common people will hate the plainness of the words.
I sing to myself, then stop and think about it . . .
The Prefects of Soochow and P'êng-tsé
Would perhaps have praised it, but they died long ago.
Who else would care to hear it?
No one to-day except Yüan Chén.
And he is banished to the City of Chiang-ling,
For three years a Clerk of Public Works.
Parted from me by three thousand leagues,
He will never know even that the poem was made.

LAST POEM

They have put my bed beside the unpainted screen;
They have shifted my stove in front of the blue curtain.
I listen to my grandchildren reading me a book;
I watch the servants heating up my soup.
With rapid pencil I answer the poems of friends,
I feel in my pockets and pull out medicine-money.
When this superintendence of trifling affairs is done,
I lie back on my pillows and sleep with my face to the South.

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A Glance at the Past

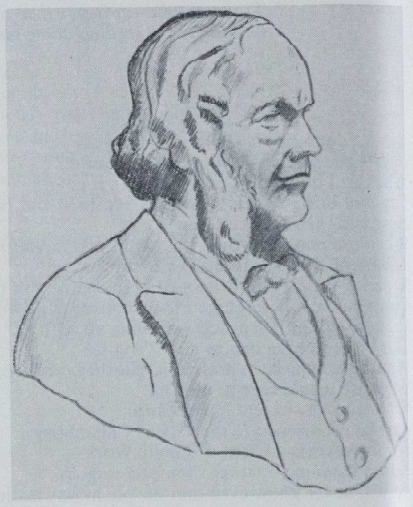
4. SURGERY WITHOUT SEPSIS

The Listerian Miracle

by *Gervase R. Hamilton*

ON the 12th of August 1865, a boy of eleven named James Greenlees was knocked down in a Glasgow street by an empty cart which ran over his left leg just below the knee. He was admitted to the male accident ward of the Royal Infirmary where he was found to have a compound fracture of the left tibia. The wound was an inch and a half long and three quarters of an inch wide and close to, but not exactly over the line of fracture of the bone. A probe could be passed beneath the skin around the wound for several inches but there was little extravasation of blood into the surrounding tissues. He was treated by immobilising the leg and by the liberal application of undiluted carbolic acid to the wound. The lint dressing was soaked in the same dark acrid fluid and was covered with a thin sheet of tinfoil to prevent evaporation. The blood and carbolic acid formed a hard scab under the dressing and soon healthy granulation tissue covered the floor of the wound protected by the scab. In a few weeks the boy left hospital with his leg well healed. It seems a commonplace little story now but such was Joseph Lister's first success using the new principle of "antiseptic" treatment and it marks a crucial turning point in the history of Surgery.

Prior to Lister's experiment suppuration was accepted as the almost inevitable accompaniment of wound healing; indeed in the previous year Professor James Spence of Edinburgh had written in his text-book of surgery, "The edges (of wounds) may adhere and become incorporated, but this is rare, except in the most trifling incisions". The appearance of a purulent discharge in healing wounds was so universal that it had become regarded as a favourable



sign of progress: the so-called "laudable pus". The introduction of anaesthesia into this country in 1846 had freed the surgeon from the necessity of speedy operation and permitted improvements in technique. Operations were more extensive and at first appeared successful, but a few weeks later the patient was dead, carried off by septicaemia, pyaemia, erysipelas or gangrene. Worse than the suffering of the patients was the fatalistic attitude of the surgeons; these conditions were accepted as necessary evils to be endured as the price of interference with a diseased organism.

"Success depends on attention to detail" was

one of Lister's sayings and it was this attention combined with an inquisitive mind that enabled him to find a solution to the problem of sepsis. He first became interested in the problem in 1855 when he was surgical assistant to James Syme at Edinburgh. His researches into inflammation in the frog's foot led to a paper, "On the early stages of Inflammation", read before the Royal Society in 1857. He was not content to leave the matter there. Why did healing under the protection of a scab without suppuration, first described by John Hunter, never seem to take place? "The essential cause of suppuration in wounds is decomposition brought there by the influence of the atmosphere upon blood or serum retained within them, and, in the case of contused wounds, upon portions of tissue destroyed by the violence of the injury". That was what Lister thought at first, but then he became aware of Pasteur's work on fermentation. Flasks of broth boiled and then sealed remained clear and sweet for years. As soon as they were opened to the air in a dusty city room they putrefied and decomposed. Here at last was the clue that Lister was looking for. He repeated Pasteur's experiments using urine flasks with similar results. Evidently it was not the air itself but something in the air, some minute organism, that produced fermentation and decay. "The germ theory of putrefaction", Lister stated in a lecture a few years later, "is the pole star which will guide you safely through what would otherwise be a navigation of hopeless difficulty". It was to be some time yet before Lister was able to see the micro-organisms that produced suppuration and so finally prove his thesis. But how were these germs to be killed? To use heat was clearly impossible, the cauterisation of wounds caused as much inflammation and infection as surgery. Lister first tried using potash of lime but without success.

Early in 1865 his eye was caught by a newspaper article recording the successful use of carbolic acid as a purifier of sewage in Carlisle. Lister obtained a sample and experimented. It was too thick and crude for ordinary use but a purer form soon became available commercially which was soluble in water. Lister decided to use this in the treatment of compound fracture. The mortality from this condition and the amputations so often required to treat it was in the region of forty per cent. In March 1865 he tried the new treatment but it failed, "as a consequence of improper management". James Greenlees was his first success and he subsequently treated a series of eleven other compound fractures with excellent results. He next turned his attention to the treatment of abscesses. Many of the beds in the Glasgow Royal Infirmary were filled with cases of tuberculous abscess, which when drained generally became secondarily infected. For dressing these Lister devised an "antiseptic putty" composed of carbolic acid, linseed oil and whitening. Not content with these successes he experimented with silk ligatures soaked in carbolic acid. At that time ligatures were tied long and left hanging out of the wound. Suppuration almost inevitably occurred and was often followed by severe secondary hæmorrhage. Using the carbolised silk or catgut sutures which he was careful to cut short, Lister's wound sepsis rate dropped, dramatically. To treat the wounds alone was not enough. Lister reasoned that the germs that gained admission to wounds were chiefly airborne, and thus was invented the famous carbolic spray which, at first hand driven, then worked by steam, remained in use until 1887. By that time it was becoming more evident that the instruments and hands of the surgeon and his assistants as well as the patient's skin were far more potent sources of infection than the air, and that it was better to operate when micro-organisms were not present to start with than to attempt to eliminate them during the operation itself. Thus "antisepsis" evolved gradually into "asepsis". Throughout his long life Lister was aware of the limitations of the antiseptic routine and sought better and less irritative antiseptics than carbolic acid. He was the first to introduce gauze swabs and dressings into surgery, impregnated at first with phenol and later with mercuric chloride or double cyanide.

It is very easy to take for granted the changes that Lister brought about, but modern surgery owes its development to him more than to any other man. The adoption of his ideas, often against considerable opposition, enabled the surgeon to extend his field to the abdomen, chest and brain, safe in the knowledge that the patient would not succumb to infection. "The principle that first guided me," he wrote towards the end of his life, "still retains I believe, its full value, and the endeavour to apply that principle so as to ensure the greatest safety with the least attendant disadvantage has been my chief life's work." It is a century since that principle was first applied and it still holds true today. (*Drawing by Mrs. M. A. Hamilton.*)

The Children's Department

by A. ROBINSON

Senior Registrar of the Children's Department

House Committee 9th June, 1904: "The recommendation was adopted from the Medical Council that an Out-Patient Department for diseases of children (medical) be instituted". (1).

The Children's Department has been born. When conceived, how long the gestation and how difficult the delivery no one will really know. It was a break with custom and no doubt engendered strong feelings at the time.

The following week the Medical Council "resolved that the charge of the Out-Patients be entrusted to Dr. A. E. Garrod and Dr. H Morley Fletcher". (2)

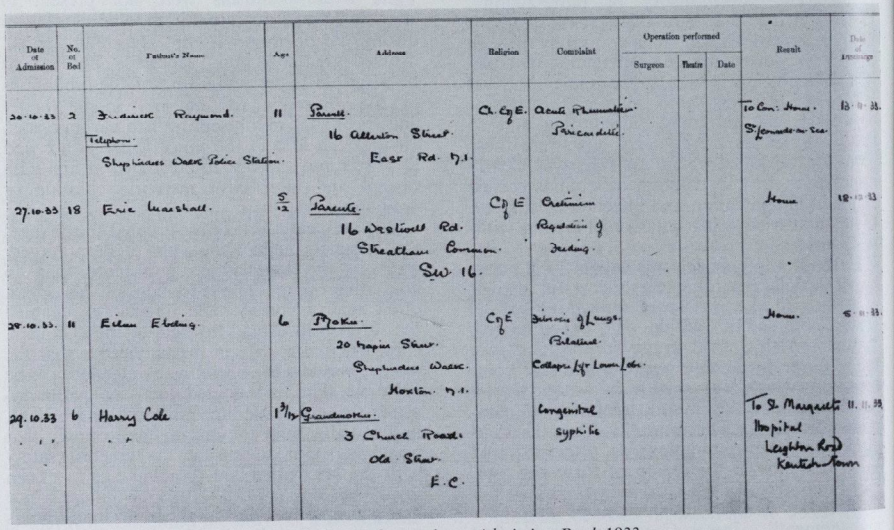
Before the year was out Chief Assistants had been appointed. A flourishing start. That there were teething problems we have record however.

22nd December, 1904. "A letter was read from Dr. Garrod asking Treasurer and Almoners to sanction a scheme which in conjunction with Sister Surgery, he is endeavouring to start to provide milk for short periods for infants brought to the Children's Department whose parents are quite unable to provide what is required. Agreed on the understanding that it will not entail any cost on the funds of the hospital beyond that of printing of the order forms". (3)

The next step was made in 1928 when Dr. C. F. Harris was appointed the first Physician to the Children's Department and it is perhaps appropriate at this time to look back on the past 37 years as Dr. Harris is due to retire this year.

Early Days

The author spent a very instructive and interesting evening looking through the admission books of over 30 years ago and trying to reconstruct from the bald statements under the appropriate heading of "complaint" and "result" exactly what the care of children in those pre-antibiotic days really meant. (Fig. 1). Between November 1932 and November 1933 there were admitted to the Children's Wards 34 cases of acute rheumatism and chorea; tuberculosis abounded in all its forms, peritonitis, effusions and empyemas, bone and joint involvement and the dreaded meningitis. In all, 19 such cases were in the ward during that year. Pneumonia (24 cases) and 'fibrosis of the lung' (11 cases) completed the great bulk of the admissions but for variety there were several cases of rickets, scurvy, congenital syphilis, juvenile tabes, malnutrition as well as 9 cases of congenital pyloric stenosis. To-day one can only wonder at such a concentration of physical signs.



Date of Admission	No. on Bed	Patient's Name	Age	Address	Religion	Complaint	Operation performed: Surgeon	Operation performed: Theatre	Operation performed: Date	Result	Date of Discharge
20-10-33	2	Jackson Raymond	11	Parents. 16 Allerton Street. Telephone. Shepherdess Walk Police Station.	C. of E.	Acute Rheumatism. Pericarditis.				To Con: Home. St Lawrence-on-Sea.	18-11-33.
27-10-33	18	Eric Marshall	5/12	Parents. 16 Wedlock Rd. Streatham Common. SW 16.	C of E	Bronchitis. Recovering & Feeding.				Home	12-12-33
28-10-33	11	Eileen Ebeling	6	Mother. 20 Napier Street. Shepherdess Walk. Hoxton N.1.	C of E	Bronchitis & Lungs. Bilateral. Collapse Lft Lower Lobe.				Home.	5-11-33.
29.10.33	6	Harry Cole	1 3/12	Grandmother. 3 Chapel Road. Old Street. E.C.		Congenital Syphilis				To St. Margarets Hospital Leighton Road Kentish Town	11.11.33

FIG. 1.—*Typical page from Admission Book* 1933.

The "result" in these cases is rather more difficult to assess as many were subsequently referred to fever hospitals and convalescent homes. All one can say is that all cases of meningitis—tuberculous and otherwise died—that all cases of pyloric stenosis had a Ramstedt's Operation and went home, and perhaps rather surprisingly only three of the cases of pneumonia died in the ward.

It is perhaps easier with this background in mind to understand why many considered it unnecessary in those days to appoint children's Physicians as the vast majority of the problems were then not necessarily peculiar to children and could come within the competence of many good general Physicians.

Perhaps such diagnoses as "prematurity", "haemorrhagic disease of the newborn", "infantilism", "primary amentia", "cyclical vomiting" etc., which appeared during that year, pointed to the need of a children's Physician.

Since then Dr. Harris has seen the department grow and re-shape. Dr. A. White Franklin was appointed as a second Physician to the department in 1937, and congratulations are in order, as this year Dr. Franklin has been elected president of the Paediatric Section of the Royal Society of Medicine.

Both have since witnessed the changing role of the Paediatrician contracting in some directions and expanding in other. Today his influence and interests are broader than ever before.

Originally the Children's Ward was on the top floor of the East Wing, now Elizabeth and the Labour Wards. Etherington Smith Block is now the home of the Department; Dr. Harris in charge of Lucas and Dr. Franklin in charge of Kenton Ward.

Pædiatrics Today

The advent of antibiotics and mass immunisation together with the general improvement in social and economic standards has, as we all know, altered the above picture of the 1930s almost beyond recognition. A simple comparison of admission now with those early days would not give a fair reflection of the problems facing the Pædiatrician today. This is because teaching hospitals now attract cases which reflect the special interests and talents of the staff and the special facilities offered. There are nearly always cases of retinoblastomas (incidence1: 20,000), Wilm's tumours, neuroblastomas, and other rare cases of childhood malignancies in the wards at Barts., indicating the interest and success the Eye Department and Radiotherapy Department have with these cases. The rather more recent new techniques in the surgical management of myelomeningoceles of which Mr. D. F. Ellison Nash is a leading pioneer, have created a further demand on pædiatric beds and nursing skill of the highest order. (Fig. 2).

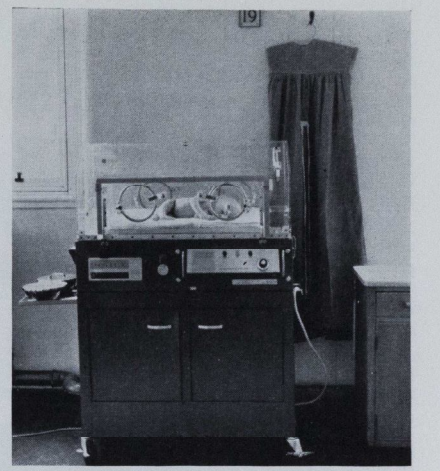


FIG. 2.—*Repaired meningomyelocele showing deformed legs and early hydrocephalus.*

The more typical pædiatric cases themselves have equally changed. In place of tuberculosis we have the investigation of failure to thrive, in place of acute rheumatism and chorea, the investigation of congenital heart disease, in place of congenital syphilis the investigation of mental deficiency and epilepsy. Out of these researches, new diagnoses with such exotic names as phenylpyruvic oligophrenia, mucovisidosis, galactosæmia and adrenogenital syndrome have been born.

The genetic origin of such diseases is now clear, and in many it can be shown that they arise through the medium of defective enzyme activities. Bart's men can take pride in remembering that the whole concept of such biochemical disease was first proposed and the term "inborn errors of metabolism" by which they are now known, was first coined by Dr. A. E. Garrod, the founder of the Children's Department. (4)

There remains a fair quota of pneumonia, nephritis and leukæmia, but a variety of new problems face staff, student and patients alike.

Neonates

The present day Pædiatrician is no longer confined to the Children's Wards but is generally, although even now not universally accepted, as the person most suited to the care of the newly born.

The old concept of neonatal mortality has at last given way to the more embracing one of perinatal mortality—namely, deaths occurring in the last weeks of pregnancy and the first week of life. This serves to emphasise the collective responsibility and need for collaboration between Obstetricians, Anæsthetists and Pædiatricians, if further headway is to be made in this field. We are fortunate in Bart's that now such close co-operation exists. That today perinatal mortality ranks third to degenerative disease and malignancy as a "cause" of death, is a sobering thought; that 70% of the total infant mortality in the United Kingdom now falls within the first twenty-eight days of life, helps to emphasise this period.

The intense interest now being shown in the newly born should therefore cause no surprise. For some time the Pædiatrician has been responsible for the problem of infection in nurseries, from both the preventative and curative aspects, for the early recognition of those cases requiring emergency surgery and for performing exchange transfusions on those babies affected by Rhesus incompatibility.

Today however, other gladiators are entering this arena—the neonatal Physiologists, Pathologists, and Biochemists; and advances in these fields have prepared the ground for the Pædiatrician to recognise and define more subtle disease, including the already mentioned inborn errors of metabolism. If diagnosed sufficiently early, some of these can be treated and such tragic disabilities as blindness, mental deficiency, dwarfism and abnormalities of sexual development, prevented.

The biggest proportion of the perinatal mortality occurs in premature infants, especially those of very low birth weight, i.e., 3½ lbs. or less. Follow up of the survivors of these babies shows that a large proportion remain handicapped emotionally, intellectually as well as physically. The ætiology of prematurity remains obscure in about half the cases, and our knowledge of the physiology of the premature is still relatively scanty. Premature nurseries are now a necessary part of any Obstetric Unit and with more active treatment in the future, the happy outcome shown in Fig. 3 and 4 may be more usual than unusual as at present.

Teaching

Teaching pædiatrics today is not easy. The students come to the Children's Department approximately midway between 2nd M.B. and finals, the twilight zone of their clinical period. The initial enthusiasm has dimmed to a faint glow and the first gentle breezes of approaching finals are not yet enough to seriously re-kindle the flame. Never have they had it so good. Never have they been so long without an examination. Never have their extra curricular activities been so demanding.

Add to this the excessive ratio of students to patients, the second hand way they must, of necessity, learn about their cases from the Houseman's notes, the relative lack of physical signs and a new emphasis on metabolism, nutrition and syndromes and quite soon we have all the ingredients for a three months rest cure.

Teaching under such circumstances needs careful handling if one is not to warp the outlook or stifle at birth, an interest in the subject.

Besides the formal ward and Out-Patient teaching during their three months attached to the Department, the students visit Deaf Schools and an Audiology Unit, School for the Mentally and Physically Handicapped and spend a week at Bethnal Green where for the first time, they are confronted with the social aspects of Pædiatrics. They are guided during this week, by Mr. Peterson, both a stimulating and provocative mentor, and have the opportunity to sit in with a general practitioner for the first time in their career. Many in retrospect, look upon this week as the highlight of their whole three years clinical period.

To each group, Dr. Cedric Carter lectures on human genetics and Dr. J. M. Tanner on growth and development in children. Both are pre-

eminent in their fields and make the students at least aware of such disciplines and their importance in Pædiatrics today and in the future.

Each student is given a lecture to prepare on some aspect of Pædiatrics, which they eventually present to the rest of the group. The subjects chosen are those not readily found in standard text books, which usually introduces the student to the library and encourages them to sort and read the journals intelligently, perhaps for the first time. They all learn something not only about the subject, but also themselves.

Babes do more than "mewl and puke", children with unusual syndromes are still children and not just a pædiatric philatelist's collection of rare stamps.

Contact and responsibility for them in the wards helps dispel these ideas and the student to realise the special problems of physical examination and performing such simple techniques as collecting urine and taking blood.

Kenton Ward under Dr. Franklin, tends to have a greater share of myelomeningoceles and malignant diseases in childhood. Although rare, the latter has come to take second place now to accidents as the commonest killer of children over the age of one year. The improved results of early diagnosis is something the students soon come to appreciate and we hope remember.

Lucas Ward under Dr. Harris, on the other hand tends to have more variety and gives to the student a more representative picture of Pædiatrics outside teaching hospitals. For the Bart's students to have wards each complementing the other is indeed fortunate.

Weekly discussions and talks take place in Martha Ward, on the new born, with an emphasis on the variation of the normal and an opportunity to examine neonates. This is consolidated at the Well Baby follow-up about four weeks later, with its further opportunity

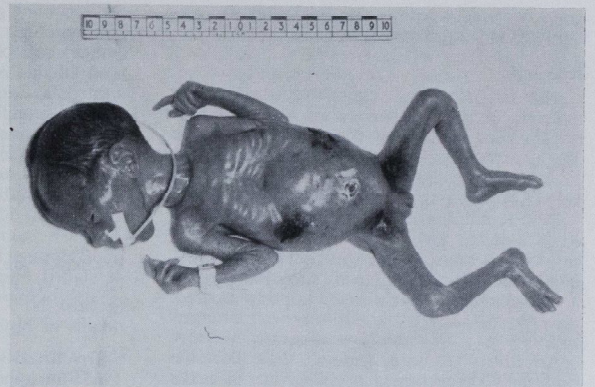


FIG. 3.—*Premature babe. 26 week gestation. Birth weight 1 lb. 13 ozs.*

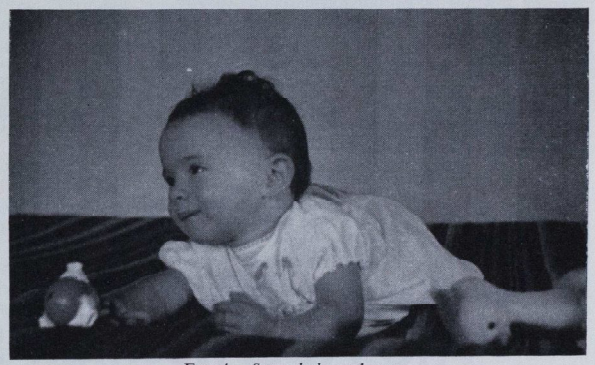


FIG. 4.—*Same babe at 1 year.*

of examining babies and of listening to the mothers' problems and questions, and of appreciating the incredible variety of dogma they have acquired from all sides.

Although the killers of the past have been laid, we trust for good, there are still a great many problems confronting those who have any dealings with children. Although Pædiatricians have constantly to call on the special skills of their colleagues, final success depends as much on early clinical diagnosis and overall assessment of the problem, and it is with this aim in mind that the foundation of teaching in the Department is based. There is no attempt to produce in three months, a "Compleat Pædiatrician", but rather to produce a doctor aware of his pædiatric responsibilities and at least the range of the subject. It may not be

good or even necessary for finals but it's certainly good for future practice.

Research

The Department is interesting itself at the moment in the possible value of foetal liver transfusions in children with thalassæmia. We are also trying to standardise an in-vitro test for thyroid function in the new born with the help of the radio-isotope department.

Dr. Franklin has for some time been interested in dyslexia and is now a recognised authority on this unusual and still not widely recognised condition, that can cause such unhappiness if not diagnosed early and properly treated.

Conclusion

An effort has been made to show how the Children's Department has changed to meet the rapid changes over the past 30 years, whilst still keeping a sense of proportion essential to any under-graduate teaching institution. The field is widening the whole time and to accommodate these changes, no doubt the Department will too.

For those interested in specialising in Pædiatrics, it can offer not only an interesting but satisfying career. The demands on such people are becoming greater and a practical knowledge of physiology and biochemistry and other disciplines will be more and more necessary. Behind all this new science however, will still be needed a well balanced human being with medical qualifications, for above all, a Pædiatrician will always have to deal with not only the problems of children, but the effects these problems have on parents and eventually society alike.

Acknowledgements

Thanks are due to Dr. C. F. Harris and Dr. A. W. Franklin, for helpful criticism and to Miss N. J. Kerling, Hospital Archivist, for details of historical note.

Dr. Charles Harris retired on March 31st, 1965; an appreciation will appear in the May Journal.

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(1) Journal 1903-1912, page 46.
(2) Treasurer and Almoner's Minute Books May 1903-November 1904, page 223.
(3) Treasurer and Almoner's Minute Books November 1904-December 1905, page 319.
(4) Garrod A. E. (1908). Lancet, *2*, 1, 73, 142 and 214.

recent meetings of

The Abernethian Society

Mr. WILFRED THESIGER. *'The Marsh Arabs'*

Mr. Thesiger lived among the Arabs of Kurdistan for eight years until 1958, just before the assassination of King Feisal. The Marshes cover 6,000 sq. miles north of the Persian Gulf, and are formed by the flooding of the Tigris and Euphrates.

It took many months for Mr. Thesiger to break through the suspicions of these people, and he finally did so with the aid of drugs and medical care. He became a doctor to the Marsh Arabs, travelling from village to village with four canoe boys who stayed with him for nearly eight years. The people are of a very mixed origin—Persians, Turks, Arabs, Mongols, Greeks and Romans. Mr. Thesiger showed slides illustrating their way of life. They construct islands, and on these, houses out of giant reed. Much of their time is spent herding buffalo which take the place of camels in the desert. They live on fish, wild fowl, chicken, buffalo meat and milk, and wheat and barley which is grown on the edge of the marshes.

Disease is widespread, especially bilharzia, yaws, dysentery, worms, and various eye diseases.

Mr. Thesiger related much more of the life and customs of these people, and regretted that it is a civilisation which has almost come to an end due to various political and economical upheavals.

Mr. HAROLD ABRAHAMS. *'Tokyo 1964'*

This was the ninth Olympic Games that Mr. Abrahams had attended, and he considered it the best in terms of organisation and hospitality. Every journalist was provided with a T.V. set on which results were given and the end of the previous race shown in slow motion. However, Mr. Abrahams was only able to cover the track and field events.

He showed slides of the stadium and the opening ceremony, and then of the outstanding British performances of the Games. He concluded by showing a picture of Henry Stallard running the mile in 1921, and paid tribute to his performances as an international athlete.

Dr. J. A. FRASER ROBERTS. *'Genetic Advice to Patients'*

Mr. Fraser Roberts has been running a Genetic Research Clinic at Great Ormond Street until last year when he started a similar unit at Guy's Hospital. In his talk he gave examples of the type of advice which was requested. He stressed however, that in fact it was information which was given as to the risks of having an affected child; the decision was left to the parents.

Most enquiries came from couples who had already had one abnormal child. Mr. Fraser Roberts divided the cases into good risks, with chances of less than one in twenty, and bad risks of more than one in ten. In fact very few fell between these two groups. Much time was spent expelling 'old wives' tales' and 'neighbourly' advice. He showed slides of simple Mendelian inheritance of dominant, recessive, and sex-linked characters, and gave examples of diseases in each case. He also showed some typical family trees.

In investigating a patient there are three main factors: the family history, the diagnosis of disorders in the family and research into relevant literature. Chromosome studies were seldom used. An accurate diagnosis and family history were very important since some diseases which are apparently identical have different patterns of inheritance.

Mr. Fraser Roberts then took at random some cases from his file, and summarised the problem and information given in each case.

PROFESSOR J. H. HICKS, M.B., Ch.B., F.R.C.S. *'The Clinical Significance of Pain'*

Professor Hicks spoke on this subject in relation to injuries and began by discussing whether pain was a separate modality or, as he thought, probably represented extremes of modalities. He discussed the function of pain as being protective: two classical schools of thought existed—one contending that it was not protective and the other that it was a psychical adjunct of a protective mechanism. The speaker supported the latter by quoting examples of the production of pain in various parts of the body when the particular function of that part was threatened. Pain was a highly efficient mechanism and could be used as a guide for treatment by physiotherapy. Professor Hicks went on to speak of his special interest —Causalgia. Here treatment didn't appear to improve the condition and it was questionable whether the pain was protective in function. The fact that the area was blue and cold instead of red and warm as normally noticed with pain, suggested that causalgia was an abnormal type of pain. The speaker thought that Causalgia, where the area was 'not painful but intolerable', was a true syndrome, the descriptions being consistent from various patients, and suggested a disorder of the peripheral pain mechanism. He ended his stimulating lecture by discussing a new hypothesis for the sensory localisation of pain on which he has recently been working.

Summer Programme

May 6—DR. G. SIMON, M.D., M.R.C.P., F.F.R., D.M.R.E.
"Radiological Investigations — A Critical Review of their value and timing".

May 20—SWAME CHINMAYANANDA
"The Art of Meditation".

May 27—PROFESSOR SIR BRIAN WINDEYER, F.R.C.S., F.R.C.P.
"Women in Medicine".

June 3—MR. KEITH REGAN
"Medical Insurance".

June 24—DR. G. CANTI, M.B., B.S., Cytol. M.C. Path.
"Cytological Investigations on Carcinogenesis".

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The Nails in Disease, Peter D. Samman, M.A., M.D. (Camb.), F.R.C.P. (Lond.). Pp. x + 130. Figs. 126. Plates 4. London: W. Heinemann Medical Books Limited. 40s.

This is a good book: well constructed, comprehensive, up-to-date, well illustrated: it is, however, a monograph on a somewhat esoteric subject and although any serious medical student could profitably spend a short time looking through it, and noting its salient features, it is not a work which one would recommend him to buy—yet. On the other hand, those more senior will find it helpful and interesting in general practice, and it certainly is a "must" for those who study dermatology. Its somewhat high price may be justified by the fact that it deals so soundly with basic facts concerning the anatomy, physiology and pathology of the nails that it will not get out of date quickly and will be a standard work of reference for many years to come.

R. M. B. MacK.

A Guide to Orthopædics, by T. T. Stamm, M.B., B.S., F.R.C.S., Orthopædic Surgeon to Guy's Hospital. 2nd Edition. Pp. 118. Blackwell Scientific Publications, Oxford. 18s. 6d.

Mr. Stamm has written this little book for the non-specialist; the student, the family doctor, and the ancillary worker. He is too modest. It should be made compulsory reading for every orthopædic house surgeon, and for every renegade from "general" surgery who is thinking of orthopædics as an alternative career.

The book deals with principles, and individual conditions are described so as to illustrate these principles. It begins with a discussion of posture and its maintenance, and ends with valuable advice on physiotherapy and appliances. A chapter on backache seems to imply that treatment of this condition is straightforward and successful. This is not your reviewer's opinion. Three chapters are devoted to the foot. The book is worth reading for the sake of this section alone. Disorders of the foot are described against a background of normal and abnormal anatomy, clearly and comprehensively. The chapter on the care of children's feet is a gem.

Minor errors annoy. Osteochondritis Dissecans is consistently mis-spelt Osteochondritis Dessicans, and the fracture described by Abraham Colles is called Colle's fracture.

The book is a paperback. The price is reasonable, and presumably the affluent students of today can well afford it. There are pictures.

T.E.J.

Muir's Textbook of Pathology. 8th Edition revised by D. F. Cappell. Edward Arnold. 1964. Price 100s.

This book, familiar to generations of medical students, has passed through eight editions since it first appeared forty years ago. The last three editions (including the present) have been revised by Professor Cappell who succeeded the late Sir Robert Muir in the chair at Glasgow. Although the book remains fundamentally the work of its original author, the format of the present edition has altered considerably. The whole book has now been reset on a large page with a double column which makes for easier reading and for a somewhat slimmer, though actually larger, volume. Gone is the familiar red cover and the book is now bound in handsome blue buckram. The main text is printed in clearer type and the small type, used for matter of lesser importance, is now much more legible. There are many new illustrations and some of the old illustrations have been replaced but there are still some figures which lack clarity or are too dark.

The task of revising a work of this kind is a formidable one when knowledge is advancing so rapidly and the author acknowledges the help he has received from his colleagues at Glasgow. Several chapters have been completely re-written and much new material has been added throughout. While most of the chapter headings are the same there has been some rearrangement of the text and a useful new chapter has been added on the histopathology of the skin. Almost inevitably some sections of the book are less up to date than others. For example, in the section on renal disease, terms such as "hydraemic nephritis", "azotaemic nephritis" and "primary granular contracted kidney" are still used, while scant attention has been paid to the contributions to the study of renal disease afforded by percutaneous renal biopsy. It is surprising that ionizing radiation is not mentioned under the 'Causes of necrosis". Again virus diseases are barely touched upon, while the whole field of genetics is dismissed in a couple of paragraphs in the Introduction. Chromosomes, genes, D.N.A. and so on are omitted altogether from the index. In short, this still excellent book is beginning to show signs of ageing in spite of the 'face-lift' that it has received in the new edition.

A.G.S.

Textbook of Obstetrics, by John F. Cunningham. 4th Edition. William Heinemann Medical Books Ltd. 502 pages. Price 60s.

It is all too rare these days to find a textbook that satisfies the primary demands of the student and newly qualified practitioner. It should be both readable and concise and give simple clear descriptions of the practical procedures that are required. This book continues to uphold the reputation acquired in its earlier editions of lucidity and readability of text. The fourth edition has been revised and brought up to date but it is strange to find in an otherwise admirable book that so little mention is made of the vacuum extractor considering the frequency with which the instrument is utilised in many centres. This aside, it is a pleasure to see the extensive use of line drawings, of which there are nearly 300 in the text, to illustrate obstetric procedures and interest is added to the reading by brief historical notes on instruments and operations. Students will find that subjects which are often dealt with in a rather dull and exceptionally detailed fashion in many textbooks, pelvic deformities for instance, are particularly lucidly explained. The book is written from the standpoint of the Dublin school and, while procedures do not differ materially from those employed in other centres, some would criticize the method described for expelling the placenta in the third stage which is claimed to be effective, but in practice it is more damaging to the Cardinal ligaments, and more traumatic for the mother than Brandt-Andrews' method. The inexhaustible faith of the Dublin school in the antiseptic properties of Dettol solution may cause some raised eyebrows in English hospitals. The procedures described are in accordance with the ethical standards of the Roman Catholic church but lest this should deter non-Catholics from reading the book it should be stressed that these standards in no way differ from those generally in force except in the matter of destructive operations on the living foetus. It is interesting to note how, with the improvements in technique and treatment over the past few years, many obstetricians are inclining more towards Catholic standards and viewpoints. The book is well produced on good quality paper, nevertheless £3 seems rather a large sum to pay for a textbook of this length. The high price of medical books these days is an unfortunate reflection of the rising costs of production.

G.R.H.

Manual of Human Anatomy. E. & S. Livingstone Ltd. Thorax and Upper Limb—18s. Head and Neck —21s.

I keep these two manuals on my bookshelf. They contain a large number of clearly presented and important fundamentals and in addition a wealth of good drawings and diagrams, especially in the Head and Neck volume. Both books show an important approach to the learning of the subject whereby unnecessary detail is minimized and a real attempt is made to link structure and function. The suggestion that the dissection should commence with the thoracic region is obviously a very good one and highly logical.

The important question is, are these books the answer to the requirements of the preclinical medical student of today? The reply I believe is no because no so called 'wind of change', due largely to the ever increasing load upon the student, can alter the fact that there is only one, the easiest, the most interesting and the most time saving way of learning anatomy. This way of learning demands three things. Firstly, one has to study the dissected cadaver following a proper dissecting manual. I admit that Cunningham's needs replacing, but they are still the best available. Secondly, one requires a good text book such as Gray, Buchanan or Cunningham's

for reference use only. Thirdly one needs an abundance of well planned co-ordinated teaching and supervision from people able to lean on previous experience. They can lay emphasis on the important sections, can rapidly make easy to understand aspects which are difficult to grasp quickly by oneself, and in general make the subject interesting and logical, constantly correlating the dissected part with function and clinical application. This assistance to the students need not for an instant be confused with methods such as spoon-feeding and cramming which should be totally unnecessary. This teaching does require that such staff be enabled to withstand the pressure of the 'publishing rat race' which tends to relegate teaching responsibilities to a position where they become labelled a nuisance and an interference with personal research.

If I was working for 2nd M.B. I would neither like to be provided with these two manuals as my method of dissection, nor as my principal source of reading material. The dissecting instructions cannot be adequate in the space available. There are certain misleading pieces of information included such as in Volume II where the prevertebral fascia is described in the text as a layer of loose areolar tissue separating structures in front of it from the prevertebral muscles behind, and represented in figure 13 in all its entirety as a line equal in thickness to the other laminae of the cervical fascia. One could criticise too some of the descriptions of extremely important parts of the dissection. For example those of the breast and its lymphatic drainage in Volume I are surely inadequate. Also those of the relationships between the thyroid gland, its fascial sheath, its arteries of supply and the recurrent laryngeal nerves could be further explained and emphasized. These books, because they attempt to achieve more than is possible should only be used for revision and as an additional source of reading material. If used in this way their contained beautiful illustrations and innumerable clear concise descriptions could be of very valuable assistance.

P.S.C.B.

Bacteriology, by C. G. Thomas. 320 pages. Concise Medical Textbooks. Balliere Tindall and Cox, London. Price 17s. 6d.

This book is one of a new series of small textbooks from the publishers of the well known Student's Aids Series. It follows a traditional pattern in that the first part of the book deals with bacteria and viruses in general. Next come chapters covering sterilisation, laboratory examination, hospital infection and chemotherapy. The remaining chapters describe individual bacteria, viruses, fungi and protozoa.

To cover such a large field in the available space concise writing has been necessary. In a number of places a little more latitude would have made the author's views clearer, but at the price it can be recommended as an introduction to conventional bacteriology, and a safe guide for the final examinations as they are at present.

R.A.S.

SPORTS NEWS

Editorial

How much does the amount of support, and the volume of the voiced accompaniment help to make a team win? This is a subject which is often worth some thought. When a team is not playing well the following drops off and the enthusiasm of the supporters is at a low ebb, whilst one can argue conversely that without support, a team is hard pressed to whip up the necessary concentration for victory.

Recently in the rugby union five-nations' Champtionship, England played their first two games without scoring a league point and thus giving many people little hope for their encounter with France. Yet, what a thrilling game this was, and what a marked change was perceptible in the crowd reaction and enthusiasm which, in turn, inspired the players to produce an even better performance and satisfactory end result.

The football league clubs are constantly aware of this supporter reaction as the attendance may be vital to their delicately balanced finance and a consequent pointer to current policy within the club. A badly playing team does not attract supporters who can help to give confidence back to a struggling side.

Recently at Bart's, many clubs which have received some active vociferous support have produced excellent enthused play with several satisfactory results. The rugby match against Tommies was one long cheer which helped a well matched side to pull the little extra required out of the bag for victory. Yet the following round demonstrated the other side of the story, where the support is evident yet the team does not produce the style and tactics, thus allowing the supporter to lose his enthusiasm.

The hockey team pulled off a magnificent victory over Guy's after 240 minutes of hard fought play, in which they were given some helpful support whilst the other side lacked more than a handful of stalwarts. Also the swimming club is thanking its following which it feels has contributed largely to a successful season.

Are we, then, seeing the gradual dissolution of the recently bemoaned, and defended, "rugger myth"?

Sports Day for 1965 is Wednesday, 26th May at Chislehurst. Events start at 2.30 p.m. All past and present Bart's men are most welcome.

CROSS COUNTRY CLUB

The principal event of the year for us, the **Inter Hospitals' Championship,** was held on February 6th over the 5½ mile course at Barnet. We started the race as favourites and once again our depth of running proved too much for the opposition so that we retained the team trophy which we have held since 1961.

The individual winner was Terry Foxton; he ran a very well judged race and thoroughly deserved his first victory in this Championship in what he hopes (but we do not) will be his last season with us.

All the Bart's team aquitted themselves well, with Graham Hesselden particularly prominent. He has shown great improvement this term. Once again, we were indebted to John Coltart, Philip Wood and Robert Hale for turning in good performances.

H. B. Lee, the Bart's and U.H. President, ran for us and, although the distance was unusually short for him, he did complain that Lew Steiglitz, (last year's winner, unfortunately injured), escorted him at a most uncomfortable pace.

I would like to offer our sincere thanks to Bob Kendrick, Trevor Guthrie, Andrew Bacon and Mike Revill for their assistance in timing and scoring.

Result:—

		min.	sec.
1.	T. Foxton	28	36
2.	R. Thompson	29	48
3.	P. Whitting (Guy's)	30	54
5.	R. Sanders ...		
	Dr. N. Pott ... } ...	31	08
	Dr. P. Littlewood		
11.	G. Hesselden	32	26
19.	J. Coltart	33	15
20.	P. Wood	33	17
23.	R. Hale	33	28
27.	R. Markham	34	03
31.	Dr. R. Pickard	34	43
36.	H. Oxley	35	21
37.	O. Townsend	35	25
38.	F. Hardy	35	36
44.	P. South	38	03
48.	Mr. H. B. Lee	39	32
51.	F. Pagan	40	28

Fifty-seven competed.
1st Bart's, 31 points.
2nd London H., 40 points.
3rd Guys, 69 points.

The other race to be reported was the **4½ mile event** organised by the South Essex Technical College. Those who took part in the race professed to have enjoyed both the course and the excellent tea laid on at the expense of Essex County Council.

Result:—
21st Thompson
43rd Sanders
69th Coltart
72nd Markham
89th Wood
120th Pagan.

Bart's were 10th out of 29 teams. 139 runners competed.

R.J.T.

HOCKEY CLUB

Our first round in the **Hospital Cup** proved to be a prolonged, grim, but eventually successful story. We played Guy's, last year's winners, who had come through from the first round having beaten Middlesex. It took us three games over four hours, much determined sweat and effort, and *one* brilliant goal to overcome them.

Bart's started off in their characteristic manner—dead slow—whilst Guy's put in their most concentrated attack of all the three games. Our defence, strengthened by Thomas, was stretched but not broken; and slowly our ruffled team settled. In the second half we were beginning to gain the advantage. However, stalemate continued to the end of extra time.

The **replay** was at home, and Bart's changed their tradition by starting with a powerful attack energised by the enthusiastic shouts of many encouraging supporters. We rarely lost this initial advantage and at no time did Guy's look dangerous. However we failed to finish our movements and take our chances, and so this game also **ended in a draw** after

extra time, with Guy's being relieved to hear the final whistle.

The **second replay** was played on a neutral ground in a cold freezing wind, with the few stoic supporters all belonging to Bart's. Tragedy struck within minutes; Peek, suspect from a recent injury, started to hobble. This sad blow turned out to be a blessing, for this enforced limitation made him play an excellent positional game. The urgency and fire of the Guy's team was noticeably dampened and the death rattle was heard when Goss crossed a pass which Kingsley, with devastating alacrity, drove home within inches of the post.

Credit must be given to the whole team for this excellent performance, but special credit to our very solid, rarely ruffled defence who gave us a sure platform from which we were finally able to succeed **1-0.**

Team: P. Jordon, S. Thomas, A. Barclay, G. Benke, S. Thompson, M. Bowker, A. Bateman, R. Williamson, P. Kingsley, I. Peek, W. Goss.

In our other games this new year we have **beaten Britannic House** and **Middlesex Hospital** 4-1 and 3-0 respectively, whilst we were beaten by Rochester and Gillingham and Orpington 2-0 and 5-0 respectively with under strength teams on both occasions.

A.B.

On a bitterly cold afternoon at Cobham, **Bart's beat Charing Cross Hospital by two goals to nil in the semi-final of the Hospitals' Cup** after extra time.

Playing on the Charing Cross ground after being cancelled at Chislehurst due to snow, Bart's got off to a slow start. Charing Cross however played rugged Cup Match hockey and clearly surprised the more balanced and skilful Bart's side. Most of the Bart's side played without distinction, and at full time, with the score 0-0, no doubt the prospect of another replay produced, in extra time, the "will-to-win" which had been painfully latent throughout most of the game.

Williamson scored the first goal from a mêlée in the opposition circle, and then Kingsley clinched the game with a cutting movement with outside-left Goss, culminating in an excellent goal by the former. This was probably the only constructive movement of the game, and following such an excellent performance against Guy's (the Cup-holders), this match was very disappointing.

The **cup final** was played on 12th March at Cobham against **Mary's.** This was a match of lost chances for Bart's who were, without doubt, the better side. The inside forwards completely dominated the mid-field play and had the Mary's defence in trouble throughout. Kingsley, the centre forward always looked dangerous, and Bateman on the right-wing played an outstanding game.

However, despite all this forward talent, Mary's somehow managed to destroy the movements. They were first to score and at **half-time** the score was **0-1.**

Bart's stormed into the second half and a victory seemed inevitable. Goals were hard to come by, and eventually Barclay scored a good goal from a set short corner. The remainder of the game including extra time was territorially Bart's, and it **finished as an unlucky draw 1-1.**

Team: Jordan, Thomas, Barclay, Benke, Thompson, Bowker, Bateman (capt.), Williamson, Kingsley, Peek, Goss.

J.R.H.

LADIES HOCKEY

The **cup final v. St. Mary's** was played at Enfield, and despite formidable opposition, Bart's played well. Bart's scored first, and after an equaliser and another Bart's goal, the score was **2-2** at **half-time.**

In the second half, both sides scored again, but in extra time Bart's tired and allowed Mary's to score. **Result: Lost 3-4.**

Team: E. Neach, E. Evans (Capt.), J. Williams, J. Miller, M. Newbold, P. Stubbs, P. Dengate, S. Knotting (1), C. Cupitt (1), E. Sanders (1), J. Spring.

M.N.

RUGBY CLUB

On **Saturday, January 30th,** Bart's played **Rugby,** a side which has been doing very well this season. The weather at Chislehurst was bitterly cold, and both teams took some time to get into their stride. Bart's, however, started better, the pack worrying Rugby everywhere except in the lines-out, but actual possession, which would have enabled the backs to attack, was rather lacking. Gibson kicked a fine penalty, and Bart's crossed over **3-0 up.** The second half was a complete contrast. Two penalties were given away in front of our posts, and the side, now completely demoralised, let in two tries through very slack tackling. After the excellent first half, a very disappointing result, **3-15.**

Next week, the **6th February,** saw a much brighter side **beat O.M.Ts. 13-0.** The forwards won much of the ball, and the backs made good use of it, running hard and straight. Johnson, particularly having a fine game, and running in for an excellent try in the corner. The most encouraging play came in the loose, from which Goodall scored his try, and in defence, where the Taylors never looked like scoring, even though they attacked strongly for much of the second half.

Tuesday, February 9th, saw the semi-final of the Cup against The London. We again thank the large number of supporters who made the long (and expensive) trip to Richmond, but who left disappointed, **Bart's losing 8-3,** (a report of this game appeared in the March *Journal*).

On the **13th February,** a side changed by injuries to Goodall and Gibson and with Letchworth and Knox unavailable, lost to the **Metropolitan Police 29-0.** Bart's played excellently in the first half and never let the police settle down, then counter-attacked strongly. When the whistle went for **half-time,** the score **was 0-0,** Bart's being unlucky not to be in the lead. Just as the side was relaxing, the referee decided that there were still 10 minutes to go and the first half had to start again. In the second half, many appalling decisions by the referee let in the Police for five tries, and denied Bart's a push-over. The side became thoroughly dejected and let in two more tries.

P.E.S.

ATHLETICS CLUB

The coming season augurs well for the Athletic Club. Only T. Foxton, an expectant doctor, should have left the club from last season but the main strength rests in those students at present wrestling with the examiners at Charterhouse. The examiners permitting, if they are prepared to train in their early clinical days the club will have a keen nucleus of athletes and also the members of the highly successful Cross-Country Club turn to the track for the summer season.

The season starts early for the fitter and more talented members who accompany the United Hospitals' team on a tour to Ireland

in April. This team has already put in many hours of hard training.

The fixtures are well planned, building up in competitive strength to the United Hospital Championships in early June. Apart from the regular fixtures, new ground will be broken, as well as records we hope, against Eton College, Metropolitan Police and Pearl Assurance.

The shadow of Tokio has led to the organisation of an Inter-Hospital relay meeting. The Bart's 4 x 440 team should produce a good performance in this much glamourised event, thanks to Brightwell et al.

Any freshers keen in athletics, no matter what standard will be most welcome, and female students and nurses are needed since some meetings have been arranged for female athletes. All those interested should contact the Secretary.

D. J. Coltart.

SOCCER

During February the Soccer Club has suffered badly from injuries, postponement of matches and 2nd M.B. At the beginning of the month Bart's lost to **West Ham College,** the University League leaders. Playing with a very strong wind in the first half West Ham soon had the advantage and eventually won **4-1,** a goal by Thew being the only consolation in a miserable game. This game contrasted sharply with the match the following week v. **St. George's.** In this match a much-weakened Bart's team with Rawlinson injured in the first-half managed to hold St. George's to a **0-0 draw.** Bart's not only defended excellently but also attacked with energy and even had the ball in the George's net only to be given off-side. Substitutes Jeffries and Pemberton played far beyond themselves, and everyone enjoyed the game.

The Oxford Tour

This tour was a success socially and on the field, though the injuries incurred (on the field) were phenomenal. In the first game against **Worcester College** Bart's eventually **won 5-4,** this was remarkable since Higgs in goal was injured in the first 30 minutes and Rawlinson was off the field for the last 20 minutes. Offen and Herbert scored two goals each and Vartan added one more.

The other game **v. Lincoln College,** an **8-1 win** for Bart's, was not distinguished except for the unbelievably bad pitch and ball. Jeffries and Pemberton again played extremely well and "Fireman" Vartan netted four goals. But this tour will be remembered for its potted plants, fire extinguishers and "the little man in the strange hat."

Meanwhile, back in the University League a ten-man Bart's team beat the **Institute of Education 3-0** at home. Two unbelievable goals by Vartan and one from Herbert brought promotion a little nearer. Bart's are now lying second to West Ham College and it seems that only 2nd M.B. can come between us and a higher standard of football next season.

Players: Layton-Smith, Higgs, Rawlinson, McGechie, Offen (Capt.), Raine, Turner, Fryer, Pemberton, Sutton, Herbert, Vartan, Thew, Dorritt, Mumford, Jeffries, Mitchell.

D. McG.

GOLF

The season opened this year with a new fixture on **February 10th** against **Bristol University** who came to Chislehurst.

Teams of six played singles in the afternoon and Bristol showed their superiority by beating us 4-2. Our winners were Saddler and Booth.

Team: Atkinson, Bowen, Vartan, Weston-Burt, Saddler, Booth.

R.E.A.

WATER POLO

This term has been one of the more successful of recent seasons and certainly the most enjoyable, the reason being that for the first time in years we have been able to 'field' regularly the same team, all the members of which are extremely enthusiastic.

At present we are **second** in the **University Second Division** and after eight matches have lost only to the College of Estate Management, having scored an average of six goals per match. There are only two experienced players in the side, Britton, who consistently works harder than anyone, and Lask, whilst Coburn and Jolly, both new this year, are well worth their places in any Hospital team. Patterson, on loan from Canada for an indefinite period, has proved invaluable, and Blackburne in goal is completely dependable, the more so when it is realised that he played two matches with an undiagnosed fractured fibula!

The new-found team spirit, which in part is due to our success, must also stem from our strong and regular support for which we are very grateful. The strong colonial flavour in both the team and its supporters makes us look forward to the Annual Tour which this year will be during May, and, it is hoped, will include some matches.

B.D.L.

CONTENTS

EDITORIAL

A new clinical teaching programme is planned for 1967. This will aim, it is said, at supplementing our meagre experience of acute medicine with visits to other hospitals, and at integrating into a rational unit a course which at present is artificially divided into unrelated chunks (Pathology for example will be taught in relation to Medicine and Surgery). That rare specimen the bird of Change, which spends all too long away from our walls, is really on the wing again, and before the winter of tradition drives it away once more, we might try to fasten to its back some even more radical improvements to our teaching system.

There are two ways in particular in which the academic climate of this Hospital could be invigorated. It is an old story to say that small groups or classes are infinitely more profitable than large ones, but has anyone given serious thought to the possibility of an individual tutorial system? The purely academic advantages of a regular meeting with a member of the staff, whether the time be used for essay practice, informal discussion, or prepared topics, are difficult to deny. Furthermore such a system would go a long way to solving the problem of communication between staff and students which was stressed recently in these columns. The only cogent argument against tutorials is the shortage of tutors, and the expense of valuable time on a moronic pupil. But a quick calculation shows that if all members of the staff from consultants to senior housemen were prepared to give just one hour a week, every clinical student could have a tutorial once a fortnight.

There is another benefit which would derive from a tutorial system. At the moment there is nobody to whom a student who wants advice about his career or examinations can go. This is no slight on the Dean and the Sub-Dean: it is quite impracticable for two men to act as general mentors to 300 students. Shall I take Conjoint? How valuable is a house-job at Bart's if I am going into General Practice? What is my best route to a career in Public Health? If I want to increase the breadth of my medical experience shall I do a job in the Bahamas or in Bethnal Green? All these are questions which can be answered only by somebody with some personal knowledge of the questioner. Even if stumped for a straight answer, a tutor would be invaluable as a sounding board.

The second thing which badly needs doing when we change our teaching system is to restrict compulsory attendances to a minimum. It sometimes seems that the primary purpose of the course is to teach us to sign our names (and other people's). Compulsion at this stage