



The police and the students of St. Bartholomew's Hospital: a fracas during the recent snowstorms.
6th Dec., 1875.

THE JOURNAL STAFF

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THAT STRANGE DISEASE OF MODERN MAN

Modern man's interest in medicine and all that goes on within the profession is well served by the mass media. For the journalist, 1965 has yielded a particularly rich harvest with the G.P.'s 'strife', Junior hospital Doctors' 'revolt', revelations of poor hospital facilities and conditions, not to mention the perennial pre-occupation with tales of patients with holes-in-the-heart or kidney transplants, and the occasional story of a doctor's moral lapse. One supposedly respectable paper recently carried a story, very uncritically stated, of a new rejuvenation therapy. And we are constantly bombarded with advertisements telling us that we are constipated, hungover, spotty and bald, with heartburn, halitosis, colds and so forth; and we respond by buying ever-increasing quantities of proprietary preparations and drugs. Judging by television viewing ratings, man's obsession with medical matters is only matched by his devotion to Ena Sharples.

It is therefore not surprising that with all this knowledge and awareness, and a free medical service, many Englishmen are very conscious of their bodies and their function, and they are only too ready to report any deviation from the normal working. A progressive step towards early diagnosis this undoubtedly is, but it is also an invitation to the hypochondriac and over-anxious. Anyone who has been in the out-patient department of this or any other hospital will have been impressed by the large number of patients presenting with all manner of physical symptoms, who are extensively, not to say expensively investigated before their malady is finally diagnosed as being supra-tentorial. The number recognised as such by their G.P. and so not referred to hospital must be even greater. It is all too easy for the doctor to be impatient and intolerant of these 'neurotic time-wasters', but the fact is that if a friend or brother dies of a coronary thrombosis it is perfectly natural to wonder about the state of one's own heart. The man who goes to the doctor with cardiac neurosis is only an exaggerated form of this normal reaction. Relief to the patient can often be brought about by patient explanation and reassurance. All too often however, the doctor is too busy to find time to do this, and the task is left to a nurse or someone whose authority is unfortunately less commanding. The result is only a temporary or incomplete palliation.

Treatment of these patients can be just as rewarding as any other, but there will always be a few who come up time and time again with new symptoms on each occasion. In these cases the physician would do well to remember the ironical fate of Molière. He distrusted, and frequently satirised physicians, and in his last play "Le Malade Imaginaire", the central character Argan is a hypochondriac who after an assortment of diagnoses decides to become a physician himself. Molière played this part himself and during the fourth performance, at the point where he was taking the physicians' oaths, he collapsed and died.

The lesson to be learned is that eventually every patient, hypochondriac or not, will get some disease and therefore must be investigated thoroughly every time he has a new symptom.

The Journal Staff wish all readers a Happy and Prosperous New Year.

LETTERS TO THE EDITOR

JUNIOR HOSPITAL STAFF

Sir,—Mr. Whittingdale's letter in your November number under your heading "Amours Financed" seems a little unfair to the present generation of housemen, and I hope it is reasonable for a bachelor qualified in 1933 to try to bridge the gap in outlook.

Members of our profession are subject to the same sort of economic and social pressures as anybody else. Early marriage is the rule rather than the exception in all walks of life, including the professions. Is marriage to be postponed indefinitely after the right girl has turned up simply because Medicine is an "exacting mistress"? She might not be inclined to wait, and the chance might not occur again.

Housemen and Registrars are not scarce at Bart's and other teaching hospitals, but elsewhere they are becoming increasingly so, and unless conditions including pay and accommodation (and particularly married quarters) bear some relation to present day requirements it is hard to see how the situation can be improved. The present scale of help from Commonwealth countries and other places abroad cannot be expected to last.

On eugenic (even if no other are admitted) grounds the Residents and Registrars of "one of the more illustrious teaching hospitals" as Mr. Whittingdale so nicely describes it, should not have obstacles placed in the way of early marriage. On grounds of equity (and of expediency) the same should apply elsewhere.

I am
Yours, etc.,

HAROLD LEE,
7, Warren Hill,
Loughton, Essex.

24th November.

Sir,—Although I do not doubt the sincerity of the views expressed by Dr. Hession in your December issue, I cannot agree with his opinions.

People's attitudes and relationships may well have changed in the past fifty years, but, on the whole, very much for the worse.

Staff at this hospital are in an enviable position as a result both of great traditions and of a high standard of practice. As regards the medical education here, it is not only of first

quality, but also (in my own, possibly misguided, belief) produces gentlemen.

Doctors are indeed public servants, but I consider that railwaymen and post office workers could more aptly be termed "masters of the public". Few people can have failed to experience strikes and "go-slows" by the railwaymen. I believe that the post office workers recently went on strike. Certainly, my way to the hospital one morning was obstructed by a collection of unsavoury males bearing inflammatory placards. These, I understand, were "strike pickets". Were the medical profession to indulge in such activities, I should certainly not remain a member of it.

There may be a good case, within reason, for higher salaries for junior hospital staff. However, the deliberate courting of publicity to further such a cause, is deplorable. I believe that the recent spate of newspaper articles and television programmes on the subject can only lead to harm to the medical profession, and to their disrepute in the eyes of the public.

Yours truly,

A. J. SALSURRY,
Department of Pathology,
St. Bartholomew's Hospital,
London, E.C.1.

9th December.

GLORIOUS CHOIR

Sir,—I had the good fortune to be present this month at the Hospital Choral Society performance of the Messiah in the noble church of our founder.

It was wonderful to behold the packed church for a truly memorable rendering of this glorious work. I feel the soloists were all first class. The choir itself covered itself with glory and excelled themselves in the many massive choruses with which the oratorio abounds. The size of the chorus was remarkable. The accompaniment by the orchestra and small Mander chamber organ was restrained and extremely effective and gave fair support to both the soloists and the chorus.

That the choir could have reached the standard which it undoubtedly did, which must have entailed considerable time for rehearsal

beforehand is little short of amazing. But then Bart's always rises to the occasion in all she does. The noble Norman architecture of the Priory Church provides a perfect setting for such inspiring music.

Further performances by the Choral Society will be eagerly awaited. All who heard their wonderful performance of the Messiah must have been deeply moved as I most certainly was. Warm congratulations to the conductor, soloists, chorus and instrumentalists.

Sincerely,

Hon. Secretary,
East Surrey Organists' Assoc.,
6, Furzedown Road,

5th December. Sutton, Surrey.

CHAMBER MUSIC

Sir,—I was delighted to read in the August Journal your Music Correspondent's report of the Bart's Music Society's Concert, noting some 'ambitious' contents of their programme, and to know of the obviously well established existence of the Hospital Orchestra.

Having been in at the beginning of a short-lived revival of the Music Society's activities in 1930, and having been responsible for posting a notice in the "A.R." in an endeavour to find out the number and nature of the instrumentalists interested in forming an orchestra, I imagine my counterpart of later years might have met with an equally facetious response from sympathetic well wishers had he given them a similar opportunity. Some of your readers may be interested when I refer to that original notice still in my possession, for the names, indicated by signatures or obviously nominated by others, constituted a potential orchestra capable of "variations" which were unlikely to have been "Symphonic"!

Peter Appelman (Piccolo-Pete)
E. M. Darmady (Folk Dancing)
F. E. Wheeler (Gramophone)
Pel-Epstein (Jew's Harp)
Bill Last (Harp Soloist)
K. A. Latter (Tin Whistle)
Beizer (Ukulele)
A. B. Barbour (Bumph & Comb)
I. N. Fulton (Gonophone)
R. T. Simcox (Musical Box)
B. A. Thomas (Musical Box)
Jack Payne (Lyre)
J. R. R. Jenkins (Horn)
J. D. Powell (Oboe)

Were it not for the keenness and efficiency of B. C. Nicholson (Violin), R. G. Orr (Flute), F. A. Richardson (Violin) C. B. Franklin (Piano), R. F. Clarke (Clarinet) we should not have been invited to provide the overture and interval music for the Governors' Christmas Entertainment traditionally given by the Hospital's Dramatic Society in the Great Hall.

I am not sure if anyone listened much to our rendering of "Der Freischutz" overture or Mussorgsky's "Gopak", though they clapped dutifully when we stopped. It was unfortunate when they had to listen for the National Anthem played at the end of the last act that the woodwind instruments in the cold periphery of the Great Hall had had no time to warm in to tune. Nevertheless there was plenty of warmth generated by the Domestic staff who provided the cheerful and uncritical audience for the Dress rehearsal on a Monday—they were only too ready to grasp the opportunity to stamp their feet to the swing of Jarnefeld's "Praeludium", and were unaware of my apprehension on this, or especially the other four nights of the performance proper, should either Alan Richardson or Clive Nicholson be prevented from occupying the first violin's stand.

I am delighted to see the announcement of future concerts in the November Journal, so that these can be supported with the interest and nostalgia of a well-wisher.

Yours sincerely,

R. G. GILBERT,
Carmenna,
9, Woodfield Lane,
Ashted, Surrey.

29th November.

Erratum.

In Dr. N. S. Finzi's Letter "Miss Fovargue" (see December 1965) the closing sentence should read: "The present Sister to the Radiotherapy Department", and not "Radiography Department".

LONDON UNIVERSITY DRAMA FESTIVAL

February 1st-4th.

The Bart's Drama Society are entering 'Lunch Hour' by John Mortimer. Bryan Lask is the producer, and Sue Macdonald and Nick Wagner are in the cast. Tickets can be got from Bryan Lask or from U.L.U.

Engagements

GIBSON—DENBY.—The engagement is announced between Dr. David F. Gibson and Miss Diana R. Denby.

HILLIER—HOULDERSHAW.—The engagement is announced between Dr. Richard Hillier and Miss Anne B. Houldershaw.

WATSON—RAYNOR.—The engagement is announced between Dennys Watson and Dr. Myrtle Joy Raynor.

WISE—OXENHAM.—The engagement is announced between Dr. Kenneth S. H. Wise and Miss Julia Frances J. Oxenham.

LINFORD REES—NEWBOLD.—The engagement is announced between David Linford Rees and Miss Mary Newbold.

Births

COOLE.—On November 23, to Prilla (née Lehmann) and Dr. Colin Coole, a daughter (Katherine) sister for Helen and Jackie.

CUTHBERT.—On November 4, to Toni (née Sanger) and Dr. Dan Cuthbert, a second son.

GIBBON.—On November 8, to Ruth (née Alexander) and Dr. R. H. Gibbon, a daughter (Rachel Rose) sister for Frances and Robert.

LINES.—On October 28, to Ann (née Taylor) and Dr. Alfred James Lines, a daughter (Joanne Elizabeth Lateefa), sister for Mark.

WELCH.—On November 21, to Marilyn (née Mostyn-Phillips) and Dr. David M. Welch, a daughter.

Deaths

GORDON-WATSON.—On October 13, Francis Eaton Gordon-Watson, M.R.C.S., L.R.C.P., aged 78. Qualified 1917.

MALTYBY.—On November 11, Henry Wingate Maltby, M.C., M.R.C.S., L.R.C.P., aged 75. Qualified 1914.

ROWE.—James Trethowan Rowe, M.R.C.S., L.R.C.P. Qualified 1931.

Appointments

Sir Ronald Bodley Scott has been appointed honorary consulting physician to the Ministry of Defence (Army).

Change of Address

DR. J. W. POOLE—to Kinsale, Norwich Road, Cromer, Norfolk.

January Duty Calendar

Sat. & Sun., 8th. & 9th.	Dr. Hayward Mr. Badenoch Mr. Manning Dr. Cole Mr. Dowie
Sat. & Sun., 15th. & 16th.	Dr. Oswald Mr. Tuckwell Mr. Aston Dr. Gillett Mr. Fuller
Sat. & Sun., 22nd. & 23rd.	Prof. Scowen Prof. Taylor Mr. Burrows Dr. Bowen Mr. Cope
Sat. & Sun., 29th. & 30th.	Sir Ronald Bodley Scott Mr. Hunt Mr. Aston Mr. Ellis Mr. McNab Jones
Physician Accoucheur for January is Mr. Fraser.	

LECTURES

13th January. Abernethian Society. Professor Peart, M.D., F.R.C.P., "The Renin Angiotensin System."

London Medical Group. The Most Reverend Archbishop Anthony Bloom: "Preparation for Death". St. Thomas's Hospital.

20th January, Abernethian Society. Lord Sorensen: "The Problem of Democracy".

London Medical Group. The Reverend D. A. B. Downing, Monsignor J. L. Coonan: "Euthanasia". London Hospital.

ELEVENTH DECENNIAL CLUB

The 31st Dinner of this club will be held at Simpson's-in-the-Strand on Friday, March 25th, 1966, 7.00 p.m. for 7.30 p.m. Dinner Jackets. Dr. Gerard S. W. Evans, M.D., BCh., D.R.C.O.G., will be in the Chair. It is hoped that as many as possible will support him. The cards will be going out shortly and anyone who does not receive one and who wishes to know about the Club should write to: F. C. W. Capps, F.R.C.S., 108 Harley Street, London, W.1.

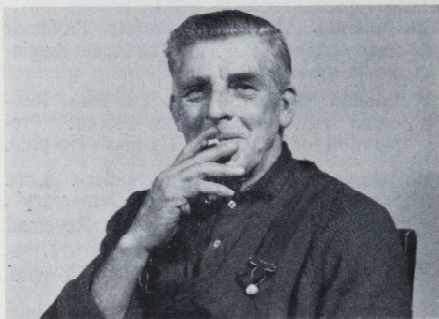
BART'S CHORAL SOCIETY

The Choral Society are hoping to perform Mozart's Requiem and a Bach Cantata in June. Rehearsals commence on 10th January at 9 p.m. in Gloucester Hall. More singers are needed in all parts, especially Tenors.

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 for membership to the Secretary: Mr. J. O. Robinson, 149 Harley St., W.1.

Retirement

William J. Bailey served the Hospital for forty years as a scaffolder and general handyman and was invariably to be seen about at Bart's in all weathers. During the war he succeeded in extinguishing three incendiary bombs which had lodged in the roof of the West Wing, and later the same night he dealt with other incendiaries on the roof of the catering block. For years he has been known as the strongest man in the employ of the Hospital. All who know him will wish him well in his retirement.

J.W.G.

FINALS RESULTS

University of London
Final M.B., B.S. Examination
October, 1965

Honours

Davis-Dawson, L. H. (Distinguished in Applied Pharmacology and Therapeutics)

Pass

Aveline, M. O.	Bartlett, C. L. R.
Bohn, E.	Bruton, C. J.
Bubna-Kasteliz, B.	Casewell, M. W.
Cole, I. E.	Coleridge, H. C. C.
Dorrell, E. D.	Dutt, T. P.
Foot, C. M. R. M.	Frears, J. F.
Garson, W. P.	Gilsenan, K. L.
Goldie, D. J.	Goodall, D.
Hanley, D. J.	Harper, D. R.
Jones, D. V.	Kuur, J. B. G.
Macpherson, D. A.	Mitchener, P.
Nicholson, I. C.	Page, A. J. D.
Pogmore, J. R.	Revell, M. G.
Robinson, D. A.	Stockton, C. E.

Supplementary Pass List

Part I.	Ah-Moye, G. R.
Addis, B. J.	Bell, J. M.
Bates, T.	Browne, G. R. W.
Bishop, C. A. H.	Clark, T. B.
Burgess, A. M.	Doyle, P. T.
Crawley, P. S.	Evans, E. A.
Edelsten, A. D.	Fryer, M. E.
Farrow, R. E.	Gorvette, D. P. L.
Gilbertson, R. C.	Kenyon, A. R. T.
Hawking, K. M.	Kumar, P. J.
Kersley, J. B.	Lipsedge, M. S.
Lindo, F. C.	Miller, J. M.
McKeown, P. M. I.	Munro, E. G.
Moore, A. J.	Noonan, C. M.
Nightingale, M. D.	Phillips, E. M.
Offen, D. N.	Robinson, J. M.
Roberts, P. F.	Sanders, W. M.
Sadza, D. M.	Sutcliffe, J. R. H.
Subotsky, F. E.	Thornback, P. C.
Tatham, P. F.	Turvill, P.
Todd, V. A.	Weir, R. L.
Webb, E. M.	
Woods, P. J.	

Part II.

Harrison, J. R.	Husband, P. R.
Kenyon, A. R. T.	Lask, B. D.
Lee, B. C. P.	Pembrey, J. S.
Pine, R. C.	Savage, P. B.
Weller, R. M.	Wood, R. M. T.

Part III.

Harrison, J. R.	Kingsley, P. J.
Pine, R. C.	

Part IV.

Anderson, R. B.	Bishop, A. N. R.
Crawley, P. S.	Harrison, J. R.
Kenyon, A. R. T.	Langley, J. F. A.
Lask, B. D.	Lee, B. C. P.
Merrill, J. F.	Peek, I. M.
Pembrey, J. S.	Weller, R. M.
Wood, R. M. T.	

HOUSE APPOINTMENTS JANUARY 1966**FIRST APPOINTMENTS**

Jun. H.P. to Sir Ronald Bodley Scott	Davis-Dawson, L. H.
Jun. H.P. to Dr. Hayward	Gibson, I. A.
Jun. H.P. to Dr. Black	Casewell, M. W.
Jun. H.P. to Dr. Oswald	Nicholson, R. G.
Jun. H.P. to Prof. Scowen	Axon, A. T. R.
Casualty House Physician	Mann, A. H.
Jun. H.S. to Mr. Naunton Morgan	Robins, D. G.
Jun. H.S. to Mr. Hunt	Dorrell, E. D.
Jun. H.S. to Mr. Badenoch	Hanley, D. J.
Jun. H.S. to Mr. Tuckwell	Kettlewell, M. G. W.
Jun. H.S. to Prof. Taylor	Cooke, T. J. C.
Casualty House Surgeon	Pogmore, J. R.
Jun. H.P. to Dept. of Child Health	Smiley, R. C.
H.S. (3) to Orthopaedic Dept.	Garson, W. P.
	Husband, P. R.
	Jones, D. V.
H.S. to E.N.T. Department	Goodall, D.
H.P. (2) to Rochford General	Mitchener, P.
	Matheson, I. C. C.
H.P. to Southend General	Kuur, J. B. G.
H.S. (2) to Southend General	Kurr, C. R.
	Harrison, J. R.
H.P. to Whipps Cross	Dutt, T. P.
H.S. (2) to Whipps Cross	Aveline, M. O.
	Page, A. J. D.
H.S. to Redhill General	Foot, C. R. M.
H.S. (3) to Royal Berks	Davies, N. J. T.
	Linggood, R. M.
	Macpherson, D. A.
	George, W. T.
	Weller, R. M.

SECOND AND THIRD APPOINTMENTS

H.P. to the Children's Department	Milla, P. J.
H.S. to the Ear, Nose & Throat Dept.	Thomas, R. S. A.
H.P. to the Skin & V.D. Depts.	Abell, E.
H.S. to the Ophthalmic Dept.	James, P. M. I.
	Nash, A. V.
H.O. in Obstetrics & Gynaecology	Guillebaud, J.
	Houghton, A. L.
	Letchworth, A. T.
	Needham, P. G.
H.S. to the Thoracic Department	Powles, R. L.
H.S. to the Neurosurgical Department	Shand, D. G.
	Bown, R. L.
	Frears, C. C.
H.P. to Departments of Neurology & Psychological Medicine	Tunstall Pedoe, D. S.

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

Obituary

Dr. M. B. REICHWALD

On the 21st October 1965 Max Balzar Reichwald died (age 87) at Leatherhead Hospital. He was born in Tynemouth to his English Mother, his Father having come thither in the course of his business and taken out naturalisation papers.

From the age of twelve to nineteen he was sent to Germany to be educated, passing the "Abitur" Exam, corresponding to, but not exempting him from, "Matric" which he had taken as an External Student of London University before coming to Bart's.

He qualified ("Conjoint") in 1905 and took on a job as Medical Officer "on site" during the building of the Rotherhithe Tunnel to supervise the health of the workmen, for Caisson's disease, etc. As there was little to do he had time to read further and take his M.B. B.S.(London). He was appointed H.P. to Dr. Samuel West (1906-7) and followed on as External Midwifery Assistant to Dr. Champneys and Dr. Griffiths (1907-8). One day on the "District" waiting for a case in 'labour' to progress he went out into the night for a breath of fresh air but whilst taking shelter in a doorway during a shower of rain was apprehended for "loitering with intent" by a couple of policemen. He had some difficulty in justifying his presence in the locality resorting to the production of his Midder bag to establish his identity.

After doing a couple of trips as Ship's Surgeon he was crossing the "Square" at Bart's when Lord (then Dr. Thomas) Horder hailed him—"Aren't you looking for a Practice—why not go down and see Von Bergen at Leatherhead, he's looking for a partner?" and from this suggestion started a partnership in 1908 that lasted 40 years.

He developed the Ashtead side of the practice living in an 18th Century American "Clapboard" house in the village street. However his father, considering this rather poor accommodation, acquired for him as compensation a 14/20 Wolsey Siddeley 21 h.p. two-seater car weighing some 2 tons. His partner "V-B" likened it unto "Keeping a racehorse in your front garden".

Max was a conscientious, thorough and kindly general practitioner of the 'old school' who quickly made up his mind and stuck to his

views and principles in a typically resolute manner. He was always interested in his old Hospital, even if he only kept in touch in later years via the "Journal", but he had a good memory and was always interesting when recalling incidents of the visits of the Bart's Consultant Staff. He recalled that Sir (then Mr.) D'Arcy Power had cycled to Leatherhead (20 miles) and back to deal with a Surgical emergency and how "Tommy" Horder conveyed, the morning after a Domiciliary visit, the results of the Pathological investigations that he had invariably made himself. He recounted too, the precautions he himself took when giving an "open ether" anaesthetic for an operation in a patient's house—the draping of wet towels around the open fire, etc., the holding of a post-mortem in the bedroom of a cottage with the help of the Coroner's Officer lugging up pails of water.

In 1910 a keen amateur Scientist friend living in the village, and interested in Medicine invested in a small X-ray Apparatus, the only one South of London around that time, with which he took pictures of foreign bodies in the hands and small fractures.

When the 1914-18 War broke out his partner (Von Bergen) then being a bachelor, volunteered for the Army but was subsequently invalided out following Typhoid and Cholecystitis whereupon Max joined the R.A.M.C. in 1917. Prior to this he had to put up with some adverse comments of the unintelligent and ill-informed that anyone with such a name might have to expect during a war with Germany but it needed the help of the B.M.A. to withdraw a statement made in a National Daily Newspaper, who printed the rumoured subversive use of the cellars in his house.

He was posted to India in 1917 but because of the activities on the Afghan border his demobilisation was delayed until 1919. He was joined in the practice for comparatively short periods by F. H. Robbins (1921-25) Etherington-Smith (1926-30) Lt. Col. Colin Clark (1930-33). His experience of Lloyd George's "Panel" in General Practice decided him to retire in December 1947 before the introduction of the National Health Service when his partners then were Von Bergen, Everett, Gilbert and Gavin. He continued however to live on in the house from which he had practised and which he had had built in 1912 for himself and his wife who survives him as do also four of his five children.

R.G.G.

INTIMIDATION

by PETER QUINCE

(Author of 'Left-Handed Doctor', 'At Dr. Mac's', etc.)

My Mother once came to our School sports. I was competing in the 220 yards under 14. Just before the race she said to me:—"You will take care and not overdo it, won't you dear?"—I came in last but one. My brother did not win his race either. And with him history repeated itself like pickled herrings. He went into the circus business, and one matinée when he was balancing blindfold on the high wire preparing to do a standing somersault, the Ringmaster bawled up at him—"I say, you will be careful won't you?". He missed the wire and fell many feet. Luckily he landed on his head, but it put paid to his circus career.

He then became a Gynaecologist—rather a blind alley occupation (perhaps) but better than nothing, I suppose. And then one day when he was doing a highly diverting and intricate operation deep in the heart of the pelvis, the theatre sister hissed, "Oh, *do* be careful." His hand jerked and there was a shocking mess to clear up. Blood on the ceiling. Horrible.

He ended up as a lay preacher, but nobody could say that he was a really powerful lay preacher.

I myself was luckier than this brother of mine. I got hauled into the Army—into the Artists' Rifles, to be precise—while World War I was still raging. And there, for the first time in my life I was encouraged to do things flat out. Regardless. "Encouraged" is perhaps an understatement. You either did everything flat out regardless, or else they didn't like you and you would find yourself transferred to "E" Company, which sent drafts out to the front; and in about a fortnight the news would get round that you had met a hero's death in action. Something to be avoided at all costs, or at any rate postponed as long as possible.

Within four months the war ended—and I went back to school—translated. From having been a nondescript non-athletic, rather bookish

type, I became an athlete. Victor Ludorum and all that sort of thing. And later at Cambridge I didn't do too badly either.

Why I relate this piece of immodest autobiography is to draw attention to the fact that my bodily machine was just about the same as it was before, and very like my brother's, though a slightly earlier model; but the chap inside who drove the machine had undergone a radical change. He no longer had any inhibitions about getting into top gear and putting his foot down.

For a while I quite forgot that nonsense about "overdoing things" and "straining the heart". For it is nonsense, isn't it? After all, the Varsity boat race is probably one of the most gruelling physical ordeals in the world, especially for the losers; and yet, as the researches of Sir Percival Horton-Smith Hartley in Nineteen Forty something showed, ex-rowing blues have exceptional longevity . . . though it is of course a sedentary job.

Nevertheless, intimidation is one of the commonest of disablements. It can strike any one of us. Some of you are doubtless martyrs to it.

Why? Well in the first place many of us are nurtured in what Lord Action so neatly described as an atmosphere of Accredited Mendacity: in other words downright lies which are traditionally accepted and accepted without question.

The baby in his cot is not afraid of life. He lies there crowing and gurgling and lunging out and bellowing with rage if hungry or uncomfortable. But just you wait until communications are established. Then it's:—

"If you don't get off to bed, you'll be tired and never grow up into a strong boy."

"If you sit about in those damp shoes, you'll get pneumonia you mark my words."

"If you don't get off to bed, you'll be tired tomorrow and do badly in school."

"If you go bathing too soon after lunch, you'll get cramp in your stomach and drown."

"How many times have I told you not to climb trees? You'll only fall down and break your neck."

"You'll strain your eyes reading so much. I'm sure it isn't good for you."

"If you masturbate you'll sap all your strength and never be any good at anything."—And so on.

All lies or wild over-statements of remote possibilities. All black spells calculated to make you distrustful of both your potentialities and the natural order of things.

And they are uttered not only by grown-ups, who are suspect in any case and rather stupid, but by brothers and sisters and smug bossy and over-credulous schoolmates.

I remember one beastly little girl who was watching me drink glass after glass of water. I had been chasing round and I was hot and thirsty. She nodded her head sagely and said, "You didn't ought to drink so much water. My uncle drank lots and lots of water and his blood turned to sugar and he died of sugar diabetes." (She was obviously cut out to be a nurse.) At the time, it didn't make sense, but I can't deny I was shaken, and I restricted my fluid intake for a long time—just to be on the safe side.

So you see, this business of putting back spells on people, scaring the pants off them and paralysing them with fear is part of our cultural heritage. A sort of Gamesmanship.

Naturally enough it permeates medical practice. It would be nice to think that the little terrorists grew up to be doctors or nurses, and that their victims, the intimidated, grew up to be permanent out-patient fodder; and thus preserved an equipoise between supply and demand. But it doesn't work out like that. Many terrorists set up in private practice. You come across them at large: the wiseacre in the pub, the woman in the next bed. And some of the intimidated become doctors and nurses and go to extravagant lengths to play for safety.

Supposing you come over all queer and go to the doctor's: he will almost certainly tell you of a whole load of things you must not do at your peril. How great the peril he will not tell you: he probably doesn't know. What he tells you is purely traditional. Do you know that some hospitals issue their colostomy patients with a booklet listing a whole lot of things they *must not eat*? Whereas of my own experience of 287 colostomies I can vouch that there is only

one food which invariably disagrees with these patients—onions. Onions certainly bother them with disagreeable flatulent collywobbles, loose motions and a horrid smell—a transient upset causing no lasting damage. And so it is if they have an individual idiosyncrasy against any of the other foodstuffs listed. But the patient is left with the impression that their total avoidance is a matter of life and death.

One of the things your doctor will very likely forbid is work. He is much more concerned about the 40-odd hours of the week you might be innocently engaged in lucrative employment than about the 120-odd hours that you are not—nor is he much interested in what you will be doing with those 40-odd work-free hours. Work would appear to be a very special form of poison, more deleterious than drugs (you'll get plenty of them, in any case), gluttony, alcohol, cigarettes or sexual indulgence. Indeed at the drop of a hat he will sign you what is virtually a cheque on the earnings of the taxpayers (including his own) to make quite sure. Some patients allow themselves to be paralysed into inactivity: they are said to be good patients. Others take the opportunity to cultivate their allotments or catch up on their home decorating: they are very naughty indeed.

And you know, in some circles it is considered a terrible solecism to go back to work any day of the week except Monday—quite regardless of wars, National Productivity or balance of payments.

By the way, has it ever occurred to you that our medical training pays absolutely no attention to health and its maintenance? If a doctor professes to be more interested in health than disease, people at once look at him askance, suspecting him of being a crank with bees in his bonnet about deep breathing in front of open windows, stoneground wholemeal bread, compost grown vegetables, honey in the comb—almost of free love and fruit luncheons. They even glance down to see if he's wearing sandals.

If a doctor recommends a restrictive practice like putting the feet up for half an hour after meals—for the stomach's sake or the heart's sake or for goodness-only-knows sake—he's O.K. Whereas if he recommends buying a dog and taking it for a 15 minutes stroll before breakfast and after supper, he's not taken seriously. And yet that is a most valuable prescription for the maintenance of good health and longevity, especially for sedentary workers and most especially for post-coronary sedentary workers.

Supposing your indisposition is such that you

have to go into hospital for an operation or investigation—oh lor', you've had it! The atmosphere of accredited mendacity you could cut with a knife.

They take away your clothes so you lead at best a degrading slipshod existence in pyjamas and dressing gown. But first they put you to bed. There is an accepted falsehood that while you are lying in bed it is doing you good and you are safe. If you suddenly die, you are in the right place to do it. And besides, the ward is tidier that way; more like a formal garden to work and less like a Fun Fair. To be allowed out of bed is a somewhat daring privilege. So highly charged is the atmosphere of vigilance, surveillance and caution that you readily spend 20 hours of the 24 in bed, and recognise that during the four hours you are up and about you are at risk. You are exhorted to take care and to go on taking care.

It doesn't end there. Indeed it cannot. When you are discharged from the ward it would be fantastic to let it be implied, "Up to this very hour and minute you have been in danger, but now you are safe." Hence the need for the parting shot, the little bonus of uneasiness to take home with you, the little black spell to blight your convalescence. "Take care, no lifting or reaching for at least three months."

And it doesn't end there either. You are not given a clean discharge. You are only let out on probation, as it were. You become Out-patient fodder. No matter what took you into Hospital in the first place—asthma, a rash on your neck, a straightforward appendix, or hernia—you have to go to O.P.'s in a month's time. And during the interval you are uncertain about yourself and go about gingerly in bottom gear. No question about going back to work. With your usual run of bad luck, when you get to O.P.'s you see a brand new Registrar who seems a bit cagey about giving you the All Clear, and thinks you'd better come back next month.

I am not making this up you know. I wonder if you have come across the doyen of provincial consultant physicians. He works and studies hard, and keeps right up to date with the latest theories and developments. He is three weeks ahead of "MIMS". He shows a deep concern for all patients referred to him, and thereafter regards his responsibility for them as never-ending. *Never-ending*.

I can assure you that he never refers a patient back to the G.P. who sent him for "consultation" in the first place; he regards all G.P.'s as

untrustworthy fools; he gives the patient the impression that his very life depends upon his unfailing attendance at his O.P.'s every month (except August, when he himself is away on holiday); he never tells a patient he has completely recovered and can henceforth lead a full and normal life. His motives? Possessive jealousy, need for ascendancy? Or fear of slipping up, distrust of the Life Force (i.e. intimidation)? Quite unconscious, of course: he thinks he is doing a Fine Job of Work.

His patients have the utmost confidence in him; they also seem to develop the utmost lack of confidence in their own body's ability to survive without taking daily the 20-30 pills he prescribes and varies from month to month.

I love him like a brother. To attempt to rehabilitate his patients is a real challenge, contrasted with comparable patients from other physicians, who are money for jam. In conclusion, I would like to tell you about something that happened the other day at Mundesley.

I was doing my morning round with a nurse. The Ward Sister was on holiday and the Staff Nurse was down with 'flu. We were going along the corridor when this nurse called out to an elderly patient who was scuttling back to her room from the bathroom—

"Now you take care."

One of MY Nurses said this! At the Mundesley Hospital!

I seized a gun from a passing orderly and was just about to shoot her—when curiosity stayed my hand.

"What made you say that?," I asked.

"Well, we don't want her falling down and breaking her leg, do we?"

"If she is going to break her leg, it's far better for her to do it here where we can deal with it immediately than that she should wait and do it after she gets home, and perhaps lie on the scullery floor two days before the neighbours found her . . ."

"In any case, to warn anyone to be careful is a sure way of distracting them and destroying their self-confidence"—for I have never got over the tragedy of my 220 yards race, and my brother's unhappy career.

"So think again. Think."

And I tapped her on the back of the head (where it wouldn't show) with the rifle-butt, to assist her cerebration.

She was dumbfounded.

"Then I will tell you why you said it. It was simply as self-protection, wasn't it? So that if she did fall you'd be able to say, 'I told you to be careful'. And if she broke her leg, you could say to me, all self-righteous, 'Doctor, I did tell her to be careful'. You were just covering yourself, weren't you? Self-exculpation in advance, to be on the safe side, wasn't it?"

She had to agree with me.

Now I don't care what anyone says. Some

may say I did wrong. Others, more kindly and less censorious, that I am getting soft and fuddy-duddy and that I should make room for a younger and more vigorous man. But the fact is I didn't shoot her. My own feeling is that it would have been wasteful and would have done no good to anyone. As it is she shows promise of being a very good nurse indeed. She thinks twice before uttering, and she realizes that to inspire courage and dispel fear in others requires courage. You can't do it if you yourself are intimidated.

medicine in literature

IN PLAGUE TIME

by THOMAS NASHE

(1567-1601)

Adieu, farewell earth's bliss,
This world uncertain is;
Fond are life's lustful joys,
Death proves them all but toys,
None from his darts can fly.
I am sick, I must die.
Lord, have mercy on us!

Rich men, trust not in wealth,
Gold cannot buy you health;
Physic himself must fade;
All things to end are made.
The plague full swift goes by.
I am sick, I must die.
Lord, have mercy on us!

Beauty is but a flower
Which wrinkles will devour;
Brightness falls from the air,
Queens have died young and fair,
Dust has closed Helen's eye.
I am sick, I must die.
Lord, have mercy on us!

Strength stoops unto the grave,
Worms feed on Hector brave,
Swords may not fight with fate,
Earth still holds ope her gate.
Come! Come! the bells do cry.
I am sick, I must die.
Lord, have mercy on us!

Wit with his wantonness
Tasteth death's bitterness;
Hell's executioner
Hath no ears for to hear
What vain art can reply.
I am sick, I must die.
Lord, have mercy on us!

Haste, therefore, each degree,
To welcome destiny.
Heaven is our heritage,
Earth but a player's stage;
Mount we unto the sky.
I am sick, I must die.
Lord, have mercy on us!

Common Errors in the Management of Minor Fractures

by T. E. JEFFREYS

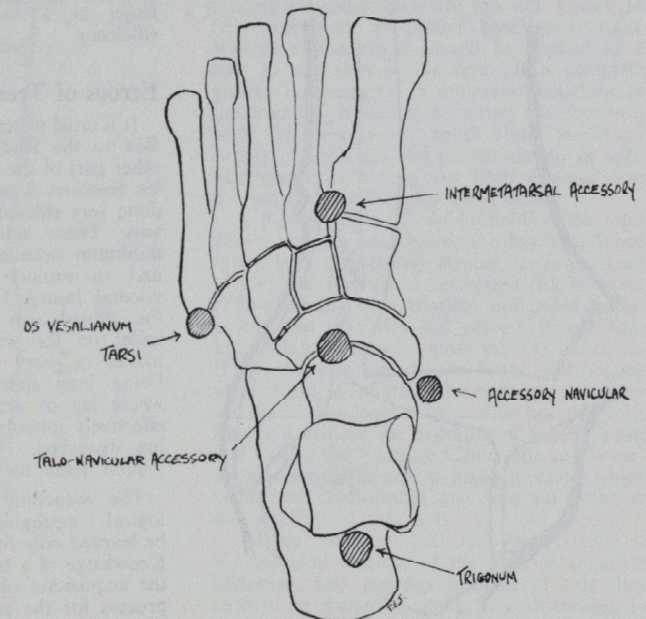
Department of Orthopaedics

Many fractures are trivial injuries, easily treated and leaving no residual disability. But to assume that any fracture is minor is a grave error. A fractured terminal phalanx of a finger can cripple a skilled craftsman, but is an inconvenience to a building labourer. That same labourer can lose six weeks' work because of a fractured metatarsal which would not incapacitate a bank clerk. Some "minor" fractures cause disability out of all proportion to their apparent severity, and that disability may be aggravated or even caused by inadequate initial treatment. The responsibility for this initial treatment rests with the unfortunate duty house surgeon in the Accident Box. He can solve this problem by referring every case for a second opinion. This is not only bad for him as a doctor, but will make him very unpopular with his registrars.

Errors of Diagnosis

The clinical diagnosis of a fracture can be exact and accurate if sufficient care is taken over the history and examination. A cursory examination can result in the wrong part being X-rayed or a fracture missed. It is worth remembering that some fractures can occur without specific injury. These "fatigue" or "stress" fractures follow unaccustomed exercise (such as the "march" fracture of the probationer nurse after her first week in the wards).

or violent muscular exertion (such as the fatigue fracture of the tibia produced by the prodigious leaps of the male ballet dancer). Most "minor" fractures occur at the ends of the long bones and in the small bones of the hands and feet. If there is visible deformity the diagnosis is obvious. In others, bony tenderness at a site compatible with the history of injury should mean a fracture until disproved

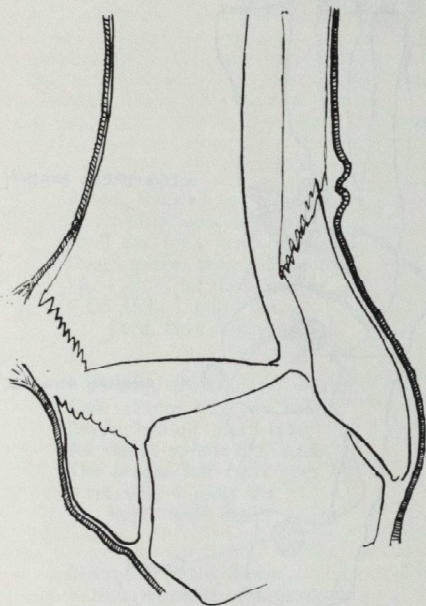


SOME ACCESSORY BONES OF THE FOOT

by radiography. It is not necessary or desirable to attempt to elicit crepitus at the fracture site. Repeated attempts to do so will not enhance the reputation of Bart's as a humane institution.

If radiography is used as a substitute for, and not an adjunct to, clinical examination, errors are inevitable. The broken bone is but part of the wound. When the overlying skin is breached this is apparent, but the intact skin over a closed fracture conceals a soft tissue, as well as a bony wound. Only thorough clinical examination will demonstrate injury to blood vessels and nerves.

Radiographs of a suspected fracture should always be taken in two, and sometimes three or four planes. The different views will show the presence and direction of any displacement of the fragments. The common fracture of the carpal scaphoid may be missed if oblique views are not taken in addition to the customary antero-posterior and lateral views. The responsibility for ensuring that adequate radio-



THE SOFT TISSUE STRAP

graphs are obtained rests with the clinician and not the radiographer. Certain normal radiographic appearances have often been mistaken for fractures. Epiphyseal lines can be confusing, but radiographs of the uninjured side will clarify the picture. Anomalies of ossification, such as bipartite patellae and accessory bones in the foot, are well known sources of error. Merely to know that they occur is a safeguard. These anomalies are usually bilateral; again, a radiograph of the uninjured side for comparison will avert embarrassment.

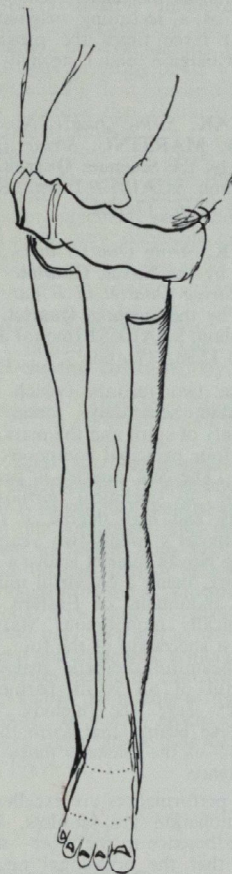
An error of diagnosis which the patient, perhaps irrationally, finds hard to forgive is to miss a "minor" fracture in the presence of multiple injuries. A patient, for example, sustains a severe head injury, a stove-in chest, a compound fracture of the femur—and a broken finger which is undetected. Skillful resuscitation, surgery and nursing save his life and his fractured femur unites in perfect alignment, but his finger remains stiff and deformed. He will take the saving of his life, and his normal leg, for granted, but will regard his finger as a monument to orthopaedic inefficiency.

Errors of Treatment

It is cruel to send a patient from the Accident Box to the Radiography Department or any other part of the hospital without first splinting his fracture. Sometimes this has already been done very efficiently by the ambulance attendants. These splints need be disturbed the minimum necessary to confirm the diagnosis and to exclude any associated wound or visceral injury. It is a simple matter to rest the injured arm in a sling, or to bandage a splint on the wrist or leg. Plaster of Paris makes a very effective emergency splint. Using long slabs applied U-fashion to the whole leg or arm, the injured limb can be effectively immobilised without the patient being disturbed. The motto for first aid is "Splint them as they lie".

The reduction of displaced fractures is a logical mechanical exercise which can be learned only by observation and experience. Knowledge of a few basic principles will make the acquisition of experience a less traumatic process for the patient. It may seem trite in this day and age to advocate the use of general anaesthesia for the reduction of fractures and dislocations. Once the patient has reached hospital the advice is probably unnecessary.

But the dislocated shoulder remains a temptation too strong to be resisted by the tyro on the touchline who rushes on to the field and thrusts a stockinged foot into the victim's axilla. The use of brute force to overcome protective muscle spasm is not recommended. With muscles relaxed by adequate anaesthesia, displaced and dislocated bones can be gently manipulated into position.



THE U-SLAB

Study of the radiographs before reduction will show the direction of displacement and enable the manipulator to understand the mechanism of the injury. In fractures which are angulated, or laterally displaced, the soft tissues on one side of the fracture are intact. This intact strap of soft tissue lies on the concave side of an angulated fracture, and on the side of displacement where there is lateral shift. The strap can be used as a fulcrum during reduction, and helps to maintain the reduced fracture in position. Once the situation of the soft tissue strap has been understood, reduction then becomes a simple manoeuvre of directing the displaced fragment back through its path. Gentle, prolonged traction in the long axis of the limb will correct any overlapping of the fragments and, by tightening the soft tissue strap, will often reduce lateral displacement.

The reduced fracture is immobilised. The material used for the majority of "minor" fractures is plaster of Paris, and in the application of plaster, errors abound. The hazards of applying a tight, circumferential bandage around a swollen limb are too well known to bear repetition. A plaster bandage is rigid. Whenever possible it should be applied as a slab to one side of the limb. If a complete plaster is necessary to maintain reduction of the fracture, it should be amply padded with wool. If there is any doubt about the blood supply of the limb, the plaster should be split throughout its length, the limb elevated and the patient admitted for observation.

A plaster splint should immobilise the joint above and the joint below the fracture. When this rule is deliberately flouted, as in the case of a Colles' fracture, a calculated risk is taken. (The disability of a possibly malunited radius is less than that of a stiff elbow). Immobilisation, while adequate, must not be excessive. If one finger is broken, one finger, and not the whole hand, is splinted. The technique of applying plaster bandages is learned by practice only. Few will achieve the expertise of Sister Cacutt and Len in the Fracture Clinic, but any house-surgeon should be able to apply a plaster which is efficient, comfortable, and does not endanger the viability of the limb.

"Minor" fractures may lack the glamour of a compound fracture of the tibia or an acute abdomen, and possibly because of this they tend to be treated casually. It is distressing to see prolonged disability after such an injury, when enthusiasm and care in the early management would have prevented it.

record reviews

CLASSICAL

SHOSTAKOVITCH. *Symphony No. 1 in F minor, Op. 10*, played by the **Czech Philharmonic Orchestra**, conducted by **Karel Ancerl**. Supraphon. SUA10576 (mono) & SUAST50576 (stereo) 12 in., 17s. 6d.

"Dmitri Shostakovich is the greatest living symphonist," the sleeve-note tells us: but the criterion of greatness is apparently not quality but quantity, for we are immediately exposed to the fact that the composer has written no less than thirteen symphonies. The First Symphony, written in 1925 by a mere eighteen year old student, belies the stormy years ahead: ostracism by *Pravda* in 1936 for being too modernistic and abstract; the Stalin Prize five years later; condemnation by the government in 1948 for anti-popular tendencies; and again the Stalin Prize the following year.

The First Symphony is a delightful mixture of drama, youthful exuberance, and tragedy. Its colourful contrasts are strongly emphasised in a sympathetic performance by the Czech Philharmonic. Ancerl's deft handling at times produces playing of staggering virtuosity: in the fast chromatic scales, for example, each note emerges with crystal clarity. A tendency to take slow passages a little too slowly and a misplaced turnover that somewhat disrupts the continuity of the last two movements need deter only the most initiated; and the Festive Overture provides a pleasant, if trite, fill-up.

BRAHMS. *Symphony No. 1 in C minor, Op. 68*, played by the **Berlin Philharmonic Orchestra**, conducted by **Rudolf Kempe**. Music for Pleasure. MfP2012 (mono only) 12 in. 12s. 6d.

I cannot sing too highly my praises for this record. Kempe's expansive reading underlines the passion and the tragedy that inspired the work. The first movement in particular vividly evokes the tension and despair that marked the composer's unhappy love for Clara Schumann. True, the big theme in the last movement is

Michael Spira
reviews recently released
bargain records.

taken a little on the slow side, but this endows the work with a certain funereal majesty that is by no means misplaced. The performance—a reissue of a recording originally released in 1960 at three times the present price—is a decided bargain, and I strongly recommend it.

DVORAK. *String Quartet No. 2 in D minor, Op. 34*; **MARTINU.** *String Quartet No. 4*, played by the **Smetana Quartet**. Supraphon. SUA10529 (mono) & SUAST50529 (stereo) 12 in., 17s. 6d.

NOVAK. *String Quartet in G major, Op. 22*; played by the **Novák Quartet**.

SUK. *String Quartet in B flat major, Op. 11*, played by the **Smetana Quartet**. Supraphon. SUA10552 (mono) & SUAST50552 (stereo) 12 in., 17s. 6d.

These two records (which are of course obtainable separately) stress at once the unanimity of spirit and the marked individuality of the four principal composers of the Dvorák school. The Suk quartet is perhaps the most striking: its technical virtuosity, emotional maturity and high degree of originality belie its composer's twenty-two years. The accompanying Novák quartet is also a highly imaginative work, being a colourful musical panorama of the mountains of Eastern Moravia. The rhythmically monotonous Martinu quartet is the least successful of the four, although it has some beautiful thematic material. The most delightful of all is its partner, the Dvorák quartet: here the melodic invention and expressive beauty that form the unmistakable elements of the master's music are very much in evidence.

The performances are excellent. The rhythm and intonation are faultless, and there is a strict adherence to the score—so much so that I feel that the occasional nuance is missed. Above all, however, the playing is marked by strong musical characterisation—a feature which is itself sufficient to justify the habit that Czech quartets have of naming themselves after their own nationalist composers.

ROSSINI. *Overtures: The Italian Girl in Algiers; The Silken Ladder; William Tell; Semiramide; Il Signor Bruschino; Cinderella*, played by the **Philharmonia Orchestra**, conducted by **Alceo Galliera**. Music for Pleasure. MfP2031 (mono only) 12 in., 12s. 6d.

If you judge records by the designs on their sleeves, then this one must surely come high on your list. The detail from *Women of Algiers* by Delacroix is presumably intended as a reference to the first overture on the record. The subject matter, however, is too oblique, and I prefer to think in terms of its sonorous colours and energetically fluid brushwork, these being the very qualities that characterise the music of the "Italian Mozart".

The performances here are quite spirited and stylish, but for my own tastes there is a little too much body and not enough sparkle. The price, however, precludes such complaint, and the record is by any standards excellent value for money.

RACHMANINOV. *Symphony No. 2 in E minor, Op. 27*, played by the **Los Angeles Philharmonic Orchestra**, conducted by **Alfred Wallenstein**. Music for Pleasure. MfP2030 (mono only) 12 in., 12s. 6d.

It has been said that Rachmaninov took music, used it, and then left it precisely as he found it: which is to say that musical progress owes nothing to this composer. This uncharitable view is one to which I do not wholly subscribe, if only on the strength of his piano preludes and a handful of songs. However, the Second Symphony does little to justify any claim the composer may have had to originality: its lack of purpose and ill-defined structure give one an overpowering feeling of claustrophobia rather like being lost in the middle of the maze at Hampton Court. It is too much to hope that any orchestra might guide us successfully through all the tedia.

JAZZ

Djangology. **Django Reinhardt**. Music for Pleasure. MfP1054 (mono only) 12 in., 12s. 6d.

A certain romantic aura surrounds the now legendary figure of jazz guitarist, Django

Reinhardt, who died at the early age of 43. Born a gypsy, he lost the use of two fingers of his left hand in a fire, but nevertheless went on to become an admired virtuoso. The present album is a collection of recordings made during the last war. Regrettably, not a single recording he made with the Quintette du Hot Club de France is included. However, enthusiasts will welcome such standards as *Sweet Sue* and *Limehouse Blues*; my personal favourite is *Nuages*, a delicate piece with ethereal charm, composed by Django himself.

POPULAR

My Fair Lady by **Lerner & Loewe**. Cast includes **Anne Rogers**, **Tony Britton** and **Jon Pertwee**. Musical direction by **Alyn Ainsworth**. Music for Pleasure. MfP1057 (mono only) 12 in., 12s. 6d.

On leaving a theatre at the end of a performance of *My Fair Lady*, I once overheard a voice behind me solemnly declare, "But after all, my dear, Shaw did write the part for Rex Harrison". On the principle that one should not address strangers (save on matters of national importance, such as the weather) I turned round and, with a transfixing glare, vehemently said nothing. You see, I had to admit that the poor, misguided soul had a very good point, so succinctly, albeit inaccurately, expressed: that is, that Rex Harrison and Professor Higgins are one. They sit together upon a high pedestal from which no one is ever likely to remove them. In the present recording, Tony Britton makes the bravest effort to date: it is, in fact, a superb copy of Harrison doing Higgins. The same is also true of Jon Pertwee in the roll of Alfred P. Doolittle, né Holloway. It is Anne Rogers who gives the best performance and one that requires no apologies to anyone else. Her utterly convincing Eliza Doolittle is the saving grace that transforms a goodish record into one that is, at the price, highly recommendable.

Here This Sunday. **The Original Roberta Martin Singers**. Music for Pleasure. MfP1048 (mono only) 12 in., 12s. 6d.

For genuine Blues Gospel singing at its best, one need look no further than this record. Songs like *What a blessing in Jesus I've found* and *He didn't mind dying* are sung with sincerity and faith.

ASPECTS:

A is to begin with, and A began with Adam.
 E is to proceed with, and Eve was her name.
 I is what they ended with, and I of course is me.
 O is how they did it, O over O and over.
 U is what undid them, underneath the game.
 For Y was added to the act. Adamant is Y.
 Even crawling inside O it yowls at U and I.

James Broughton.

I did not know syphilis had undone so many. The list given by Alan Wykes's Doctor (Kenneth Walker? A. H. Harkness?) in 'The Doctor and his Enemy' is astonishing, even if one allows for some of them being doubtful cases: Philip II of Spain, Ivan the Terrible, Mary Tudor, Henry VIII, John of Gaunt, Christian VII of Denmark, Napoleon, Hitler; Dürer, Cellini, Manet, Gauguin, Toulouse-Lautrec; Beethoven, Schumann, Schubert, Paganini, Wolf; Swift, Maupassant, Baudelaire, Strindberg, Wilde; Schopenhauer, Nietzsche; and in all these it not merely shortened the person's life but, due to G.P.I., also drastically altered his character.

One's first reaction is that the spirochaete has turned the whole of human history to farce. In a nightmare I see them all (never was such a gathering of genius in royal court) sitting in the S.T.C., wearing raincoats, picking up weeklies and hurriedly putting them down again . . . Strindberg muttering; Toulouse-Lautrec eyeing the flowery wallpaper with distaste; Oscar doing his rounds: 'My dear Jonathan, how good to see you! Still on a million units? Come and be introduced to Ludwig—there's a good fellow, Ivan, and let us pass . . .'

Such an exaggerated reaction is, I suppose, due to the effects of disease having in the past been so under-estimated by historians, biographers, art critics, etc. As Wykes says, 'One continually encounters biographers who delicately (or ignorantly) skate round what was the

Sigma & Omega

most important clinical fact in their subjects' lives. The effect is misleading to say the least'.

Other themes which suggest themselves on reading Wykes's book are: i) Disease and history: the statement, for example, that the Battle of Waterloo was won on the playing-fields of the spirochaete sounds itself like one of the ravings of G.P.I.; and yet . . . ii) Syphilis and genius: apparently Beethoven's creativity was increased by it, Cellini's decreased, and Nietzsche's perverted; iii) Psychological effects of the various chronic diseases compared with each other; iv) Disease and evil: the spirochaete and Belsen; Moral: always do a W.R. on a dictator (reduction in cabinet size may be the first presenting sign).

* * *
 Professor Medawar's lecture here on genetics, in which he gave evidence for believing that environmental improvement causes genetic improvement, coincided with the publication of Professor Hardy's 'The Living Stream', in which he argues that natural selection is not, after all, the sole key to evolution—that the selection of beneficial mutations alternates with the discovery of new skills and could not proceed without them.

Teilhard de Chardin would have been heartened by both these statements but not surprised by them. His kind of faith in the future is much more credible now than when he died ten years ago. It is as if the dialectic of science and spirit is at last re-approaching

a convergence and as if, after so many false starts (the shallow Victorian 'progress' and the dreadful German 'superman', the American skyscrapers and the Communist manifestos), the belief in human improvement may be reviving again—the suspicion that we may be moving towards a better world, after all, rather than towards an explosion.

In the midst of such woolly thoughts, it comes as a shock to find that Medawar made a scathing and, to a large extent, convincing attack on 'The Phenomenon of Man' as being unscientific in the January 1961 number of *Mind*. This shock is all the greater when it is considered that Medawar's Herbert Spencer Lecture in 1963 put forward a view of evolution which seems, superficially, very similar to Chardin's.

But this kind of head-on collision, between two thinkers whom one had regarded as part of the same trend, is a warning against all such 'trends', against all facile syntheses which sacrifice truths on both sides in a premature attempt at integration. The Chardin Societies, for instance, that are at present proliferating should remember that thinkers of Chardin's kind (explorers rather than verifiers) are more

often let down by over-enthusiastic followers than by their critics.

The attempt of Chardin himself then, was it, too, facile and premature? Was Teilhard just a pretty face? Karl Stern says: 'No-man's-land is today, more than ever, the natural habitat of the *Chrétien engagé*. There is about all Teilhard's attempt at reconciliation something deeply touching. Compared with it so many of the hackneyed treatises on science and religion (by sceptics and scholastics alike) seem like cold intellectual games. In Father Teilhard's work one feels a movement of love, like that of a language interpreter who frantically tries to help two opposing camps to come at least to a linguistic entente. Even his language betrays this and one cannot remain unmoved. (The term 'Omega point' has a scientific connotation—the symbol of Greek letter and 'point' suggests a graph—and at the same time an evident scriptural connotation. It is the language of love which creates such semantic bridges.) The interpreter from no-man's-land, rushing frantically back and forth, is bound to appear as a traitor, once to this camp and then to the other'.

J.D.



"AND FOR HEAVEN'S SAKE STOP CRYING, THERE ARE PLENTY OF HOUSE JOBS IN THE PROVINCES".

SQUARES OF LONDON

by ROGER CLAYTON

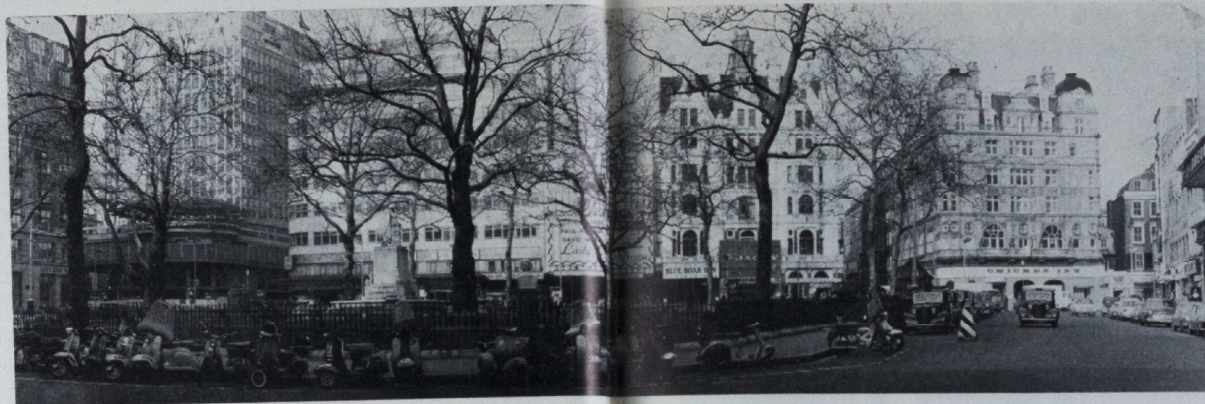
I. Leicester Square

LEICESTER Square, or Fields as it was first called, is named after Leicester House, built about 1635 as a town house by Robert Sydney, second Earl of Leicester. It stood in what is now the North East corner with forecourt in front and extensive gardens behind. Originally the House was alone, the nearest buildings being St. Martin's, literally in the fields and a windmill and a small cluster of houses in what is now Windmill Street. Just to the South were fields where people used to come and dry their clothes after washing and towards the river, pastures for cattle where roamed the busy milkmaids with their pails.

After the restoration with the increased prosperity and population and to the indignation of St. Martin's parishioners Leicester Fields became quickly surrounded with houses and streets and before the end of the seventeenth century was becoming particularly famous for duels. On one sharp autumn night Lord Molnin and Lord Castlewood went with friends to The Duke's Playhouse to see Mrs. Bracegirdle in "Love in a Wood" and afterwards sojourned at The Greyhound, Charing Cross, to sup. Here the two Lords quarrelled—according to previous arrangement—and it was agreed to take chairs to the fields. There was a bright moonlight and the town was asleep. Seconds were appointed from the party and the swords polished whilst the Lords sat opposite The Standard Tavern arguing over the various talents of Mrs. Bracegirdle. After skilful exchanges for about ten minutes Lord Castlewood was mortally wounded and swiftly carried off to the house of Mr. Amies, a surgeon of Long Acre, where he quietly died.

Leicester Square was from the first fashionable. Strype describes it as "a very handsome large square enclosed with rails and graced on all sides by good built houses, well inhabited and resorted by the gentry".

Lord Leicester was Ambassador to France and while away let his house to "people of fashion" for several years before his death in 1677. Here the Queen of Bohemia died in 1662



and Colbert, the French Ambassador, lived in the time of Charles II. Here Czar Peter after a few hectic days sailing with Lord Carmarthen, eccentric son of the Duke of Leeds, drank brandy spiced with pepper all night. Before the theatre the Czar drank a pint of brandy and a bottle of sherry and "floored eight bottles of sack after dinner". In 1718 the Prince of Wales (later George II) quarrelled irrevocably with his father and receiving royal command to quit St. James', he bought Leicester House and used it as his London residence.

William Hogarth, the governor of St. Bartholomew's Hospital who painted the murals in the entrance to the Great Hall, lived with his young wife in a house on the East side of the Square from 1733. A passionate man, he had previously snatched his spouse from the house of her father, Sir James Thornhill. In 1789 all his pictures and prints surprisingly realised only £255 at a public auction. Later the house became the "Slabonnière Hotel" kept by an Italian and a favourite haunt of rich foreign gentlemen.

John Hunter lived next door to Hogarth's house, at No. 28, from 1783. It was here that this great surgeon started his museum. The collection, including the skeleton of an Irish giant, O'Brien, is now housed in the Royal College of Surgeons. On Sunday evenings Hunter held receptions for friends or meetings for a few members of the public when he

"regaled them with tea and coffee" and impressed upon them the subtleties of surgery. Hunter raised the science of surgery to heights never believed possible but died at the early age of sixty-four from a heart condition aggravated by an angry discussion in the Board Room of St. Georges' Hospital. His widow being poor and not able to raise enough money for the Dean and Chapter's fees was unable to bury him in Westminster Abbey and so he rests at St. Martin's.

On the West side of the Square at No. 47 lived Sir Joshua Reynolds from 1761-1792. Here Burke, Goldsmith, Johnson, Garrick and Boswell dined together almost every week—the great rendezvous of the literary world. The house was apparently decorated with a taste befitting such a man, the fireplaces and staircase being of special interest. His study was octagonal, twenty feet long, sixteen feet broad and fifteen feet high. He rose early, breakfasted at nine, examined designs and touched unfinished portraits in his study 'till eleven, painted 'till four, then dressed and gave the evening to company.

After the start of the nineteenth century the glory of Leicester Square fades. The gentry desert it, the houses and gardens fall into neglect. In 1851 Mr. Wyld opened his 'Great Globe'—a domed edifice within which the world was depicted. Visitors ranged the galleries following attendants with pointers, showing the principal features. In 1854 Mr. Wyld introduced

a model of the Crimea with the positions of the armies of the Allies and Russia changing from day to day as the news came in. The Globe closed in the sixties. In 1851-52 the Royal Alhambra Palace was built on the East side, where the Odeon Cinema now stands. It was firstly a place of amusement, music and dancing but this gave way to popular instruction after the plan of the Polytechnic and eventually bankruptcy.

There were wild discussions in Parliament as to what should be done with Leicester Square in the middle of the century but nothing happened. The equestrian statue of

George I, erected about 1754, gradually fell to pieces and over night a jovial party white-washed it all over and daubed it ignominiously with large black spots.

In 1869 the enterprising proprietors were to sell the land for building purposes but the Board of Works heard of it and in 1873 The Master of Rolls issued a decision "that the vacant space in Leicester Square is not to be built over but will be retained as open ground for the purposes of ornament and recreation". A Mr. Albert Grant, later Lord, bought the Square after measuring it up in 1874 intending to present a people's garden to the citizens of the Metropolis. Grant spent over £30,000 before the official opening on 9th July, 1874. Leicester Square had become a glorified ornamental garden—in the middle a white marble fountain with a statue of Shakespeare, surrounded by a gay system of green plots inlaid with bright flower beds and gravel pathways. Marble busts on granite pedestals stood at the corners—Hogarth, South East, Newton, who used to live in a shabby house in St. Martin's Street to the South of the Square, South West, Hunter, North East and Reynolds, North West.

Gradually around this the Leicester Square we know today has been built. The Royal Alhambra Palace was reopened as a music hall.—this was the beginning of something new for when the hugely pretentious cinemas of the 1920's were built Leicester Square became the great entertainment centre of London.

NURSERY PRODUCTIONS

This year, the Dramatic Society made a slight break with its Nursery Production tradition, by presenting two long one-act plays rather than three short. The resulting concentration of effort, with less time spent fighting over rehearsal space, has paid off well.

The first play was "The Black Bag" by Eric Jones-Evans. This was a straightforward, sordid comedy, which showed us that the mysterious, arch-homocidosexual maniac—Jack the Ripper—was in fact a doctor (ever an odds-on favourite). The action takes place in an East End pub, circa 1910, and this was very well portrayed in the stage-set. The production was competently handled by Nick Wagner, with a cast composed of the old and the new in equal portions. Marcus Setchell, as the landlord, played a strong lead-rôle, and successfully put a good many years of alcohol between 'landlord when young' and 'landlord when old'. Both John Sills and Martin Savage displayed plenty of acting ability, but required a little more confidence in it. Sarah Rowntree made easy work of her rôle as a lively little prostitute, and Mary Newbold was undoubtedly the slickest hustler in town—a pity she had to be disembowelled so soon. Nick Wagner's short but striking caricature of a police sergeant was very good, falling just short of 'classic' due to the noticeably unpolicemanlike quality of his voice. Generally, the acting was good—the lighter moments were handled with accomplished ease, but I felt that the signs of strain in areas of heavier drama were not just being acted.

The second play was "Double-Double" by James Saunders, a comedy in which many of the troubles that afflict mankind are seen afflicting a small nucleus of it in a busmen's canteen. The dialogue was fascinating—full of sharp wit and twisted philosophy, possibly a message or two for those who like that sort of thing.

The Black Bag Double-Double



"I saw Sid last night." Benita Wylie and Sue Macdonald in 'Double-Double'.

Here again, the stage-set was very good indeed—effecting a suitable combination of lethargy and mixed-up imagination. Bryan Lask, the producer, having licked-up much of the cream of the Drama Society, seemed loathe to dilute it with unknown talent—which rather defeats the purpose of the productions. However he did allow two new actresses in—Julie Gould and Leslie Cooper—both of whom achieved, adequately, the high standard he expects. Peter Laguard, Dick Thompson and John Graham-Pole—all gave excellent displays of differential characterisation, in their dual-roles. Their displays of memorisation were not quite as high, but very nearly. Sue Macdonald was the dead-beat hash-slinger I've met in so many rough, old nosh-houses, and Benita Wylie's hilariously sad portrayal of the forsaken char-hag left me in no doubt as to how she wins 'Best Actress' awards. This play was very well presented, compact, fast-moving and had the audience with it all the way.

Unfortunately, I did not manage to avoid the half-time silver collection, yet in spite of that, I found it a very satisfying evening's entertainment.

Bob Kendrick.

Charter-house poets

ON THE BRIDGE

by

Paul Swain

The grey sky of evening reaches down
To the flat curved river. The lamplight stretches
To meet its own reflection in the waters.
At your side I watch from Waterloo Bridge
A familiar beauty though not our own;
The scene reaches down in the memory
And touches once again the conventional,
Evoked response to its tranquility.
My mood meets, finds reflection in your mood
And we communicate in stillness.

PINK AND BROWN

by

Elizabeth Macdonald

I am a citizen of the "Free World";
My days are drudgery,
For dark hands and dirt are indistinguishable.

I am incapable of responsibility:
My immaturity is evident,
For my happiness is uninhibited.

I am passive under incitements;
Passivity is not servility,
For my violence invites reprisal.

I lay prostrate in apologetic ignorance.
I kneel now on knowledge.
I shall stand in accusation.

Let's catch you, in a cinema still
Running over the bridge, arms akimbo,
Legs bent in movement, with your nose tilted,
Your lips protruded in half insolent smile,
You form diagonals of life and motion
Which counterpoint the bridge's metal struts;
And in response I lumber after you.
Your body's impulse recognises those
Of all the other partners who have run
Expressing a sweet momentary freedom.
Yet in its individuality
It preciously bodies forth to me
The communication of emotion.

In our mind we made the chance occurrence
Of tall steel rods, grit, and girders compose
Abstract patterns while illumination
Of block concrete buildings set sodium
Yellow against the liquid night sky.
In this private creation was found
The material out of which was built
For just a moment, a bridge between us.

ANNUAL REPORT OF THE CHAIRMAN OF THE STUDENTS' UNION

Union Committees

(i) *Journal*: The Journal this year has been lively and interesting to read. This coupled with good management has meant that the Journal has made a profit over the year. When you think that a considerable annual loss has been the usual pattern, you must appreciate the Journal staff's energy and imagination. The Journal will, I hope, continue with its policy of encouraging originality and of not being afraid to comment on controversial subjects—It sells Journals!

Council has recommended that the Editor of the Journal should be present at Council meetings as a co-opted member. This improved liaison should be to the benefit of both parties.

(ii) *Wine Committee*: It is worthwhile to mention some of the Wine Committee's achievements this year in order to encourage future Wine Committees to be as active.

Their Smoker (the third) in January this year was extended to two performances; the first performance was intended mainly for pre-clinicals to improve the chances of survival of what has proved to be an extremely popular annual event.

The Barbecue Ball (also the third) was the best ever. This Ball must now be firmly established as one of the most enjoyable social functions of the year.

A Sweepstake was organised by the Wine Committee and run purely as a social interest and not to make money. Response was very good. The small profit made has been used to subsidise other social events. Ragusa lives on!

Other Wine Committee successes include: A Christmas Draw; a notable trip to the Stella Artois Brewery near Brussels, costing the itinerants £6 per head for the day; a Mystery Tour to Oxford; the Freshers' Hop, (organised for the first time by the Wine Committee) had the best attendance on record. The Wine Committee also provided free beer and a sausage barbecue on Sports Day.

(iii) *Teaching Committee*: The Teaching

Committee has not had a strenuous year, however their list of recommendations for the improvement of teaching facilities was very valuable when representatives of the Union met with the University Grants Commission. I feel that there should be at least one preclinical representative on the Committee in future and that in the election of the Teaching Committee the candidates should preferably not be in their final year unless they are obviously keen enough not to be deterred by the terror of examinations.

Honorary Members

Dr. G. A. Robinson has been made an Honorary Member of the Students' Union by the Council. This was a gesture of gratitude for all that he has done for the students of this College.

Car Parking

The Union has now taken over the responsibility and expense of maintenance of the Lower Ground Car Park at Charterhouse. Permits were introduced so that the Union would not be subsidising parking for any odd student quantity-surveyor or tripe-dresser that cared to use the car park. A permit is not a guarantee of a parking place but at least it is a step towards ensuring everyone the best possible chance of a place.

Freshmen

The Union again produced a Handbook for the Freshmen. This Handbook is a very useful introduction to life at the College. It is a pity that some Clubs failed to produce their articles for it, leaving the Union the task of re-hashing the last year's article. The Freshers were conducted by the Union round the Medical College and introduced to the representatives of the Clubs and Societies.

View Day Ball

Although a reasonable amount is made for the selected charity each year (this account is separate from the basic finance of the Ball), the Union usually sustains a considerable financial loss. However, this year the View Day Ball Committee did extremely well—only a minimal loss in spite of the poor turnout and

apparent general lack of interest in the Ball. They also had to meet an outstanding debt from last year.

The View Day Ball should be the highlight of our Social Calendar. It is impossible for it to be this if the Committee must spend three-quarters of its income on hiring rooms and services. The price of tickets must go up or the venue be changed to Charterhouse if the Ball is to offer better attractions. Costs would be minimal at Charterhouse so that a far larger proportion of the ticket money would be available for hiring bands and cabaret and for food and décor.

University Grants Commission

The Union was asked to give its views to the University Grants Commission when they visited the College this year. Our suggestions and pleas were treated sympathetically; no-one thought that we were asking for too much, particularly with respect to improving teaching facilities and we were left with the very strong impression that if someone had the money, someone might do something about it.

The following is a list of the subjects which we discussed with them:

(a) *Student Expenditure*: Expense of accommodation in relation to student income with reference to College Hall.

(b) *Facilities for Teaching*: Insufficient facilities available for clinical teaching, with particular reference to:—

(i) Clinical Lecture Theatre far too small and inadequate as regards lighting, ventilation, seating, blackboard space, projection facilities, etc.

(ii) No tutorial rooms.

(iii) George V Block: Present demonstration room inadequate. The Pathology rooms on each floor are too small to accommodate students for tutorials. Changing facilities for students of both sexes in operating theatres inadequate.

(iv) Gynaecology Department: There is no proper Pathology Room and the changing facilities for the Theatre in this block are represented by a broom cupboard.

(v) Paediatric Department: No demonstration or tutorial facilities.

(vi) Orthopaedic Department: No demonstration or tutorial facilities.

(vii) Pathology Department: The Lecture Room and Laboratory are inadequate. The Post-Mortem Room, although recently modernised, is still inadequate. There is no X-ray Demonstration Room.

(viii) Library at West Smithfield: Too small and inadequately heated.

(ix) Biochemistry Department at Charterhouse: The Lecture Theatres and Laboratories are too small.

(x) Anatomy Department: The Dissecting Room is far too small. The Museum is too small; not only is the locker space inadequate but students are already sharing lockers.

(c) *Student Amenities*:

(i) Grossly inadequate facilities for female students at Hospital Athletic Ground.

(ii) General facilities, fixtures and equipment in the Gymnasium are insufficient for the needs.

(iii) Squash courts need rebuilding.

(iv) Cricket nets and tennis courts at Charterhouse, with respect to the building going on there at the moment.

(v) Generally: Student amenities are insufficiently considered in the planning of the Hospital development.

College Hall Extension

This should be in use next October. The Ground Floor of the extension is recreation space, including a Bar, a Bar Lounge and an interior 'patio' connecting the Bar and the back of the existing Music Room. The rooms are well designed but smaller than the present College Hall rooms, since they have to conform to the University statutory maximum of cubic feet per student. The Architects and Mr. Morris were kind enough to allow us to inspect a sample room and offer comments. The Bar in the new building has been the source of some concern to both the Union Council and the Wine Committee, especially with regard to providing adequate service space behind each of the two Bars, the numerous pillars being the main obstacle. Fortunately with the help of the Architects and Whitbreads Ltd. I think we have overcome this problem.

Pot-Pourri

There will be four performances of the Pot-Pourri this year. The demand for tickets in past years has justified this innovation. Every effort has been made by the Pot-Pourri Committee this year to stimulate early writing and rehearsal so that we can make the Ward Shows and Pot-Pourri the whackiest, wolloomng HIT! HIT! HIT!

Club Grants

These have been increased on an average by 15% this year. The Union subscriptions have been raised but a large proportion of this new cash goes to meet increased demands from Chislehurst.

Sports Clubs

We must congratulate Charles Evans on representing Great Britain four times this year and captaining the winning long-distance canoe racing team in Spain this summer. The Sailing Club won the United Hospitals' competition and the Hockey Club shared the honours by drawing in their United Hospitals final. Almost every other club was either in a United Hospitals final or semi-final, and the Golf Club is still in the final which has not yet been played. With a little more confidence and drive we should have several United Hospitals victories next year.

Social Calendar

Council decided that a calendar of students' social events should be placed in the various staff dining rooms so that the staff might then be made aware both earlier and more easily of Club activities.

Unfortunately this plan has not succeeded so far because of poor communication. I hope next year all Club Secretaries and Social Secretaries will keep the Assistant Secretary

of the Union informed so that he can organise this scheme.

One of the greatest assets that the Students' Union has at Bart's is that without exception all the people in authority, both in the College and the Hospital, are imminently approachable and sympathetic. I must thank our President, Mr. R. A. Bowen and the Senior Treasurers of the Union, the Dean, the Medical College Secretary, the Clerk to the Governors and my fellow officers of the Union Council, for their interest and for their efforts on behalf of the Union. Simon Phillips who was Acting Chairman in my absence in the latter part of last year, and who has been Honorary Secretary of the Union both before and since, deserves my special thanks. He has decided not to stand for election for the post of Chairman in view of his already long service to the Union in senior Council posts and because of other commitments next year.

Finally I should like to wish the next Council every success in their work.

GRAHAM CHAPMAN
Chairman 1964/65

Bart's Choral Society

Messiah

G. F. Handel

On December 1st, an audience of one thousand packed the church of St. Bartholomew-the-Great to hear the Hospital Choral Society perform Handel's Messiah with great success. This is the first time that the Choral Society has used the church, and it provided a uniquely beautiful and fitting setting for this magnificent work.

The chorus has worked very hard under the direction of Robert Anderson. The result was a remarkably professional sound both technically and musically. The first two choruses were rather disappointing, being rather pedantic and lacking in rhythm. After the bass aria "The people that walked in darkness" the singers gained confidence and began to enjoy themselves. "For unto us a child is born" and "He trusted in God" were particularly good. The "Hallelujah" and final "Amen" choruses were sung with great exuberance but the general impression was rather spoilt by over-enthusiastic tympani playing.

The soloists, Audrey Attwood (soprano), Shirley Minty (alto), Daniel Klein (tenor), and Geoffrey Chard (bass) all sang well. The tenor and alto singers were a bit unsure at first but they gained confidence later. The bass was particularly good.

The string accompaniment and organ continuo were splendidly played, and the trumpet was quite exquisite. Unfortunately none of the players were Bart's people, but perhaps that is as well, as the less experienced players would have spoilt the balance.

The work was conducted by Mr. Robert Anderson. His precise direction and perseverance are responsible for the standard of performance. Perhaps the most important person concerned with the whole thing is Mrs. Owen. Without her Bart's Music Society would probably not exist at all.

We all look forward to the Choral Society's next production and hope that this is the beginning of a new 'Bart's tradition'.

E.S.

Medical Practice Abroad

2. AUSTRALIA

by W. Mc L. Thomson,
Medical Practitioner,
Tasmania

I am unable to compare conditions in the United Kingdom with those in Australia, having left England shortly after the War and knowing nothing of present conditions there.

In the days of the late forties, with others I left—for a few years overseas. The idea was that this socialist madness must be over in a little time, that nationalised medicine would be forgotten; and we would return, having accumulated sufficient capital to buy a practice in the place of our choice.

The passing years brought surprise and perhaps disillusionment. The N.H.S. went on and on, despite its glaring defects. To an outside onlooker, it has been incomprehensible that the thing hasn't been thrown out by doctors and patients alike, long ago.

After about ten years overseas, I decided to go and look for myself after disposing of my practice. I had never regarded myself as an emigrant—I had been working overseas, and was returning home. General Practice in England in 1957, after conditions here, left me quite horrified—not the rewards, but the lack of clinical interest, and the dumb, unresisting acceptance of it all.

After some months, I retraced the 11,000 miles, and on our return, found that we had become Australians.

One of the first questions asked by visitors from England is "How many patients have you on your List?" Our reply is always viewed with scepticism, for we simply don't know—we have no list.

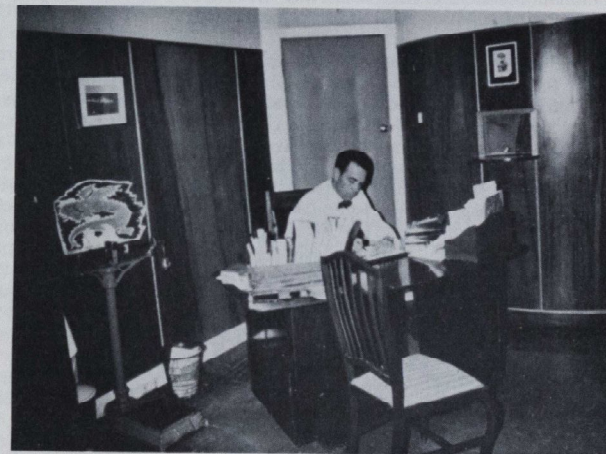
There is complete freedom for any patient to go to any doctor. In fact, most become loyal patients, returning when help is needed. But if there is dissatisfaction, there is no obstacle to prevent him seeking advice elsewhere. This

of course, works both ways—the patient to whom you fail to get across is never rewarding, and one prefers that he can easily go elsewhere. A careful accounting of clinical records might give one some idea of how many patients one has—but is the patient seen a week ago still a patient of the practice, or is the one seen five years ago?—Difficult to determine.

I am in a two man partnership in General Practice, my partner being a Guy's man some years my senior, in a good class neighbourhood of what resembles a small English cathedral city. Originally we practised from rooms in this house, but soon decided to build well designed Surgery premises. Building and equipping involved a cost of about £10,000. I decided to undertake this project before buying a house. Fortunately the Bank Manager came to the party.

It is a one-storied brick building. In the middle is a circular office containing records, appointment books, telephone switchboard, etc. A receptionist is employed, and kept very busy all day in this office.

A large counter and glass window open from the office into an airy waiting room. All patients



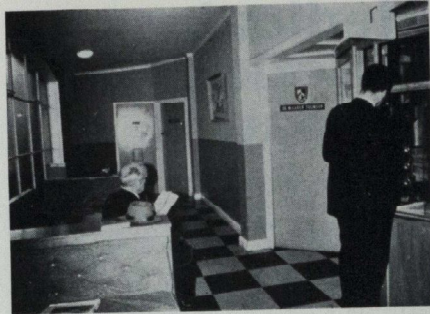
introduce themselves to the receptionist on arrival. A surgery lies on either side of the office, communicating by a hatch, through which the patient's records are slid before the patient arrives. Thus one knows the patient's name and history before the consultation begins.

The premises in winter have a thermostatically controlled temperature which is achieved by electric floor heating—elements being set in a thick concrete floor which is heated overnight at a cheap rate, releasing heat throughout the day. There are no carpets, all flooring being Vinyl tiles, different colours and designs in varying rooms. These are washed daily, remain fresh, and carry no dust or bacteria, as carpets may. Behind the surgeries is a large Treatment Room, with sink, steriliser, chairs and two couches. A well qualified Sister (angelic nurse) is employed here full time. She does all routine dressings and injections, sterilises syringes and instruments, lays up trays for minor surgery, will give First Aid if doctors are out, and has been trained in simple Physiotherapy. Ultra Violet Light, Short Wave Diathermy, etc., are also provided here. A small X-ray machine is used for straightforward investigations—mostly for injuries of limbs and extremities. This is much appreciated by patients—saving them another trip to a private radiologist, or public Hospital. A small dark room opens from the treatment room, for developing films, also being useful for retinoscopy, or using the Woods Light for detection of fungi.

Built-in cupboards are in all rooms, also examination couches, handbasins with H. & C., and changing cubicles. All rooms are connected by telephones.

A normal consultation costs the patient £1. 5. 0. Australian (£1 sterling), and it is to our interest that he feels he is getting his money's worth. The vast majority of the population belong to a voluntary government subsidised "Medical Benefits Fund". This is an insurance fund to which the patient renders his account. He obtains a refund of about £1 for his consultation.

We charge £1. 15. 0. for a visit, again the patient obtains an insurance refund; our fees encourage him to come to the surgery rather than asking for a visit. If the case warrants it, we will charge a higher fee at night and weekends—this again discourages frivolous demands on our time. We find an unwarranted night or weekend call to be a rarity. Furthermore, our attention at such times, being out of the ordinary, is very much appreciated.



Widows, Old Age Pensioners. Service Pensioners and similar groups, are treated without charge to themselves. They sign a voucher for each attendance, which entitles us to payment of a fee of 15/- for a surgery consultation and £1 for a visit, the concessional fees having been agreed to by the A.M.A. in consultation with the government. If Pensioners become too demanding for out of hours service, they may be charged a small cash fee.

The Medical Benefits Insurance Companies have a Schedule for a very wide variety of services, e.g. if a patient comes in with a Colles fracture, I would charge £2. 2. 0. for X-ray, £10. 10. 0 for treatment of the fracture, and the patient would receive about £10 back from Insurance.

For antenatal care, confinement and post-natal care, I charge £18. 18. 0—the patient receives a return of about £16.

We have a small laboratory in which we employ a part-time technician, and do an increasing variety of path. tests.

For examination of a swab, culture, and sensitivity tests, we charge £3. 10. 0; patients receive about £3 back again. With facilities on the premises, I generally have a result in 24 hours—previously, using the free government laboratory, there was frequently a delay of 3-4 days. Routine haematology, pregnancy tests, urine, sputum tests, attract comparable benefits.

There are private radiologists, pathologists, etc., who will undertake all investigations—Barium meals or serum electrolytes are referred to them. They are in competition with free government services, but as they offer a more efficient service, with less delays, they are generally used, despite the fact that the patient pays part of the fee, even if insured. From

such free enterprise services one expects the results of path. tests by the following day, X-rays of fractures are sent back with the patient within the hour; Barium investigations take usually a few days to arrange.

Specialist consultations are on the same basis. They can be obtained free at a public hospital, but most are obtained by private consultation, where again the bulk of the fee will be recouped from insurance.

Competition between specialists prevents there being undue delay in appointments.

There seems to be less distinction between the specialist and G.P. than used to exist at home. A friendly relationship exists, and referring letters are usually on Christian name terms. This may be connected with the fact that incomes are comparable—some successful G.P.s earn more than less popular specialists and vice versa.

Hospitals are either Government owned public hospitals or private hospitals owned by religious or other communities. Public hospitals are staffed by paid resident M.O.s and honorary (unpaid) consultants. Private hospitals cater for patients attended by private doctors—G.P.s or specialists. The more discerning patient generally chooses to enter a private hospital. As a G.P. I generally have several patients in private hospitals—today I have an abdominal investigation which proves to be Hiatus Hernia and Duodenal Ulcer, an iron deficiency anaemia following a non-specific virus infection, a hemiplegia following a cerebral embolism from auricular fibrillation which spontaneously went to normal rhythm, and a confinement induced because of accidental haemorrhage.

More complicated cases are admitted with a view to specialist advice. A recent severe haematemesis was referred to a physician specialising in gastro-enterology, although I am called from time to time to maintain interest. Another hemiplegia, following Carotid angiography proved suitable for surgery and I was able to be present when the surgeon grafted a plastic carotid, and remain responsible for the patient's overall care.

In most States, a year's postgraduate Hospital appointment is mandatory before registration. A first year resident (houseman) generally earns something over £1,000(A) p.a., and undertakes a rotating internship, doing three months in each of four units. In this small State, many residents are married, and flats are provided in or close to the hospital, as family units.

There are plenty of vacancies in general practice. Success generally follows putting up

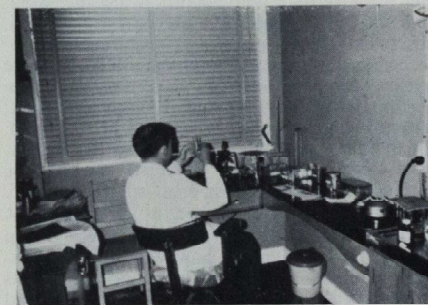
a plate. Country practices can be bought cheaply, or in some parts with no cost; and here capital can be gained to buy a practice in a popular area—the goodwill is worth about a year's income in such places. There is no official control of practice—the old laws of supply and demand are allowed free run. This has meant that isolated areas tend to be under-doctored. Encouragement to settle in such areas has been given by provision of a house, surgery premises, etc., at nominal rental, or a guarantee of a minimum income given by a local authority.

There is no provision for retirement or sickness officially. Arrangements are left to the individual. Many continue working till they die in harness. Others make provision by Insurance. This is encouraged by Income Tax law, which makes Insurance premiums up to £400 p.a. tax free. Education expenses too are reduced by Income Tax rebates. Increasing numbers of University scholarships are becoming available, though students living expenses are not paid if there is a wealthy father.

Families seem to be larger than amongst my contemporaries who remained at home; there are few of my colleagues here with less than four children, though the general population appears to be less potent.

Education is very similar to that at home—or at least what it used to be.

There is free education available in "State Schools", and parallel fee paying schools—known as Public Schools in some States, and private schools in other States. Doctors' families almost invariably attend fee paying schools for secondary education; for the earlier years at school, many children attend State schools, there being proportionately less Prep. schools



here than in U.K. More boys attend Public Schools as Day Boys than as boarders. As the bulk of the population live in the big cities, it is usual to have a selection of good schools to choose from. Children from country towns make up the bulk of boarders. Fees are high, compared with English equivalents, there being no State aid to independent schools. The fees for tuition and board at a distinguished Australian public school are higher than those at Eton.

Subjects seem to be much the same as at home, though regrettably the Classics are being taught less and less. Houses, prefects, uniform, etc., all follow traditional patterns; ultimate discipline relies on the cane—an engine unheard of in the state schools.

Following matriculation, a boy may go direct to University, or spend a further year at school, expanding his personality. It is not possible to take 1st M.B. (or other University exams.) from school.

Universities are arranged on a state basis. Most boys will go to a University in their State capital (e.g. a boy in Victoria would go to Melbourne University or Monash University). It is possible to go to a University in another State, but the practice is uncommon.

Many students live at home, or board, but there is a selection of residential Colleges for most universities. These appear to be modelled on their counterparts in the older Universities in U.K.

They (as are the schools) are mostly connected with a Church—English, Scottish, Roman Catholic, and some nonconformist each having their foundations.

Religion is much as at home, except that R.C.s, instead of being a little unusual and exotic, are well represented.

Till recent years the population has been almost entirely recruited from the British Isles. Since the second War migration has increased, and most European races are now represented. There have been no racial troubles to date—integration apparently going smoothly. In some areas, national groupings have tended to develop, particularly amongst Italians and Jews; but government policy is opposed to this trend. In the early post-war years, the native population (particularly the Unionist) viewed the “New Australians” with great suspicion. They are now accepted as an integral part of society.

My children have never seen a negro (or an Australian aboriginal); however, with increasing numbers of South-East Asian students attending Australian universities, brown and

yellow skins have become commonplace, and are universally accepted with complete equality.

Long term assistantships are unknown here. A period of six to twelve months on a salary, is generally regarded as being desirable, to ensure mutual compatibility, before entering a partnership. After that, partnership is achieved by buying Goodwill. If finance is available, a straight cash payment is made; book debts may also be bought, surgery premises, equipment, etc. If capital is short, a popular arrangement would be to pay off goodwill out of salary over a period of years. It is exceptional to have other than equal shares in a partnership.

The system allows for wide variation in types of practice. Some group practices include specialist Physicians, Surgeons, Obstetricians, etc., so that most work can be done inside the practice.

Many G.P.s, particularly in country areas, as a matter of course, do their own routine surgery—e.g. appendices, gallbladders, tonsils, Caesarian sections. There is scope to expand one's practice in the direction in which one's interest lies. For instance, my partner is interested in Asthma, and does his own investigations, such as skin tests, breathing function tests, analyses of respiratory cases. Another may take a special interest in heart disease, and use his own electrocardiogram.

A few G.P.s “graduate” to specialist practice by increasing interest in one direction, and acquiring qualifications in the appropriate speciality. English graduates are readily accepted and registered—and I am constantly surprised at the respect with which the name of a Bart's man is received by local men. From time to time another Bart's man is washed up on these shores, and this year a number of us from various States were able to meet at the Australian Medical Congress, discuss mutual acquaintances and experiences, then separate again to our practices, thousands of miles apart.

It is still a country where initiative and confidence are at a premium. No-one will find you a practice, no-one will build you a house. Enterprise on your part, however, will always be backed.

For those happy in the bountiful provisions of a Welfare State, this place must be avoided. If you want to carve a place for yourself on merit, and if you have a wife prepared to back you up (Bart's nurses have a good record) and not whine about Home, this could be your métier.



Penguin Reviews



A TOWN DOWN SOUTH

Clock Without Hands, by Carson McCullers.
3s. 6d., *Novel*.

Hailed as a novel about integration in the Southern States, Carson McCullers' book is both *not* this, and more than this. It deals with the background against which integration must take place, and yet here is no black and white statistical social survey but a portrait of a small town, quiescent, daydreaming in the heat about its past and its possible future. A town waiting, its citizens seeking their own next step, seeking rejuvenation of self or of the South's past, seeking delay in death or comfort in it, a future to work for, a friend.

Miss McCullers catches her four main characters in this waiting period, between acts, and the major part of her book is a description of them and their interactions. We come to know the old Judge, proud of his own dignity, blind to others', “no noticer” in fact, tantalisingly aware of food, living with his own infinity by softly embellishing his past, his Miss Missy, his dreams of rousing the South; Then there are the two young boys, learning, learning all the time, whether vocabulary from the Judge, or such useful tags as “Little Bopeep told me,” or the limitations and possibilities of their future. Sherren with his blue-eyed “creepy stare”, his black book of injustice to Negroes, his glory in “pure rayon silk”, his tormented searching for a mother, is set against the unsure Jester, obsessed by “passion”, beginning to understand in his relations with his grandfather his own father's dilemma. Behind these stands the figure of Malone, doomed, searching for reassurance, a different diagnosis, disliking and distrusting the young boys, cut off from his wife, increasingly disappointed in the judge's solace, and feeling abandoned by the Baptist minister who could glibly comfort a congregation, but not one lonely soul.

The assumptions and beliefs of these characters rub up against one another, never altering, assuming agreement, and ending mostly with tiffs between Sherman and Jester, the dissatisfaction of the Judge, the disillusionment of Malone. Each one is finally thrown back on his own resources to decide how to direct his life.

At the end of the book two acts of violence occur (the earlier killing of Grown Boy is merely a part of the heat, the waiting). These seem almost incidental and hardly to interrupt the rhythm of the community. But they have been preshadowed in an earlier killing, and defence of a Negro accused of killing a white man.

The new bomb outrage is not, however, just the end of that earlier drama. It is forced by new attitudes, surrounded by growing Negro aspirations, Verily, the judge's cook, has demanded her social security, Sherman has tried a few fumbling sit-ins, Jester is “Liberal”ly involved in unquestioning admiration of “Nigerians”. And at the end of the book comes the Supreme Court Order on school integration.

Politically Sherman's death is untidy, a waste in fact. Humanly, artistically (Miss McCullers characterisation is so delicate these two words tend to blur) his death is built up to throughout the waiting, and seems predestined. Jester's last plane ride with Lang shows the necessary down-gearing of vast gestures of independent action: the murder is humanly frail, the Ku-Kluxers are to be pitied.

Miss McCullers has written a rich book, made richer by her delight in detail, both in the characters and in her own amused asides. She sees and recognises, like George Eliot, that inconsistency, oddity and ridiculousness are the human condition.

Jill Wilkie

HUMAN AGENTS

Storyboard, by John Bowen. 4s. 6d. *Fiction*.

"A live-action exposure of the advertising world"—this may be so but this book is about people, ordinary people like you and me, people who take dogs for walks, watch the 'telly', and who find life a little trying at times. Firstly we are introduced to the Agency and those that work therein—the scene is set. Advertising, that necessary evil which shouts 'Boo' from around the props of civilization, is the line on which these people hang.

Sophia's sharply cornered attitudes towards men are only ever so gently rounded off after her encounter with Ralph, a naive intellectual turned to sophisticated journalism. Kieth and Sylvia find it difficult to arrange their life after the initial glamour of their marriage has worn off and when Stephen, their young son, dies after a kitchen accident it seems quietly to disappear. Hugh on the other hand, an elderly bachelor living with three dachshunds, has matured over the years, like wine in wood—he is ballast to the Agency and indeed to the book.

As the line is hoisted so the dramas are played out against the back cloth of the Agency. We are constantly dipping into the characters' daily lives and so are intimately drawn into their realm of thought. It is here owing to Mr. Bowen's sound understanding of human nature, that the beauty of the book lies. We are deeply touched by the strength of feeling and the atmosphere of candour whereby the characters are unfurled, the book pretends to be little more than a glimpse at these people in their hit and miss environment. It is a refreshing glimpse taken with wittily detached humour.

Roger Clayton.

THINKING WOMAN

'The Company She Keeps', by Mary McCarthy. 4s. 0d. *Fiction*.

A young woman who invents the story of how she intends to leave her husband for another man, then stands back and watches it happen, as a fascinated but detached on-looker, must, one might think, be either inhumanly cold or a schizophrenic. Mary McCarthy's central character does just that, yet is quite sane, sensitive and credible.

Meg Sargent is a left-wing intellectual, whose emotional eagerness leads her into cliché-ridden situations, and relies on her sharp critical sense to extricate herself. After her divorce,

she has a brief affair with a middle-aged businessman on a coast-to-coast train journey, during which he unburdens his soul before her. This is so corny it has to be explained:—

During this afternoon of confidences, he had undergone a catharsis. He was at rest now, and happy, and she was free. He would never be alone again, she thought.

Mary McCarthy has written the novel in the form of six unconnected episodes, some in the first person, some in the third, and even one in the second—not a success—placing her heroine alternately in the centre of the story and at the periphery. As a consequence, the novel is structurally rather untidy, and lacks continuity. But it succeeds in projecting a more stereoscopic image of Meg Sargent than if it had been written in a more conventional form. Also, the reader is able, if he wishes, to treat each chapter as an individual short story, an excellent thing since two of the stories—*Roque's Gallery* and *The Genial Host*—are so good that they are worth reading for themselves.

Peter South.

THE CANNIBAL PONCE

Black Rain and **The Survivors**: 5/-. **The Widower**: 3/6. Georges Simenon. *Crime*.

"The Widower" is about an impotent man living in a narrow world of illusion, who is suddenly brought face to face with reality. His wife, whom he had rescued eight years previously from a beating by her ponce, disappears. As the story unfolds, Bernard is faced with the results of his shortcomings—and he reacts.

"Black Rain" is a portrait of a child, set against a background of inter-family strife and a search for a desperate anarchist. The child, weak and sickly, is largely confined to the room overlooking the square and from this vantage point becomes involved in the search for the anarchist, whose home is opposite. An old rich aunt also becomes involved and a duel between aunt and child develops. The anarchist loses.

"The Survivors" is a mystery of the Maigret type. Set in Brittany, the brother of a popular trawler skipper seeks to clear his brother of a murder charge, the victim having years previously been involved in an incident at sea with the accused's father—a case of cannibalism, no less.

"The Widower" and "Black Rain" are essentially about people—and Simenon demonstrates his gift of painting with the pen;—not flat images but characters with depth and

life, who react realistically to the situations provided by the story. In "The Survivors", the characters, still real, are subordinate to the story. None of the three works could be described as a masterpiece, but if after having had your fill of Maigret you want to sample more of Simenon, I can recommend all three, especially "The Widower".

Jim Hobbs.

GREEN AND ORANGE

Hungry Hill, by Daphne du Maurier. 5s. 0d. *Fiction*.

The Daphne du Maurier magic continues to work its spell. Here, in this novel, first published over twenty years ago, are contained all the ingredients of her success—the passion, the intrigue, the superb capacity for characterisation, complemented by vivid descriptions of Ireland and the Irish.

The story is set in the port of Doonhaven and deals with the impact of the Brodricks, a thrusting family of English settlers, upon this

primitive community. How the fortunes of the Brodrick family rise and fall, and how their mining activities affect the happy-go-lucky Irish, is vividly described against the mysterious undercurrents of the country. It only needs to be said that by the end of the book, the Brodrick effort to bend the will of the community ends in disaster, with the Irish returning to live in the way they want to.

Miss du Maurier is one of the few remaining authors who can write successfully in the passionate style. In this book her message appears to be that however forceful people are in impressing their will on a community, the impact they have will always be tempered by the spirit of the country and its inhabitants. This theme is dealt with in a particularly successful way, in *Hungry Hill*, the feelings of both oppressors and oppressed being presented with equal clarity. I found this a thoroughly enjoyable book, its effect not in the least diminished by the length of time since its first publication.

Christopher Watkins.

MEDICAL BOOKS

Anatomy

An Atlas of Anatomy, by J. C. Boileau Grant, M.C., M.B., Ch.B., Hon. D.Sc. (Man.), F.R.C.S. (Edin.). £8. Published by E. & S. Livingstone Ltd., Edinburgh and London.

Since its introduction over twenty years ago Grant's Atlas has firmly established its value as a teaching aid. The present fifth edition continues the trend of progressive improvement, with the introduction of new material, and some changes in arrangement.

The regional treatment adopted is more practically useful than arrangement by systems, as used in some other atlases. The plates (based on photographs of a series of actual dissections) are of great clarity and accuracy; the use of colour is restrained and reproduction is of a high standard. Small explanatory diagrams (mostly from the author's *Method of Anatomy*) and a concise text complement the plates. More theoretical aspects—such as the distribution of limb plexuses and cranial nerves—are summarized in schematic diagrams. Surgically important variations are illustrated where appropriate and the segmental anatomy of the kidneys and liver is now included. The intrahepatic anatomy is illustrated by photographs of corrosion preparations; this is not wholly satisfactory for the basic arrangement tends to be obscured by a wealth of detail, and supplementary diagrams would seem to be desirable here.

The current trend towards reduction in the amount of undergraduate dissecting time is unlikely to diminish the value of this book. The dissected body (even if prepared by others) remains the best visual aid to the study of anatomy, and here an atlas is

an invaluable guide. This volume may be recommended to all medical students as a worthwhile investment; it will always prove useful for providing a quick review of the anatomy of any region.

O. J. Lewis.

Medical History

William Harvey. The man, the physician, and the scientist, by Kenneth D. Keele. Nelson, 1965. 42s. **William Harvey, trailblazer of scientific medicine**, by Rebecca B. Marcus. Illustrated by Richard Mayhew. Chatto & Windus, London, 1965. 12s. 6d.

Both these books are concerned with William Harvey, both are published in biographical series, and they appear in the same year; there the likeness ends.

The book by Rebecca Marcus is published in the *Immortals of Science* series, and is intended for 10-15 year olds. Moderately priced, it contains a brief factual account of the life of William Harvey interwoven by numerous imaginative reconstructions that are quite unnecessary, even if one feels compelled to "write-down" for children. The facts of Harvey's life are thrilling enough without the introduction of phantasy, but if the reader can survive the first chapter, and pursue the remainder with a non-critical eye, he may decide that it might well serve his children as an introduction to the more scholarly work published simultaneously.

Dr. Kenneth D. Keele is a Bart's man, and a keen medical historian who has previously written on Harvey, and also on Leonardo da Vinci. He is obviously well acquainted with medicine and science of the seventeenth century, and has taken full advantage of the translations into English of most of

Harvey's writings in recent years. These have enabled him to evaluate Harvey's contributions to science, and to estimate the impact of his work, not only on his contemporaries but on his successors up to modern times. The biographical details are faithfully recorded, but the major contribution of Dr. Keele's book is his analysis of Harvey's scientific achievements, attained in troublesome times that would have dissuaded any other than William Harvey. It is surprising, however, to find no mention of the work of the late H. P. Bayon, who contributed a fascinating series of papers on Harvey and his contemporaries, and had almost completed a biography of Harvey at the time of his death.

This book appears in the British Men of Science series and was first announced at a much lower price than two guineas. In fact, another volume in the series, only fifty pages shorter, sells at fifteen shillings. Every Bart's man should read this book and would be proud to own it, and to give copies as presents, but forty-two shillings must limit such charitable thoughts.

Sir D'Arcy Power's life of William Harvey, published in 1897, has remained the most readable and authoritative biography for almost seventy years. It is still worthy of study, but Dr. Keele's book must replace it as the first choice.

John L. Thornton.

Physiology

Experimental Physiology by B. I. Andrew, D.Sc. Published by E. & S. Livingstone Ltd., Edinburgh and London. Price 37/6d.

This familiar work is now appearing as a seventh edition in which the role of editor has passed from Professor Bell to his colleague Dr. Andrew. The book is designed to cover the courses in experimental physiology given at Dundee and St. Andrews and, as Professor Bell writes in his preface, "to avoid the dreary drudgery of preparing stencilled sheets".

As in previous editions, a wide range of practical exercises is lucidly described. The principal change lies in the greater sophistication of many of the experiments, which has been made possible by the introduction of apparatus such as electronic stimulators, oscilloscopes and infra-red and paramagnetic gas analyzers suitable for classroom usage.

However, these advances in medical instrumentation are expensive and, despite the increase in funds for laboratory teaching to which Professor Bell refers, few departments are likely to be able to afford more than a selection of these devices. Thus practical courses in different schools may tend to increasingly reflect local specialized interests. Against this background "Experimental Physiology" may prove less widely acceptable than formerly, when student physiology was dictated by the limitations of smoked paper, sealing wax, plasticine and string.

Thus, while this book undoubtedly succeeds admirably in its domestic aim, I feel it cannot be described as a "must" for students at St. Bartholomew's, in that we prefer to accept the dreary drudgery of preparing stencilled sheets in return for the freedom this gives us to tailor the practical course to our own particular requirements and facilities.

N. Joels.

Psychiatry

Alcoholism, by Neil Kessel and Henry Walton. Pelican, pp. 192. Price 4/-.

"The alcoholic who goes to his general practitioner and asks specifically for treatment can pose his doctor with a demand which neither his medical school training nor his professional experience has equipped him to meet." This is unfortunately only too true, for apart from preclinical teaching in the pharmacology of alcohol and a few references to clinical states referable to its continued abuse, most medical students are taught nothing about a condition which they will meet time and time again in clinical practice.

Alcoholism is an illness or symptom-complex, which may result from many interacting factors. Its effects are felt not only by the patient himself but also by his family, friends and employers, and very often by complete strangers who may be involved in accidents as a result of his inebriety. It is necessary to have an understanding of all these aspects of the problem before a rational approach to treatment and rehabilitation can be made, and this is important for the layman as well as the doctor. This little book provides such information in a sympathetic yet positive way and is recommended especially to medical students early in their clinical studies.

P. Turner.

Social Medicine

A New Look at Social Medicine by Dr. J. A. D. Anderson. Price 7/6d. Pitman Medical Publishing Co. Ltd.

Dr. Anderson, the author of this neat and concise handbook of 80-odd pages, is Senior Lecturer in Preventive and Social Medicine in the Department of Public Health at the London School of Hygiene and Tropical Medicine. In the book he shows how mistaken is the idea that social medicine is a fringe activity and demonstrates its importance throughout the whole of medical practice and organisation.

It will be useful to many people for many different reasons. A partisan looking for ammunition to use against some group in the wider medical profession will find brickbats distributed without favour. Dr. Anderson dislikes cliché thinking. Discussing for example health on retirement he says, "There is no evidence that a retired person is either happier or healthier merely because he spends all his days with raffia and wire until he collapses from exhaustion under a heap of lamp shades and wastepaper baskets". The conscientious student looking for a primer to tell him about the development and structure of present day medical and medical social services will find all the important information here.

Most valuably a thoughtful observer and would-be reformer will find a well-documented critique of how effective is the liaison between the various medical and kindred groups, the whole written from the patient's point of view, together with thoughtful and constructive examination of attitudes and assumptions which stand in the way of a better service.

Dr. Anderson himself has only one axe to grind and that is improved and more sensitive medical care for the patient. Nobody could have stated more lucidly and fully in such a short space the strengths and weaknesses of the wider medical profession today and it would be difficult to fault him on grounds of common sense or of imagination.

Joan Floyd.

Try this test. Add Aldactone-A to conventional diuretic treatment and see for yourself how it can improve the patient's condition

'In addition, and most important, *he felt well*. He did not feel like the weak, washed-out patient that I have come to expect after intensive diuretic therapy.'

Jose, A.D. (1960).
The Use of Aldosterone Antagonists in Cardiological Practice.
Paper presented before the Cardiac Society of Australia
and New Zealand, October 1960.

Conventional diuretics act on the proximal renal tubule. They allow reabsorption of sodium and water and loss of potassium to continue at the distal tubule. But Aldactone-A (brand of spiro-lactone), added to the regimen, acts at the distal tubule, and prevents excessive sodium reabsorption and potassium loss.

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Searle

SPORTS NEWS

Editorial

Over forty students will be repairing to the alps in parties this winter and no doubt many others will be making their own way there. Many will have been before, but for those who have not there follows a little advice.

How to get there: if you have not joined a party or want to go in a smaller group or alone, go to one of the travel agencies which specialise in ski-ing holidays—Inghams Travel or Erna Low.

What to take. It is not terribly cold other than at night or in foul weather so normal underwear will do. Long tight pants for underneath ski trousers may be useful if you have some. Plus-fours as ski trousers are only for those who have been several times, beginners will get wet. Only two jerseys are really necessary, one for ski-ing and one for après-ski. An anorak is essential: for girls, tight fitting, slim-line, quilted or unquilted are in fashion this year, but practicability should be aimed for. Get a proofed one, the only genuinely waterproof ones are made for yachtsmen by John Morgan. An attached hood is useful if it snows or is windy, although a cap or hat will

do. A good pair of gloves will be needed and several pairs of thick socks. When buying trousers and anorak, remember that snow is white and colours must go with it (blues, black, reds and pink). You may well forget this inside a shop. However, the more startling the outfit the better the ski-ing must be.

Essential necessities. Boots and skis may be hired in this country or away. The advantages of getting them there are that you can always exchange them if they do not fit after a couple of days, and you do not have to carry them or pay for their transportation. Hire wooden skis abroad as they are half the price of metal, and if you break or chip them you are insured, or should be. Goggles or unbreakable sunglasses may seem to cost a lot, but are invaluable.

Shops in London which have good ski departments are Pindisports, Lillywhites, and Gordon Lowes.

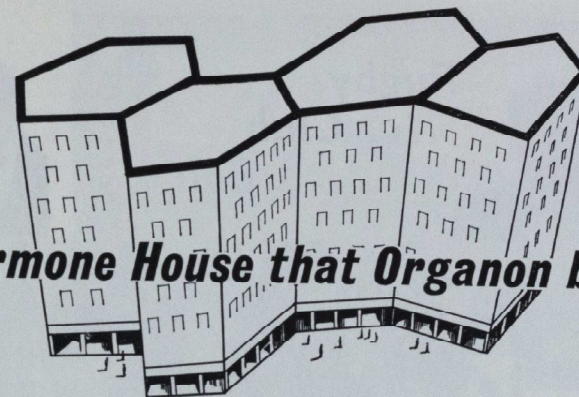
When on the slopes try to keep in control of yourself! Don't let go of your skis when putting them back on, and find out the word for danger in the local tongue.

THE BOAT CLUB DINNER

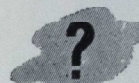
25th November: Charterhouse Grill

There was sherry in the Great Hall early in the evening and it was noticed here while the senses were sharp that there was a wide range of coloured jackets and ties about the place, an innovation one thought which could be brought to the ballroom in these enlightened ages. At 8 p.m. we all trotted through the rain to the Grill and after some difficulty in passing the bar we managed to reach the dining room and start tucking into our melons. As we eased through the menu lubricating our minds with some admirable wine, a pleasant haze of chatter

filled the room and it was unfortunate that by coffee time one or two gentlemen didn't seem quite themselves. After remembering the Queen, the speeches: The Guests, Mr. Paul Cheetham, replied by Dr. Bailey, guest of honour: The Club, Mr. Tubbs, replied by the Captain, Mr. Keith Anderson. In retrospect one thought that perhaps the speeches weren't as gripping as in previous years. After ritual signing of menus we were all able to move outside, some to their beds, others to the gym for beer. It had been a memorable evening preserving the unique atmosphere of a *Boat Club* dinner.



The Hormone House that Organon built



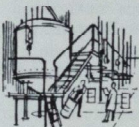
This is the idea that started the plan of the Hormone house that Organon built.



This is the researcher who had the ideas that started the plan of the house that Organon built.



This is the rat that was there at the start, as well as the cows, the sows and rabbits that enabled the researchers to probe the secrets of the hormones which built the house of Organon.



These are the workers who mixed the chemicals that joined up the molecules to make the bricks of the house that Organon built.



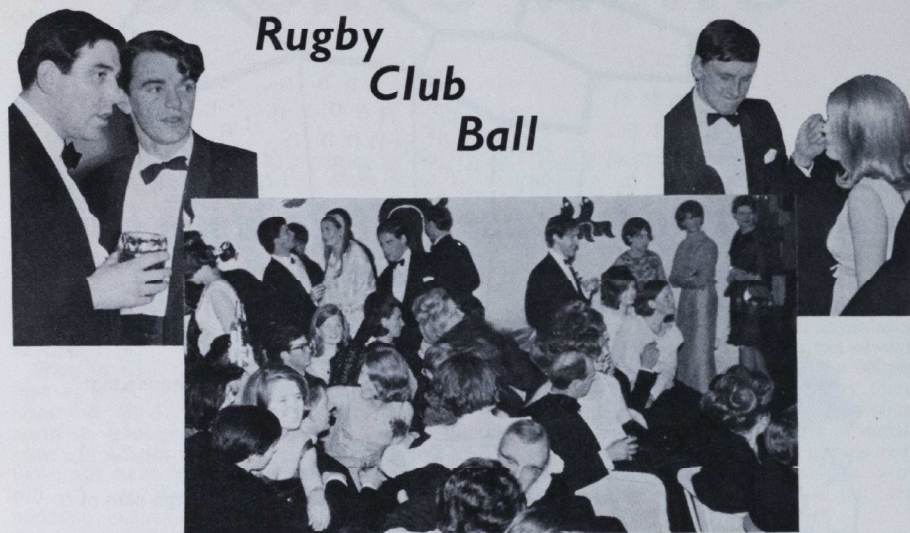
This is the doctor who found that the hormones helped his patients and prescribed the products of the house that Organon built.



The Hormone House



ORGANON LABORATORIES LIMITED
CROWN HOUSE LONDON ROAD MORDEN SURREY ENGLAND



Rugby Club Ball

That the Rugger Club can advertise their Christmas Ball and start selling their tickets only two weeks before the day, and yet be completely sold out within a week must show either that they have established a reputation for this event, or that we make the most of our major social events—even though there are five in the year. It was probably a bit of both that sent the Rugger Ball swinging through the night at Charterhouse on December 2nd. To the music of the Washington D.C.s, a remarkably versatile, tuneful, noisy, long-haired but wholesome group, who were making a welcome return visit, 250 guests jived and smooched under odd shaped plaster icicles. The theme of this year's Ball was "a bit of the Arctic North, the frozen South and a touch of Equatorial Africa", according to Phil Savage, the captain. We were greeted in the hall by a huge, rather motheaten Brown Bear clasping a rugger ball, with a Bart's scarf round its neck, and trampling on a Guy's scarf—a fore-taste of the Cup matches? Around the walls, numerous penguins with prominent umbos (I thought they were birds) and other Arctic animals hardly managed to cool off the lively

proceedings. For those who preferred to get away from the amplified cacophony of the group, Nick Emery played the guitar and sang a wide range of folk songs next door. This proved to be a very popular respite, especially with a second bar in the same room.

The dinner—prawn cocktail, ham and turkey salad, and Christmas pudding—was excellent, even though it ended in a bit of a bunfight. Cabaret time was awaited with interest since none of the committee would reveal who was to do it, and compere Gilmore nearly stole the show with his own impersonating introduction to the Oriental Gypsies—a husband and wife team of striptease to the bongos from the Gargoyle club—he played the bongos in case anyone was in any doubt. This was in obvious sequence to previous cabarets, limbo and belly dancers, but I doubt whether the girls' polite and amused tolerance would be quite so contained if the progression was carried any further next year. But blushes and umbos apart, most people stayed, danced and thoroughly enjoyed themselves to the bitter end of a first class Rugger Ball.

A.C.

West Country Tour 1965



On the anniversary of that luckless seventeenth century gentleman's pyrotechnic attempt upon the seat of democracy, 23 notorious, waterproofed rugby players left Bart's for Cornwall, not without some explosive exuberance. Moreover, nor did it seem unlikely that as they wove their way through the Capital, they might succeed where Mr. Fawkes had failed. Later, under a pale moon, the intrepid moonshiners of the Jamaica Inn were to be reminded that it is wise to remain behind their shutters on such a night.

"A coach load of roaring beasts", said the *News of the World*.

"They carried loaded water-pistols", remarked an eye-witness.

So began, again in accordance with tradition, the annual foray to the land of worzel trees and cider presses, of oggies and piskies, treacle mines and china clay pits. Playing rugger against pirates, gyrating to the local minstrels—"why will no-one dance with me?" "my thirteenth refusal"—drift across the dim hall;

later, ghoulies and ghosties and real long leggety beasties, and what are those things that go bump in the night?

Up again and on the coach, still damp, to Sennan Cove; keel haul and flay those who played badly; assault Land's End once more, whose face remains unchanged despite Herculean efforts. "Who's for slosh?" "Take a card". Now Falmouth in the dark and mist; "we don't mind playing hard", said an official . . . "monday's match was no fun at all"—politics prevents further discussion.

Over The Moor, past The Jail, the road's too narrow, the brakes boil, the fog billows, why escape from here anyway? Newton Abbot—more slush, more rugby, more songs, a soundproof bar and blue films, "but no nonsense upstairs". Then London in the rain—in Knightbridge the skipper's just in control, the treasurer has ulcers, the secretary's haggard, the team exhausted. Friday morning in Bart's "where have you been?" "On holiday with Rugger Club".

S.M.J.

RUGBY FOOTBALL CLUB

West Country Tour

Between the invigorating social whirl of the tour some good rugby was played. Enthusiastic open play against **Penzance** and good tries by McKintyre and Pope (2) from in-passing moves, brought Bart's near to victory, however Penzance got home for an 11-9 win.

The **Falmouth** match was considered an experience for both new and seasoned players. The heavier pack and proficiency in the type of game unseen in London, gave Falmouth a 12-0 win, even after the sensation of two of their players being sent off.

Newton Abbott, a new fixture, provided an enjoyable open game. Savage gave Bart's an early lead with a penalty, but two tries and a penalty to Newton Abbott gave them a 9-3 victory.

In spite of disappointing results this season, spirits in the club could not be higher, and some constructive rugby is being played. The experience gained so far should bear rewards later. Meanwhile, young players brought into the senior sides this year are developing promisingly, benefiting from their experience of club rugby.

Team	Tour Party
P. Savage (Capt.)	M. Fryer
J. Gilmore	S. Johnson
A. O'Kane	D. Jackson
D. Rees	G. Baber
D. McPherson	W. Griffiths
R. Jolly	D. Pope
M. Britten	P. Buckley
P. Fairclough	C. Grafton
G. Kavanagh	R. Lambert
Wine Committee Representative	R. Atkinson

ATHLETICS CLUB

As part of the University of London Athletics Club plan for a resurgence of athletic spirit in the University, Bart's have entered a team for the Inter-College Winter League. Throughout the winter, athletic meetings will be held at Motspur Park. There are four divisions and subsequently the top team in the lower divisions will be promoted and the bottom relegated.

The first meeting was held on November 6th when we opposed the Royal Veterinary College. Apart from the 440 yards and high jump, we beat them in all of the fourteen events. Our points total was highest of the sixteen teams and the future should be bright. Tony Breeson, a freshman, showed great promise in the sprint events, whilst the elder club members gained maximum points in their specialised events.

University of London Winter Athletic League, Division II.

	P	W	L	F	A	Pts.
St. Bartholomew's	1	1	-	24	12	2
Goldsmith's College	1	1	-	18	13	2
London School of Econ.	1	-	1	13	18	0
Royal Veterinary Clge.	1	-	1	12	24	0

Our more talented and keen members are coached every Monday evening by the National coach and others. Anyone interested should contact the Secretary.

November 17th. Eleventh Winter Relays Competition.

Bad luck, the enigmatic excuse of sportsmen, spoilt our attempt to win the University College Relay Cup. Perhaps our lack of familiarity of running with a baton, or indeed attempting a too professional take-over should be blamed. In the 4 x 110 yards relay, our runners seemed reluctant to part with the baton and on the 220 x 220 x 440 yards we dropped it!

However, in the 880 x 880 x 1 mile things went better. Over the first leg Chris Sutton came in third out of twenty starters, including a female 880 yard international. John Coltart opened the field out to hand over to Robert Thompson who allowed an international miler to go by and bring Bart's in a worthy third.

At the **Annual General Meeting** held on November 25th in the Abernethian Room, the following were elected officers of the Club off his venerable foe at no. 5.

Captain	D. J. Coltart
Vice-Captain	B. Scott
Secretary	C. Sutton
Social Secretary and Treasurer	D. Jefferson
Pre-Clinical Representative	A. Breeson

C.M.S.

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SQUASH CLUB

The Club fielded its strongest side yet for the Cumberland Cup match against **Guy's Hospital** on November 2nd. Last year's Secretary, Michael Downham, played his first match of the season at no. 5; a little short of both wind and practice he was defeated in five hard games. Ussher, looking confident throughout, won fairly comfortably at no. 4. The Captain, Tony Edelsten, was 0-2 down but fought back gallantly against a strong opponent to level the scores at 2-2, unfortunately going down in the fifth game. At no. 2 Brian Duff won an easy first game but, being disinclined to chase the shorter balls, was unsuccessful thereafter. Mitchell started off at great pace and looked likely to inter the Cambridge blue, Newman, without trace. Two games up he faltered and his aggressive shots became predictable; his opponent, a fine defensive player, steadily wore him out to win in the fifth. This was the best game of squash we have seen on our courts this season; the match we lost 1-4.

On 9th November we were hosts to the **Bar**. Latham and Edelsten won their matches at

nos. 1 and 2. At no. 3 Williamson went 2-0 up and stood at 7-1 in the third; with great perversity he lost this game, match point in the fourth, and every single point in the fifth. McCaldin started ineptly but made up some leeway, only to fall in the fifth. In the decider Chesney laid his opponent out at 1-1 with an energetic follow-through, so Bart's had to be content with a draw. Won 3-2.

On 16th November we played against **Lensbury** in the Cumberland Cup on the luxurious courts at the Shell Centre. At no. 1 Mitchell only dropped one game but Duff was unsuccessful at 2. Edelsten mastered a fierce left-hander at 3 and Ussher played sensibly to overcome a wily no. 4 in straight games. Williamson, however, could only get one game off his venerable foe at no. 5.

Two days later we visited **Westminster Hospital** whose single court is buried in the bowels of the earth and maintained at sub-tropical temperatures. Latham dispatched the Westminster Captain without undue difficulty, while at no. 5 McCaldin hit his opponent off

the court in straight games. Downham dropped one game and Williamson two before eventual victory. In the top match Edelsten was soundly beaten by a most accomplished player to prevent a clean sweep.

The second team lost 1-4 to G.A.F.I.C. on 23rd November, with Thompson recording the only success at no. 3. Setchell was outschemed at 4, and Molyneux at 5. Williamson threw away his chances and had to be content with

SWIMMING CLUB

The Major Swimming event last month was the **London University Annual Swimming and Diving Championships**. The Heats were held on the 15th November and the Finals on the 17th.

It was most unfortunate that although Bart's were represented in four races and the diving only four members of the club turned up. (Three members of the relay team just forgot it seems!)

The first event in which Bart's participated was the 110' back-stroke. Hanley swam his usual controlled race and did well to come in fifth against some very strong opposition. Garson did even better in the 220' breast-stroke and came third. Blackburne also competed in this event though came in last. Unfortunately the final insult was yet to come; for when the results were read out it was found that he had been disqualified (why couldn't they have told him on the first of the six lengths!). Garson

CROSS COUNTRY CLUB

The group at the moment seems to possess considerable talent, although due to a series of injuries this has not yet been fully realised. However, we were able to send two full teams to a University League match.

Nov. 10th. London University League, Division I.

This, the second league match, was run over a rather uninteresting 5½ mile course at St. Mary's College, Twickenham. A long section, along crowded roads, preceded a run along a portion of the Thames' towpath, then we turned and retraced our steps. With two of our best runners unable to run, Stephen

only one game; McCaldin, up against a strong opponent, was denied even this reward for his efforts.

Finally, on Thursday 25th, we visited **King's College Hospital** who have only just restarted their squash club. We won 5-0. Team: Latham, Ussher, Downham, Williamson, McCaldin.

R.C.N.W.

performed again in the dive and although there were only two competitors the standard was very high. One dive that he did was over really before we realised it. A sudden back somersault from the one meter spring board—and that was that!

As expected, the Relay team (with Quinn) didn't do too well in the 4 x 1 Freestyle and 4 x 1 Medley relays, though considering that it was really a last minute team we did very well indeed. Overall Bart's was sixth out of seven teams competing.

The United Hospitals Polo League ends on the third of December and the record for the two teams has not been good. The one cheering feature though has been the entry into the polo side of the club of a number of new swimmers, some of whom had not played before and with experience should develop well.

D.S.

Williams showed for the first time some of his ability and did well to finish 57th out of 87 runners. Other positions included Graham 28th, Hesselden 51st, Coltart 65th, and Wood 70th.

Nov. 10th. Selwyn College Relay.

We joined Charing Cross Hospital, the University of East Anglia and Cambridge and Coleridge Hare and Hounds, as the only teams which were not from Oxford and Cambridge colleges, and did well to finish 21st out of 49 teams. The race, which was started by Professor Owen Chadwick, Master of Selwyn, consisted of 2½ miles of Cambridge road including a beautiful stretch along Queens' backs.

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Full Result	Time	Position
1. Williams	12.48	17th
2. Hesselden	12.59	14th
3. Wood	14.19	21st
4. Sanders	13.22	21st

Nov. 24th. London University League.

The 1st team ran for Division I over the King's College 6½ mile course at Mitcham, whilst the 2nd team ran for Division II at Parliament Hill Fields. Again a rather uninteresting course at Mitcham. The League organisers show an aptitude for picking monotonous courses. Thompson, in his first

race since badly spraining his ankle, finished a little lower than his usual position. However, Edward (I've had four pints of blood) Graham, Robert (where were you in the National?) Thompson and Graham (I've just had an operation) Hesselden all finished 31st equal with a time of 34.25. Stephen Williams was 50th in 35.44 and John Coltart 57th in 36.31. The race was won in 30.54. After this good result we finished 7th in this match, but still lie 9th overall (after 3 matches) just behind Guy's Hospital. With a full team, we should displace them from the 8th spot next match.

P.B.W.

SOCCER CLUB

Oct. 30th. v. Sir John Cass College.

U. L. Lost 2-5

Bart's opened this game at a very fast pace and were soon a goal up when Dorrett scored from a centre from the right. A few minutes later they went further ahead when Sutton scored a breakaway goal.

The hospital then relaxed and, when Cass

counterattacked, were unable to raise their pace with the result that Bart's were 2-3 down at half-time. Two more goals were conceded in the **Nov. 3rd. v. West Ham College U.L. Lost 1-6** second half.

Before this game our opponents had not recorded a win. As the game progressed they grew in confidence and eventually outplayed

the Bart's team to win easily. Raine scored the Bart's goal from the penalty spot.

Nov. 6th. v. Guy's U. H. L. Lost 0-4

In spite of a strong crosswind the first half of this game produced some good football but no goals. While Bart's continued to miss chances after the restart, the Guys forwards took theirs and scored four simple goals. Although the score does not fairly reflect the state of the game, the lessons to be learnt were obvious.

Nov. 10th. v. Queen Elizabeth College U. L. Lost 1-13

Although excuses have been made for this disastrous performance, nothing can justify the extent of this defeat. After conceding two goals the team appeared to give up hope of winning. By not running to meet the ball and by making poor use of it when in possession, Bart's allowed their opponents a field day.

Nov. 13th. v. Chelsea College U.L. Lost 1-3

This was a scrappy game played under cold and blustery conditions. Bart's crossed over a goal up thanks to a header from Dorrett. However, when Chelsea equalised, the team lost heart again. With the opposition's efforts increasing as Bart's flagged, two more goals were conceded. The afternoon was only partially redeemed by some good singing in the clubhouse after the game.

Nov. 17th. v. St. Thomas's. U.H.L. Lost 1-2

The story of this game is similar to the previous one. Bart's led for most of the game by a single goal scored by Ellis. When Thomas's equalised with a rather lucky goal, Bart's again weakened while the opposition renewed their attacks to score the winning goal.

ALPINE CLUB

This is perhaps the only sporting club in the hospital which can claim not to have lost a single match during the last year—nor to have won one for that matter. This does not mean, however, that the club has been inactive, as the annual Whitsun trip to Cornwall proved. No fewer than thirty-four people enjoyed this social, if not particularly energetic, event. Unfortunately, we had, as usual, to rely on outside help for transport which is no small problem when upwards of 700 miles may be travelled in a week-end.

There are usually two or three trips to North Wales or Derbyshire per term when the accent

Nov. 20th. v. Northampton College. U. L. Lost 0-3

We arrived late for this game after some argument with locals about car parking, in the course of which Offen had a brief encounter with an Alsatian dog. The team did well to hold Northampton, the league leaders, to a 3-0 margin on a very wet and sticky pitch.

Nov. 21st. v. Dr. H. Simons XI. Drew 2-2

This was a most enjoyable and closely fought game. The team played some of the best football of the season particularly in the first half. This may have been because for once we did not have to worry about league points. Bart's goal scorers were Vartan and Mumford. After the game a pleasant evening was spent at Chislehurst.

Nov. 24th. v. College of Estate Management Lost 0-5

This was an extremely disappointing performance. C.E.M. scored three times in ten minutes before any of the Bart's team realised that this was a competitive game. After this, matters improved slightly but two more goals were conceded. Four of them were due to a basic defensive fault, lack of covering down the middle of the field.

The following players have represented the hospital in league games. Raine (Captain), Riddell, Sills, McGeehie, Rawlinson, Turner, Alcock, Offen, Mumford, Farrow, Dorrett, Thew, Sutton, Ellis, Vartan, Evans, Bowen-Roberts, Hall.

C.M.S.

is on teaching people, who have not climbed before, the basic essentials of mountaineering. Private trips to Wales and Scotland are organised for those who wish to embark on more ambitious climbs.

During the spring term conditions in the mountains usually prevent serious rock climbing, but two trips are planned for this term, in mid-January and February when it is hoped some snow and ice climbing will be possible.

Anyone, irrespective of experience, will be more than welcome, as the main function of the club is to introduce people to the mountains. R.H.



BARTHOLOMEW FAIR.

Early 19th century print of the Fair, which was held annually over the festival of St. Bartholomew C. 1120-1855.

THE JOURNAL STAFF

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- News Sub-Editor: **J. P. M. Davies**
- Review Sub-Editor: **P. E. Belchetz**
- Social Sub-Editor: **R. J. Clayton**
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CHARITY

In Charity there is no excess: Francis Bacon.

To one that has celebrated its eight hundredth anniversary, the Westminster Hospital may seem but a child on this its two hundred and fiftieth. Yet its foundation, survival, and success are a monument to public charity. Whereas Bart's was financed by the Crown and the City, voluntary donations playing only a small part, the Westminster was unique in being the first hospital to rely exclusively on the charitable nature of the community. In 1716 four prosperous men, sipping coffee in a comfortable Fleet Street coffee house, decided to found a hospital in Westminster, an area where there was no hospital for the poor to go. The growth of the hospital did not always go smoothly, and there were frequent disagreements, as inevitably occurs when a group of independent thinking people meet together to decide how best to spend a charity's money. As a result of one such disagreement in 1733, all but one of the medical staff resigned. What must have seemed a disaster turned out to be of double benefit to the community, for the men who resigned founded St. George's Hospital at Hyde Park Corner, and both establishments flourished.

The Westminster was not only dependent upon financial support from the community, but also relied upon voluntary workers to do much of the nursing, cooking, bed-making and other chores. Most of these jobs are now done by professional trained people, but there are still to be found in hospitals people who unselfishly give of their time to visit those who have no visitors, take round mobile shops and libraries and do numerous other jobs.

Hospitals and schools, aid for the sick, poor, orphaned, and unemployed, once so reliant on voluntary contribution are now provided by the State. It is therefore perhaps remarkable that there are 55,000 charities registered by the Charity Commissioners, ranging from international multi-million concerns like Oxfam to such obscurities as the Decayed Governesses, Association. Charity now spreads her wings over the world. The story of Westminster Hospital shows us that there is more to charity than putting our hands in our pockets. Whilst there are some who truly *live* charitably, for most of us charity means flags and appeals and collecting boxes, and the religious and moral implications of the triad, faith, hope and charity have long been forgotten.

NEW YEAR'S HONOURS

An impressive feature of the New Year's Honours List was the absence of large numbers of awards to party benefactors, and the apparent justness of the awards. When James Paget received his Knighthood in 1872, he was the only member of the staff to hold this distinction. In the ensuing years the number rose gradually, and by 1926 there were no fewer than 13 Knights on the staff. Whether this was due to the number of Royal afflictions at the time, academic brilliance, selfless dedication to the cause of humanity, or a combination of all, is open to speculation. Today, Honours in the Medical profession do not grow on trees, and we may feel justly proud that out of almost 50 Honours awarded to medical men and women, a total of six were awarded to Bart's men. These men occupy a broad spectrum of the medical field. Sir Clifford Naunton Morgan a Vice-President of the Royal College of Surgeons is Senior Surgeon at Bart's; Sir Arnold Miles is a bacteriologist and Director of the Lister Institute; Mr. Norman Capener, C.B.E., the Exeter surgeon, is Director of the Medical Committee on Prevention of Accidents; Dr. Hugh Clegg, C.B.E., is retiring Editor of the B.M.J. (and is replaced by another old Bart's man, Dr. Martin Ware); Dr. Francis Avery Jones, C.B.E., is the gastroenterological Physician-in-charge at Central Middlesex Hospital; Mr. Louis Bennett, O.B.E., is a surgeon in New Zealand. To these men, and to Mr. Henry Dosssett, B.E.M., Senior theatre technician at Bart's, we add our congratulations.

LETTERS TO THE EDITOR

NON-SPECIFIC VIRUS

Sir,—I am glad that your correspondent, W. McL. Thomson finds Australia such a heaven upon earth, (*Medical Practice Abroad, January Journal*). I hope that scientific standards are as high as he maintains. But I wonder . . .

He writes of "anaemia following a non-specific virus infection". What on earth does this mean? I never heard a more nonsensical statement. I can imagine my late chief, Dr. J. H. Drysdale rolling his eyes in horror. We know that Bob Hope defines a virus as "a Latin word meaning 'your guess is as good as mine'". We know that every other V.I.P. who is away from work is 'suffering from a virus infection'. But we expect something rather better from a Bart's man, (or isn't he one? That might explain it).

Yours etc.,

C. H. ANDREWES,
Overchalke,
Coombe Bissett,
Salisbury.

11th January.

Dr. W. McL. Thomson is in fact a Bart's man (qual. 1947), as is revealed by close inspection of the crest on the door of his consulting room in the photograph on p.28 in his article.—Ed.

TOO MUCH EQUIPMENT?

Sir,—I read the article on Resuscitation of the Newborn in your Supplement of January with mixed feelings. I must say when I looked at Fig. 3 I was slightly horrified. I was Intern in 1915 and worked with the finest man I have ever met, Dr. Williamson. It was chiefly due to his teaching that I obtained my M.D. in Obstetrics. He said that if you had a white baby, it was

suffering from shock and you must not increase it. Surely the teaching hospitals are to concentrate on the future general practitioner. Is he going to be supplied with all this equipment by the government?

I am,

Yours faithfully,
D. A. BLOUNT,
Moreton House,
West Street,
Dunstable.

3rd January.

JOHN HUNTER'S REMAINS

Sir,—I read the article on Leicester Square that appeared in the January 1966 issue of the St. Bartholomew's Hospital Journal with much interest. But I feel I should write to you about your comment that John Hunter "rests at St. Martin's".

Enclosed are two issues of the Annals of this College, from which you will see that Hunter's remains were re-interred in Westminster Abbey on March 28th, 1859.

Yours faithfully,

MARY MARKS,
Editorial Secretary,
Annals of the
Royal College of Surgeons,
Lincoln's Inn Fields,
London, W.C.2.

3rd January.

"On March 26th, 1869, the coffin was removed to the Abbey, and re-interred on March 28th between the resting places of Ben Johnson and Sir Charles Lyell in front of a congregation of 600". Sir Gordon Gordon-Taylor, John Hunter Memorial Service Address, St. Martin-in-the-Fields, February 14th, 1952. Annals of R.C.S., Vol. 10, No. 4, p. 258.

Engagements

ROCH-BERRY—BOYD.—The engagement is announced between Colin Sydney Bertram Roch-Berry and Harriet Mildred Boyd.

WRIGHT—BLACK.—The engagement is announced between Surg. Lt.-Cdr. David Stephen Wright, R.N., and Miss Caroline Auza Black.

BLACKBURNE—FASSBENDER.—The engagement is announced between John Stephen Blackburne and Jutta Fassbender.

AVELINE—PAGE.—The engagement is announced between Dr. Mark Aveline and Dr. Anna Page.

Births

BARTLETT.—On November 14, to Janet and Dr. Jeremy Bartlett, a daughter (Joanna Louise), sister to David.

HUTCHINSON.—On December 16, to Rosalind (née Carter) and Dr. David Hutchinson, a son.

LUMLEY.—On December 29, to E. Fay (née Clarke) and Dr. P. W. Lumley, a son, brother for Julian, Christine, and Frances.

WHITE.—On December 11, to Christine (née Pike) and Dr. Roger White, a son (Graham).

Deaths

CRABB.—On December 24, Dr. Edward Thodes Thackeray Crabb, M.R.C.S., L.R.C.P., aged 50. Qualified 1939.

JORY.—On December 28, Norman Adams Jory, B.Sc., aged 69. Qualified 1923.

SPENCE.—On December 9, Douglas Leigh Spence, M.A., M.B. B.Ch., aged 77. Qualified 1908.

VERGETTE.—On December 16, E. S. Vergette, M.B., B.S. Qualified 1927.

Change of Address

DR. B. W. D. BADLEY—to 31, Clayton Park Drive, Rockingham, Nova Scotia.

DR. GEORGE LUMB—to 61, Colonial Crescent, Oakville, Ontario, Canada.

Appointments and Awards

In the New Year Dr. Martin Ware succeeded Dr. H. A. Clegg as Editor of the *British Medical Journal*.

Dr. E. W. Horton has been appointed to the Wellcome chair of Pharmacology at the School of Pharmacy.

Dr. D. L. Mollin has been appointed to the chair of Haematology.

M.D. degrees have been awarded to F. J. C. Millard and Paul Turner.

New Year's Honours*Knights Bachelor*

Clifford Naunton Morgan, M.B., M.S., F.R.C.S., F.R.C.O.G., F.A.C.S., Senior Surgeon to St. Bartholomew's Hospital.

Arnold Ashley Miles, C.B.E., M.D., F.R.C.P., F.R.S., Professor of Experimental Pathology, University of London, and Director of the Lister Institute of Preventive Medicine.

C.B.E. (Civil)

Norman Leslie Capener, F.R.C.S., Director of the Medical Commission on Prevention of Accidents.

Hugh Anthony Clegg, M.D., D.Lit., F.R.C.P., Editor of *British Medical Journal*.

Francis Avery Jones, M.D., F.R.C.P., Physician-in-charge, Gastroenterological Department, Central Middlesex Hospital.

O.B.E. (Civil)

Louis Amos Bennett, M.D., F.R.C.S., F.R.A.C.S., For services to the community, especially as a member of the North Canterbury Hospital Board, New Zealand.

B.E.M.

H. E. Dossett, Senior Theatre Technician, St. Bartholomew's Hospital.



Mr. Henry Dossett, B.E.M.

February Duty Calendar

Sat. & Sun., 5th & 6th.

Dr. Black
Sir Clifford Naunton Morgan
Mr. Manning
Dr. Ballantine
Mr. Dowie

Sat. & Sun., 12th & 13th.

Dr. Hayward
Mr. Badenoch
Mr. Manning
Dr. Jackson
Mr. Fuller

Sat. & Sun., 19th & 20th.

Dr. Oswald
Mr. Tuckwell
Mr. Aston
Dr. Boulton
Mr. Cope

Sat. & Sun., 26th & 27th.

Prof. Scowen
Prof. Taylor
Mr. Burrows
Dr. Cole
Mr. McNab Jones

Sat. & Sun., 5th & 6th.

Sir Ronald Bodley Scott
Mr. Hunt
Mr. Aston
Dr. Gillett
Mr. Dowie

Physician Accoucheur for February is Mr. John Howkins.

Retirement**JOHN BEATTIE**

The standard valedictory of a distinguished colleague follows a well-defined pattern in which the recital of his youthful promise and prowess passes naturally enough through the achievements of his maturity to a final panegyric of well chosen clichés. Something tells me that this sort of stuff is not going to be good enough for the central figure of this brief and inadequate farewell.

The small world of Bart's in which the gentle giant that is John Beattie strode with elegance and sartorial grace for forty years is suddenly deprived of its most picturesque and dominating personality, whose presence will no longer be signified by the parked automobile that could belong to only one man. The larger world of British Gynaecology is equally, but less intimately, stricken. To us, his juniors, it is unthinkable that the head of our department is no longer available to solve those problems, large and small, that were without question handled by the magic formula of "Better ask J.B.". In-

LECTURES

February 3rd, London Medical Group. Dr. J. Dominian: "Some aspects of death". St. George's Hospital.

February 10th, Abernethian Society. Sir Robert Platt: "New light on the fatal illness of Frederick III, recreated by Robert Platt".

February 17th, London Medical Group. Symposium: "The Hospital as a Community". Middlesex Hospital.

February 24th, Abernethian Society. Dr. Richard Fox: "Things my Hospital never told me".

London Medical Group. The Revd. Dr. Michael Wilson: "Should a Doctor tell?" Guy's Hospital.

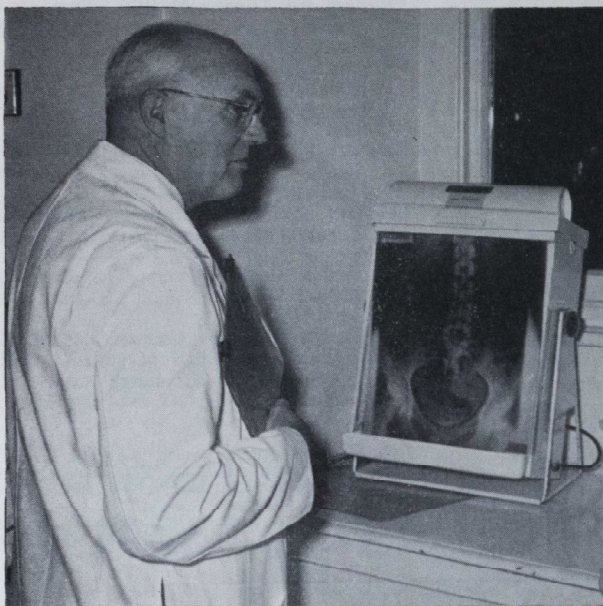
General Practice Lecture. Dr. I. R. McWhinney, of Stratford-on-Avon: "The opportunities for Research in General Practice".

Errata

1. In Mr. T. E. Jeffreys' article, "Common Errors in the Management of Minor Fractures", (January Journal) the Sister in the Fracture Clinic is Sister Calcutt, not Cacutt.
2. The writer of the letter "Glorious Choir", (January Journal) was Dr. J. B. Gurney Smith, who is Hon. Sec. of the East Surrey Organists' Association.

domitable in committee and imperturbable in council he established for his department and his speciality an unchallenged position that is the envy of every teaching hospital in the country. Beattie meant Bart's and Bart's Beattie in the national and international lingua franca of obstetrics and gynaecology.

As a surgeon he was technically quite beautiful to watch, assist or—be it carefully noted as a tribute to his natural modesty—have as an assistant. I think he was probably the safest pelvic surgeon I have ever known and quite incapable of being rattled. That is why he has operated on all our wives and mothers. But not only technically imperturbable and flawless he was a thinker, a philosopher, a seeker after the absolute and ultimate surgical truth, which rendered his opinion the most sought after in the hospital and brought him an international reputation as a consultant. I remember once when he and I were attempting to make an inoperable operation operable, and after a long and unrewarding dissection he quietly remarked,



Mr. John Beattie: The last Ward Round.

“What are we doing this for—the operation or the patient?” It is however as a gynaecological pathologist that he will be missed as much as a surgeon. All the difficult histological slides were quietly put on one side by Bert Cambridge and submitted to John Beattie for his opinion. Alas, we have lost our unpaid consultant gynaecological pathologist. To all the students who passed through his hands it is as a teacher that he will be affectionately remembered. His technique was logical, factual, lucid, suave—almost confidential—but always pungent. The spontaneity of the spoken word was his métier, not the less inspired medium of cold print, so that the total weight of his published work is less than we deserve. One of his most notable editorial achievements was to make Ten Teachers a dangerous rival to its competitors and one author, at least, will breathe a selfish sigh of relief that the decemvirate no longer includes his name.

When this list of surgeon, thinker, pathologist and teacher is added up the sum aggregate is impressive enough, but it does not include the extramural distinctions of wit and repartee. Here John Beattie was unchallenged and invincible and many is the bent rapier that I have cast away in amused but contented defeat. Being absolutely incapable of offence he was unassailable in badinage. The first Jaguar XK 120 to dare to anchor in the sacred marina of the Square was christened, not inaptly, “a Hodge Pessary” and the venturesome owner of this vehicle labelled as “rather under-graduate”. Beneath these telling barbs the real J.B. concealed his own perennially boyish envy of the owner and the car. He really wanted an Aston Martin, not a Rolls Royce, but a perverse nature and a short sighted David Brown had failed to measure up to the physical stature of our most distinguished driver, who was obliged to content himself with a Bristol. What a

come-down for the medical student who owned a 3-litre Bentley in the early 1920's.

It is not our business to enquire what prompted the premature withdrawal of our best loved colleague from the arena but it is tempting to surmise what will engage him in the autumn of his life. The days are still light and the September evenings as good, but kinder, than the urgent business of high summer. There will be time to watch the dahlias bloom, make a leisurely inspection of that salmon pool, clean and overhaul the guns for Norfolk and plan the holidays no longer curtailed by telephone or time. As he girds on his waders and ties on his fly he can rest content that his department and the Hospital he so loyally served will be in the safe keeping of the lieutenant he trained, who also happens to be a big man.

Ille potens sui lactusque deget, cui licet in diem dixisse 'vixi'.

J.H.

Among the Curry-eating Peoples

by M. O. AVELINE

The author was holder of the Nuffield Foundation Scholarship in Tropical Medicine at the All-India Institute of Medical Sciences in New Delhi from October to December, 1964. His analysis of some of the problems facing India will be concluded next month.

I went to India as a European with a great tradition of progress and free enterprise behind me. Implicit in this tradition is the belief that problems can be solved but that they have to be thought through independently first. India is a large country with good natural resources and a vast labour force. However, poverty and malnutrition are the destiny of the majority of the population, who are further exploited by the corruption and avarice of the ruling minority. What kind of people are they who can tolerate, and even accept, such a situation with no thought for its improvement? This for me became the great problem of India. My immediate reaction was one of distaste and withdrawal, of incomprehension within European terms of reference. This insular attitude still exists, especially inside the Embassies and High Commissions of New Delhi, where cushioned by “bearers” the Raj lives on. During my stay I tried to see as many aspects of India as possible, and I believe I began to understand the mechanics of Indian life. In three months one cannot hope to make a comprehensive and accurate survey of India and its problems, but certain factors stand out and I would like to give my impressions.

Any analysis must be seen against the background of village life, for India is a country of villages. The Indians' thoughts are conditioned by Hinduism, their status by the caste system, and their way of life by poverty.

HINDUISM

Four hundred and fifty million people live in India, of these, forty million are Moslem; there are a few Christians and a thriving Jewish community in Kerala State, but the vast majority are Hindus. They not only profess to be Hindu but are practising members of this diffuse religion. Hinduism is an all-pervading

influence. The wayside shrines, the sacred cows in the middle of the road and the numerous festivals where the faithful bare-feet their way to the altar to make a symbolic offering of rose-petals constantly remind one that it is a living religion. To each man the practice of Hinduism can be as he pleases; there is no set order of prayer or ceremonial. Hinduism is a religion of tolerance; even the Parsee practice of leaving their dead to rot in open towers is tolerated. However, the caste system, with all its intolerance, is justified by Hindu philosophy. It is a measure of the strength of Hinduism in India that all attempts to abolish the caste system in the past have met with failure. Hinduism and the caste system are products of India's turbulent and desperate history and it is in the past that we must look for the origins of both.

About 1200 B.C. the Harappa civilisation thrived in what is now Northern India. The impact of the conquering Aryans, who came from between the Danube and the Oxus, produced the cultural pattern that was later systematised into Hinduism. The early Vedic holy books, which were regarded as Sruti or inspired revelation, formulated the first caste hierarchy. The most famous of these, the Rigveda, an anthology of over one thousand poems, divides the upper social classes into Ksatriyas, Brahmins and Vaisyas—the warriors, priests and artisans. These were ranks rather than castes but the Ksatriyas were superior to the Brahmins. Later the Brahmins were to become pre-eminent and form the most venerated of all Hindu castes. In the tenth book of the Rigveda, creation is portrayed as the dis-covering of Purusa or Original man, the embodied spirit, source of the universe, animate principle of all living things. The sun, moon and elements, animal and man, are seen as having come from that “great general sacrifice” made by the God. This concept of the division of God into many

portions accounts for the exuberant and ingenious love-making portrayed on the temples at Khajuraho and Konarak and practised by certain sects between 800 to 1200 A.D. The ecstatic union of a man and woman could prefigure a relationship with the divine as they are helping in the Reunion of the Greater Power who dissipated himself in creating.

We are told that Purusa was divided thus:

"The Brahmin was his mouth, of both his arms was the Rajanga (Ksatriya) made. His thighs became the Vatsiya, from his feet the Sudra was produced."

The Sudras are peasants, labourers and servants. Predictably a fifth order or varna, that of the outcastes or untouchables, contact with whose shadow even would constitute ritual pollution, is not mentioned. The superiority of the Brahmins and the inferior status of the Sudras is thus dramatically made plain.



Effigy of Ramon burnt at Dussehra, New Delhi.

The Mahabharata assigns colours to the different orders or varnas (varna means colour) from white for the Brahmins to black for the Sudras. This was originally to distinguish the lighter-coloured conquering Aryans from the darker and "inferior" Dasas, but is now reflected in the intense colour-prejudice against the darker Dravidians in the South of India. Social inferiority as in many countries has been equated with darker skins; marriage advertisements in the Hindustan Times boast of the girls' fairness, and to be seen in a white-man's company in many parts of India is to gain prestige.

We now have a philosophical explanation of the existence of the caste system but none of why it should have endured for so long and with so little change. What makes the Indian fatalistic and resigned to his position in life?

A central concept in Hindu philosophy is Samsara or rebirth. The Hindu believes in Karma or transmigration where the repayment for an individual's deeds in this life is in the conditions of his next life. Moksha or salvation is achieved by release from the birth-death-birth cycle and is conceived of as union with God. To achieve Moksha one must perform one's Dharma. Dharma means natural attribute; just as it is the Dharma of a river to flow so it is the Dharma of Man to perform the duties of his position in life without love or hate. In all the holy books this concept is referred to time and time again and the performance of one's dharma is raised to that of the highest moral principle.

"Even if one's dharma seems mad, its performance brings blessings, rather than the assumption and pursuit of another's dharma."

Bhagaradgita canto 18 v. 45-47

In the Dharmasutras, it is stressed that good deeds in conformity with one's dharma lead to rebirth into a higher caste. Thus caste becomes an index of progress and the importance of avoiding ritual pollution paramount. In the Ramayana, the Odyssey of the East, Sita acquires Siddhi or extraordinary powers through following her dharma as a wife first by accompanying her husband into his forest exile and later submitting to a test by fire when her fidelity is unjustly questioned.

To correctly perform one's dharma, the balance-sheet of one's life must have neither credits nor debits, as both good and bad actions must be paid for separately; they do not cancel

out. Only neutral action in accordance with one's dharma is of value; this is only possible in the absence of desire for change and thus the tree of progress is sapped of its life-strength. The peasants cannot visualise anything better than owning one or two more acres of land as they believe that they are condemned by a former incarnation to the state of life to which the Gods have called them now.

Everyone has his own special caste dharma. In addition, there is the general Hindu dharma of reverence towards the Brahmins and respect for all animal life, in particular horned cattle. Ahimsa or respect for life reached its culmination in the Jain sect and even today the few remaining Jain Saints go to sleep before sunset and do not move for fear of crushing some insect until after sunrise.

THE CASTE SYSTEM

Traditionally a caste comprises persons with common occupations, who inhabit a linguistically limited region, and who marry each other and eat together without ritual offence. The caste system is both a progress-impeding product of Hinduism and a defence against extinction from starvation or disease.

It is easier to descend in the caste hierarchy than to ascend. Hence each caste is hedged about with ritual and form to distinguish it from others and to avoid any chance of ritual pollution. Caste law pervades and controls all aspects of Society: forms of weddings, length of mourning, the size of dowries and the work a man may do. Caste endogamy is so strong that a survey of two thousand males in 1954 revealed that only nine had married outside their own caste. To Western eyes, its totalitarian power is often ridiculous, for instance orthodox Brahmins in Tanore should make love only on Fridays. However, what may be amusing to us is of great importance to the Indian. Expulsion from a caste may mean loss of access to a traditional trade and thus any hope of maintaining previous standards of living. It is not only the Brahmins that have strict caste laws, but each caste is equally zealous in preserving its own position and thus superiority to members of inferior castes. In previous centuries, the penal code actively discriminated against lower castes in the same way as a Roman citizen or English Mediaeval nobleman was exempt from punishment for minor offences while the serf was hung or mutilated. Truly one law for the rich, another for the poor; one for the saved and another for the damned. The unjust laws no

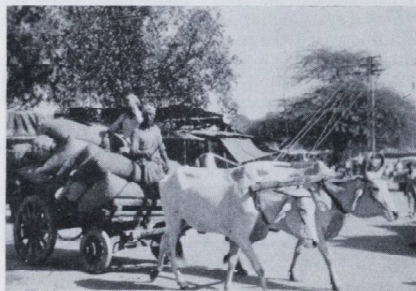
longer exist, the caste system is officially denounced, yet the economy is still throttled by antiquated laws of demarcation and self-destructive preoccupation with an artificial superiority.

The Camars or leatherworkers in Uttar Pradesh are a low caste, though not as low as the untouchables. The language of the district reflects their position for common idioms are, "as black as a Camar" or, "as dirty as a Camar"; in the presence of the Thakur or local Lord they may not sit and must give way if they encounter one another on a narrow path. These facts, though not desirable, do not necessarily adversely affect the village economy. However, the Camar is traditionally employed as a plowman by the Thakur whose caste rules prevent him from doing his own ploughing however poor the Thakur may be. In this situation, since the villagers are almost unable to break traditional behaviour, the standard of living of both Thakur and Camar is depressed. Rhabindranath Tagore was so provoked that he said of Caste that it was, "a gigantic system of cold-blooded repressions". He might well have added that it was senseless. Senseless in that it acts as a brake on all forms of economic progress, hinders the mobility of the labour force and denies the Indian the flexibility he needs if he is to realise his potential.

I have already emphasized the role of Hinduism in creating and sustaining the caste system. The average Indian is a Hindu and while it may be that Hinduism is what prevents his release from the bondage of the caste system, I feel that it is economic necessity that yoked him in the first place. The history of India is one of war, conquest and exploitation. As conqueror succeeded conqueror, the harsh taxes depleted the land. The villagers saw the futility of trying to improve the land as this only increased the avarice of the tax-gatherers. They retreated into a self-sufficient co-operative system which, though it had a strictly defined caste hierarchy, enabled most people to have enough food to live. Each caste was traditionally bound to the other, one man to manufacture the pots, another to prepare the cow-dung as fuel, the Brahmin to conduct services and the untouchables to remove the filth. In return, the ruling castes would make payments in kind and also further payments at weddings and festivals. Because of the rigidly defined pattern of employment and interdependence, it was, and still is, very difficult to move from one village to another. Even if the village carpenter

or potter was incompetent, the system demanded that he continue to be employed and his sons in turn. Any attempt to upset the status quo by importing a more efficient craftsman would usually result in ostracism for the unfortunate newcomer. This system has the advantage that it avoids the necessity of using money, but it is not likely to greatly improve the village economy. At times of crisis such as drought or blight, the lack of flexibility means that the weakest go to the wall and there is much hardship and death.

The lowest common denominator of Indian life is Poverty. With this as one's basic premise, one can argue that the Hindu religion is the natural child of the unholy union of too many people and not enough food; that it represents man's attempt to rationalise his existence. The caste system is then seen as a system of blinkers put on by Man to hide from Man the desperation and futility of his way of life. I am sure that it is the lack of money or its equivalent in possessions that gives rigidity to the caste system. Conversely relative affluence soon dissolves the age-old barriers. A small Dispensary had been established in one village at which I stayed. The doctors employed a sweeper of very low caste to clear their quarters for which he received a small wage. Villagers, desiring a private consultation would approach this man who would then introduce them to the doctor, after he had finished his evening-meal, as his cousins or uncles. The fact that the sweeper was intimate with the doctors and also received money from them increased his prestige and overcame the hostility to which his caste was accustomed normally. However, the sweeper in turn now treats his fellow-villagers like dirt.



Typical means of transport in Delhi.

The Indian Government has passed many laws designed to destroy the caste system's strangle hold on the economy. The untouchables have reserved jobs and salaries; they even have reserved places and grants of up to Rs. 300 (£30) per year at University. This contrasts with the other students, very few of whom receive any assistance from the Government. All this has certainly raised their caste, but instead of creating more equality, a new privileged caste has arisen, into which members of other castes are prepared to marry in order to gain the benefit of their reserved places, jobs and grants.

Increased mobility allowing the worker to perform his traditional occupation, and an element of competition would do much to revitalise village life. Most small villages I visited looked like wood-cuts from a history-book on Mediaeval England. Oxen-drawn wooden ploughs, minute holdings and an insanitary communal well indicate the lack of agricultural progress. The houses reflect the economy; a large dark room for the animals, a smaller communal one where the humans sleep, a courtyard with an enclosed granary built on stilts and an open fire. In the North, soon after the Diwali festival all the houses are re-white-washed and look clean and attractive, but later, during the monsoon, life cannot be pleasant. Tradition is against the mobility of labour. It is unfortunate that the majority of Indians passively acquiesce to being inefficient rather than do anything that might upset the precarious card-house of labour interdependence.

POVERTY

India has a population of four hundred and fifty millions, it is feared that her people will number eight hundred million by the late eighties, and one thousand million before the end of the century. Every year she improves her agricultural efficiency but every year she has more than ten million new mouths to feed. Only half of her increased food production is available to improve the standard of living of her hungry masses; the rest maintains the status quo.

The doctors are as much to blame as anyone for the population explosion. Ante-natal care, instruction and supervision during the infant's first year of life has lowered the infant mortality

from one hundred and ninety per thousand live births during the period 1941-1951 to one hundred and forty-two point three per thousand from 1956-1961. It is interesting to note that the infant mortality in the United Kingdom in 1900 was one hundred and fifty-four per thousand but that in 1960, it was only twenty-one point nine per thousand. A similar figure in India, though desirable medically, would be disastrous economically. The birth-rate has remained steady. The great killing and debilitating diseases, malaria, smallpox, leprosy, cholera, plague and diphtheria are well controlled. Some real conception of disease causation, sanitation and hygiene has penetrated to the villages and though hookworm infestation (Ancylostomiasis), trachoma and scabies are almost endemic, the life-expectancy for the Indian male has risen from 32.5 years in the period 1941-1951 to 41.7 years in the period 1956-1961; the female figures are similar.

In the country of the poor it is easy to lose one's old sense of values and no longer be surprised by the lack of modern civilisation's conveniences. However, I never ceased to be struck by the rapidity with which Indians age. A man whom I would confidently estimate to be seventy years old, would in reality be in his early forties; even thirty year olds often had grey hair. This can only be due to the inadequate standard of living "enjoyed" by the majority. India is densely populated; at three hundred and sixty-eight persons per square mile, it is equal to Switzerland. The density is more than double that of China, but its agricultural methods are less efficient. In 1950, India produced 11.3 quintals of rice per hectare under cultivation while China was able to produce 21.7 and Japan 40.0. By 1960 as improved methods were taught to the villages, India's production had risen to 15.2, but China's by now was 26.5 and Japan's 48.6 quintals per hectare. It is difficult for the Village Level Worker to get the villagers to abandon their traditional customs, especially as in the past when they have improved their land, the benefit has been extracted in the form of increased taxes. Equipment to effect these changes is expensive, and often beyond the means of the entire village. A further problem is the diminutive size of the holdings which make irrigation plans uneconomic. One third of the forty million farmers cultivate less than two and a half acres; in Bengal and Uttar Pradesh this may be split in three portions. Foreign aid is at the rate of 5s. 7d. per person per year. If one travels by train across the

Rajasthan desert, one can always see people either singly or in groups, moving slowly across the waste. This inhospitable region barely supports them but there is no room elsewhere. I visited the Bhakra Dam in the foothills of Northern India. This is the highest straight gravity dam in the world and will irrigate ten million acres of desert. I was also shown the Nangal nitrate factory which produces six per cent of the National Output of fertilisers; in addition 14.5 tons of heavy water per year are produced here. The factory is beautifully laid out and almost fully automated.

These projects will greatly benefit the population in the future but at present the majority of the Indians are underfed. The average adult calorie intake is 1,880 Calories per day when it should be at least 2,500 Calories per day. In Europe 3,000 Calories per day is the average of which 40 per cent comes from animal protein with its essential amino-acids, and 30 per cent from carbohydrate. In India, 80 per cent of the Calories are provided by carbohydrate, either rice or chapatis made from wheat and maize. On the case-notes of most patients one would add to the diagnosis malnutrition and anaemia; the average Haemoglobin was ten Grams per cent (normal 14.6 Grams per cent). With practice, one was able to recognise the muddy skin-colour of the severe hookworm (Ancylostomiasis) case, so the Haemoglobin of 2 to 3 Grams per cent was no surprise though it was amazing that they could still walk. Most paediatric Out-Patient sessions would produce a case of Marasmus or Kwashiorkor. I well remember one such case I saw at the Kurali Village Dispensary. The little girl was two and a half years old but only weighed nine pounds. She was pitifully thin with no subcutaneous fat, hypoproteinaemic pitting ankle oedema, swollen protruberant abdomen and characteristic longitudinal, as opposed to transverse, gluteal folds. She had coarse sparse hair, a weak cry and was apathetic; there was no evidence of rickets. The child had been breast-fed for two and a quarter years when the mother's milk failed. As their cow had died and the parents could not afford to buy another, the child's sole diet had been one chapati (approximately sixty Calories) per day for the last three months. Ripe bananas are a cheap, easily obtained vitamin source but unfortunately are not considered "good food" by the villagers. Ignorance is as much a problem as lack of money.



Hospital wards under construction at the All-India Institute of Medical Sciences.

It is the task of the Village Level Worker, who is appointed by the State, to instruct the villagers in new techniques such as the paddy-field system for growing rice. He also attempts to improve the use made of existing materials. The green shoots produced by germinating grain between two wet blankets are an excellent vitamin source. What is more important is that the method is not beyond the resources of any family. Sanitation and overcrowding are among his main problems; shoes and concreted surrounds to the wells are his main pleas. The river is at once a sewer, wash-place and even drinking-water source. At night, the women creep out into the fields to evacuate. Communal living means that the spread of disease such as Scabies is hard to check. In many villages, Trachoma is endemic and any family will show the progressive course from injected conjunctivae with irritation and a gritty sensation to chronic pannus formation and blindness. The disease is so much a part of their lives that they find it hard to comprehend that there is anything to cure. There is little point in telling the villagers to boil all water so as to kill the bacteria before drinking it, as even though the science is correct and the incidence of cholera and dysentery would thereby be decreased, the psychology is poor. Concepts of disease causation are vague and such an approach is too abstract for the masses. Much more would be achieved by subsidising the price of tea and insisting that everyone drink only boiled tea, for tea-drinking is a well-established custom.

The average income is only Rupees 352 (£27 0s. 0d.) per annum. The purchase of an adequate diet alone requires Rupees 356 per annum. Not only is there a shortage of money

but food production is insufficient. In these circumstances, it is surely madness that India spends more than 5 per cent of her National Income on Defence; this is more than many developed countries. It is possible to borrow money but the rate of interest is quite unbelievable, being sometimes as much as 6 per cent per month, that is to say 72 per cent per year. Even in the capital, certain foods such as sugar are rationed, and a limit of one hundred guests at a wedding luncheon or dinner has been imposed. The sugar rationing is more serious than it sounds because sweet giving and eating is an integral part of Indian hospitality; being made of milk and sugar, they are very heavy and sickly. The position is further aggravated by food hoarding either against scarcity or to inflate market prices. While I was in Delhi, a Price Resistance Movement set up a Coffee House in a marquee near the city-centre; they served good coffee and snacks at reasonable prices. Such examples of sensible co-operation are few and far between.

The gulf between rich and poor is immense. The top 10 per cent of the population receive 33 per cent of the National Income and account for one quarter of the National Consumption. The poorest 10 per cent of the population account for less than 2½ per cent of the National Income and less than 3 per cent of the National Consumption. The rich form a race apart from the masses, an elite that lives in potentate splendour comparable with that of Disraeli's Nabobs. In some houses I visited ash-trays were not used but a bearer was summoned to remove each portion of ash as it fell to the carpeted floor; a degrading process for both parties, I thought. Their language is English, and in behaviour they are more English than the English. An indication of this is that "bed-tea" or early morning tea is considered the ultimate in sophistication. The new Raj is oblivious and unsympathetic to the problems of the masses, though lip-service is paid to the ideal of Democracy and all Ministers of the Congress Party wear hand-woven Khadi cloth. The Indian political scene has been described as "one party plus" Democracy; it is unfortunate that the one party is so easily diverted into feathering its own bed rather than providing palliasses for the majority. "Jolly good, old boy," may be heard in the corridors of Power but does not conceal the fact that one hundred and thirty-one million Indians live on less than £1 0s. 0d. per head per month.

A CAREER IN GENERAL PRACTICE

Report of a lecture by
Dr. GEORGE MELOTTE

Dr. George Melotte startled his audience on October 21st, 1965, by suggesting that, if they were thinking of entering general practice, they should seriously consider whether they were *good enough* for the demands it would make upon them. Science is necessary in the treatment of disease, but disease is a process affecting human beings. The general practitioner must have a broad understanding of humanity and must know the individual, his work, his family and the society in which he lives. What is more, he must like him—*ἡ ἀγάπη*—best translated "brotherly love".

There are four main functions. (1) Day by day medical care which has been revolutionised by therapeutic advances so that many severe conditions can now be treated at home; but up-to-date knowledge, not only of the disease but also of the appropriate consultant, is essential. (2) The detection of disease, especially at the social levels IV and V, preclinically: that is, the finding of physical signs of diabetes, hypertension, bacilluria, carcinoma of the cervix, pulmonary tubercle and glaucoma *before* the patient complains of any symptom. (3) Health education—Consider the nonsense directed at the public mind today by television and the press. With the breakdown of the family structure and the decline in the influence of the priest, the general practitioner remains the only readily accessible authority on matters of health. (4) Research—Many great discoveries are yet to come. The mapping of epidemiology is still in its infancy and many of the problems of the coming age are recognisable only in general practice.

Where to go?

At present most young men wish to be placed in a country town in the West. "This is as near as you can get to wishing to take up surgery and do nothing but gastrectomies, and equally short-sighted." The greatest disadvantage is professional isolation, only to be avoided by practising in partnership or in a group. It has gradually become established that the optimum size for an N.H.S. partnership is four doctors

with ten thousand patients between them; over this number the personal factor suffers, under it the professional: but three or four doctors, working together, can cover off-duty times for each other, and can command sufficient resources for the necessary ancillary help.

For each of us there must be some 10% of our work which is rewarding to compensate for the 90% which is routine. What then are the rewards? First, the trust and reliance which all but a very few patients place in their own doctor; second, the enormous variety of the work, changing from day to day and from hour to hour; third, to belong to a dynamic and active part of Medicine, peculiarly British and particularly worthwhile. General practice is the care of the whole man. "My local consultants are my friends, and I know that they respect me for the breadth of my understanding as much as I respect them for the depth of their knowledge."

What of the future?

General practice today is an organism under tremendous evolutionary pressure and must either evolve or die. It is the firm intention of many of us that it shall not die. In diagnostic centres perhaps, rather than in the old demand for hospital beds, lies the point of contact between general practitioners, the local authority and the local hospital staff.

"I would like to suggest something to you which concerns you now. You have two major tasks in your undergraduate days; the first is to acquire sufficient basic knowledge to satisfy your examiners and so to ensure that you do not have to bury an excessive number of mistakes; the second is to broaden your knowledge and to taste all the different cups that medicine has to offer so that, even if you do not wish to drink from some again, at least you will remember them. General practice accounts for 90% of all known illnesses in this country. You cannot afford to ignore this overwhelming figure and claim to have a balanced view of medicine. At the time of your Specials appointment, and again in the last few months of your course, you have an opportunity to go, session by session or on a fortnight's residential attachment, to a G.P.—a proven mentor. I can always arrange this, and you can get in touch with me through Miss Jarvis at the Sub-Dean's office; later, after you have qualified, I can probably help you towards a vacancy in a Bart's practice."

ASPECTS: *On a winter's afternoon*

All the ex-Charterhouse students were very pleased to hear Professor Lewis's voice again last month. It seems a pity that this—inviting pre-clinical staff to lecture to clinical students and vice-versa—is not done more often. Sticking to anatomy, for example, it would be very stimulating for those doing the 2nd M.B. to have a few lectures from consultant surgeons; and it would be a great moment indeed if Professor Cave himself, the Last of the Carthusians, were to make an appearance over this side.

* * *

Since, in gratitude for "How not to Fail in Finals", one of the housemen is already engaged in writing a slim volume to be entitled "How not to Fail to get a House Job", I was interested to hear that one of the registrars has now also had the idea of writing a sequel. His is to be called "How not to Fail in Life" and is, I gather, an attack on subservience in students—on the cultivated art of not thinking for oneself, on the conformism which is merely a retreat for psychological insecurity, and on the short-sightedness which begins by putting exams before patients and ends by putting career before patients. I don't really know whether "high-minded" is a complimentary adjective or not, but I'm sure it is the right one to describe this project.

* * *

Driving is not the only thing that is dangerous after drinking. Take talk, for instance. I have a friend who lost both his wife and his job, not on the M.1 but at his Boss's party. It was frankness that did it, just frankness. A Scotsman once told me that this kind of frankness at parties is therapeutic and that this is what Hogmanay is all about. As in confession, people say everything and are supposed to feel cleansed afterwards. "Who's afraid of Virginia Woolf?" is a play based on the idea. It's an attractive theory but there's something wrong somewhere. What kind of confession is it that leaves you with the Sahara in your throat and the events of the night before reeling through your head like a horror film? There's an awful penance but no absolution.

The treatment of a hangover, incidentally, is a subject that is skimmed in all but the larger text-books. The essentials are, of course, water, aspirins, and telephoned apologies; but there are several alternatives for the second line of defence. My favourite was given by a real veteran: "I lie back and invite the images of tranquillity: fish in streams; trees in the wind; cucumber sandwiches on the lawn; the siesta sound of crickets; a young girl gathering olives; sails above the soft blue waters; and if these fail, I stick two fingers down my throat."

* * *

Browsing through some of Maugham's books, I was struck by the extent to which civilisation has disintegrated since his great period between the Wars. Like E. M. Forster's "panic and emptiness", Maugham's insight into forces deeper than "civilisation" presented itself to his original readers, as it does to his characters, as something breaking into a consciousness that had previously been unaware of it.

After the death of Lord Moundrago, for example, Dr. Audlin "shivered as though of an ague. With some kind of spiritual sense he seemed to experience a bleak, a horrible void. The dark night of the soul engulfed him, and he felt a strange primeval terror of he knew not what."

Nowadays we are more familiar with this terror and so the effect of his stories is reversed—we are surprised at the solidity of Maugham's world, with its protective myths of books and wine and class and so forth, rather than at the draught from outer space which no amount of myths can quite keep out. It is possible, in other words, to read him for escapism. This would only be a bad thing if it allowed us to ignore those deeper notes which are as relevant to our world as to his; the simplicity in "Of Human Bondage" and Driffield's wink in "Cakes and Ale", the quest of Larry in "The Razor's Edge" and the miracles in "Catalina". These are his best novels because they are his most serious—and they are not despairing. As so many obituaries have mentioned, Maugham, although famous as a cynic, was in fact a romantic old soul. Similarly, although he is generally considered a pessimist, it may be that one could regard his works as the record of a search, not always frustrated, for hope.

medicine in literature

An extract from

THE MOON AND SIXPENCE

by W. Somerset Maugham

I told Tiaré the story of a man I had known at St. Thomas's Hospital. He was a Jew named Abraham, a blond, rather stout young man, shy and very unassuming; but he had remarkable gifts. He entered the hospital with a scholarship, and during the five years of the curriculum gained every prize that was open to him. He was made house-physician and house-surgeon. His brilliance was allowed by all. Finally he was elected to a position on the staff, and his career was assured. So far as human things can be predicted, it was certain that he would rise to the greatest heights of his profession. Honours and wealth awaited him. Before he entered upon his new duties he wished to take a holiday, and, having no private means, he went as surgeon on a tramp steamer to the Levant. It did not generally carry a doctor, but one of the senior surgeons at the hospital knew a director of the line, and Abraham was taken as a favour.

In a few weeks the authorities received his resignation of the coveted position on the staff. It created profound astonishment, and wild rumours were current. Whenever a man does anything unexpected, his fellows ascribe it to the most discreditable motives. But there was a man ready to step into Abraham's shoes, and Abraham was forgotten. Nothing more was heard of him. He vanished.

It was perhaps ten years later that one morning on board ship, about to land at Alexandria, I was bidden to line up with the other passengers for the doctor's examination. The doctor was a stout man in shabby clothes, and when he took off his hat I noticed that he was very bald. I had an idea that I had seen him before. Suddenly I remembered.

"Abraham", I said.

He turned to me with a puzzled look, and then, recognising me, seized my hand. After expressions of surprise on either side, hearing that I meant to spend the night in Alexandria, he asked me to dine with him at the English Club. When we met again I declared my astonishment at finding him there. It was a very modest position that he occupied, and there was about him an air of straitened circumstance. Then he told me his story. When he set out on his holiday in the Mediterranean he had every intention of returning to London and his appointment at St. Thomas's. One morning the tramp docked at Alexandria, and from the deck he looked at the city, white in the sunlight, and the crowd on the wharf; he saw the natives in their shabby gabardines, the blacks from the Sudan, the noisy throng of Greeks and Italians, the grave Turks in tarbooshes, the

sunshine and the blue sky; and something happened to him. He could not describe it. It was like a thunder-clap, he said, and then, dissatisfied with this, he said it was like a revelation. Something seemed to twist his heart, and suddenly he felt an exultation, a sense of wonderful freedom. He felt himself at home, and he made up his mind there and then, in a minute, that he would live the rest of his life in Alexandria. He had no great difficulty in leaving the ship, and in twenty-four hours, with all his belongings, he was on shore.

"The Captain must have thought you as mad as a hatter," I smiled.

"I didn't care what anybody thought. It wasn't I that acted, but something stronger within me. I thought I would go to a little Greek hotel, while I looked about, and I felt I knew where to find one. And do you know, I walked straight there, and when I saw it I recognised it at once."

"Had you been to Alexandria before?"

"No; I'd never been out of England in my life."

Presently he entered the Government service, and there he had been ever since.

"Have you never regretted it?"

"Never, not for a minute. I earn just enough to live upon, and I'm satisfied. I ask nothing more than to remain as I am until I die. I've had a wonderful life."

I left Alexandria next day, and I forgot about Abraham till a little while ago, when I was dining with another old friend in the profession, Alec Carmichael, who was in England on short leave. I ran across him in the street and congratulated him on the knighthood with which his eminent services during the war had been rewarded. We arranged to spend an evening together for old time's sake, and when I agreed to dine with him, he proposed that he should ask nobody else, so that we could chat without interruption. He had a beautiful old house in Queen Anne Street, and being a man of taste he had furnished it admirably. On the walls of the dining-room I saw a charming Bellotto, and there was a pair of Zoffany's that I envied. When his wife, a tall, lovely creature in cloth of gold, had left us, I remarked laughingly on the change in his present circumstances from those when we had both been medical students. We had looked upon it as an extravagance to dine in a shabby little Italian restaurant in the Westminster Bridge Road. Now Alec Carmichael was on the staff of a dozen hospitals. I should think he earned ten thousand a year, and his knighthood was but

the first of the honours which must inevitably fall to his lot.

"I've done pretty well," he said, "but the strange thing is that I owe it all to one piece of luck."

"What do you mean by that?"

"Well, do you remember Abraham? He was the man who had the future. When we were students he beat me all along the line. He got the prizes and the scholarships that I went in for. I always played second fiddle to him. If he'd kept on he'd be in the position I'm in now. That man had a genius for surgery. No one had a look in with him. When he was appointed Registrar at Thomas's I hadn't a chance of getting on the staff. I should have had to become a G.P., and you know what likelihood there is for a G.P. ever to get out of the common rut. But Abraham fell out, and I got the job. That gave me my opportunity."

"I dare say that's true."

"It was just luck. I suppose there was some kink in Abraham. Poor devil, he's gone to the dogs altogether. He's got some twopenny-halfpenny job in the medical at Alexandria—sanitary officer or something like that. I'm told he lives with an ugly old Greek woman and has half a dozen scrofulous kids. The fact is, I suppose, that it's not enough to have brains. The thing that counts is character. Abraham hadn't got character."

Character? I should have thought it needed a good deal of character to throw up a career after half an hour's meditation, because you saw in another way of living a more intense significance. And it required still more character never to regret the sudden step. But I said nothing, and Alec Carmichael proceeded reflectively:

"Of course it would be hypocritical for me to pretend that I regret what Abraham did. After all, I've scored by it." He puffed luxuriously at the long Corona he was smoking. "But if I weren't personally concerned I should be sorry at the waste. It seems a rotten thing that a man should make such a hash of life."

I wondered if Abraham really had made a hash of life. Is to do what you most want, to live under conditions that please you, in peace with yourself, to make a hash of life; and is it success to be an eminent surgeon with ten thousand a year and a beautiful wife? I suppose it depends on what meaning you attach to life, the claim which you acknowledge to society, and the claim of the individual. But again I held my tongue, for who am I to argue with a knight?

DICTA

B.M.S.A. and all that

by DIANE GORVETTE

(*B.M.S.A. Representative*)

It is often said amongst Bart's Medical Students that B.M.S.A. appears to achieve little and serve even less purpose. It would seem that many people are unaware of the work of the Association. Consequently this is an attempt to help rectify this state of ignorance and to stimulate interest in an organisation which is of vital importance to all medical students.

The British Medical Students' Association was first inaugurated in 1940, when it began as a Faculty Sub-Committee of the National Union of Students, but it had become an autonomous body by early 1942. Well over 90% of medical students in Great Britain are members of B.M.S.A. and the fact that the Association has continued to flourish for a quarter of a century is evidence that an organisation separate from N.U.S. is needed. B.M.S.A. has officers specifically delegated to work for medical education, grants and welfare, and international exchange, all of whom are available to answer student enquiries. Perhaps one of the most rewarding features of the last year of B.M.S.A. has been a return to activity on a national level, that was such a feature of the earlier years of the Association's existence. We have had far more contact with the Government through a number of its bodies: we have held a national meeting purely on Medical Education; our International "department" has continued to grow in strength, in addition to which we have been hosts to two international meetings—one, a Tropical Medicine conference, at which fourteen different countries were represented, the other, the 14th General Assembly of I.F.M.S.A. In April we organised our most successful National Clinical Conference yet. Finally, but not least, there has been complete reorganisation in the administration of our Association.



Education

Medical knowledge and skill have made dramatic advances since the turn of the century, but the teaching of the student who, it is hoped, will contribute to these advances, has remained basically the same. Towards the end of 1964, B.M.S.A. prepared a report which embraced the whole of the medical curriculum, and which incorporated the views of students, teaching staff, governmental bodies and committees concerned with undergraduate education. In January, 1965, the report was made the basis for discussion at a two-day National Symposium on Medical Education, from which the document "Medical Education—suggestions for the future", was compiled. This has been sent to the General Medical Council, the Deans of medical schools and to Associations interested in medical education. It is also intended that the report be used for Staff Student Curriculum Committee meetings.

During the past year the advice of B.M.S.A. has been sought by the Royal Commission on Medical Education and also by the Medical School Advisory Committee of Nottingham University, where a new medical school is to be built in 1968. The Executive is investigating the possibility of establishing a Medical Training Advisory Bureau which would assist school leavers in obtaining information about medical training, what it involves and opportunities available on qualification. Other new projects have included a "Prevention of Blindness" campaign, and a survey on the value to medical students of the television programmes shown on B.B.C. 2 during last year, which were primarily intended for general practitioners. 1966 will see a survey of the teaching of family planning within medical schools.

International

Clerkships abroad provide one of the most attractive projects that the Association has to offer its members, and it is significant to see the continual increase in the numbers of medical students travelling abroad to study for short periods. During 1965, B.M.S.A. organised the exchange of about 600 medical students between the United Kingdom and other countries. The British Medical Students Trust helped in this by awarding thirty-one travel grants and two scholarships. It is hoped through appeals within the next few years that the Trust Fund will expand to £40,000; this money would then be invested and the annual interest of £2,000 derived from it, be used to distribute more and larger sums of money for travel purposes. A Bureau of American Exchange has recently been set up to deal specifically with the ever increasing number of students going to North America for a part of their training.

Grants and Welfare

Student grants are, as ever, a major problem. This is not limited to general lack of money, but concerns the conditions underlying the awards. The Means Test still produces its annual toll of students seeking the answer of how to obtain money from parents who will not support them financially. The Standing Advisory Committee on Student Grants, of the Ministry of Education and Science, is the body which can remedy this state of affairs; it meets once every 3 years, the last meeting taking place early in 1965. B.M.S.A. prepared for this by investigating every aspect of the conditions and amounts of the awards; and also the position concerning National Insurance contributions. Many students may not realise that these contributions are payable for the period of their course, either during it, or an equivalent total sum within six years of qualification, should they wish to be eligible for a total pension on retirement, or at more pressing times, maternity benefits or widow's pensions. Recommendations were incorporated into a memorandum and submitted to the S.A.C. As a result of protests concerning the manner in which the S.A.C. produced its report, and the new value of the awards, the Secretary of State, Mr. An-

thony Crosland, met representatives of B.M.S.A. and the National and Scottish Union of Students, to discuss possible improvements. A further memorandum has been submitted to the S.A.C. containing proposals for future negotiations of students' grants and in particular B.M.S.A. is pressing for an annual review of the grants by a Committee bearing student representation. B.M.S.A. has also recommended that there should be some form of Central Grants Awarding Authority, as in Scotland, so that uniformity in the conditions and the amounts of additional awards, would be established. These are at present given in many cases quite haphazardly, at the discretion of the Local Education Authority. Discussion concerning this, the Means Test, Married Accommodation and other matters, is taking place with Ministry officials.

Publications

Full details of Association publications appear in the B.M.S.A. Diary. Of particular use to both preclinical and clinical students is the "Directory of Student Appointments", containing details of free residential clerkships at non-teaching hospitals within the British Isles. Other publications include "How to go Abroad", "Introducing B.M.S.A.", "Inter-medica", "Medical Student News" and the "B.M.S.A. Journal". The B.M.S.A. Representative within the Hospital is also the instrument for the distribution of "Modern Medicine", "Common Eye Disorders", "Clinical Aspects of Mental Illness", etc.

I trust that these few paragraphs will indicate some of the vital tasks that the British Medical Students' Association is carrying out. All medical students of this Hospital are members of the Association. I hope that students who have hitherto dismissed B.M.S.A. as being inapplicable to them, will reconsider the advantages that membership of the Association offers them. If there is dissatisfaction with the way the Association is run, let us know; if there are suggestions for other ways we can be of use, let us have them; if our efforts are considered worth while, say so. Do not merely sit back and ask "What is the use of B.M.S.A.?"

WARD SHOWS

"What is good on the wards, is not necessarily good for the Pot-Pourri. What is good in the Pot-Pourri is not necessarily good on the wards". I have often heard producers of ward shows and others talking along these lines. One difference between performing in the wards and in the Pot-Pourri, is the absence of a little intimacy in the larger theatre, which may possibly affect the appeal of certain numbers. The most important difference is the absence of some of the friendly tolerance which the audience in the wards shows in overlooking the less skilled, more crude and less entertaining performances. The statements quoted above very rarely have a valid application and are used to cover up a lack of discernment. What is good for one, will be good for the other. If it is "good" on the wards, but bad in the Pot-Pourri, the answer is, that it is bad when it is judged critically as a piece of entertainment rather than as a student romp.

Considering them all at once, the standard of the ward shows this last Christmas, was the best I've ever seen. The general policy of persuading people to write and begin rehearsing their shows several weeks before they normally would, paid off, bringing more original ideas, better sketches and more polished performances. Shows conceived two days before Christmas cannot expect to be impressive.

Although they were by no means totally successful, every show attempted to do something a little more ambitious than to simply rehash lines from old songs and produce the inevitably boring chorus line, who, with embarrassed mumbling of uninspired lyrics, almost keep in time swinging their legs with an occasional sway to add interest.

Two numbers from the preclinical show—

Castle Clay and The Milkman News Story—which reached the Pot-Pourri, well deserved their place and alone more than justified that a preclinical show should become an annual fixture rather than a seven-yearly experiment. Their James Bond take-off—not a startling new idea—had several good lines and with an injection of a few added laughs, and with considerable cutting, would also have earned a place.

The Dressers show was well produced and quite slick, but lacked direction, starting as it did as Snow-White and the Seven Dwarfs, then suddenly lapsing (happily) into a series of sketches. Bo-Peep in the **Taming of the Sheep** could have been played with more confidence—it'll come! "A strange gift but prettily given" always received a good response when the audience heard it. The Clerks Show suffered from lack of discipline and needed a lot of attention to production details. Sketches went on and on and even on. Their **Western Ward Round** had several good lines which were swamped in a sea of inconsequential and often irrelevant words and actions, which occasionally bored and often distracted. I think they will agree it went much better in performance when cut from seven minutes to three and a half. The Clerks themselves will have noticed, or they should have done, how the occasional ad libbed dirty word can kill an audience stone dead.

The Specials and Out-Patients' Shows were two in which production brought dividends. The Specials ran smoothly, quickly and capably through numbers that while perhaps not funny enough to make you roll off your seat clutching your loins, were always amusing. The singing routine from Phil Savage and Andrew Crowther





scored highly, as did some excellent clowning from Miss Pilsbury. Their operatic number, of which I had high hopes, didn't quite make it. The Out-Patients under George Dunn's excellent direction, produced a revue-type show. The three poets were particularly good and funny too. George Dunn himself played a delightful E. Strobes discussing his latest project of nude lady racing and was superb as Olivier, particularly at Cripplegate, where he closed the first half of the Pot-Pourri with a performance which would certainly have had me off my seat had I been sitting.

In common with most of the shows, the Kids' Show was much better than usual. It had an original story, original effects, gay words and music and colourful raiment.

The usefulness of conscientious production was shown by the Midder and Gynae, Finals, and House Shows. Midder and Gynae were boisterous, occasionally crude but were funny. Their 'Quickies' were not quite up to it—a quickie has to be very good to be effective—and their show benefited from the cutting it received for the Pot-Pourri, in which it was certainly one of the most successful shows. Gerry Gilmore was outstandingly entertaining, being confidently grotesque.



Judy Bell (Finalists) gave a fine performance as an old woman at Torquay but the sketch was too long and had an inevitable punchline and so was only seen on the wards. The Finalists managed to produce a show with a pleasant atmosphere, moving at a refreshing Victorian walking pace—several good laughs and a pianist who was near to being the best thing since fried bread.

Dave Shand and Dick Hamshere both displayed a genuine comic talent in the House Show. Much of this show would have been funny, even if you had never seen a houseman before; this is unusual, elevating the show thankfully at last out of the realms of end-of-term concerts. There had to be chorus numbers, but the House did not make the mistake of abusing their popularity by going on and on like Shirley Bassey. The audience were left wanting more and not wondering if they had missed tea or supper.

Conclusion:

An encouraging set of ward shows. There was not a single show that did not have something to recommend it. There was less reliance on smut and more on wit than before. There were many good, economically written sketches and several numbers which would be rated as good by any standards. GRAHAM CHAPMAN.

THE POT POURRI

The nineteenth Pot Pourri was performed on four nights, and no doubt a post mortem by the committee will decide whether this was justified. However, speaking from the experience of the first night, the Pot Pourri this year was as good as many and in some ways better than most.

The show was opened by "Special Treat for Christmas" by the Specials. This was a lively and in parts, extremely funny show. Usually some of the best material in ward shows is set

in non-medical sketches, but this show was a noteworthy exception.

Next, the pre-clinicals with "Escape" and the clerks with "Annie Get Your Zunz" appeared together. Of necessity some shows lose their character by massive cutting, but what remained was funny and above the standard one usually expects from the more junior shows.

"Go Go Land" the Kids show then followed. Unfortunately this show was rather too static for the larger theatre stage. Every year this problem of a good show for the children's ward being less good for Cripplegate, occurs. Perhaps it got off the ground on subsequent nights.

The Dressers in "Snow White" with a funny opening chorus and much good material then finished with their excellent Bo-Peep number.

The first half of the Pot Pourri was then brought to an end by "Broaden Your Outlook" the Out-Patient Show. The standard here was high with an outstanding Shakespearian oration on a trip from King's Cross Station.

The second half got off to a good start with the Midder & Gynae "A Highbrow Presentation". This excellent show maintained a high standard throughout combined with much pleasant lewdity, and several memorable individual performances.

Then the Finalists, with "Pot Luck" produced a well-dressed, polished, little show. The opening chorus was outstanding, and the girls looked gorgeous.

The House then produced "Bleep" to bring the 1965 Pot Pourri to an end. As usual, with the know-how that comes with seeing and producing several ward shows, not to mention the availability of considerable talent, they were very entertaining.

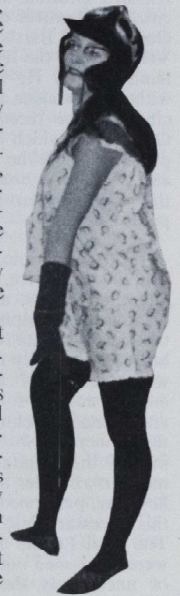
The production as a whole was excellent. Competent use of blackout, curtains, etc., usually leads to the audience just not noticing them, and this was certainly so this year. Thus

the stage Manager and his helpers and those on the lights, deserve much congratulation.

The idea of a group of performers to fill the scene-change gaps is a good one. In the past this has been successful and there is no doubt that it is more effective than the use of a com-père. There should be no question of enlargement of this to make another show at the expense of extracts from ward shows, but no one can say that this mistake was made this year.

Every Pot Pourri demonstrates that even in the absence of particular talent, ward shows usually improve as the participants become more senior. It was therefore nice to see the pre-clinical students producing a show this year, and this was another worthwhile innovation. As usual, the ticket sales, programme selling and seating arrangements, were brilliantly handled by Bert (the Williamson), and the make-up and wigs so excellent by our old friend Bert (the Wig).

All in all, the 1965 Pot Pourri was a good one. There was much good material and this was used to its best advantage. The ward show extracts were organised in an intelligent sequence and the staging was as good or better than many in recent years. Though good in so many ways, perhaps it is true to say that this was not a memorable Pot Pourri. T.W.R.



RULES AND ORDERS

by

NELLY J. KERLING

(Archivist to the Hospital)

The "Rules and Orders" for our administration have recently been printed at the request of the Ministry of Health. It is not the first time that rules are made for this hospital, for as long ago as 1552 the Governors decided to print "*The ordre of the Hospital of S. Bartholomewes in West-Smythfielde in London*". A copy of this small book 3½" × 5" in modern binding was given to the hospital in 1937 but when one compares it with a copy now in the British Museum one realises that though our volume is complete as far as the actual rules are concerned, the prayers of thanksgiving for being cured are missing and the form of the passport for the poor who were leaving the hospital. Also the last page has been cut out on which the name of the printer was given, Richard Grafton, the King's printer. Grafton, citizen and grocer of London, was a very active Governor of Bart's between 1546 when Henry VIII granted the hospital to the City, and September 1553. He acquired a lease of houses with a brewhouse and a millhouse in the precincts of the recently dissolved monastery of Grey Friars which formed part of the hospital's property. Here he installed his printing press and it is quite understandable that he printed the orders when it was found necessary to publish them.

The book, printed in a clear gothic lettertype, contains a preface, a section on the Governors and their duties, a section on the officers including the Hospitaller, the Matron and Sisters, an estimate of annual expenses of the hospital, the daily religious service for the poor with a service of thanksgiving for being healed and a passport for those who were dismissed and wanted to return to their own parish. When the Priory of St. Bartholomew was dissolved in 1539 the hospital authorities expected at any moment an order to close their gates. The City, however, petitioned the King to have a grant of this necessary institution with all its property. The final Letters Patent, arranging this grant, were not issued until 1546 and during the years of uncertainty the hospital had been rather

neglected. Buildings were not repaired, equipment was not bought and the rent of the houses had not been collected. The Governors who were made responsible for the administration in 1546, soon realised that they had to be very careful managers but this did not satisfy the citizens who had expected that people dying in the streets and all the sick poor would have been removed to the hospital at once. Rumours began to circulate about mismanagement and in order to stop these the Governors decided to print the rules and regulations with an account of all expenditure.

In the Preface written in vivid 16th century English, it was explained that the hospital's property was vested in houses "some in great decaye and some rotten ruynous" and that as to equipment supposed to be for 100 patients there was found "so much of household ymplementes and stufte towarde the succouring of this hundred poore, as sufficed thre or foure harlottes, then lieng in chyldebedde, and no more, yea barely so muche, if but necessary clenlinesse were regarded". Yet during the five years previous to 1552, 800 poor people had been cured and 172 died who "elles might have died and stoncke in the iyes and noses of the Citie". Notwithstanding this good record the Governors found that they were severely criticised by "certeyne busie bodies more ready to espie occasion how to blame other, than skilful how to redresse thynges . . . having all their zeale in their tongue only". The rules describe in detail the duties of the Governors and of those who had special functions such as the President, the Treasurer, the Almoners who had to know how many patients were cured each week as they had to admit an equal number of new poor and who were responsible for the hospital's stores, the Surveyors of the property and the Scrutiners who had to search every Will in case a legacy to the hospital was not paid out by the heirs. The paid officials, the Renter-Clerk, the Hospitaller, the Steward, the Porter and Beadles received strict instructions including the number of ledgers they had

to keep. On the medical side only the Matron, sisters and Surgeon are mentioned. Matron had to supervise the store of sheets, blankets and bedding and she was also responsible for the good conduct of the sisters. Very little is said about them except that they had to be obedient to Matron and that they had to use "good and honest talke" to the patients. The Surgeon was instructed to give all his care to the sick never accepting any fees except those paid by the Governors. It is surprising that no rules were given for the Physician but from information available it appears that in 1552 there was not one on the staff which accounts for this omission.

If only these rules for the administration would have been followed, we would not only have had a unique collection of social and medical evidence of the 16th and 17th centuries but the hospital would have been better organised and less difficulties would have occurred. Dishonesty, lack of discipline and slackness among the officials were occasionally noticed by the Governors and in 1652 a special committee was formed to solve these problems. The result was that the "*Ordre of the Hospital*" of 1552 was re-printed and that a ledger was kept in which additional regulations had to be entered. This 1652 edition is similar to the first edition of a hundred years earlier, only the spelling was brought up-to-date. The church service for the poor was, however, omitted, obviously because it was not advisable to stress this Church of England service in Cromwell's time.

It was perhaps not a very wise plan to repeat the instructions of a century ago. The hospital was expanding and the tasks of such officials as for instance the Clerk and the Steward had to be more clearly defined in order to prevent difficulties. In the 18th century the Governors began to realise this and every time a new official was appointed, instructions or "charges" were laid down in the Minutes which were far more detailed than those printed in 1552 and 1652. Unfortunately the new ledger which was started in 1652 and which should have contained the new "charges" was not used much for this purpose and by 1739 it was completely disregarded. Therefore the Governors could not rely on a comprehensive ledger or book of instructions for any of the paid or unpaid officials. When needed, one had to read back through the Minutes of the Board of Governors to try and find the right details. Keeping a proper index is a comparatively modern idea and in the 17th and even in the 18th century

the Clerk found it difficult to make an alphabetical arrangement of all the names and subjects discussed by the Governors. To trace new orders made in the past for say the Renter or the Porter was not a simple task.

In the 19th century it was at last decided to print the rules which were in use at that time. This edition of 1833 of the "*Rules and Orders for the Government of St. Bartholomew's Hospital; with the Duties of the Governors and of the Several Officers and Servants as contained in their respective charges*" shows clearly how far the hospital's administration had moved away from the 17th century. Elections of Governors and appointments of staff such as the Clerk, the Steward, the Renter, even the Cook and the Laundress, were carefully regulated. The House Committee which dates from the middle of the 18th century had to meet at least once a month to consider the general administration of the hospital, any decisions being subject to the approval of the General Court of all the Governors which had to be held four times a year. Instructions were laid down for the Apothecary Committee responsible for the purchase of drugs and for the Committee of Treasurer and Almoners who had to audit officers' accounts, to inspect bedding and to supervise admittance and discharge of both in- and out-patients. The duties of the medical staff were given at great length. Physicians and Surgeons had to attend at least three days a week "setting aside all favor, affection, gain or lucre". Officials such as the House-Surgeon, Box-carriers and the Apothecary are mentioned for the first time. Matron's duties had not changed much, neither had those of the Sisters and Nurses, the only addition being that they had to take care of all the medicines, watch the result and report to the Physicians and Surgeons.

The 19th century brought many discoveries in the medical field and new departments had to be organised in the hospital such as the Dental Department, the Electrical Department which obtained its first X-Ray machine in 1896, an Ophthalmic Department, one for the diseases of women and in 1882 the Department of Anaesthetics. Advised by the Medical Council, formed in 1843, instructions and duties of these new departments and their staff were entered in the Minutebooks of the Treasurer and Almoners and of the Board of Governors. Towards the end of the century it was clear that the "*Rules and Orders*" of 1833 no longer covered the Hospital's administration.

In 1907 the revised "Rules and Orders for the Government of St. Bartholomew's Hospital" were printed. They deal mainly with the general administration to be carried out by the Board of Governors and its sub-committees such as the Treasurer and Almoners, the House Committee and the new Finance Committee. Instructions for the staff are no longer mentioned but the so-called "charges" were printed separately for each post. This edition was brought up to date in 1938.

In 1948 the hospital was taken over by the Ministry of Health and the Governors had in future to be appointed by the Minister. Substantial changes had taken place which made it expedient to print new "Rules and

Orders". This 1949 edition is clearly set out giving the duties of the chief administrative officers, of eight sub-committees, the Medical Council and the qualifications required for the medical staff. The committee of Treasurer and Almoners was abolished and so was the House Committee. Instead an Executive and Finance Committee was formed. The Ministry now wishes to bring greater uniformity into hospital management and the present "Rules and Orders" of 1965 are based on a Government circular concerning model standing orders. The Governors have, however, decided to preserve the old name of "Rules and Orders" to remind us of a tradition of more than 400 years.

THE GROSVENOR THE GROSVENOR THE GROSVENOR THE MATRON'S BALL

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THE NURSE

The campaigning began as a whisper as far back as the summer; by January it had reached a roar and the planning for Matron's ball was in full swing. It was held in the Grosvenor Hotel, "always a good choice", providing a pleasant atmosphere, and a good floor and band; with a West Indian Steel Band for energetic dancing.

Hair creations as always were a problem and white caps and green bonnets were drowning in a spray of lacquer and setting lotion. The transformation from uniform to a long dress was fantastic—the whole floor looked well-dressed, and the Bart's colours were well represented in various geometrical patterns.

Whether one ended the night bowling, drinking champagne in a night-club or having breakfast in Smithfield Market, reports reaching our correspondent confirm that the Grosvenor was a great success. Thank you Matron. E.F.

. . . . AND THE PARTNER

Matron's Ball or, as the menu puts it, the Nurses' Dance was held as usual at Grosvenor House on January 5th, And for those of us who have been before, although it was a very enjoy-

able evening out, everything seemed the same as last year. The only noticeable difference was that the menu featured duck rather than chicken and in fact it was said by one gentleman that out of seven Grosvenor's attended, chicken had been served five times.

The girls all looked supercalafragalistic and provided some first rate new ideas for a revised nursing uniform, and some of the men added colour to their penguin outfits with carnations or, in a few cases, the daffodils from the tables. It was also nice to see a large number of sisters present plus a sprinkling of consultants and registrars.

Everyone seemed to enjoy the dancing and cramped space available per couple led inevitably to some collisions although it also helped to hide faulty footwork. The two bands put on an excellent selection of tunes yet the steel band seemed less lively than usual. And just as everyone had lost their few remaining inhibitions and really got going—it was the last waltz and 'Auld Lang Syne' Surely 1.30 a.m. is extremely early for a function of this kind to finish.

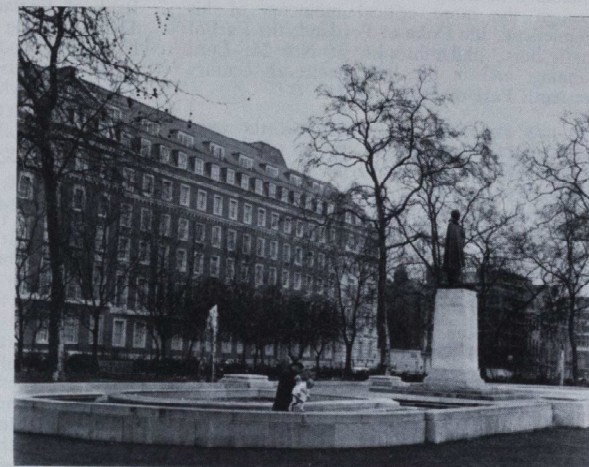
So, many thanks to the Treasurer and Governors for giving the Ball but how about a 3 a.m. finish next year and, perhaps, a different venue.

D.P.B.M.

Squares of London

by ROGER CLAYTON

2. Grosvenor Square



Grosvenor Square takes its name from Sir Richard Grosvenor, fourth baronet and grand cup bearer at the coronation of George II, who died in 1732. Sir Richard's family was particularly well known at this time because, owning a good deal of London, they were able to influence its development greatly. Although the Knights of Grosvenor can be traced back to the Conquest, the family was not elevated to the peerage until the time of George III when Sir Richard was created Baron Grosvenor of Eaton in the City Palatine of Chester. Twenty years later they acquired the titles of Viscount Belgrave and Earl Grosvenor and at the coronation of William IV, the second Earl became first Marquis of Westminster. The Ducal title was conferred by Victoria in 1874.

It was early in the eighteenth century that the Grosvenors granted leases to various building speculators in order to develop their Mayfair estates, and after the completion of the Square and its surroundings in 1725 Sir Richard assembled his tenants at a splendid entertainment at which he solemnly named the Square and the new streets. He himself lived at Grosvenor House in Upper Grosvenor Street, formerly Gloucester House of the Duke of Gloucester, younger brother of George III for whom it was originally built.

The earliest reference to the Square is in 1716 in a letter of the Pope. It was the furthest place west of the expanding Metropolis and was intended to be the finest of all existing squares, but in "The New Critical Review of Public Buildings of London", 1736, it was criticized for lack of harmony of plan and

irregularity of detail. The South and West sides were "little better than a collection of whims and frolics in buildings without anything like order and beauty". At first there was a grotesque brick wall enclosure around the central landscape garden which was quickly replaced by iron railings. Some of the iron link-extinguishers can still be seen. They were used when "people of grace" were transported in Sedan chairs, preceded by torch-bearers. In the centre of the six acre Square sat a gilt statue of George I which was shortly to be dismembered by villains, Sir Richard offering a hundred pound reward for their apprehension. Some years afterwards a summer house was erected in its place.

Grosvenor Square was and is inhabited almost exclusively by the aristocracy. Malcolm, writing at the commencement of the nineteenth century observes that his readers "must know that this Square is the very focus of feudal grandeur, elegance, fashion, taste and hospitality" and that "the novel reader must be intimately acquainted with the description of residents within it, when the words 'Grosvenor Square' are to be found in almost every work of that species written in the compass of fifty years past." At one time or another the

following lived in Grosvenor Square: the Earls of Harrowby at No. 29, until the end of the nineteenth century; Lord North, Prime Minister in George III's reign, who showed such equability of mind that he was able to sleep through the more critical moments of his premiership; the Duke of Portland; the Earl of Shaftesbury, philanthropist, at No. 24; Lord Canning, and in the late nineteenth century the tenth Earl of Home, at No. 6.

It was in Grosvenor Square that the town residence of Mr. Beckford, owner of Fonthill Abbey, Wiltshire, was to be found. Lord Nelson was a frequent visitor here. When Nelson returned from the Battle of the Nile, there was a general scarcity of bread and persons of every rank of life denied themselves that necessary article of food at dinner. Thus when Nelson found himself at Beckford's dinner table at this time, contrary to the established etiquette, he called for bread, whereupon he was informed that in consequence of the scarcity it would not be served. Straightway Lord Nelson became red and angry and drew forth a shilling and commanded his attendant to purchase him a loaf, observing that after having fought for his bread he thought it hard that his countrymen should deny it to him.

On 23rd February, 1820, the Earl of Harrowby arranged to dine with George IV's Cabinet Ministers at his house, No. 29. The dinner did not take place owing to a pre-conceived plan for their mass assassination. This, the Cato Street conspiracy, is named from the place between Marylebone and Edgware Road, where it was concocted. One Arthur

Thistlewood, a discharged soldier, planned with friends to deliver a pretended dispatch box to No. 29 whilst others would rush in to slaughter the King's ministers. From Grosvenor Square they intended to rush off and attack the Bank of England and the Tower of London. Their amazing initiative was scented and a formidable body of Bond Street Officers set upon the conspirators in their dark loft in Cato Street while final plans were being discussed. Later they were brought to trial.

Grosvenor Square, the last to be lit by gas in 1842, their Lordships preferring the dim and uncertain light of oil, is now having to move on with time. Some of the larger houses were rebuilt at the turn of the century when the 'To Let' boards fell rustily to the ground and Grosvenor House was converted into flats. This seemed to set the trend, for now the whole of Grosvenor Square has been carved up into flats and offices, although from the outside it still preserves an awful air of grandeur. Perhaps Mr. Frank Richardson, Edwardian humourist, helps us to see Grosvenor Square in a new light. One evening he hired a cab to take him from the top of St. James' Street to a house on the South side of the Square. On arrival eightpence was shown on the meter, and stepping out Mr. Richardson gave the cabman sixpence and twopence in coppers. As he walked across the pavement and began ascending the steps of the porch, the cabman stared astonished at the eightpence, having expected a hefty tip and called out, "Ere! What's this!" "That," replied Mr. Richardson impassively, "is your legal fare—and besides, I don't like your face."

record reviews

CLASSICAL

BRITTEN. *Cello Sonata in C major, Op. 65*, played by **Stanislav Apolin** (cello) & **Radoslav Kvapil** (piano).

KABALEVSKY. *Cello Sonata in B flat major, Op. 71*, played by **Sasa Vectomov** (cello) & **Josef Palenicek** (piano).

Supraphon. SUA10559 (mono) & SUAST 50559 (stereo) 12 in., 17s. 6d.

For comparison:

Rostropovitch (cello) & Britten (piano): With Debussy sonata, 10 in., 18s. With Debussy sonata & Schumann Volkston pieces, 12 in., 37s. 6d. (Recorded 1961).

Benjamin Britten occupies a unique position in twentieth century music. He swears no allegiance to atonality, serial music, or the more avant-garde movements of today. Instead, like Stravinsky and his 'neo-classicism', he models his ideas on the old orders. He uses diverse sources, but at all times this eclecticism is stamped with his own highly personal style.

His outstanding contributions have been to opera and choral music. The return to chamber music—little had appeared since his earlier days—owes itself largely to Rostropovitch, whose playing is the inspiration of this sonata. The work was given its first performance by the great Russian cellist, with the composer at the piano, at the 1961 Aldeburgh Festival.

Its five contrasted movements comprise a dialogue, a pizzicato (in imitation of a guitar), an elegy, a march, and a fast finale dominated by a saltando theme. The instrument is thoroughly exploited for, in addition to the pizzicati, there are double-stops and harmonics; these, however, are not used merely for the sake of virtuosity but are important elements in the tonal pattern of the work.

A potential weakness of the sonata is the somewhat excessive use of the cello's lower registers. With a powerful tone (such as Rostropovitch possesses) and intelligent microphone spacing this weakness is not realized. Apolin, however, is often drowned by the piano, with a

Michael Spira
reviews recently released
bargain records.

consequent loss of clarity. Matters are not improved by the fast tempi that he adopts, for these generate an almost frantic playing that imbues the performance with a certain penetrating urgency that is surely foreign to the work. Rostropovitch, by contrast, is more poised and relaxed: his tone is warmer, his phrasing is more subtle, and he plays *con sostenuto*.

If I have seemed unkind to Apolin, this is unintentional. He plays with complete technical assurance and his highly committed performance is marked by strong musical characterisation. It is merely that the competition is so formidable. Had the coupling been a little more imaginative—the Kabalevsky sonata is a rather uninteresting work which nevertheless receives a very fine performance here by Vectomov and Palenicek—this record might have stood a better chance.

SCHUBERT. *Piano Sonata No. 21 in B flat major, D.960 (Op. posth.)*.

HAYDN. *Piano Sonata No. 52 in E flat major*, played by **Helene Boschi** (piano).

Supraphon. SUA10537 (mono) & SUAST 50537 (stereo) 12 in., 17s. 6d.

For a straightforward, matter-of-fact account of both these works, one need look no further than this record. I fear, though, that such a rendering will satisfy very few. A dynamic range that is limited to *mezzoforte*, *forte* and the occasional *fortissimo* (has Miss Boschi never heard of *piano*, not to say *pianissimo*?) makes for playing of a high degree of monotony.

TCHAIKOVSKY. *String Quartet No. 3 in E flat minor, Op. 30*, played by the **Vlach Quartet**.

Supraphon. SUA10554 (mono) & SUAST 50554 (stereo) 12 in., 17s. 6d.

If you are one of those people who, when the name of Tchaikovsky is mentioned, think of 500-piece orchestras, or cannons and fireworks, or tunes dripping with lush sentimentality, then I urge you to listen to this quartet. In it you will find none of that decadence or depravity:

instead you will hear elegiac writing of a very high order. And it has the honour of being performed by what is surely one of the finest quartets in the world. The Vlach Quartet play with an intensity and passion that has rarely been equalled elsewhere. Such depth and range of tone, marred only occasionally by slight lapses of intonation, make for a compelling performance that you should not miss.

POPULAR

Mary Poppins by **Richard M. Sherman** and **Robert B. Sherman**.

Cast includes **Marnie Nixon** and **Richard M. Sherman**.
Music for pleasure. MFP1065 (mono only) 12 in., 12s. 6d.

I have not seen the film but, if this record is anything to go by, it must be very entertaining. There are plenty of good tunes, both sentimental and catchy ones: songs like *A Spoonful of Sugar* and *Super-cali-fragil-istic-expt-alli-docius*

from Charterhouse

Rhodesia was beginning to flag as a topic of conversation when the Rugger Club Ball provided us with another. In the stark reality of a nine-o'clock lecture the morning after, a little buzz was going round. What was it they hadn't advertised? Obviously something unusual had happened as every rumour confirmed the previous one. At length one heard from a trustworthy source—"I didn't actually see it, but it was a full strip tease. She had a drum and veils." Yes, indeed, in the Recreation Room of College Hall, a woman had, the previous evening, removed her clothes.

The women who usually frequent College Hall during the hours of daylight, for a purpose ultimately of more value than the enlivening of the Rugger Club Ball find themselves something to be put up with. Heaven help them if they look as though they might be taking over from the men by wearing trousers. As a revered authority put it: "It's a pity they

will surely resound in many a bathroom.

The present recording seems to catch the atmosphere well. Marnie Nixon is especially good for she sounds almost exactly like Julie Andrews: this is not meant to be taken as a backhanded compliment, for successful imitation is a particular quality that I imagine is sought after in any bargain issue of a musical show.

Hello Dolly by **Jerry Herman**.

Cast includes **Beryl Reid** and **Arthur Haynes**.
Musical direction by **Alyn Ainsworth**. Music for Pleasure. MFP1066 (mono only) 12 in., 12s. 6d.

When I saw Beryl Reid recently in the current West End play, *The Killing of Sister George*, I could not then have imagined her in a show such as *Hello Dolly*. Having listened to the present recording, I must confess that I still cannot imagine her in it. A musical show as unmusical as *Dolly* requires something special in its cast if it is to succeed: unfortunately, that something is not to be found here.

ever let the women in." To study, he meant not to strip.

What is it then, that makes this woman's activities, without even trousers, something so approved of in the highest circles? Obviously, the philosophy is that there is a time and a place for women: 9.00 p.m.—2.30 a.m. without clothes.

This woman seems to get official blessing because she was paid. She was doing a job only a woman could do, had made it her profession, was not trying to join a man's world on equal terms. In fact she knew her place. To use the terminology of the same authority, she earned her keep with her body and left the men to earn theirs with their brains. Bully for her, chaps.

So this is what we've been talking about at Charterhouse. Funny how students will always be fascinated by the last manifestation of an otherwise dead régime.

Morally outraged female student at Bart's.

Medical Practice Abroad

3. NEW ZEALAND by R. H. Bettington, Otorhinolaryngologist Napier.



I am located in Napier which is situated about half way down the East Coast of the North Island. It is quite a busy port, shipping out frozen meat, wool, and timber.

The earthquake of 1932 was particularly vicious here, and destroyed a large part of the town with considerable loss of life. Like many major disasters some benefit eventuated. There was a large shallow area of sea and a lagoon just to the north of the town, and the earthquake raised this six or seven feet, and provided a flat area which is now an excellent aerodrome. It also raised the bottom of the old harbour, which was a miserable shallow one, and forced the building of good breakwaters to make a moderate deep water berthing area.

I am an otorhinolaryngologist and practised in Sydney from 1929 to 1951, then migrated over here, and have worked here ever since. For that reason I can describe general practice here only as an onlooker.

Soon after the second war the then Labour Government decided on nationalisation of the profession as a whole. This was fought vigorously by the local B.M.A. and eventually a compromise was reached. The Government agreed to pay 7s. 6d. to each medical man, general practitioner or specialist, every time a patient visited their rooms. 12s. 6d. was paid for a home visit, and some mileage was added for travel in certain cases.

New Zealand is a country of small cities scattered over the less mountainous portion of the country, but there are many sparsely populated areas. These have subsidised general practitioners on a government income, but they are allowed to charge in certain cases. The Government do not pay any extra fee for

specialist consultation, so this must be paid by the patient, less the 7s. 6d. already mentioned. There are two methods by which the practitioner receives his money.

- (1) The patient pays, and recovers the amount from the Treasury.
- (2) The practitioner itemises daily the names of the patients he has seen, and sends the schedule in once a month. The department sends out periodic queries to patients on the list as a check.

Drugs are mainly free, and there is no qualification such as "life saving" which is the case in Australia. If a firm produces a new drug which becomes established, an application is made to the Health Department to have that drug put on the free list, and it is seldom refused. The result is a conglomeration of bottles, pots, and tubes in almost every house in the country. A prescription may be made out for a week's supply only, and one repeat may be added. If a patient has to take a drug over a long period, the words "Extended Supply" are added to the prescription and initialled. In that case the dispensing chemist returns a chit for signature each month to the practitioner.

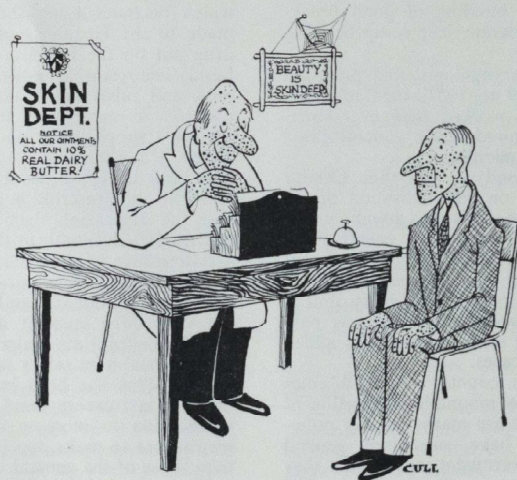
Attendance by the visiting hospital staff is on a sessional basis, each session being 3½ hours, and remuneration depends on seniority. It is not very large even at its maximum. In the case of the full time senior executive or specialist, the maximum salary is just over £3,000 per annum. This has been increased very slightly over the last twenty years, and at present there is agitation to increase all Government payments, and to make specialist payments higher than those of the general practitioner.

Napier is a city of 26,000 population in the urban area, with a closely settled farming com-

munity in the neighbourhood, about 50,000 people in all. In this district there are 26 general practitioners, and five specialists, in Ophthalmology, Dermatology, Orthopaedics, Otorhinolaryngology, and Paediatrics. Two of the general practitioners, and the Medical Superintendent have Surgical fellowships, and they divide the emergency hospital surgery between them. Four more are on the staff as physicians and specialise in cardiology, and neurology. There are three anaesthetists among the G.P.s and the Deputy Superintendent does this also. Very specialised cases such as chest, and neurosurgery, are sent to bigger centres, and there is a cobalt radiation unit 100 miles away. There are no partnerships among the G.P.s, but a roster has been initiated for week-end cases, everyone taking their turn. This method is used in the majority of small centres.

Some of your readers may be anxious to know what opportunity there may be here for young, recently qualified emigrants. In my opinion there is plenty of opportunity, but there are a couple of slight difficulties.

- (1) It would be unwise to come out "on the blind". A visit to New Zealand House would be an advisable first step.
- (2) There is a possibility that on coming here, they would be required to serve a period, of not more than two years, in one of the under-populated country districts.



"NOW THEN, WHAT SEEMS TO BE THE TROUBLE"

The hospitals are excellent, in fact, there are more beds per head of population than anywhere in the British Commonwealth. The result of this is that cases are admitted to hospital which could be treated at home, and surgical cases tend to stay in too long. There is no means test for admission to a Public Hospital and the standard of accommodation is so high, that private hospitals find it difficult to carry on. However, there are some very good private hospitals in the country, mostly run on a non-profit basis. The Government refuses to consider any private beds in public hospitals, even though it was strongly recommended by their last "Committee of Inquiry". The reason is that it is a political "hot potato".

There is an efficient system of district nursing, each district having its own group. These nurses have their own motor transport, and can be called on by any of the local G.P.s.

A short story of early life in New Zealand may relieve the seriousness of this article: An elderly bearded farmer had been celebrating in town with some of his friends in mid-winter. In the early hours of the morning, he mounted his horse in an advanced stage of intoxication, and set off for home. Half way there sleep overcame him, and he rolled off his mount, and subsided on the track. He woke some hours later, and found that his beard had been frozen in a puddle, and he had to wait there until the sun was strong enough to melt the ice.



Penguin Reviews



RULE BRITANNICA

The Penguin Encyclopedia, edited by Sir John Summerscale. 12s. 6d. *Reference Book.* "Penguins" recently assaulted the hardback book province with an English Dictionary and now present as a summit of paperback publications—an Encyclopedia.

It claims to be "specifically and completely planned as an encyclopedia for this day and age and one which accurately reflects the contemporary balance of interests". With abolition of padding and extensive use of cross reference it occupies six hundred odd pages with small but readable type. To fill an acknowledged gap a Gazetteer and a Dictionary of Biographies are planned as companion volumes.

The assumption that purchasers of it know "what every schoolboy knows" must exclude it from the "Britannica market" of purchases for the family. Instead of twenty four leather bound volumes to be fingered reverently there is the possibility of a handy, lightweight source of information relevant to our needs which can live on the armchair.

The needs are labelled as contemporary which means emphasis on subjects such as medicine, modern technology and nuclear physics. Similar treatment of art and historical subjects seems less successful to me but this is a personal matter of being satisfied with the cream of one subject and with another requiring the milk also! Words which frequently occur in the newspapers are concisely and adequately dealt with; for example a half page explanation of Congress U.S.A. is masterful in its simplicity.

To subtitle the book "Dictionary of Journalistic Terms" would not be unfair and as such it is a very welcome innovation. It will be able to sit alone whilst those severe leather tomes may continue to stand dull and padded but vastly more psychologically satisfying possessions!

Paul Harker.

COLONIAL PARK

The Merry Hippo. Elspeth Huxley. 4s. 0d. *Crime.*

This novel by Elspeth Huxley describes the misfortunes that befall a Royal Commission which has been sent out to Africa. The Commission investigates the local situation in the Colony of Hapana with a view to the Colony gaining its own independence. Perhaps the main short-coming of this so called thriller, is that the reader has to plough through ninety pages before the first crime is committed. Some doubt follows this crime, the murder of a British pig farmer cum aristocrat. Was the poison intended for him or for the chairman of the Commission? Some rather tedious speculation follows, with the usual small piece of romance added. Following on from this there is an attempted suicide with another murder. The book only really begins to have any claim to be a thriller in its last forty pages. The rest is rather drawn out with over-complicated dialogues and situations. However the novel makes amusing reading and would fill in time on a long journey.

Ashley Brown.

TALES FOR 'U'

The Water Beetle, by Nancy Mitford. 3s. 6d. *Essays.*

The Water Beetle is a sparkling collection of some of Nancy Mitford's essays. They cover twenty years and almost as many subjects. The collection is divided into two; the first part consists of four articles of English interest. These give some idea of the wide range of subjects to come beneath her perceptive pen. 'Blor' is about her Nanny and it is a delightful nursery-eye-view of an Edwardian household. 'A Bad Time' tells of Captain Scott's last expedition; she takes the reader from near tears at her description of the death of Captain

Oates to a purple patch of her humour, when after a serious discussion on the habit of the Emperor Penguins spending the whole winter on an ice flow, she says "I often think the R.S.P.C.A. ought to do something for the Emperor Penguins." 'Augustus Hare' is a portrait of the Victorian diarist and chronicler of upper class ghosts, dowager duchesses and the frequent death-bed scenes of his relatives. Finally 'Reading for Pleasure' gives the reader a little insight into who are her favourite authors.

The second, or foreign, part of the book is about her visits in Europe. She draws a very nice distinction between the visitor and the tourist. "The tourist tours, he seldom spends a week in the same place. The visitor stops in a town and leads the life of the inhabitants." It is full of wicked little intimacies of tourists and natives: she cocks an irreverent eye at 'Bonny Prince Stalin' and the rebuilt Stoa of Athens by Homer A. Thompson. However she seasons this pot-pourri with an occasional biography, a defence of Louis XV, and a history of the development of the French Salon.

The illustrations by Osbert Lancaster are a little disappointing. There are only two, including the frontispiece, in the first two thirds of the book while there are four in the remainder. Lancaster is the graphical Mitford, an aristocrat portraying the upper classes with humour and sympathy. However I felt that he could easily have portrayed "Malenkov and Co., in creased grey suits looking like commercial travellers" with devastating effect. Perhaps I just missed Maudie.

John Richardson.

VIEW-POINTED

Inside Robert Robinson. Price 3s. 6d. *Essays*

Robert Robinson has for a long time been considered the dispenser of other people's opinions and ideas by means of his television programme 'Points of View'. He is also a celebrated writer, his articles appearing mainly in the Sunday newspapers and weekly magazines. Seventy-eight of these articles have been published 'en masse' in the book 'Inside Robert Robinson'. It is refreshing to find in Robert Robinson a writer whose humour does not rely on destructive criticism, but more on direct human relationships and, to a great extent, on a personal turn of phrase. Although most of the articles are not witty, a great many hold the interest by virtue of their subject matter. In articles on lamp-lighters, pawn-brokers, undertakers, body-builders, song-

pluggers, etc., Robert Robinson lets his spokesman tell his own story, but often in such a detached manner that the reader wonders at the end if he has been told anything at all. Several of Robert Robinson's characters are all too familiar: the flies in everybody's ointment, the person whose life is the hub of the Universe . . . perhaps it is here that Robert Robinson is at his most destructive.

Having read the book, one gets the impression that every corner of life has been touched upon. In fact, what the writer has done is to comment on the periphery of normal human experience, omitting the more obvious and straightforward aspects of life.

The book is very readable. Each of the articles is independent of the others: very few are so topical as to be out of date now, or solely reserved for those with good memories.

David Baugh.

GIANT LOVE

Radcliffe, by David Storey. Price 5s. *Novel*

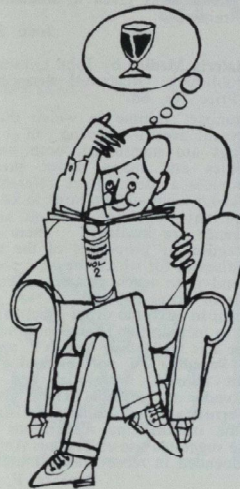
This is the story of a Psychotic—Leonard Radcliffe. The pathway to his 'ego' breakdown is paved by an intense and irreversible relationship with a giant figure—Tolsen. They meet as children—part and are forced together again to love with a passion that consumes mentally the dark and sensitive Leonard and physically his friend.

The scene shifts from the fields where they work together erecting marquees to a nightmare pocket of the world containing the Radcliffe ancestral home with the Tolsen's nearby. The tale proceeds by a series of jolts to the destruction that is the inevitable end and as they sink the two men drag all their surrounding characters down.

I examined these characters and the Radcliffe family in the hope of finding a saviour—I found none. This is my only criticism—no answer provided. It is brilliantly written and David Storey has insight of a tormented mind which must have been gained by study as well as by observation. I fear that he is still influenced by his 'post-existentialist' contemporaries, i.e. the answer lies in You—"I'll tell the story and leave you to the psycho-analysts!"

Perhaps that is a little unfair, Storey's picture may be the right one in which case the only answer for the psychotic is to retire from society as Leonard's father does. Anyway the picture is brilliantly drawn and it must be read for the literary if not scientific merit!

Paul Harker.



G ynae. Pharm. Biol. Anat.
U rology & Renal.
I mmunol. & stuff like that.
N eurol. The Duodenal.
N one can hope all this to learn
E xcept he labour for it;
S trength so used will soon return---
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G.E.4225 A

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MEDICAL BOOKS

Anaesthetics

Anaesthetics, Resuscitation and Intensive Care. A Textbook for Students and Residents, by Walter Norris and Donald Campbell. 253 pp. Published by E. & S. Livingstone Ltd., Edinburgh. Price 30s.

There is no substitute for practical training and experience in resuscitation, intensive care and the administration of anaesthetics, but as the authors state, the student and resident should have a background to this training. This book provides much of the background knowledge required and is full of useful information. Many topics related to anaesthesia are discussed in a simple straightforward style, ranging from drugs given before operation to the care of patients in the intensive care unit. There are chapters on pre-operative investigations, outpatient and obstetric anaesthesia, selected local analgesic techniques and mishaps and medico-legal aspects, which are of particular interest.

In the section on resuscitation it is unfortunate that the importance of midline compression during external cardiac massage has not been stressed, but presumably the omission of the complications of this procedure, and most of the complications of tracheostomy, is intentional. The dangers of post-thoracotomy bleeding are described in some detail but the signs of bleeding after tonsillectomy and craniotomy are not discussed, and the hazard of using respiratory depressant drugs in patients with raised intracranial pressure is not mentioned.

Many anaesthetists will disagree with the recommendation to use veins on the dorsum of the hand, and believe that the combination of adrenaline and halothane is potentially dangerous. The dose of atropine recommended to correct bradycardia during anaesthesia is high, but these are among a few details that do little to detract from the value of this excellent book which should be read by all students during their practical anaesthetic training. There are no references given but there is a list of books recommended for additional reading and a comprehensive index. The illustrations, diagrams and the quality of production are of a high standard and the price reasonable.

R. I. W. Ballantine.

Biochemistry

Biochemistry for Medical Students, by W. V. Thorpe, H. G. Bray and S. P. James. 8th Edition. Churchill, 1964. Price 36s.

Old established textbooks are to some extent like old soldiers; they never die but only go on from edition to edition, acquiring new names as they go. Most grow worse, some grow better. In its most recent edition "Thorpe" is in the latter category, but it has now become Thorpe, Bray and James. It is a commentary on the rate of progress of the subject that even the indefatigable Professor Thorpe has felt constrained to bring in two collaborators in this latest edition, with benefit to the modernisation of

detail and approach. There are now thirty-two chapters and about 550 pages so that the size has not increased very much. This has been achieved by removing a good deal of old fashioned material to make way for the new. My own opinion is that it is still somewhat too detailed to expect students to know it all thoroughly. However, there is a good deal to be said for having a reasonably simple minded book in the "reference" category. "Thorpe" is especially good for this on the chemical side and unlike so many modern American texts does not concentrate on fashionable "dynamic" processes to the virtual exclusion of the underlying structure and chemistry. It is still to be regarded as a thoroughly reliable if slightly dull introduction to medical biochemistry. It has the further advantage, too, that it does not neglect the physiological implications of so many of the biochemical reactions.

E. M. Crook.

Cardiology

Nutritional Aspects of Cardiovascular Disease, by Eörs Bajusz. Crosby Lockwood & Son Ltd. Price 55s.

The author seeks to demonstrate that many biochemical and structural changes in heart disease are greatly influenced by the diet, particularly the electrolyte composition. Considerable attention is paid to the results of experimental alteration of the diets of animals, and it is suggested that similar lesions in man are brought about by a diet containing improper proportions of electrolytes such as sodium, potassium, chloride and magnesium. There are many unusual suggestions concerning the aetiology of myocardial infarction and the cardiomyopathies, but the book is not easy to read, nor is it always possible to follow the argument.

Whilst the postgraduate student may find much that is unorthodox yet of interest in this book, it cannot be recommended to the undergraduate.

James S. Fleming.

Nursing

Elementary Bacteriology and Immunity for Nurses, by Stanley Marshall, 4th edition. Price 12/6d.

This little textbook has stood the test of time and is now enjoying a fourth edition, twenty-five years after its first publication.

The arrangement of the text is orderly and is divided into four parts, each part ending with a summary together with a series of short questions; a ready-made revision scheme for the senior-student.

Sections on antibiotics and sterilization are new to this edition and are ably dealt with but when the author suggests boiling instruments, syringes and rubber catheters for twenty to thirty minutes I wonder if this length of time is really necessary?

Presentation of the book makes it worth the money as it will probably be subjected to hard wear in the nurses' library. Information is packed into a slim volume of 123 pages with six good colour plates, charts, diagrams, an adequate index and an appealing cover. Words are clearly defined and examples given to make meanings more clear.

The nurse will find the special tests and the table of 'Useful Normals to Remember' of value. Suf-

ficient information is provided in this clear, concise supplement to the lectures given to students during their course of training.

Joan Smith.

The Nurse's Materia Medica by John Gibson, M.D., D.P.M. Publishers: Blackwell Scientific Publications. Price 18s. 6d.

This is a compact volume in which the paper, printing and layout are all pleasing. In it a large number of drugs are mentioned, both well tried standard remedies and many newer proprietary drugs. This provides a useful quick reference book for the nurse but no textbook can hope to keep up to date with the current production of drugs, and other means of reference are available. There are few details of the action or properties of the drugs in relation to the diseases for which they are prescribed. The present trend is to teach greater understanding of those groups or drugs covered.

It is very useful to have the drugs labelled D.D. or Sch.P., but not to include the Therapeutic Substances Act or Schedule I is misleading as Sch.P. appears to apply only to Schedule IV poisons and gives the impression that digoxin, antibiotics and corticosteroids come under no control. There are a few proof readers' errors and one rather surprising omission in that the insulin zinc suspensions are not mentioned. The suggested use of Tetanus Antitoxin is not that recommended in recent medical literature.

Barbara F. Cape.

Social Medicine

Waiting in Outpatient Departments. Published for Nuffield Provincial Hospitals Trust by the Oxford University Press. Price 5/.

This report drawn up by the Nuffield Provincial Hospitals Trust is the result of a survey of Hospital Outpatient Appointments Systems. This was carried out over a period of 15 months in 60 hospitals in England, Scotland and Wales and included small hospitals and Teaching Hospitals.

The survey showed that the two main causes of patients' waiting times are the poor design of many appointment systems and the unpunctuality of the doctors.

In many cases there were far too many people given appointments at the same time—Block bookings to ensure that the doctors were not kept waiting for patients. This meant that the doctors did not really have enough free time during the clinic to allow for interruptions—to read medical notes or to consult colleagues.

It was felt that in many cases it would be better for the patients to wait a little longer for their appointments and fewer patients to be seen per clinic as the average overall waiting time for patients was 25 minutes whilst the free time per doctor over the whole sample was 41 seconds.

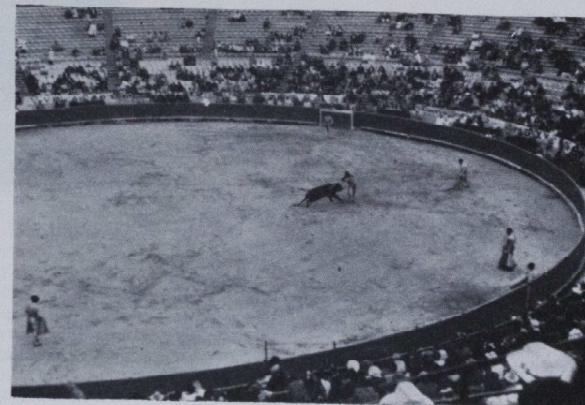
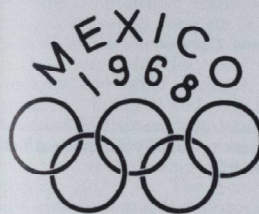
There are many graphs and tables throughout the book to show the results of the survey, but these are rather difficult for the non-statistically minded person to understand.

The photograph on the cover showing the outpatients' room at University College Hospital in 1872 shows that outpatient departments have not changed much in the past 70 years, and one can only hope that those shown waiting in the photograph are not still waiting for their appointments.

C. M. Walker.

SPORTS NEWS

Editorial



Mexico City, capital of the United Mexican States, will be host for the Olympic Games in 1968.

Mexico is a wedge shaped country lying partly below the tropic of Cancer and partly to the north. It contains two mountain ranges lying parallel and close to the sea, leaving small coastal plains and a central plateau. Mexico City lies in the tropics high up on the plateau enjoying a moderate climate for its latitude. The climate of the rest of the country varies from very arid desert to tropical jungle.

Mexico is a majestic country with a brutal and dramatic past. Before Cortés conquered the country, it was inhabited by the Aztec Indians and some of the Mayas Indians in Yucatán to the south. Cortés arrived near the modern town of Vera Cruz with about 500 men, a few horses and some ammunition in 1519; they marched unresisted to Tenochtitlán (now Mexico City) and stayed as guest of Moctezuma, the monarch, for fourteen months. When Cortés was away, the commanding Spaniard ordered mass executions of many hundreds of Indians to quell a fear of revolt against their presence. The Indians did revolt and the Spaniards only just managed to fight their way from the city, but returned in 1521 to take the city and conquer the country after which they ruled for 300 years. The Spaniards took over from Aztec lords who owned vast estates and wealth, so the conversion to a

feudal hacienda system was thus facilitated. Mining, farming and trading were soon started.

There were revolts in 1810, 1821 and 1824; they brought little change. Texas declared independence in 1836 in rebellion against the abolition of slavery, but was annexed by U.S.A. in 1845. War raged during 1846/7 with U.S.A. and in 1848 U.S.A. bought the land between the Pacific and Texas and south of Oregon.

Juárez began his Liberal Program, trying to give education, freedom of speech and press, etc. but in doing so brought economic ruin. The Archduke Maximilian of Austria was made Emperor by the French who invaded in 1862. The U.S.A. insisted that the French left and Juárez was again in command. He was followed by Díaz in 1872 who although an absolute dictator, brought peace and prosperity to the country until 1911, when he fled to Paris during an uprising. Madero replaced him, but it was not until Cardenas became President that Tierra y Libertad (Land and Liberty) became a reality for more than the 5% land owning class.

Today Mexico still has great poverty, diets may only be of beans, rice and tortilla (an unappetising and dry oat-cake), homes may be two-roomed shacks of sticks or sun-dried bricks with no water, windows or sanitation, and some children are completely without education. However, a great deal of progress has been made and it is incredible to believe that

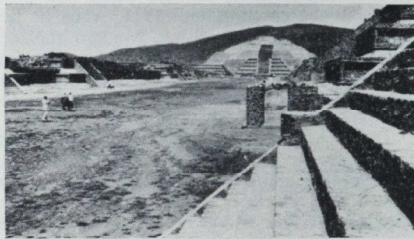
people living in this environment could have been worse off, but they were, and still are in other parts of Latin America.

Mexico City today is a modern city of five millions, the tenth largest in the world, with glass-faced office blocks, the likes of which are still rising in London; it has the tallest building in Latin America, the Torre Latino-Americano, boasting 45 floors. But basically this city is one reeking of antiquity; within half a mile of the central square, the Zocalo, there are enough ancient churches, museums, palaces and the like to fascinate one for an entire holiday. The city has the largest bull-ring in the world, and another smaller one.

To the south of the city lies the university, founded in 1551, renowned for its architecture and mosaics. Across the road lies the Olympic Stadium seating 100,000 in which many a contest will be fought in 1968.

To the north are the most remarkable Aztec pyramids in Latin America, those at San Juan Teotihuacán, containing those to the Sun and Moon; there are others at different sites of equal interest.

History and geography be as they may, the problems facing our athletes are those of acclimatisation. A few weeks ago a British research team returned from Mexico City after five weeks of experimenting. The city lies at 7,340 feet and it will be the first time the Olympic Games has been held at anything like this height. A report of research results has not yet been published but predictions by lay



Pyramids at Teotihuacán



Mexico City from Torre Latino-Americano

athletes have varied from forecasts of deaths of long distance runners to merely diminished and poor times and results.

It is absolutely certain that no records will be beaten by athletes training at sea level, especially runners. But what our athletes want to know is the best way to train to get their optimum performance under the conditions in Mexico City, and the cheapest way to do it.

It seems likely that some of the following may help. Acclimatisation at 7,000 feet several times; it has been noticed that the more times an athlete acclimatises to a great height, the shorter the period before optimum performances are obtained. Training at a higher altitude than at which the contests are to be run; this can indeed help, but it may be impossible to train adequately at such a height.

The basic physiology of acclimatisation is an increase in red cell count and a proportionate increase in haemoglobin; this takes about two months. The blood volume also increases and takes about nine months. I am assured there are many more complex changes.

The average temperature for October, the month of the Olympics, is 52°F, however the strong sun may affect long distance runners. The humidity is between 10 and 50% and may cause dry throat and cough. Sleep is at first diminished but settles to more than when at sea level.

We can but await the scientific opinions, the test will be in 1968. The athletes may suffer more but it's a great place to be.

CANOE CLUB

The Canoe Club can look back on 1965 with pride. Miss Adrienne Huskisson has made great progress and in her first season has been placed on several occasions. This year she is paddling a K2 (racing double) with Marianne Tucker who represented Great Britain in both the Rome and Tokyo Olympics. With harder training and greater experience we expect her to do well.

Charles Evans has now retired to take up medicine after another successful season. He captained the British team which was sent to Spain last year to compete in the Descenso del Sella. This is the world's major long distance (L.D.) race, with fourteen miles of rapids, shallows and other hazards, which this year attracted a hundred and sixty boats from twenty countries. Of these, fifty were singles, the rest doubles. Charles Evans won the senior singles in a new record time after a very close and exciting sprint in. The Senior K2 pair were 7th overall. Evans was 9th overall, the Junior K2 pair were 15th overall and the winning juniors; this gave Great Britain the Team Prize. Dr. Bernard Watkins, who still wins in his retirement from canoeing, cheered so lustily that he dropped the team's track suits off the bridge into the river below at the finish, but was forgiven.

C. Evans won the other international L.D. race at Nalon a few days later, but the rest of the team did not do so well. During the year he has done well in L.D. racing at home, and

has at last achieved some success in sprinting, representing Great Britain in Germany during June.

The Club has more members than ever before, but still needs to expand. Anyone interested in any branch of canoeing should see Adrienne Huskisson in Charterhouse. Two crews from Bart's are doing the Devizes to Westminster 125 mile race over Easter. We wish them the best of luck.

THE SELLA RIVER RACE

There is at present no world championship for L.D. racing, but the Sella is expected to be recognised as such next year.

The course is a difficult one, down a small river that is seldom more than twenty yards across, with rapids, rocks and other hazards where there may only be room for one boat at a time. Skill and bursts of great speed are required to ensure that you are not obstructed. All 160 boats start together, and it is essential not to become involved in a multiple collision.

A trio of trains follows the race down, packed with privileged spectators, and nearly a million Spanish line the banks.

The boats used are mostly fibreglass versions of sprint racing boats. Speeds are very high. Doubles do the fourteen miles in 1 hr. 20.6, singles in 1 hr. 25.47. There is a party-fiesta every night for two weeks, however the team could not attend these until the racing was over.

S.J.P.



C. Evans in the Inter-Services Regatta, 1965.

Aquaphoto

RUGBY CLUB

The game against **Old Haberdashers** on November 13th was the first after the Tour and provided us with a welcome 9-3 win with tries by Baker and McKintyre and a penalty from Savage. On November 20th at **Old Alleynians** we unluckily gave away a penalty in front of the posts to lose 3-0 on a dark and wet afternoon.

Against U.S. Chatham on November 27th the team ran well as in previous years to build up a good 24-0 score. Fairclough, McKintyre (2), Savage and Britton were the try scorers. A similar game followed on December 4th in which **Old Cranleighans** were defeated 25-0.

SOCCER CLUB

The team played St. Thomas's on December 1st in the first round of the **Hospitals' Cup**. Unfortunately, this proved to be our only cup match of the season as the team went down 6-2 to a faster and more determined side.

The defence had an unhappy first half, conceding five goals. After the interval the whole team played with more spirit and skill so the second half was more closely fought. They headed a good goal from Dorrett's centre. The Bart's scorer in the first half was Ellis with a fine shot from the edge of the area.

The **Hospital League** programme was continued with matches against Westminster and Charing Cross Hospitals.

BADMINTON CLUB

As we are now half way through the season, it is time to consider the first half and look forward to the second.

We entered both mens and mixed teams in the University League—the only hospital to do so. In October we played three matches and won one, the mixed against University College. November was a sad month as no fixtures were played, due to a misunderstanding as to whose responsibility the selection of teams was with the Captain away.

O'Kane, Britton, Jackson and Savage scored the tries with a penalty and a penalty try making up the score. Especially effective in this game was the high kick near the opponent's line which was well followed up.

December 11th saw Bart's beating **Old Askeans** for the first time for a number of years by 8-5. McKintyre scored an unconverted try and Jefferson ran elusively for a try under the posts.

The final game before Christmas was against **Kenilworth**, a new fixture. The result on a very wet day was a draw without score.
S.M.J.

The first game was lost 1-4. After taking the lead through a goal by Offen, Bart's relaxed their efforts and were unable to quicken again when Westminster equalised and then went into the lead. Against Charing Cross, the last match before Christmas, the team achieved a 2-2 draw on a very muddy pitch down at Cobham.

With twenty minutes remaining, Bart's were trailing by two goals. A long shot from Sutton was turned against the inside of the post by the Cross goalkeeper. Vartan's immediate shout convinced the myopic referee who awarded a goal. Shortly before time, Farrow headed on a cross and Vartan equalised from close range.
C.M.S.

Next term several matches have been arranged, both mixed and men's doubles.

Club night has been switched from Friday to Tuesday, beginning at 7.00 p.m. so that more members can come regularly. Any new players or beginners are welcome. There will be a mens single and a mixed doubles tournament in the Spring Term.

The following have represented the Hospital last term: V. Mathur, M. Freeth, P. Owen, C. Bowker, T. Clark, J. Allen, Misses S. Byrne, R. Foley, and P. Taucerner.

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CROSS COUNTRY

There were 107 runners and the winners time was 29.44. Bart's entered 18 runners which is a reflection of the encouragingly large membership of the Club at the moment.

The secretary wishes to apologise for his mismanagement of the Club's entry to the Borough Road Relay.

United Hospital Headquarters

For some little time now United Hospitals Hare and Hounds have been uncertain as to whether they would be able to remain at their headquarters in the grounds of Glebe House, a private nursing home at Hadley Wood, near Barnet. The axe has now fallen and these premises are to be converted to self-contained flats. The Club's new headquarters are at Grafton in Chingford. The new course is through a beautiful stretch of Epping Forest and the first race to be held there is the Club's Handicap on Saturday, January 8th.

P.B.W.

Roehampton Cup, Dec. 11th.

The University of London Cross Country Championships were again run over the shortened 'National' course of 5½ miles at Parliament Hill Fields. It was a grey, blustery afternoon and going underfoot was positively paludal in places. We did well to retain the Roehampton Cup—a cup for the first college in the Championship apart from the 'big 5' colleges—with an understrength team. This was mainly due to the absence of Roger Sanders and readers of these columns will be sorry to hear that he will be unable to rejoin the team until the beginning of February due to a 'stress fracture'. Robert Thompson pursuing usual form, having previously sustained a sprained ankle, did well to finish 18th.

Results of 1st Team:

18th.	R. Thompson	32.42
22nd.	E. Graham	32.56
31st.	G. Hesselden	33.37
45th.	S. Williams	35.19
55th.	J. Coltart	35.53
61st.	P. Wood	36.30
74th.	R. Hale	37.41

SAILING CLUB

An innovation of team racing against other clubs was begun last term. Bart's has been without actual success but events have provided great enjoyment.

The first match, against a team from **Pembroke and Caius**, Cambridge, resulted in a win for Cambridge by 20½-19 points. The second race was shortened due to lack of wind and darkness.

In the only race sailed, two rounds of course T were selected. The first Cambridge boat got off well at the start, but was always hotly pursued by Ann Yendell, who finished 2nd. Roger Chapman held off a determined Cambridge challenge and finished 3rd. All eyes were on the last two boats for the result but D. Gorrod was pipped for 5th place. Bart's came 2nd, 3rd and 6th.

Two laps of course M were chosen by our versatile Officer of the Day, Miss Patricia Benison, for the next match against **Essex Yacht Club**, which was again in light winds.

In the first race Bart's started abysmally, being in fourth, fifth and sixth positions over the line, which let one Essex man get well away never to be caught. At the end of the first lap P. Coburn had caught up to third and M. Freeth to fourth, M. Williams languishing in sixth place. However, on the second lap,

Essex took Peter Coburn the wrong side of one mark, allowing Mike Williams and Malcolm Freeth through. Williams took full advantage of this, and taking the right course ended up in second place. Freeth went the other way and finished sixth. The score was then Essex 21½, Bart's 18.

Lunch was taken after which one boat was found to be missing. Eventually the second race started. Freeth made a perfect start, and led to the first mark, where an Essex boat went through only to float sideways on to the second mark. Trying to avoid the fracas Freeth's boom just touched another boat; thus only four boats remained in the race. Williams tried hard and finished, as in the first race in second place. Dave Gorrod was unlucky with wind shifts and was in fourth place at the finish. The final score was Essex 40½ points to Bart's 35.

This ended the team racing for this year. Return matches against Cambridge and Essex Yacht Club, and matches against two other colleges, and another in the offing, show that activity in the club is on the increase. In the Inter-College team championship next term, we hope to enter two teams with prospects of some success.

M.F.

BOAT CLUB

OCTOBER TO DECEMBER

The beginning of October brought a most encouraging new entry to the Boat Club. There were a number of oarsmen from school first boats as well as several experienced ones from Cambridge. Persuading some of these Cambridge men to continue rowing has been a long job and so when training began we were only able to put one Senior IV on the water. Apart from this we had two Junior VIII's and a Junior IV.

TRAINING PROGRAMME

Training for the United Hospitals Winter Regatta began immediately; Mr. C. Hudson took over the Senior IV while Mr. J. Currie

and A. B. Ayers looked after the first Junior VIII, G. Libby took the second Junior VIII and Mr. P. Brass the Junior IV. We had some ten keen novice oarsmen who have so far had a poor time of it. This is due to the fact that demand for tub-pairs and fours at Chiswick becomes greater every year, and it proved impossible at times to get all the novices on the water during the short times when we had the boats allocated to us. On top of this, there was the fact that there was no one available to concentrate on coaching these men, and so P. Cheetham and J. K. Anderson had to coach whenever they were not rowing themselves. In spite of this, we produced two novice fours for the regatta.

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THE REGATTA

Bart's chances in the regatta may not have looked so promising, but by the end of the day it was clear that this was the best the hospital had done for at least twelve years. We were entered in seven of the nine events; of these we reached five of the finals and won three of them, including the two principal events—the Senior IV and Junior VIII.

A scratch **Senior IV** was entered, but lost in the first round to a reasonably fit St. Mary's crew. This boat met our other four on the semi-final and with the imperturbable stroking of J. Martin St. Mary's were beaten by them. In the final Bart's were able to get revenge on St. Thomas's who have beaten our Senior IV several times in recent years by some very close margins. Our thanks to W. Garson for staying in England to row for us, when he could have retired to warmer parts for a well deserved post-finals holiday; also to M. C. Stallard for sparing the time as this year he is captain of London University Boat Club. Mr. C. Hudson, who faithfully coached them, was rewarded by seeing the first Bart's win in this event since he rowed in it in 1953!

The Senior IV went out three and sometimes four times a week, while the other boats were only able to manage Wednesday and Saturday outings. Fortunately, we were blessed with some very pleasant weather in October, and it was not until near the regatta that the towpath took on its grim winter look and life started to become unpleasant for our coaches.

During the six weeks before the regatta it was very encouraging to see people turning up for the two weight training sessions every week. Although a few found the weights somewhat prohibitive at first, it was good to see bodies slowly knocked into shape after the months of summer idleness.

By the middle of November the Senior IV, having had stroke and two changed over after about four weeks of rowing, was not looking the best Senior IV that we have produced in recent years. The Junior VIII's were both lacking something; the 'A' VIII the ability to really apply the strength that they had gained during the past month and a half, and the 'B' VIII the gift of all turning up to Chiswick on the same day at the same time!

In the **Junior VIII's** the 'A' eight had three races, the first against the Royal Veterinary College, the second against Westminster and the final against Guy's. In each race they were up by half a length to a length within the first half minute, showing that they had a start that none of the crew knew existed! After this there was little trouble and the weight-training that most of the crew had diligently followed was rewarded by two to three length wins in each race. Bart's 'B' unfortunately went out to Guy's in the semi-final.

The **Junior IV** beat London and then were faced with a strong Guy's four in the semi-final who later won the event.

In the **Novice IV's** the 'B' crew, with the aid of one opponent scratching and another being disqualified, were able to reach the final in which there were three boats. One of these sank and so Bart's came in a good second. The 'A' four were knocked out in the first round. There is some good material here and several are over thirteen stone, so that with training in the novice eight next year we should be able to produce some good men for future eights.

The small boat events we competed in were the **Senior Sculls, Pairs and Double Sculls** and we were in the finals of two of these. In the Senior Sculls T. M. O'Carroll did extremely well, beating last year's winner easily and finding little trouble in beating the Guy's sculler in the final. A. B. Ayers and P. C. Cobbs reached the final of the Double Sculls by beating St. Thomas' in the first round, only to be faced with an experienced St. Mary's pair in the final. Even so, they put up a creditable performance and had they managed a few more outings they could well have won. A. Crowther and D. Parr would have reached the finals of the Pairs had they not allowed an experienced St. Mary's pair to push them out of the stream, as they led over most of the course.

The day was a most encouraging start to the year. The last few weeks of the term were spent in trials for first and second eights, these will be finished by the beginning of January and the crews will stay together until the end of the summer term. Only by doing this can we hope to have any real success in the Bumps and summer regattas.

BOAT CLUB BALL

The Boat Club Ball will be held on Thursday, February 24th at College Hall. Double tickets 35/-, available from:

A. Roderick, Abernethian Room, St. Bartholomew's Hospital, London, E.C.1.

St. B.H.J., February, 1966

The **Annual Dinner** was held in the Charterhouse Grill the day after the regatta. This proved a success but next year we hope to be able to announce the date earlier so that more past members of the club will be encouraged to come.

In the **University Winter Eights** we only had one crew entered and this was our 'B' Junior eight in the Novice division. Unfortunately, they met the Guy's crew in the first round who had beaten them a week previously and who went on to win the event.

At the **A.G.M. of the United Hospitals Boat Club**, A. B. Ayers was elected captain and J. Martin secretary for 1965-66.

As well as M. C. Stallard we have three others taking part in trials for the University crews. This of course is a loss to the club, but even so we are forming what could well be a very good first crew for 1966.

It was disappointing to see very few Bart's supporters at the U.H. regatta, especially as we did so well. I sincerely hope that there will be far better support at the Head of the River race, and even more important, the Hospital Bumping Races in May. It is most encouraging for crews to have support from the bank, and if you really find the winter weather too much, then a few summer evenings by the river at Kew can be very pleasant indeed.

Crews competing in the U.H. Winter Regatta:

<i>Senior IV's</i>		<i>Junior IV</i>	
'A'	'B'		
W. Garson	D. Parr	P. Lageard	
R. H. Bentall	A. Crowther	A. Roderick	
M. C. Stallard	P. C. Cobb	C. Sykes	
J. Martin (Stroke)	A. B. Ayers	R. Franks	
		J. Barret (Cox)	
<i>Junior VIII's</i>		<i>Novice IV's</i>	
'A'	'B'	'A'	
M. Castleden	S. Whiting	I. Shaw	
I. Stephen	E. Walsh	R. Rayner	
D. Davies	R. Hayward	M. Williams	
P. Cheetham	P. G. Houlton	S. Whitehouse	
J. R. Boston	J. Baker	A. Boon (Cox)	
J. K. Anderson	R. Rodgers	'B'	
M. Simmons	J. Blake-James	G. Kidd	
P. Carey	R. A. Williams	R. Hodson	
J. Winner (Cox)	P. Smyth (Cox)	J. Sorrell	
		D. Stringer	
		G. Radcliffe (Cox)	
<i>Pair</i>	<i>Double Scull</i>	<i>Senior Scull</i>	
D. Parr	A. B. Ayers	T. M. O'Carroll	
A. Crowther	P. C. Cobb		
		J.K.A.	



QUADRANGLE ST BARTHOLOMEW'S HOSPITAL

Published in "The Royal Hospital of St. Bartholomew and Priory", 1844.

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PAYING BEDS

The Minister of Health's Review of paying beds policy was a masterpiece of political compromise. His pronouncements were certainly a long way from the 1954 Labour Party Conference's pledge that the next Labour Government would abolish the paid hospital bed service, but not so far from the Election manifesto to "take steps to combat queue-jumping for hospital beds".

The Private Patients Plan Provident Association was disappointed that there is to be no increase in the number of private beds, that private out-patient charges are to rise, and that the hospital boards are to review their pay bed situation and bring the supply and demand relationship into line with ordinary hospital beds—a direct appeal to curtail the practice of obtaining early admission by going privately. Their discontent may be mollified by the Minister's promised legislation to allow any bed to be used as a private bed, so that patients may be treated in the most suitable department of the hospital, and secondly by the plan to arrange charges on a uniform national basis. Doctors and dentists may be pleased by the removal of the limits which they may charge private patients; their joy will be shared by the tax men alone.

The advantages to patients of having private beds are few but distinct. They have "the privilege of behaving like dignified animals when sick—to be alone in a quiet corner", (*H. B. Stallard in 'Private Wing at Bart's,' Letters to the Editor, June 1965*); they can expect to be visited regularly by their consultant for unhurried sessions; they need not wait for months or years for non-emergency treatment. Whatever the arguments against paying beds, early treatment is surely one of the things for which private patients are paying.

Changes in the world of private medicine may seem remote from this Hospital, devoted as it is to the care of the sick poor (plus friends and relatives of the staff and city magnates). It is often not realised by those of us who were not closely involved how very near Bart's was to having a Private Wing before the Second World War. In 1932, proposals were put forward for building a Private Wing, but the Charity Commissioners refused to authorise the use of the hospital's capital for purposes not in accordance with the Royal Charter's (1546) provisions for the sick poor. So a Private Bill was prepared to amend the Charter and this was passed in 1935. An estimate for the building of the Wing was received for £140,000. By 1937 the Medical Council were urging for speedy progress in the building, which they felt was urgently needed for these reasons:—

- (i) The charges would be moderate, and so a half-way house between the free hospitals and the expensive nursing homes would be provided.
- (ii) Bart's consultants had nowhere to admit their private patients.
- (iii) The staff were at a financial disadvantage (especially as at that time they received only a small honorarium).

For various reasons it was decided to use the Hospital's own funds to finance the building rather than launch a public appeal or raise a loan. However, although the 1935 Bill permitted the accommodation of paying patients, it did not permit the use of the charitable monies. Another Private Bill was duly prepared to allow the use of these funds, but in March, 1938 a Select Committee of the House of Lords decreed that the Bill should not be proceeded with.

And so, before a stone had been laid, the Private Wing at Bart's died. Since the inception of the National Health Service those reasons given in 1937 remain (except that today a private wing would probably be little or no cheaper than a nursing home). The necessity for the Minister of Health's Review indicates that there are still sections of the public who intend to use their right to pay for medical treatment despite (or because of) the N.H.S. If this service can be obtained within the framework of the N.H.S. at a large well-equipped hospital there can be nothing but benefit to medical staff, patients and prestige.

LETTERS TO THE EDITOR

NO TIME FOR MARRIAGE

Sir,—It is more than fifty years since I was a House Surgeon at Bart's so that I am long out of date. However, it does seem that the angry young housemen fail to realise two things, (1) that they are still being educated free, and (2) that a 98 hour week leaves little opportunity for family life. The houseman who gets married before he has finished his job and can be let loose on the world, is very unwise; surely he should not contract matrimony until he is able to support a wife and family. One further point: why should the State provide quarters for the wife? I suggest that board and lodging plus an honorarium of say £100 to £200 per annum should satisfy the budding medical man.

Yours, etc.,
T. E. OSMOND,
Compton,
The Avenue,
Clevedon.

14th January.

BART'S, THE CROWN, AND THE CITY

Sir,—In your issue of February 1966 you mention some details about the foundation of Westminster Hospital pointing out that whereas St. Bartholomew's Hospital "was financed by the Crown and the City, voluntary donations playing only a small part", the Westminster depended "exclusively on the charitable nature of the community".

It is quite untrue that Bart's was solely provided for by the Crown and the City. The medieval Hospital relied completely on private gifts and legacies mostly consisting of houses and land. In 1546 King Henry VIII granted the Hospital to the City and endowed it with property to a yearly value of 500 marks (that is ca. £300). This only meant that Bart's was allowed to keep most of its property accumulated during the Middle Ages. There was no question of a grant from the Crown! In the same year the City promised to pay annually 500 marks but it proved difficult to collect this money. The Livery Companies were asked to contribute but they mostly failed to do so. After 1548 certain duties levied in the City were paid over to Bart's but in 1681 this pay-

ment was abolished. The Governors brought the case before the Court of Chancery and the City was ordered to arrange a final financial settlement with the Hospital in 1712. In 1717 the City paid the last installment of the sum which was required.

It does not appear therefore that Bart's was "financed by the Crown and the City". On the contrary accounts of the Treasurers between 1546 and 1948 show that the Hospital's income was mainly obtained from property, gifts and legacies. The difference with the Westminster Hospital is that this Hospital was the first to be financed by *subscriptions* to the "Charitable Society for relieving the Sick poor and Needy" established in 1716.

Yours faithfully,

Nelly J. Kerling,
Archivist,
St. Bartholomew's Hospital,
London, E.C.1.

7th February.

B.M.S. JOURNAL

Sir,—Thank you for allowing me to avail myself of part of your correspondence columns to make an appeal to your readers for contributions to the *British Medical Students' Journal*. This Journal is the official organ of the British Medical Students' Association, the only faculty organization of its kind in the country which has its own Journal. This publication is distributed three times a year, Spring, Summer and Autumn, to all Medical Schools in this country to be sold to the students and to many Medical schools abroad—thus it has a very wide sphere of readership.

It has maintained for some years a high standard of content and presentation. But the continuation of this depends on its contributors—YOU. We will consider for publication any article other than a strictly scientific paper; criticisms, witticisms, poems, satire, history of medicine, cartoons and experiences abroad on foreign clerkships.

Send your contributions to, The Editor, B.M.S.J., B.M.A. House, Tavistock Square, London, W.C.1.

Yours sincerely,

COLIN B. BROWN (Editor)

20th January. B.M.A. House.

Engagement

EVANS—WALCOTT.—The engagement is announced between Dr. Gwyn H. Evans and Miss Jeanette Walcott.

Marriages

ROBERTS—WATKINSON.—On January 6th John C. Roberts, M.D., M.R.C.P., and Enid Watkinson.

DAWRANT—TAYLOR.—On November 20th 1965, Dr. A. Geoffrey Dawrant to Miss Ann Taylor of Buenos Aires, Argentina.

Births

COLIN-JONES.—On January 9, to Carol (née Ditchburn) and Dr. Duncan Colin-Jones, a son. David.

HAMILTON.—On January 15, to Elizabeth (née Umney) and Dr. John Hamilton, a son (Humphrey William).

Deaths

DOVE.—On January 7, Dr. Rolland Atkinson Dove, M.B.C.M., L.R.C.P., L.R.C.S., in his 98th year. Qualified 1893.

PAGET.—On January 20, Dr. Walter Orme Gray Paget, M.R.C.S., L.R.C.P., aged 55. Qualified 1935.

WALKER.—On January 22, Kenneth Macfarlane Walker, F.R.C.S., aged 84. Qualified 1906.

WOODING.—On January 8, Dr. John Edward Wooding, M.R.C.S., L.R.C.P. Qualified 1936.

March Duty Calendar

Sat. & Sun., 5th & 6th March
 Sir Ronald Bodley Scott
 Mr. Hunt
 Mr. Aston
 Dr. Gillett
 Mr. Dowie
 Sat. & Sun., 12th & 13th March
 Dr. Black
 Sir Clifford Naunton Morgan
 Mr. Manning
 Dr. Bowen
 Mr. Fuller
 Sat. & Sun., 19th & 20th March
 Dr. Hayward
 Mr. Badenoch
 Mr. Manning
 Mr. Ellis
 Mr. Cope
 Sat. & Sun., 26th & 27th March
 Dr. Oswald
 Mr. Tuckwell
 Mr. Aston
 Dr. Ballantine
 Mr. McNab Jones

Physician Accoucheur for March is Mr. David Williams.

LECTURES

1st March. **London Medical Group.** Dr. Cicely Saunders: "Pain". Royal Free Hospital.

3rd March. **Abernethian Society.** Prof. D. Lacy, Dr. B. Lofts, Mr. P. Collins, Mr. D. Ryan: Symposium on "Sex and the Male Animal".

8th March. **London Medical Group.** Dr. W. Neustatter: "Homosexuality". St. Bartholomew's Hospital.

DRAMA SOCIETY

The Drama Society's main production, "Twelfth Night" will be presented in Gloucester Hall on the 8th, 9th, 10th and 11th March. Admission is by Programme, 3s. 6d.

EXTERNAL SUBSCRIBERS

It is possible that some subscribers who receive their Journal by mail, did not receive the February edition. We offer our sincere apologies for this mishap, which was outside our immediate control. Should they wish to obtain a February edition, would they please write to the Subscriptions Manager, c/o The Journal, and he will forward them a copy.

BINDING THE JOURNAL

Any readers wishing to take advantage of this service should send their copies to the Editor, enclosing full name and address. The cost of the service is 30s. It may be possible to supply certain missing back numbers at an additional charge of 1s. 6d. per copy supplied.

THE COLLEGE OF GENERAL PRACTITIONERS**Undergraduate Essay Prize Competition 1966**

The College of General Practitioners awards annually three prizes of £50 to the three most successful candidates with an additional £10 in book tokens for an outstanding essay in a competition which is open to senior students of all the medical schools in the United Kingdom and Eire. The closing date for entries is May 1 each year. The competition is open to students who have completed at least one year of clinical studies and who have not yet passed the Final Examination.*

Candidates are asked to give a report of one or more patients whom they have seen in general practice. The patient may, but need not, have been admitted to hospital. The student is required to have seen the patient on three or more occasions in the patient's own home or in the general practitioner's consulting room. The candidate must be introduced to the patient by the family doctor, with whom he is encouraged to discuss the case thoroughly.

In presenting his material, the student should give adequate consideration to both the clinical and social aspect of the patient's problems, and show an appreciation of the family doctor's role in diagnosis and management. The presentation should include an adequate and concise summary of the salient features. It will be marked under these four headings;

clinical, social, general practice point of view and summary.

The material (approximately 1,500 words) should be written or typed on one side of quarto paper. Application forms may be obtained from the Dean's office of the student's medical school. The application forms must be countersigned by the Dean of the medical school, or his deputy, and by the general practitioner concerned.

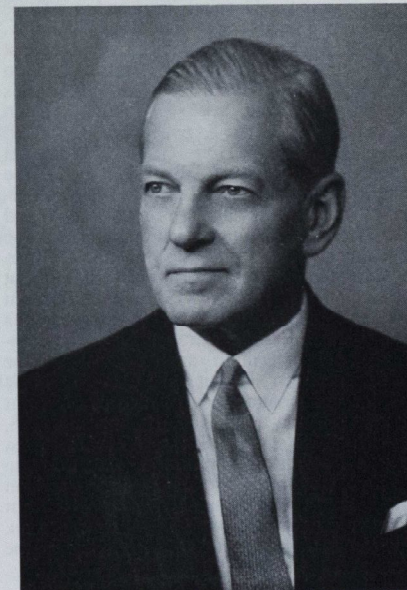
*Entries will be accepted from individuals who may have passed the Final Examination before the closing date of the competition, provided that—

- (a) the required clinical work and observation has been completed by the candidate before sitting the final examination;
- (b) the entry is submitted before registration (i.e., within the first year after qualification).

Obituary**Norman Adams Jory**

B.Sc., F.R.C.S.

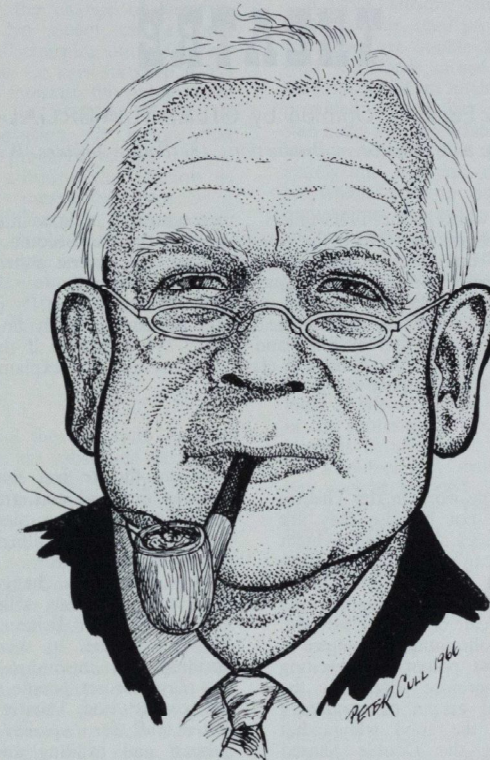
His many friends will have learnt with deep sorrow of the sudden death on the 28th December, at his Surrey home, of Norman Adams Jory, B.Sc., F.R.C.S., Consulting Ear Nose and Throat Surgeon to the Hospital, in his 70th year. Born in New Zealand in 1896, where his father was a parson, he was educated at Auckland University College, where he was both Junior and Senior University Scholar. He graduated in 1916 with the degree of Bachelor of Science, before joining the New Zealand Expeditionary Force and proceeding overseas as a Lieutenant in the New Zealand Rifle Brigade. At the end of the Great War he decided to remain in England, and to follow the example of his older brother Philip, who had already qualified as a doctor in New Zealand. Accordingly, he entered St. Bartholomew's Hospital Medical College on his demobilisation in 1919. Here his natural talents, and his B.Sc., stood him in good stead in his pre-clinical years, gaining for him the Treasurers' Prize in Anatomy, and the junior scholarship in Anatomy and Physiology. This led on, in his case effortlessly, to the passing



of the Primary F.R.C.S. before he embarked on his clinical training, a time saving practice which had much to commend it, but which is no longer permissible under present regulations. He next added the Brackenbury Scholarship in Surgery to his academic distinctions, doing so in the face of unusually brilliant competition. This gained for him on qualification in 1923, the appointment of house surgeon to the general surgical firm of Holburt Waring, then senior surgeon, and Harold Wilson; this was probably the finest surgical apprenticeship which Bart's could then provide. After his year in general surgery he spent the next six months as house surgeon to Harmer and Rose in the Throat and Nose Department, and Scott and Just in the Ear Department. This was then regarded as a more senior resident appointment, entailing considerable clinical responsibility, and providing generous opportunity to acquire operative experience particularly in mastoid surgery. Here in this very busy department his talents as a most promising young surgeon were quickly recognised and encouraged so it was no surprise, when having passed his Final F.R.C.S. examination in 1925, Norman decided to emulate still further his brother Philip, who by then was established as an oto-laryngologist at St. George's Hospital in London. There followed two years as demonstrator in anatomy, which he was able to combine with the post of part-time registrar at the Central London Ear, Nose and Throat Hospital. About this time he also acted briefly as ship's surgeon on the yacht of an eccentric but far-seeing millionairess, Lady Houston, whose financial support of the successful British entry for the Schneider Cup Trophy led directly to the building of the Spitfire fighter aircraft of World War II fame. Without this support, which the government of the day was too niggardly to provide, the course of history would almost certainly have been very different. Between 1931 and 1935, he was Chief Assistant in the then separate Ear Department, a post he combined with consulting appointments to the Royal Northern Hospital, L.C.C. Hospitals and several cottage hospitals, notably at Hendon, Harrow and Twickenham. In 1938, because of the serious illness of Theodore Just he was made temporary assistant surgeon to the Ear Department by the Governors, and on Just's death his appointment as Assistant Surgeon was confirmed. As a young man, Norman took full part in the activities of the

Students' Union, representing the Hospital with distinction at rifle shooting, reaching the very creditable position of 25th place in the King's Hundred at Bisley. He was also an excellent swimmer, and represented Bart's on many occasions as a member of the swimming team. His love of aquatics endured, and he was never so happy as when on seaside holidays in Cornwall with his wife and children, where he could indulge in his favourite pastime of sea bathing and swimming. With the outbreak of the 1939 War, he was posted to Friern Hospital in the Bart's Sector under the Emergency Medical Service scheme, and there he worked until the transfer after the war of the reunited ear, nose and throat wards to Hill End Hospital, St. Albans. Thus it was not until shortly before his retirement from the active staff in 1961, that on completion of the Queen Elizabeth II block he was able to concentrate all his work at Bart's in Smithfield, thereby being relieved of the strain of journeys to St. Albans and back on top of his long sessions in the operating theatre. As a surgeon he was well informed, deft and quite imperturbable, and consequently his services were much in demand by his colleagues and their families, always strong evidence of the high professional regard in which he was held. He believed in keeping himself abreast of all modern advances, and when rather late in his career otolaryngology developed some new and revolutionary techniques in microsurgery, he tackled and mastered these difficult and exacting procedures with the same quiet efficiency that had characterised all his work in the past. He was a good teacher, and was immensely popular with a long line of students, housemen and registrars whom he was delighted to guide and instruct. As a man perhaps his most obvious quality was his transparent and cheerful honesty, linked also with a kindness and humanity which made him ever gladly at the disposal of those who needed his services. He had a rich sense of humour which never seemed to leave him, and even when warded with the serious cardiac malady which he had developed, visitors were received with the same cheery smile and lively quip so characteristic of Norman Jory. He was immensely happy in his family life, and it is to his wife and five children that we offer our sincere sympathy in the loss they have sustained.

J.C.H.



SIR CLIFFORD NAUNTON MORGAN

The Why & How

of a

THEATRE

A Personal Opinion by GILES HAVERGAL

(Manager and Director of Productions, the Palace Theatre, Watford)

"Oh, you work in the THEATRE . . . goodness . . . how interesting", the same incredulous murmur greets the news whenever the fact becomes public. Once it is established that I run a theatre and don't act, the interest either rises visibly or declines sharply. Behind all the questions, and they are often intensive and searching, there lies the big question of "Why does he do it?"—it's obviously very bad pay, obviously no glamour and, after all, isn't it really flogging a dead horse now with the advent of films and 'telly'?" I wondered if the reason for being asked to write for you wasn't to clarify the mystery and explain some of the how and why of the unholy trade.

Why Theatre?

First then, most people work in the Theatre because they want to—not because they are too idle or stupid to seek other employment and not because they can't get into television or films. For me, (and since the great virtue of The Profession is its individuality and personal freedom, this can only be a personal opinion), it is a moral commitment. I believe in the theatre as the most potent and exciting medium of art and therefore potentially the most powerful artificial means of explaining man to man and all the good which that entails. I believe that the Double Shared Experience of first the actor and the audience and secondly the audience with itself make Theatre more alive and more interesting than a football match or a film. Certainly for me the thrill of a theatre can never be matched on celluloid and its whole transience is what relates it most strongly to football or bull-fighting.

So speaks an addict—but how far is this admirable and slightly pompous theory held? Surely the theatre is a dead letter excitement-wise now—alright for classics and musicals, but without the contemporary thrill of a good new film or television show? The answer is

that the theatre has sold out on itself. For reasons financial and artistic it became dull, fusty and dreary—a place to which children were dragged by unwilling aunts for pantomime. The thrill had gone.

Now, in 1966, a change is on the way. The impact of television killed over 50 per cent of the theatres in Britain, and a good job too. Now, a theatre, to succeed, has got to be thrilling and ingenious—the old routine of set plays for set people will not do. All over the country the Theatre is no longer dead-letter stuff for 'squares' but passionate and human and exciting and clamouring to be heard. Suddenly, young people find it more interesting than 'telly', (and who shall blame them?) and schools are discovering that there are immediate scholastic and personal advantages to a heavy programme of drama in schools. It could be that we are on the verge of a major alteration in our view of theatre and the effects of theatre, (surely something that must have particular significance to Doctors). The National Theatre, (which costs the Nation thousands of pounds a year and has such high standards and so few empty seats) is the International example of our change of heart.

A Local Theatre

"But all this is all very well in the West End—is there any future in local 'rep'?" (How often have we had cause to hate that word). Local Theatres in Britain represent in hard practical terms the change of heart in the British Public. No longer can a local theatre be "The Rep." churning out indifferent plays week after week—to earn its keep it has got to appeal to and entertain the public more than ever. The idea of a Civic Theatre is for Britain an innovation. It means that local authorities are prepared to spend large sums of money to subsidise the Theatre as a civic amenity. This means they consider a town is in need of a Theatre in the same way as it is in need of a Public Library, a swimming pool, well swept streets, or proper drainage. An increasing number of people feel that a child unable to get to a theatre regularly is as deprived as a child out of reach of a library or cinema.

The Civic Idea

The subsidised local theatres, (and most of those outside London are subsidised nationally by the Arts Council and locally by the Borough Council), follow no set pattern—each is different both in amount and type of subsidy and local feeling. Most are restricted by size from being merely touring theatres, (which take in pre- and post-London shows), and almost all have opted for the more risky, more tempestuous journey towards an Indigenous Theatre. The idea of an exciting building staffed by talented people presenting entertainment for a particular locality in a way that will appeal to that locality surely puts much of the thrill and excitement back into the concept of theatre. Only with civic backing is it now possible, and the reaction in somewhere like Nottingham is spectacular.

Theory into Practice

So we have civic subsidy, an Arts Council grant, a building and a locality in which at least a minority regards the live theatre with a local flavour to be an amenity not a luxury. How are all these high ideals going to stand up to providing 52 weeks entertainment a year? Here I would like to move from generalisations to my own theatre at Watford. Here we have a small Arts Council grant, a

large Borough Council grant and a charming but inept old theatre. How to fill it 52 weeks a year?

Rights of the Citizens

A Civic Theatre should be open every day of every year, (and provide café facilities, etc., which we are unable to do). Any long period with the doors closed seems to me to belie the concept of an amenity. The entertainments provided should be of the highest possible standards and the widest possible range for the money available. We divide the year approximately into 36 weeks of the resident company on which we lose our subsidy, four weeks pantomime where we should make a profit, and 10 weeks of incoming tours, amateur and professional, which should break even, (we close for two weeks for pantomime rehearsals). I feel very strongly that only in a Civic Theatre can the age-old rift between amateur and professional be healed. I feel a Civic Theatre should be able to offer professional facilities, (preferably in an attached smaller theatre), to local amateurs and so encourage their interest in the professional theatre, (which in so many cases is non-existent).

I also feel very strongly that the rate-payer has a right to good Sunday entertainment at the local theatre. This, in our case, puts a heavy strain on an overworked staff, but celebrity concerts are very popular and help to break the back of the grim urban Sunday.

The Resident Company

Since all the subsidy and most of the year are taken up with the Resident Company's season, and since this is the home-grown product, it is essential that the ratepaying audience should feel it is worthwhile. How do you persuade an audience to come to a long season of plays in fortnightly repertory? For clearly a civic subsidy is only earned if the amenity is used.

The answer is simple to say and almost impossible to achieve. First, the overall standard of everything to do with the theatre must be of the highest. The courtesy of the box office and usherettes, the cleanness of the theatre, the well-stocked bar, succinct programmes, good lighting and scenery, smart turn out, technical efficiency in all departments—these are the essentials of a successful theatre, (and I haven't even mentioned the plays).

Secondly, all this must be enlivened by a real vitality, by the belief that the theatre offers more than any other form of entertainment. Without this sparkle in all departments even the best run theatre becomes a dead letter and a dead bore. All this on very low wages. One fact not widely understood is that the theatre is subsidised by those who work in it. This means not only the actors but the technicians, electricians, carpenter, secretary, P.R.O.—all could be earning larger wages for considerably less work in other firms. Always the lack of money is the stumbling block to success. If a theatre is not successful it is either being run by people without talent, or there is insufficient money to produce a standard the public wants to know about. So often the lack of money leads to overwork on the Staff, many of whom work a ten to twelve hour day six days a week. Overwork means only too soon a drying-up of inspiration and a drop in efficiency.

Plays

Once given the overall aim of a high standard and a vital theatre, the selection of plays is pre-eminently important. Here the aim is simple—as wide a range of plays as possible, (as long as each play is good of its kind). But the limitations on a really exciting play list are not merely geographical—they are predominantly financial. So many plays either have enormous casts, or are costume plays or have complicated scenic arrangements, which make them far too expensive. Once that is established your potential play list is cut where you most want it—the expensive plays are so often the ones which offer something different from films or television. A cardinal rule in the difficult job of play selection is never to choose a play you don't believe in, if you are the manager. It seems to me that it is a moral surrender to present a play you despise or dislike simply as an audience catcher. So much time is spent in trying to assess one's own taste that to presume to understand other peoples and pander to it is like a fashionable painter churning out work on well-tried successful lines.

The New Taste

Interestingly, the new wave of theatre-goers likes "the better plays", Shakespeare and Shaw now do better box office than Whitehall farce and Agatha Christie. (The Nottingham theatre play list makes no concessions to

post-war commercial theatre.) Musicals and revue are more popular and something out of the ordinary catches on. Watford—which with its extreme wealth and proximity to London is a very contemporary town—seems to represent the feeling that people who go to the theatre nowadays are going because they want something different from the screen, either large or small. Young people particularly are not interested in smart, West-end light comedy, (they can see it on films), nor in cardboard thrillers which are done considerably better with the greater facilities of television. At Watford I try to keep a balance between "Macbeth" and "One for the Pot"—and only steer clear of very way-out modern work which does require a theatrical sophistication to be fully appreciated. I always hope my play list will contain something old, something new, something borrowed and something blue.

Casting

"But where do you get the actors from?" The question pre-supposes the worst sort of "old rep. actor" solidly giving the same performance to a dwindling handful of local fans. Now, once again, the position has changed. The new vitality of local theatre can attract major artistes, even for the very limited money we can pay. Television now pays actors well and often gives them enough to be able to afford to do an interesting play with a local theatre. The advantages of a theatre at Watford are enormous. Actors tend to make London their centre and daily commuting makes the prospect of work at Watford attractive. Also, the chances are good of being seen by casting directors or producers from other theatres, television and film companies. To drag actors far from London is increasingly difficult and the availability of good artistes is one of the advantages of the more expensive operation of running theatres near to London.

Regulars or Visitors

The loyal supporters of a local theatre like to see the same artist in different productions and see their range and talent increase as the season progresses. Casual visitors want to see a play well-cast. I find the answer is to have a nucleus of three or four good actors (who do not necessarily play the leads) and import other suitable artistes for a play or group of plays.

Stars

The temptation to fill the theatre by importing a star or well-known 'name' must be resisted. Used occasionally it is exciting and worthwhile—used too much it lowers the public opinion of the regular company. In the desperate struggle to compete with television in the early '50's many local theatres used the Star system to their own ultimate detriment. The aim is, as at Nottingham, for well-known artistes to come and go as a matter of course in the company, without any considerable 'song and dance'.

A general point on casting is that, although it is very difficult to get good actors, there is overall a great availability of artistes. The profession is under-employed as well as under-paid. The fictional figure quoted is that only one actor in four is in work at any one time and only one actress in seven. (These figures are assessed on paid-up members of the Actors' Union, Equity). Because of their precarious existence, actors are proud and choosy and a theatre will not long attract good artistes unless the Play List and the standard of production are of the highest. A good actor often prefers to be out of work rather than work in a sub-standard theatre.

Publicity

One of the reasons for the theatre's decline—from which it is now recovering—is the failure of managements to get good publicity. This is partly because of the old prejudice of artistic people about 'publicity', which still seems a dirty word—more, because money for publicity was not available, and when the budget gets tight, publicity always seems to be what is cut. In my view, as much money should be spent on publicising a theatre as on producing a play. The theatre is competing in the publicity-conscious field of entertainment, with cinemas and television. It is also combating the feeling that theatre itself is old-fashioned and dull. It is, therefore, essential that there should be a great deal of publicity not only in local and national papers but on posters and cards. The mailing list—which brings an attractive, well-designed brochure to the public is the most explicit way of telling the potential audience what is going on. But publicity embraces a much larger field. Everything to do with the theatre and its personnel is public relations in a local area. Opening bazaars, giving lectures,

establishing contacts with factories and firms, making friends with local shopkeepers, having a float in the local carnival, making sure the company looks smart in the street—all these things are essential if a theatre is to make itself felt as something lively, amusing, original and utterly worthwhile.

Wherever I lecture—in schools or Clubs—there is usually a stunned reaction to the fact that a Theatre Manager should be human at all—the fact that he can laugh at, criticise and take criticism of his own theatre comes as a revelation. Every day it is a battle to break down the Victorian idea that theatre is dull, stuffy, highbrow and 'square', (which is the instinctive feeling of everyone in England over 18, including many people who work in it).

Publicity or Public Relations must break down this image if a Theatre is to step forward. A new building obviously helps the new image, but it can be feelingly conveyed with good publicity.

Outside Activities

If we face the fact that the theatre has a slightly faded image for most grown-up people today, it seems to me essential that the next generation should grow up without such inhibitions and regard the theatre as part of their life like the cinema. We at Watford have a big schools campaign. The Assistant Director is also a teacher in the schools, (an almost impossible arrangement which has done more to cement the theatre and the schools than anything else). We take groups of actors to schools to do lecture demonstrations and improvisations, (which we call Splinter Groups). We lecture in schools whenever required and, most excitingly, we bring children into the theatre for Workshop Sessions.

Workshop Sessions

These are weekly, and last two hours, and the children pay to come. They do exercises, (vocal and physical), and improvisations, and put these together to form some rough, short, play at the end of a session. The essential part is that the children work and not just watch, and that they are guided but not led by two members of the theatre staff. The inspiration and imagination for the improvisations is entirely their own. We are hampered by insufficient room from doing as much of

this work as we should like, but it does represent the sort of work that is being done up and down the country and springs from the entirely voluntary desire of the children to interest themselves in this sort of activity.

Inky and Unwilling Parties

We are also helped by large school attendances at plays, but here again the pattern is changing. No longer is there a crocodile of unwilling faces dragged to school certificate Shakespeare at Schools matinées. Now children come voluntarily and are more likely to come in the evening and be assimilated with an adult audience. We also have school parties for every production—not just Shakespeare—even for Whitehall farce and intimate revue.

Conclusions

An alive, local Theatre is an idea which has taken many a knock since the Victorian days

Charterhouse Comment

Selection Committees for medical colleges are said to view with approval those students who show some wider education in non-scientific subjects to add to the scientific necessities for entrance. It is presumably accepted that there is more to medicine than pure science. If this philosophy influences the selection of students why is it not taken more into account in the subsequent organisation of student life?

Medicine is an absorbing and time-consuming study but complete devotion of all time and energy to this pursuit, especially in the early years of training, is self-defeating. Illness rarely simply happens; it has an origin in social background and way of life. Only a doctor who is not only medically trained but also generally well-informed and "socially aware" can fully appreciate all the factors involved. A competent doctor obviously must be able to communicate with all stratae, both of hospital staff and of society at large. This facility grows with experience.

when every worthwhile town had its Music Hall. The advent of Television killed off much that was bad in the theatre and now a renaissance has started. The Civic Theatre—sponsored by the ratepayers—is a new idea which puts into hard cash the concept of a theatre as a necessity for the full life of a community. Everywhere more and more people want good theatre, and talented people are there to provide it, and to bridge with extra sweat the gap between the money available and the standard necessary. This reborn theatre is still in its infancy, and it will die without proper financial support. Could it be that the National Theatre which, for the first time in British History, pays the staff of an art theatre proper money, is paving the way to the day when the theatres, as in Germany, are subsidised to the hilt, where everyone is well paid, where the standard is very high and the auditorium never empty?

The steady accumulation of experience should be instructive, enjoyable and relaxing, but is often not readily available to those newly arrived from a distant school. Experience need not necessarily be altogether personal; we can gain from films, TV, books and plays without being landed with the ensuing complications. Encouragement should be forthcoming to prompt the student to make the most of London life. Bridges are needed to islands of wider activity, the paths of which we can wander for ourselves. The sterile rut of landlady-regulated life in the drab deserts of suburbia is unlikely to dispel the lack of understanding and tolerance now prevalent, due one likes to think, to ignorance, rather than genuine ill-will.

The main criticism is the lack of communication with the rest of the university and the lack of information concerning the events taking place within it. Is it that we feel ourselves superior as a college? Are we still hankering for the Oxbridge prestige of cloistered isolation? Our own societies make an effort but the meetings are awkwardly timed for those feeling bound to return to their landlady's supper.

Perhaps the situation will improve with the opening of the new residential block in Charterhouse Square; it may well foster greater community spirit and enterprise with Central London close at hand.

Elisabeth Macdonald.

Thoughts On Reading In Bed

Lying in bed is a supreme experience—reading in bed sublime.

Firstly the question of lying in bed. I do not hold the view, apparently held by some, that this pastime is symptomatic of a decadent society. There is no doubt in my mind that these people are hypocrites, indeed if taken into a small corner I am sure those with the more healthy minds would quietly acquiesce to my view and perhaps even admit to having lain in bed themselves. Those who do not lie when exclaiming that lying in bed is immoral and have never indulged themselves are unfortunate men.

By lying in bed I mean of course lying in bed for reasons other than sleep. Lying in bed is quite obviously the ideal place for mulling gently over the not so pressing problems of life, for letting one's mind wander into all sorts of odd crevices—and for reading. In fact for reading there is no better place.

Chesterton considered lying in bed was only perfect if one had a coloured pencil long enough to draw on the ceiling. This is ridiculous and those who have read so far will agree that such an activity is not only too strenuous when lying in bed but also limits a decent representation of one's creative powers.

I read in bed, others do, but the more materialistic amongst us, poor souls, abhor it. It is for those who read in bed that I write, not only to strengthen their convictions, for the written word is surely as good a place as any to prop up those who may begin to doubt the wisdom of their practice, but to convey briefly the pleasures of reading in bed. The great thrill of reading is that one can reach out for a book to suit one's frame of mind at the time—poetry to soothe away the sores of life, gentle fiction to titillate, and philosophy when one feels like looking into things.

By reading I mean something which doesn't inhibit thought. Although, as Helps once said,

reading can sometimes be an ingenious device for avoiding thought, I feel that sincere reading sets up an aroma which seeps pleasantly through the mind, a source of inspiration if you like, to start or finish the day.

When one gets used to reading in bed—a crammed bookcase within easy grasp—one cannot read elsewhere. This is not necessarily a bad thing for where else can one go to escape temporarily from the hurly burly of modern living? I won't consider sitting on tombstones or reading in the distant countryside because this pursuit can only be realised when the weather permits and not when one's mood permits—this is one of the secrets of reading.

Practically, reading in bed may on occasion be troublesome and devices for preserving one's comfort and general convenience can tax one's ingenuity—especially in Winter. The cold is the enemy of he who reads in bed—whether to read on one's tummy or on one's back, when to expose a hand to turn a page, and mastering a book which is perpetually sliding down the bed—all these become hideous deterrents.

Last winter there was fervent correspondence in *The Times* concerning these finer aspects of reading in bed. Here one could perceive dedicated men extolling not only the virtues of their art but eager to convey to others their various remedies for difficult times. Ideas ranged from specially designed and close fitting thick woollen mittens and night caps to implements operated from the mouth to turn the pages. These were truly great men, men of courage, not flinching from their purpose by the pranks of mother nature.

Thus it can be seen that reading in bed is an innocent occupation which arms the mind for the pursuit of life. It is regrettable that some amongst us cannot, through one thing or another, savour one of the more delightful aspects of life.

from our Special Reading Correspondent, Mr. R. Clayton

ASPECTS: *Of the real and the ideal*

'Only connect'. E. M. Forster

It is a hypochondriac with insight who will tend towards the assumption that all disease is imaginary; and the time will come when this person gets a real disease and thus, assuming it is imaginary, becomes a hyperchondriac without insight:

And how reliable can any truth be that is got
By observing oneself and then just inserting a Not?

as the poet says. But just because much idealism is of this nature, it does not follow that all is so. Presumably, therefore, one must not only connect but distinguish.

* * * *

Dr. Doolittle, the original flying doctor, was an idealist (I imagine that's the reason for his name, a treacherous wink to the grown-ups). Remember his flying Ark? On another occasion he set free all the birds in the London Zoo. He appealed to at least two of the great passions of childhood—the love of animals (the love that, after 25 shattering years, she offered her first husband was slight compared to that which she had given her first dog . . .) and the belief in freedom (he was not running away from school, as they seemed to think, he was running towards Eden . . .). Now and again something happens to bring it all back; in this case: 'Nikita and Valentina, the two brown-and-black Russian bears which escaped from a children's zoo at Ryde, Isle of Wight, a fortnight ago, were recaptured yesterday. The bears—they are brother and sister—were 'shot' by a veterinary officer at London Zoo with anaesthetic darts. A spokesman for the zoo said that precautions had been taken to make sure that the bears did not get another taste of freedom. It is believed that they may have been released by children.'

It is not the thrill of it all that remains with one, the thumping heart, the endless planning, but the agony of the recapture, the anger against the grown-ups. Can veterinary officers, can even spokesmen for the zoo be saved?

* * * *

Lucifer was crossing the valley with swift strong strides—it was one of his good days, he was feeling on top of the world—when whom should he meet but the Almighty. 'Hallo, old man,' he said. 'Sorry I haven't been to see you recently but I've been terribly busy, more patients than ever. And what are you doing with yourself nowadays?' 'Making Spring,' said God happily. 'It's going very well'. 'I seem to remember your saying the same thing this time last year', said Lucifer; and the green valley echoed with the hideous laughter of the Angel of Light.

* * * *

Sharma's faith in his country was restored when he read that Shastri died penniless and propertyless—that he had been one of the Servants of India (a Society which, in return for putting its members' salaries into a national development fund, grants them a bare living allowance) and had lived in an 8-room rented bungalow with his wife and 21 children and grandchildren. This was something to tell them at Forte's when they teased him about Goa and Kashmir,

this was something to set against their Hampstead Garden Suburb Socialism and their Harley Street Vocations. Real idealists, he thought, do not talk about it, they act.

This Sunday, then, Sharma was wearing his dhoti as an expression of national pride. But he was not happy as he walked the frosty streets of Finsbury. Life wasn't always easy washing up at Forte's by day and studying medieval political science and agrarian philosophy by night, with his wife and children 5,000 miles away. He walked into a café and ordered a meal. The only other customers were a young man and two beat girls. The young man's face was spotty, his shoelaces were undone, his grey overcoat did not fit. He appeared one of the unfortunate, without money or brains or looks. Yet the two girls (in jeans and jerseys, soft hair, soft lips) chattered excitedly to him, caressing him with their sweet smiles and laughter, touching him when emphasising their remarks, glowing over him. He did not say much but sometimes he returned their smiles and he had a nice smile; it expressed, if Sharma understood it correctly, tenderness; and it was the only sign of what they saw in him.

Sharma sat at the other end of the café and watched the three of them drinking their cups of tea. They seemed to occupy a different atmosphere from the rest of the café, from the rest of London, an atmosphere in which they communicated perfectly with each other. Sharma felt as if he were back in India and his problem receded in importance. He wondered whether or not to go and speak to them.

* * * *

'All that matters in life, in behaviour, sex and religion, is to be simple and warm and natural,' said the wise and beautiful lionness.

'All very well for you to talk,' said the wise and beautiful unicorn.

* * * *

One of our students is missing. They found a place for him, as he himself anticipated. The last entry in his notebook reads:

'In the pamphlet 'The Race between Procreation and Food Production' by J. George Harrar (Rockefeller Foundation, 1965), there occur these two sentences: 'This year, half the world's population is hungry—either undernourished or malnourished . . . clearly measures must now be taken if the world is to retain any sort of balance between nutrition and numbers.' In other words, J. George Harrar assumes the nightmare hasn't commenced simply because it has not reached him personally. It's like discussing whether we would drop nuclear bombs to avoid being taken over by communism (if human brotherhood means anything, we already made that decision in 1956 when we did not go to the assistance of the Hungarians) or discussing happiness as if it depended on privileges. There is no 'sort of balance' to retain (except that set by starvation and this will continue without our assistance). When the bell tolls it tolls for you. Half the world is suffering from malnutrition, the other half is suffering from guilt. It becomes increasingly obvious that compassionate cannibalism is the only answer: reduces the population and increases the food supply simultaneously. When the bell tolls it tolls for dinner. A committee has been set up. The sounding-out talks were described as useful. There was a frank exchange of views between two screaming men, one with a guilt complex, the other starving. Ramsey and the boys are on the Wembley trail. Start singing. In time. Don't worry, dearest, the machine guns won't get you if you keep in time. As long as we can retain a sort of balance between our rhetoric and our madness, they should be able to find a place for us. Start screaming. In time. Don't worry, dearest.'

CTESIPHON

by Col. W. C. SPACKMAN

A further extract from his reminiscences.

Townshend's forces now consisted of the 6th (Indian) Division reinforced by part of an extra brigade which included the 2/7th Gurkhas and the 24th and 76th Punjabis. A systematic advance was made from Azizya in mid-November and after several minor scraps around some tamarind and casuarina woods the force was concentrated by the 20th at a place called Lajj from which we got our first view across the flat plain of the historic old Arch of Ctesiphon.

This Arch, which dates from the sixth century, is the remains of the palace of Chosroes, a famous Persian King and statesman. It is a segment of the great banqueting hall of which the ends and most of one side have fallen down. (It is now a show sight for world tourists.) It rises to a height of almost 100 feet and forms a most conspicuous and imposing feature in the flat landscape. There are other indications of the Sassanian city that occupied the site near the river in the form of mounds; the most obvious was a high angular ridge known to us during the battle as High Wall. The Arch and a small Arab village beside it, as well as High Wall, lay behind the right of the Turkish position which reached to the river close by.

A few days before the battle, a downcast little Venis told me, behind his comical smile, that owing to a re-arrangement of officers in the battalion he would not be with the company led by the big blond calm Riddell and he was obviously much upset by the transfer to another company. Since joining the regiment early in the campaign he had been Riddell's devoted 'company officer' in every action.

The Turkish Army in front of us was estimated at 18,000 regulars and an uncertain number of Arab semi-organised formations of infantry and cavalry, with some 52 field guns. Our knowledge of their strength, defences and dispositions had been derived from spies, cavalry reconnaissance and the observations of our two small aeroplanes, but most unfortunately one of them, flown by a Major Reilly, returning with the latest news and charts two

By Nov. 1915 we had battled our way right up the Tigris to within a few miles of Baghdad, that magical city the capture of which seemed almost within our grasp.

days before the battle, had had engine trouble and had been captured. Not only were we deprived of vital information of entirely fresh extensions and reinforcements away on the Turkish left flank but they obtained details of recent seasonal alterations in the course and sandbanks in the Tigris below them. We did know however that there was an especially strong system of trenches and redoubts out on their left (desert) flank, labelled by Townshend as V.P. or Vital Point, as on its capture depended the outcome of the whole battle. Near the centre of their position was another redoubt (Water Redoubt) guarded by a 6 ft. water channel. I have very vivid and painful recollections of Water Redoubt.

Our naval strength had just been increased by the arrival of a new and business-like river monitor, the *Firefly*, of shallow draught, good speed and fire power. Its brief and gallant career with us lasted a bare ten days before ending in disaster. The paddle yacht *Comet* and the tugs *Shaitan*, the heroes of Amara, and *Sumana* and two horse-barges carrying naval 4.7" guns drawn by whatever was available, lent strength to our gun power, recently increased by a battery of howitzers firing high-explosives which raised a heartening cloud of sand and vivid yellow smoke on landing. Transport by land depended on our tough mules, in pairs pulling the even tougher indestructible springless mule carts.

We marched out from Lajj on the night of 21st Nov. (1915) in diverging columns. Our column was on the left and we followed the line of telegraph poles carrying wires all the way from Aleppo to Bushiir on the Persian Gulf but now of course silent. Our objective was the group of trenches in front of the Arch. That very evening, to his intense and undisguised joy, Venis had been retransferred to Riddell's company. I shall never forget how he screwed the eyeglass he occasionally affected into his eye to conceal the emotion he felt on hearing the news.

About midnight we reached our designated position and so took up battle alignment and

waited in cold and discomfort for two or three hours in anxious anticipation of the morrow, but apparently unobserved by the enemy. It was a very dark night and no lights were allowed, reliance on direction being on compass bearing.

We moved into the attack at first light, making for the Turkish trenches in the direction of the Arch looming up in the faint light far ahead. We made rapid progress in extended order, I with my stretcher party and medical haversack, but without our mules, accompanying the second line or close behind it. As the daylight strengthened we saw the whole plain on our right filled with our troops steadily advancing with only a few shrapnel bursts above them, but soon the battle became very much alive everywhere. The enemy trenches were clearly indicated by the massed puffs of white shrapnel shells bursting over them and the tremendous yellow flashes from the lyddite shells of our howitzers smashing into 'V.P.' We on our part began to come under considerable shell and long-range rifle fire from our left and front. It is really terrifying to see the little puffs of sand made by the bullets hitting the ground close around and to hear the wicked whine of the riccos singing by, with still enough force to disembowel you.

Meanwhile, far away on the right our cavalry column had come under heavy and accurate fire and had lost so many horses, poor brutes, that it could not attain its object of passing behind the trenches of the Turkish extreme left and had to be content with dismounted action without conclusive result.

The assault on V.P. by Delamain's brigade was carried out with the utmost daring and gallantry in the face of a withering fire though supported by a maximum artillery barrage from every gun we could bring to bear. The leading troops were the 2/7th Gurkhas and the 24th Punjabis and both suffered very heavy casualties. The Gurkhas, rushing to the attack and caught up in the barbed wire slashed their way through with their kukries. Their colonel, a huge man who towered above his little riflemen and was even more conspicuous with his bright red face and white hair, is credited with completing the demoralisation of the defenders by the roaring fury of his language when inextricably hung up in the wire entanglement. A strong Turkish counter-attack was frustrated with the aid of the brigade on their left.

Communications meanwhile had become very bad between these two brigades and ours on the left flank. It appears that Townshend

thought that we had overrun the Turkish position in front of High Wall and the Arch, and thus that Water Redoubt could be pinched between our brigade and the troops holding V.P. He therefore despatched a scout ordering our brigadier to turn his attack to the right for Water Redoubt. At that moment we, with the Oxford and Bucks, and others, were fairly committed on a frontal attack on trenches near the Arch. It is a great tribute to these troops that the extremely difficult manoeuvre of changing the direction of its attack to half-right in mid-career was rapidly performed without more than a small amount of confusion, but the result was that we got heavily enfiladed by having to pass for nearly a mile at a distance of a few hundred yards in front of the Turkish trenches till we finally came up against the still-intact Water Redoubt.

At this critical moment I felt a terrific thump on the left side of my head. I fell giddily to the ground and finding my hand, which I had clapped to my ear, covered with blood concluded I had had it! The world was going round in circles! In point of fact, a bullet had gone through my left ear and banged against my mastoid bone where the balancing apparatus is housed. Fortunately the horizon soon steadied up for me and with a heroic-looking bandage round my head I was able to follow up. Water Redoubt and the trenches around had fallen to a final bayonet charge. Colonel Harward, no longer dyspeptic, and the adjutant, Burdett, the only officers in the regiment unwounded, with a handful of sepoy had rushed a trench full of Turks when there followed some apparent uncertainty between the two sides as to who had surrendered to whom! The matter was soon settled by the arrival of more and more sepoy and a large number of Turks were quickly disarmed and herded off.

I can never forget the heart-rending scene in front of that redoubt. The desert around was dotted thick with fallen figures, some motionless, others rolling about in agony and distress and a few walking, hobbling or staggering about. Almost at once I came upon a particularly pathetic sight. A quiet reserved temporary officer of my regiment, not at all a heroic type, lying dead among the dead and wounded sepoy of his company, with his drawn sword in his hand. A surprising gesture that evidently put courage into his heart in leading his men when any heart might fail. His company commander had already been killed early in the action.

Not far off, and within a few yards of the Turkish wire, a feeble cry attracted me to poor little Venis, shot through the body, paralysed and dying. When I got to him all he did, in spite of his own agony, was to point to a figure lying face-downwards just ahead of him and cry in a broken voice "Oh! Spackie, they've killed Riddell!", and there was Riddell, shot through head and body, his fair hair clotted with blood and sand. I gave the poor boy a strong shot of morphia and he died in a few minutes with his head on my knee.

He had come to us just after the Shaiba battle with three other officers of the Indian Army Reserve. He was very small and looked like a jockey, in fact he had been a keen amateur rider in Burma and he had a jaunty, almost cheeky manner not entirely approved of by the colonel. His father was a planter in the Mergui Archipelago in Southern Burma. By his own account he was irresistible to the opposite sex, and his humorous conversation was much interspersed with comments and gestures tending to support this impression. His Burmese bearer, one Maung Shwee (or 'munshi' to the mess servants) was rather hot-tempered and liable to produce a kriss and make threatening gestures if annoyed which got him into trouble at times.

Among many other horrifying sights was a fine Sikh sepoy of ours sitting there and signing to me. The whole of his lower jaw had been shot clean away and the stump of his tongue was hanging . . . he indicated he wanted a sip of water, but he could not swallow. My regiment had lost 60 per cent in dead and wounded. Of our ten British officers taking part, including myself, four were killed and four wounded, and the Indian officers had all become casualties except one. The fighting force was about 10,000 in action and the casualties 4,593. We had behind us almost no reserves, and reinforcements had only reached Basra, three hundred miles down river.

I still had most of my small squad of stretcher bearers with me and as we were near Water Redoubt I began to collect the wounded there. It afforded at least a source of water, pretty stagnant and we had to throw out several dead men. This part of the battle was more or less over, for the time being, by noon. I was the only Regimental doctor of our column still able to function so that I had many casualties of other units to deal with. By mid-afternoon I had two hundred lying around the redoubt and was quite exhausted in trying to deal with them. At this moment Padre Spooner (brother of the famous cricketer) rode up on a

mule. He was attached to Col. Donegan's Field Ambulance and had been sent forward to find a suitable place for the Ambulance to set itself up. I sent him back at the gallop and when the Ambulance mules and carts arrived I thankfully handed over to it.

I have mentioned how at Shaiba my nerves were steadied by taking off my Red Cross brassard and borrowing a rifle to have a shot or two at the advancing Turks. At Ctesiphon, my head stretcher bearer turned up at Water Redoubt looking rather ashamed and carrying a rifle.

"Havildar Dayal Singh", I said, "where have you been?"

"Sahib", he replied, "my friend Mohan Singh was killed and you were hit; it was no good being a stretcher bearer, so I got a rifle and went on". I found he had joined a handful of sepoys with the Colonel and been one of the first into the Turkish trenches. He was given an award for gallantry and promoted, but it wasn't a good example to the other stretcher bearers!

It seemed to me, but I was too junior and diffident to say so, that the policy of sending R.M.O.'s into battle with the second line of their regiments was foolish. We, expensively trained and very difficult to replace, incurred almost as great a risk of being killed or wounded as the combatants, and what we could actually do in battle was no more than put on a field dressing or give an injection of morphia. It was argued that our presence with the troops gave them confidence, but quite often a unit went into action with an M.O. who had only just joined them. In my case, I had been with the regiment since before we left India and up to the present my luck had been in. Other R.M.O.'s had been killed. The policy was changed thereafter and doctors remained further back.

I was now working with Donegan's Ambulance but was so exhausted that when they gave me a mug of excellent hot soup I brought it straight up again. Donegan (trust an Irishman to know what's what!) produced from one of his panniers a small bottle of champagne and he poured me out a glass of it, naturally taking a glass for himself. Never have I had a more marvellous drink! Almost one might say it saved my life, for soon after I took a good lot of soup and stew (Irish!) and fell fast asleep in spite of the battle flaring up again as a Turkish counter-attack was beaten off. Where we were we could easily have been overrun as there was a gap in our hastily organised defence line.

When, fully restored, I rejoined my unit at dawn of the 23rd the picture was far from reassuring. Although the main Turkish position was in our hands, the village near the Arch and towards the river held actively hostile and menacing troops freshly arrived from Baghdad by river steamer, and away on the opposite flank beyond V.P. a counter attack was again threatened. We were also somewhat embarrassed by 1,300 prisoners we had taken. Hoghton's brigade, of which we were a part, had suffered frightful losses. His Brigade Major was now a Company Sergeant Major of the Oxford and Bucks. I well remember seeing Col. Lethbridge of that gay and historic regiment (whom I knew so well at Ahmednagar just before the war) walking up and down at his regimental concentration post looking a picture of abject woe, having lost so many fine officers and gallant men already in the battle.

The next job for which I was detailed was to go over to V.P. and help evacuate the wounded collected there. I was not very clear as to the exact direction to take but started out early next day following the line of Turkish trenches, but these were in such a mess with water, mud and half-buried bodies and barbed wire that I preferred to risk it in the open as there was just then only occasional sniping from the watchful enemy. Luckily I was hailed when I got a bit off bearing and sternly told to get down into the trench which turned out to be one of the V.P. network.

We all set to work behind a slight ridge loading up the mule carts with wounded and sending them off across the rough track in batches, poor devils. As soon as they got out into the open they came under a bit of shell fire—there was nothing to distinguish them as doing ambulance work—and some of the mules bolted, fortunately in the right direction, but it must have been pretty agonising for the wounded all lumped together in the springless carts. Many of these frightful battle wounds never reached the Field hospitals, much less the Base hospitals, and they seemed all the more shocking in the open battle field away from the professional atmosphere and equipment needed to deal with them. And when they reached the river that evening they were loaded as close together as was possible on to the open iron barges and decks and many did not even get a chance of dressings till they got down to Basra over a week later. There was a great scandal about it but I do not think the blame could in any way be placed on the

medical staff in the field units, grossly overworked in most difficult conditions.

Away on the other flank by the river a tactically important mound (Gurkha Mound) was captured by the 2/7th Gurkhas to protect that area from a threat by newly arrived Turkish troops. How those little Gurkhas with their short legs got across from V.P. on our right to High Wall and Gurkha Mound on our extreme left I do not know. ("My little men can fight, but don't expect them to march great distances as well!") The enemy were unable to make any effective counter-attack in that area as our naval guns were close and in great form when any target presented, but out in the desert ammunition supplies began to run short. Ammunition mules had been killed or gone astray, and it became necessary to concentrate our forces back behind High Wall and close to the Tigris in order to reorganise in comparative peace.

There was an ominous calm on the 25th Nov. and an atmosphere of uncertainty among the regiments as to what the next move would be, though I believe a short retirement to Lajj had already been decided upon, where we had a useful depot of stores and munitions only lightly guarded.

That evening I climbed up the steep side of High Wall to the flat top where we had an observation post overlooking the late battle field. The Arch and its village of Suliman Pak were quite close on our left, but still in Turkish hands. In the far distance was a line of low sand hills towards the Diyala river where it joins the Tigris and it was in this direction was intently maintained.

And sure enough, after a while we could make out in the hazy wavering air a column of troops winding its way through the far off sand hills towards us, and soon after another column could be picked up through field glasses. These could only be Turks! We all realised how awkward it would be if they out-flanked us and reached the river below where we were, for we were entirely dependent on the river boats for bringing up ammunition and supplies and for evacuating our wounded and sick. We received, without surprise, orders to march immediately back to Lajj.

So now at last we had to confess within ourselves to a sense of frustration, even of despondency, of barren toil and bitter loss, as we retreated that night, back across the weary plain to Lajj from which we had set out only four days earlier so hopefully to fight the desperate battle of Ctesiphon.

Squares of London

by ROGER CLAYTON

The earliest reference to Soho, or Sohoie as it was originally, is in a St. Martin's parish rate book of 1632. The origin of the word is not known. "The fields of So-Hoe" are mentioned in a proclamation of 7th April, 1671, prohibiting further erection of small habitations and cottages in the fields as buildings would, it said, "choak up the air of His Majesty's palaces and parks and endanger the total loss of the waters which by expensive conduits, etc., are conveyed from those fields to His Majesty's Palace at Whitehall."

Nevertheless a few years later the whole area was built upon and the square was begun in 1681 when there were nine inhabitants viz: Duke of Monmouth, natural son of Charles II by May Walters, (beheaded 1685), Colonel Ramsay, Mr. Pilcher, "—Broughton, Esqr.," Sir Henry Ingleby and the Earl of Stamford.

King's Square as it was first called, after Charles II, was apparently the centre of fashion when Grosvenor and Cavendish Squares were not yet in existence. Shadwell in a comedy written in 1691 implies that it was a fashionable quarter of town. In Allen's "History of London" (1893) it was described as "presenting a very pleasing and somewhat natural appearance having in the centre a large area within a handsome iron railing enclosing several trees and shrubs. In the centre is a pedestrian statue of Charles II at the feet of which are figures emblematic of the Rivers Thames, Trent, Humber and Severn. They are now (1893) in a most wretchedly mutilated state and the inscriptions on the base of the pedestal are quite illegible." An ambitious fountain arrangement had been added in the time of Queen Anne, and Charles II still stands today.

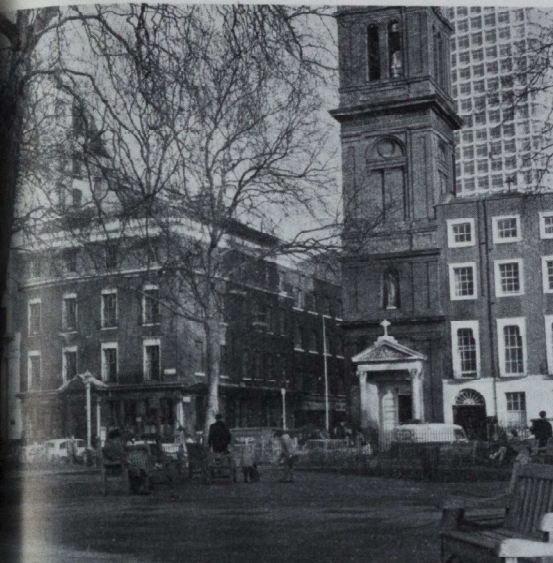
The Duke of Monmouth lived in a large house built by Wren on the South side of the Square. It had three storeys presenting a centre with slightly projecting wings and peculiarly lofty windows. It was later bought by Lord



Bateman and as the stream of fashion marched westwards it eventually became an auction room, and was finally demolished in 1773 and the site chopped up into small building leases.

During the eighteenth century Soho Square attained some measure of celebrity as being the residence of Sir Joshua Banks, philosopher and botanist, who lived at No. 32, later the Hospital for Diseases of the Heart. Sir Joshua went through Harrow, Eton and Christ Church where he studied botany. In 1766 he went to Newfoundland to collect plants, sailing from Plymouth Sound under the command of Captain Cook. He was away for three years and upon his return his specimens aroused some excitement. It is with Sir Joshua that the accidental origin of the Linnaean Society lies. One morning he breakfasted with a John Smith, medical student and botanist, and told him of an offer he had had of the memoranda and botanical collection of Linnaeus from Sweden for £1,000. Sir Joshua had turned the offer down and Smith in his amazement persuaded his father to advance the money. Meanwhile King Gustavus III of Sweden was sojourning in France and when he returned home, hearing of the sale, forbade it. It was too late for the herbarium, books and manuscripts arrived safely in London in 1784 on an English ship which had evaded a similar Swedish vessel

3. SOHO SQUARE



in Fleet Prison whilst forming schemes for retrieving her broken fortunes. Unsuccessful attempts were made to resume the festivities but the square declined in the world. The grand saloon of Mrs. Cornelys' establishment was subsequently altered and turned into a Catholic Chapel, known as 'St. Patrick's, Soho, and frequented by the poor Irish of the neighbourhood.

In the south-east corner lived Mr. Barnes, conservative and respected editor of the *Times* and it was here that when waited upon by the leading politicians of the day he laid down the terms on which that paper would support the Duke of Wellington's ministry of 1828.

The celebrated Soho bazaar in the North-West corner was opened by Queen Charlotte in 1816 and was subsequently extensively patronised by the Royal Family. It was a favourite haunt of sight-seers especially at Christmas and during other gift seasons; it took the form of a huge lounge surrounded by many rooms and 'shops'. The Government did not entertain the original proposal for the sale of articles in aid of widows and orphans and it became a most exclusive centre. In spite of the name 'bazaar', a wide variety of articles were sold from sewing machines to ivory goods and books to birds and rustic aviaries. All the hundred and sixty rooms were fitted with mahogany counters and aside there were refreshment rooms and offices for hire of servants. "The scene that here presents itself during business hours is one well worthy of a visit."

Only in the late nineteenth century did Soho Square become accessible to the general public. The land was owned by the Duke of Portland, a pompous man and arch-snob of his time, who was never to be found when his tenants asked to see him. He was very old and decrepit when he succumbed to popular demand and agreed to have the site redeveloped and laid out.

sent to intercept it. The collection cost £1,088 5s. At Banks' death in 1828 the celebrated collection with John (then Sir John) Smith's additions was purchased by the Linnaean Society and still remains in their possession.

On the east side of the Square stood Carlisle House of the Howards, Earls of Carlisle. It was set in the midst of a large garden and towards the end of the eighteenth century was tenanted by Mrs. Cornelys who held masked balls and other fashionable entertainments "to the destruction of all sober principles". People raged about her parties and the guests generally had the time of their lives although the morality of the place was questionable. Chief patrons were the Duke of Queensbury and the notorious Duchess of Kingston who, as Horace Walpole tells us, was on at least one occasion "in a state ready for the sacrifice" whilst shewing a "deficiency of adequate dress". At one of Mrs. Cornelys' masquerades the daughter of a peer was known to wear £100,000's worth of jewellery and at another a certain gentleman was seen as Adam in flesh coloured tights and a fig leaf in the company of the Duchess of Bolton. The Duke of Devonshire was to be seen, "very finely robed, but in no particular character". Mrs. Cornelys' extravagance spelled her ruin and she was shortly to be found selling asses' milk in Knightsbridge and in 1797 died

DELAY

in

Early Stage Diagnosis

by MALCOLM DONALDSON

(Hon. Secretary of the Cancer Information Association)

How often have I heard a surgeon say "If only this patient had come earlier there would have been some chance of curing her". But how often do those same people do anything to help to get patients to come earlier. Bart's is one of the exceptions because some members of the staff do run a "Well Woman's Clinic" backed by the City of London Corporation. But that is not enough.

Each year hundreds of students become qualified. Are they "Cancer Conscious"? I hope they are, but many general practitioners of the older generation certainly are not! In an article in the *Lancet* 13/11/65 an analysis was made of the delay in treatment of Cancer of the Rectum and of the Colon. In the case of the rectum the average delay due to the G.P. was 10.6 months. In 18 cases only two had a rectal examination and yet all these patients returned to their G.P.s with continuing symptoms of bleeding, constipation or diarrhoea.

The average delay in seeking advice by the patient was equally terrible—10.3 months. This latter is the condition of affairs that my Association hopes to improve.

In the case of cancer of the colon there was a longer average delay caused by the hospitals than by the general practitioners, but the diagnosis in the case of the colon is admittedly much more difficult than that of the rectum.

It is hardly to be wondered at that many G.P.s are not cancer conscious because twenty years ago most of the text books gave not the symptoms and signs of early cancer, but of imminent death, and the cases seen in hospital were nearly all advanced cases. On the average General Practitioners see about 15 cases of malignant disease per annum, most of them advanced. These they have to treat until they die. No wonder they hate the word cancer, and suffer from what I call "Impersonal Apprehension"; not fear of cancer for themselves, but fear that if they talk about it to a lay person the person will suffer greater fear of the disease. Every psychologist knows this is not true,

it is only by facing up to any cause of fear and talking about it that fear can be overcome. As Emerson wrote "Knowledge is the Antidote to Fear".

The delay in the diagnosis of cancer is largely due to Ignorance and Fear on the part of the Public. The Americans were the first to realise this and started educating the Public in 1913. I wrote an article on the subject in *The Practitioner* in 1932 and in 1936 was able to organise lectures in the South of England. 800 of them were given until 1939 when war stopped everything. After the war the British Empire Cancer Campaign Headquarters refused further help, largely because the Ministry of Health in 1946 said that they did not approve of any reference to cancer being made directly to the Public. It took them seven years to realise their mistake and in 1953 they wrote a letter to all Local Health Authorities urging them to set up Cancer Education Schemes. Alas, only Liverpool have acted on this suggestion and in 1963 set up the "Merseyside Cancer Education Committee" which is backed by a number of Local Health Authorities in that area.

In 1953 I was able to carry out a 3-year Pilot Experiment under the auspices of the Yorkshire Council which is autonomous. In 1956 I decided to start a Cancer Information Association in Oxford, a small University town on the banks of the Isis. It was hard work as, owing to the lack of funds, I could not get the local Authorities to be interested. I was obliged to be Lecturer which entailed motoring many thousands of miles per year and had to be my own secretary and office boy. After six years, during which I averaged fifty lectures per year, the tide turned and thanks to a guaranteed income from "Tenovus", a charitable organisation, in Cardiff the Association was able to employ my colleague Mr. Marter as a whole time Cancer Education Officer and Mrs. Marter as a part time secretary; the latter can read my writing! Since they arrived the activities have grown greatly and during the first eleven

months of this year 180 lectures and film shows have been given to the public. This included talks to schools and Youth Clubs on Smoking.

Space does not permit to state the running of the Association in detail, but the principle in the lectures is to use as simple language as possible, to be as optimistic as is scientifically justified and to make the audience laugh at silly jokes, which is very easy. It is important to realise how every phrase used by the lecturer will be interpreted by the lay audience.

There are two other organisations carrying out Cancer Education of the Public, namely the Manchester Committee started in 1952,

DRAMA SOCIETY

LUNCH HOUR IN MALET STREET

On February 4th, the Bart's Dramatic Society made its first attack on the London University One-Act Play Festival with a performance of "Lunch Hour" by John Mortimer. A strong attack too, for they took third place out of fifteen competing colleges, but allowed King's College and London University Drama Society in ahead of them to first and second places respectively.

"Lunch Hour" is set in a third-rate Guest House room, hired by 'the man' during a lunch hour, for a little clandestine love-making with 'the girl'. In order to obtain this room, the man has had to spin an involved yarn to the busybody manageress, about meeting his 'wife' there to talk over some of their marital difficulties. On learning this, the girl takes on the concern of the wife she is supposed to be, so that instead of 'oats', all the man gets is a berating for being such an unthoughtful 'imaginary' husband. This witty mixture of the comic and pathetic cleverly contrasts between extra-marital and marital relationships—the carefree and the careworn.

Nick Wagner and Sue Macdonald showed some fine, well-balanced acting, their portrayals of 'the man' and 'the girl' being both sensitive and convincing. Bridget Jack played a strong supporting role as the manageress, and the production, by Bryan Lask sustained a competent and polished air throughout.

Compared with other plays in this Festival, "Lunch Hour" was relatively easy. It required good acting, which it got, but was not demand-

ing splendid work and now organised on the same principle as Merseyside, and Cardiff which started in 1962 and is a purely voluntary organisation like our own Association.

Our Association is trying once more to interest the Local Authorities around Oxford, which they refused in 1956.

I have visited Canada, U.S.A., South Africa where I was invited to help start Cancer Education, Australia, New Zealand, Russia and many European countries. They are all streets ahead of us and spending hundreds of thousands of pounds purely on Cancer education of the public. Wake up Great Britain!



Sue Macdonald and Nick Wagner in "Lunch Hour".

ing enough to require very good acting, which could have been supplied. Interpretation was one of the major points the adjudicator was looking for, and although the main theme came through well, I feel one or two items were overlooked or not sufficiently in focus.

A tougher play next time, more thought into its interpretation, and all the other ingredients we have. Ah, but I smell the sweet scent of success even now.

BOB KENDRICK.

medicine in literature

EPIGRAMS

Marcus the doctor called yesterday on the marble Zeus; though marble and though Zeus, his funeral is today.
Nicarchus.

To be afflicted with colic and to be afflicted by abstaining from oysters are two evils in place of one.
Montaigne.

When the world has once begun to use us ill, it afterward continues the same treatment with less scruple or ceremony, as men do to a whore.
Swift.

A doctor used to say: 'Only heirs really pay well.'
Chamfort.

There are worse occupations in the world than feeling a woman's pulse.
Sterne.

From a view to a death in the morning.
J. W. Grace.

Medicine is nothing at all, worse than nothing, if it is not simply one of the ways of expressing love.
A. S. Monteverdi.

'Do you mean that the patient is in a fair way to recover?' inquired Mr. Pickwick. 'No', replied Mr. Hopkins carelessly. 'No, I should rather say he wouldn't. There must be a splendid operation, though, tomorrow—magnificent sight if Slasher does it'. 'You consider Mr. Slasher a good operator?' said Mr. Pickwick.
Dickens.

Health of body and mind is a great blessing if we can bear it.
J. H. Newman.

It often happens that the sicker man is the nurse to the sounder.
Thoreau.

'What a flame of a girl!' thought Yergunov, sitting on the chest, and from there watching the dance. 'What fire! Give up everything for her, and it would be too little . . .' And he regretted that he was a hospital assistant, and not a simple peasant, that he wore a reefer coat and a chain with a gilt key on it instead of a blue shirt with a cord tied round the waist. Then he could boldly have sung, danced, flung both arms round Lyubka as Merik did . . .
Tchekhov.

Illness is the most heeded of doctors: to goodness and wisdom we only make promises; pain we obey.
Proust.

Every sickness is a musical problem; every cure a musical solution.
Novalis.

You needn't go on making remarks like that, they're not sensible, and they put me out.
Alice.

The mistaken exits and entrances of my thirties have moved me several times to some thought of spending the rest of my days wandering aimlessly around the South Seas, like a character out of Conrad, silent and inscrutable. But the necessity for frequent visits to my oculist and dentist has prevented this. You can't be running back from Singapore every few months to get your lenses changed and still retain the proper mood for wandering.
Thurber.

Doctor Thomas sat over his dinner,
Though his wife was waiting to ring,
Rolling his bread into pellets,
Said, 'Cancer's a funny thing.
Childless women get it
And men when they retire,
It's as if they had to find some outlet
For their foiled creative fire.'

W. H. Auden.

When a man dies, he does not just die of the disease he has: he dies of his whole life.
Péguy.

What member can we conceive to be more specially charged with sublating and spiritualizing the labour of progress and conquest? The contemplatives and those who pray, no doubt. But also, very certainly, the sick and suffering. By their nature, by their complexion, the sufferers find themselves as it were driven out of themselves, forced to emigrate from the present forms of life. Are they not therefore, by that very fact, predestined and elected for the task of elevating the world above and beyond immediate enjoyment toward an ever more lofty light? It is their part to tend toward the divine more explicitly and with greater purity than the rest. It is their part to give breath to their brothers who labour like miners in the depths of matter. Thus it is exactly those who bear in their enfeebled bodies the weight of the moving world, who find themselves, by the just dispensation of providence, the most active factors in that very progress which seems to sacrifice and shatter them.
Teilhard de Chardin.

A good deal of superciliousness
Is based on billiousness.
People seem as proud as peacocks
Of any infirmity, be it hives or dementia praecox.

Ogden Nash.

The true index of a man's character is the health of his wife.
Cyril Connolly.

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Among the Curry-eating Peoples

by M. O. AVELINE

(Holder of the Nuffield Foundation Scholarship in Tropical Medicine, 1964).

PART II

THE JOINT FAMILY

The balance of Life in India is so fine that the slightest adversity causes starvation and death, whether it be disease or drought or the death of a cow. All slack in the economy has been taken up. A very important form of defence against disaster is the joint family living in a large communal house. This comprises the man, his wife, his brothers and their wives, their children and grand-children and the grand-parents, and is the dominant form in village society. The holdings of each member are worked in common, thus avoiding fragmentation and in theory marshalling the labour force more efficiently. In practice, all decisions are made autocratically by the titular head which creates animosities and often disruption of the family.

A house officer, a year after qualification has a salary of Rupees 100 (£8 0s. 0d.) per month and a post-graduate studying for his M.D. Rupees 120 (£10 0s. 0d.) per month. To live, purchase books and suitable clothing requires at least Rupees 150-200 (£13-£16) per month in the city. A similar position prevails in other professions. Continued parental support is an essential for marriage and even existence and thus the younger generation remains dependent to a much greater age than their European counterparts. The corollary of dependence is loss of intellectual freedom and the absence of challenge to out-moded ideas. A hospital registrar earning Rupees 300-450 (£24-£35) per month and aged 28 to 30 is in a position to make a suitable



Progress is slow in Southern India

marriage, but one post-graduate bemoaned to me that he would be too old and set in his ways to make it worthwhile.

THE STATUS OF WOMEN

The Indian woman is a second-class citizen. Widow-burning or sati was a well-established custom during the last two millennia. Given that the dharma of a wife is to serve her husband, it follows that her own life becomes irrelevant and even wrong with his death. Few cases of sati are reported now but the status of women still leaves much to be desired. One village head-master told me that of his three hundred pupils only fifty were girls, and they attended sporadically. The boys, however, stayed on to fifteen or even older. As female infanticide is happily now rare, one can infer that girls are more useful as farm workers than scholars. Marriage is the first time that the Indian woman achieves recognition as an individual

and as a woman. In her youth, she is not allowed to play with her brothers and must eat after they have finished; later during her menstrual periods she is considered unclean and is segregated from the rest of the family. As she grows older, she begins to comprehend and accept her inferior status. She is instructed from the earliest age to find fulfilment in marriage, and does so. With the birth of a son, her happiness is complete and she is venerated. A barren woman is made to feel uncomfortable and even the birth of a girl is undesirable as the child must be provided with a dowry. The Indian woman does not look for equality in her marriage but security and purpose of life. In public the wife walks behind and not with her husband. Often she is not allowed to visit her parents without her husband's permission and accompaniment, even though the two households may be close. The Ramayana deals with Rama's adventures in exile and eventual overthrow of the demon king Raven (see below). It is beautifully written and is a great source of inspiration to Indian literature and of guidance on good action (dharma) according to Hindu doctrine. The following extract clearly defines the wife's duty. The philosophy depicted might not find much favour in the United States of America, but has great dignity and idealism.

Rama wishes to stay and serve his brother while he is banished to the jungle for fourteen years

. . . . and soft eyed Sita, ever sweet in speech and word stirred by loving woman's passion boldly answered thus her back:

"Do I hear my husband rightly, are these words my Rama spake,
And her banished Lord and husband will the wedded wife forsake?
Lightly I dismiss the counsel which my husband hath lightly said,
For it ill beseems a warrior and my husband's princely grade!
For the faithful woman who follows where her wedded lord may lead,
In the banishment of Rama, Sita's exile is decreed,
Sire nor son nor loving brother rules the wedded woman's state.
With her Lord she falls and rises, with her consort courts her fate.
If the righteous son of Raghu wends to forests dark and drear
Sita steps before her husband wild and thorny paths to clear!
Like the tasted refuse water cast thy timid thoughts aside,
Take me to the pathless jungle, bid me by my Lord abide.
Car and steed and gilded palace, vain are these to woman's life,
Dearer is her husband's shadow to the loved and loving wife!
For my mother often taught me and my father often spake
That her home the wedded woman doth beside her husband make,
As the shadow to the substance, to husband is faithful wife,
And she parts not from her consort till she parts with fleeting life."

(from the translation of the Ramayana by Romesh Dutt.)

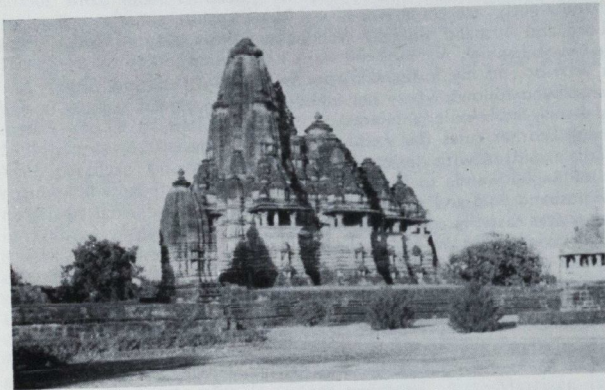
Arranged marriages are the rule in India, love marriages are still very much the exception. Traditionally the two sexes have no contact before marriage so that boy-girl relationships, as we know them, do not exist. Men students seen talking to the women outside the confines of the classroom at the A.I.I.M.S. were ridiculed and any form of contact with the nurses was severely frowned upon.

This unusually harsh discrimination against the nurses has a threefold basis. In the first place, nursing itself is against caste law, furthermore as they have to visit the patients at night, their virtue is suspect, and thirdly being mostly from South India, their skins are darker. The housing of the nurses in an unguarded hostel set among those of the male students contrasts with the isolated female students' quarters and its barbed-wire fence and chowkidar on duty at the gate. Their inferiority is readily apparent. Such is the lack of communication between doctors and nursing-staff that the Sister does not accompany the Consultant or Registrar on his rounds. With such poor liaison one would not be surprised if the patient died of the uninformed treatment, even though modern science had provided the correct diagnosis.

In the centre of Delhi, a girl had only to complain to the police that a man was teasing her or staring at her to have him arrested and, if without connections, beaten. Even the

women doctors and university graduates I met were quite happy to marry their parents' choice and could see no virtue in the Western trial-and-error system. As they said, "My father has known what is best for me all my life; why should he not know now?" One melodramatic and tragic case concerned a man I knew and a Nepalese girl studying in Delhi. He and the girl were in love and hoped to marry eventually. However, one night the girl's parents came to Delhi and took her away without warning or delay. He followed by plane the following morning, only to find her in the process of being married. The parents absolutely refused to allow them to see each other.

At first I was very unsympathetic to the idea of arranged marriages, but having seen that they work well in practice I became less antagonistic. In most Western marriages "like marries like" and on a purely material level this is what the Hindu marriage attempts to do. Marriage advertisements will boast of scholastic achievements or stipulate the level of income required in the suitor. Skin colour, economic position and intelligence are carefully matched and the result, if not romantic, should at least be liveable. Once married the Indian woman has complete security, divorce being virtually unobtainable, and she knows that as her family grows and she ages, she will become more venerated. Her lack of emancipation is no loss to her, whereas its possession is often a source of ambivalence and conflict to the American woman. On the



The glories of the past—Khajuraho.

other hand, I met a young university graduate in Social Sciences who was married to an old, illiterate land-owner in a small village. In a country like India, this seems an almost criminal waste of talent.

GRAFT AND CORRUPTION

No account of India would be complete without mention being made of graft and corruption. The clerk or civil servant however lowly has great status in the community by virtue of his influence. With the right connections even efficiency is possible in India. My companion and I were fortunate in having an introduction to Mr. Harjanavis, the Minister of Culture; a word from him produced a chauffeured car and tickets to the ballet and music evenings. The Constitution of India gives great powers to the Central Government and this has meant an ever increasing army of bureaucrats, all obstructing, and jealous of, each other. In India the thought is given preference over the act and so it is not surprising that many wise orders and rulings are made but never implemented. The directives are buffered by red tape, soon forgotten, and overlaid by new ones. The adoption of Hindi on January 26th, 1965, as the National Language and insistence on its use in all communications between State and Central Government can only further show the process, for English is far more widely spoken, and in the South, Hindi not at all.

The lubricating gift or appointment of some relative to a desired position, are accepted practice from the village panchayat (Council) to the Lok Sabha (Indian House). It is said to be quicker to send an internal letter with inadequate postage as the postman will be able to charge double at the other end. Much has been heard recently about raids being made on film-stars' houses to seize undeclared income. A film-star will be paid a salary of Rupees 50,000 but will receive a further Rupees 450,000 in secret. The businessman will have three sets of books, one false set for the tax inspector, one compiled by his accountant

and one by himself to check up on both. The Indian trusts no-one but himself and will often warn one against his so-called friends. A thriving black-market exists in the major cities, for many commodities have restricted import quotas: for example a second-hand Lambretta in poor condition will sell for more than list-price. In Connaught Place in the centre of Delhi, one can sell sterling notes for anything up to twice the official exchange. Contact with the police is to be avoided. One member of the British High Commission was involved in a road accident where a pedestrian suffered bruises. Fifty pounds sterling divided between the casualty and the police stopped prosecution and a probable prison sentence. The most splendid example of corruption on a grand scale was first reported in the *Hindustan Times* on the 11th February, 1963. It reads:—

"The Congress High Command proposes to take drastic action against the Bihar Pradesh (State) Congress which has two million bogus members on its rolls. These bogus members, said to be larger in number than in any other State, have been enrolled by interested persons to capture positions of authority in the organisation."

H. G. Wells pointed out that in the country of the blind, the one-eyed man is not always king. If every one bribes then the social system will not necessarily be improved by attempting to abolish bribery. However, I strongly disagree with the system in that the only people in real need of benefit are so poor that they are in no position to make the opening gambit.

CONCLUSION

Many people have asked me if I enjoyed going to India. The answer is an unqualified yes. In this report, I could have written at length on the fine aspects of Indian life and their great cultural heritage. I have mentioned the beauty of the Ramayana and the Mahabharata, but not the monolithic temples and sculptures at Ajunta and Ellora where the ecstatic fervour of the Hindus, Brahmans and Jains produced an unforgettable monument, impressive now as it was one thousand to two thousand years ago. At Khajuraho, each temple is covered with up to seven hundred unique carvings, each a masterpiece, each the work of an unknown craftsman's hands. My visit introduced me to the works of Rhabindranath Tagore, the greatest poet and playwright India has seen for many years,

one of whose beautiful prose-poems I must quote.

"You are the big drop of dew under the leaf, I am the smaller one on its upper side," said the dew-drop to the lake.

I was also able to see the latest Satyajit Raj film, *Charaluta*, which incidentally was only shown in Delhi at 9 a.m. on Sunday morning. I shall not forget the Bharatiya Kala Kendra's version of the Ramlila Ballet which I went to see twice.

Not all of India is dusty scrub and bleak desert. If you go to Kerala State in South India and take the bus from Kottayam to the Thekkady Game Reserve, the changing scenery is a continual delight. Indian buses are made for people without knees but you do not think of this as the bus noisily careers round corners and through dense palm-tree jungle. A succession of quick glimpses of meandering waterways and houses set on mud platforms against the coming monsoon pass before you, until you groan to a halt in some small village. By now, you have acquired some of the Indian fatalism and you have a cup of dubious tea and some vegetable curry served on a plantain leaf and eaten with the fingers. Now the bus begins to climb, first through the rubber plantations and then the tea. The distant hills are a gorgeous purplish-blue but closer you can see that the full sides are covered in regular rows of tea-plants. Women with wicker-work baskets on their backs patiently pick their way through the day. It is very quiet.

The average Indian is in no way an ascetic. He is voluble, excitable and laughs easily. He loves festivals and pageantry. At Dussehra, gigantic effigies of Ramon and his sons are burnt all over the country. Diwali, or the Festival of Light starts early with a ceremonial oil-bath and ends late. Rows of candles outline the horizontal lines of the low buildings and ear-splitting crackers explode before, behind and overhead until one could well imagine the city to be in a state of siege. The Indian is a rogue. He will charge two or three times the normal price if he thinks that he can get away with it and is quite happy to lead one up the proverbial garden-path. I bought from the Head Gardener at the Lal Bagh Gardens in Bangalore some seeds which he assured me were those of green roses and coxcombs. Planted in the garden at home they grew into conventional petunias and daisies!

These were some of the things that charmed one, but I could not help thinking that the

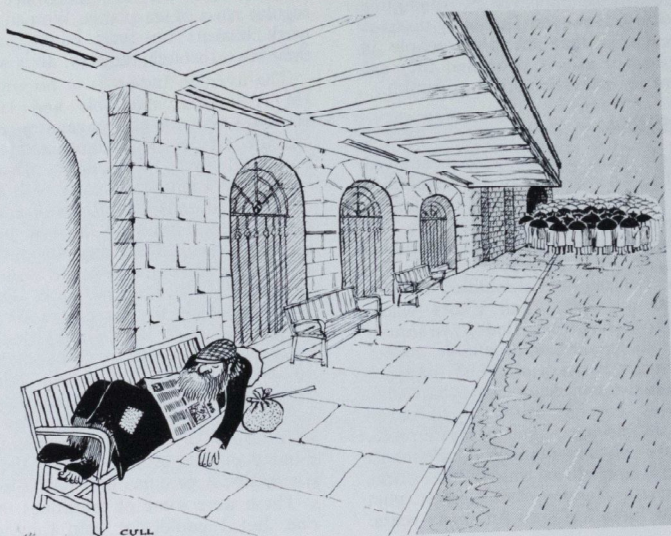
ability to enjoy non-material pleasures depends basically on having a full stomach. To describe only the beautiful things would be to deny the Indians' most pressing need, that of more food. It is for this reason that I have depicted a vicious circle of Hindu resignation, caste intolerance and gross poverty, the whole being aggravated by graft and corruption. The Hindu way of life is one of suffering, hence his indifference which is the final denial of humanity. The living standards of a cow-dung economy are far removed from those of the West. The Indians are trying to bridge the gap. They hope to be self-sufficient in medium machinery in ten years but with the confusion prevailing in the public sector of expenditure and the scant encouragement given to the private, this is improbable. There can be no easy answer to India's problems. With the nonchalance of a physician ordering a purgative for someone else, I could prescribe a period of dictatorship,



Kerala State—a tourist's idyll

where the privileges of a few would be sacrificed for the benefit of the majority. I conclude by quoting the opening words of the third five-year-plan and wish them all success in their endeavour.

"The objective of India's development must necessarily be to provide the masses of the Indian people with the opportunity to lead a good life."



record reviews

1812 AND OTHER FAMOUS OVERTURES, played by the **Philharmonia Orchestra**, conducted by **Nicolai Malko**. Music for Pleasure. MfP2034 (mono only). 12 in., 12s. 6d.

The "other famous overtures" on this record are Suppé's *Poet and Peasant*, Heróld's *Zampa*, and Mendelssohn's *Ruy Blas* and *Hebrides—Fingal's Cave* (the latter being a curious choice here for musically it towers above the others). The performances are routine, Tchaikovsky's *1812* suffering from a lack of panache and a thin string tone in places, but the record should provide ample pleasure for those who want it. The sleeve-notes, incidentally, are unusually interesting and informative and are not without some humour, as, for example, where they refer to the devising of a new programme for the *Ruy Blas*: "... it would deal with persons not essentially tragic, and would end with every really nice dog in triumphant possession of his bone."

BRAHMS. *Concerto in A minor for violin, cello and orchestra, Op. 102; Tragic Overture, Op. 81*, played by **Josef Suk** (violin), **André Navarra** (cello) and the **Czech Philharmonic Orchestra**, conducted by **Karel Ancerl**. Supraphon. SUA10573 (mono) & SUAST50573 (stereo). 12 in., 17s. 6d.

The *Double Concerto* is a unique work. It is scored for two solo instruments which are far apart in range and whose parts abound in technical difficulties; and it is unashamedly symphonic in character, lending the work a decidedly amorphous nature which leads to colossal interpretative difficulties. Yet the work has remained popular and receives many performances today (although not a few of these are little more than adequate). The present recording is an interesting one. It combines two distinguished musicians who are very different in temperament. Josef Suk is a full-blooded violinist whose playing is direct and rather objective, almost to the point of being detached. André Navarra, on the other hand, using a smaller tone, plays with more inner

Michael Spira reviews recently released bargain records.

regard for the music. Together, surprisingly, the two are almost compatible. The performance moves efficiently, allowing no time for sentimental loitering, and finding little room for lyrical expansion. The result, though not really compelling, is quite satisfying.

HAYDN. *Symphony No. 94 in G (Surprise); Symphony No. 101 in D (The Clock)* played by the **Prague Symphony Orchestra**, conducted by **Martin Turnovsky**. Supraphon. SUA10572 (mono) & SUAST50572 (stereo). 12 in., 17s. 6d.

Both these symphonies are famous for, and are named after, their slow movements: in the first, a loud chord suddenly (and surprisingly) ends a quiet, simple eight-bar melody; in the second, there is at one point a staccato rhythm which sounds just like the ticking of a clock. It is to be remembered, however, that the rest of these works are equally beautiful and are not without wit and charm. The performances here are clean and forthright. There is perhaps a slight lack of finesse, but the interpretations are truly classical in style.

GREAT TENOR ARIAS. Arias from *Tosca, La Bohème, Aida, Rigoletto*, and others; sung by **Charles Craig** (tenor), with orchestra conducted by **Michael Collins**. Music for Pleasure. MfP2032 (mono only). 12 in., 12s. 6d.

As there are no fewer than fourteen arias on this low-priced disc, let me say at once that this is a decided bargain by any standards. Charles Craig is now one of the leading British tenors and has been a regular performer at Covent Garden for the past six years. His is a pleasing voice and he sings with obvious delight, but he does not have the fire and passion that inspire the great Italian tenors. I often wished when listening to this record, that he would "let his hair down" a little more in a number of places. He does, however, imbue his performances with a certain poetry and charm, and I think that this collection of arias (sung in Italian) will be welcomed by many opera lovers.

RACHMANINOV. *Piano Concerto No. 2 in C minor, Op. 18*; **MENDELSSOHN.** *Capriccio Brillant in B minor, Op. 22*; played by **Moura Lympny** (piano) and the **Philharmonia Orchestra**, conducted by **Nicolai Malko**. Music for Pleasure. MFP2035 (mono only). 12 in., 12s. 6d.

Although one cannot really compare Miss Lympny's performances with those of the great male virtuosos, the present recording—at the price—is extremely competitive. She combines an almost masculine vigour with a real touch of femininity. Her performance, though perhaps a little too sentimental in places, is a thoroughly competent one that does not fail to please.

BARTOK. *Sonata No. 2 for violin and piano; Sonata for solo violin*; played by **Andre Gertler** (violin) and **Diane Andersen** (piano). Supraphon. SUA10841 (mono) & SUAST50481 (stereo). 12 in., 17s. 6d.

If one allows the concept of a definitive performance, then to me Menuhin's recording of the Bartók *Solo Violin Sonata*, made nearly twenty years ago, is just that. (Regrettably, however, it is no longer available.) Modern performances—and these are very rare for the work is probably the most difficult in the

THE YOUNG TRAVELLERS

Medical travelling clubs have enjoyed a modest popularity of recent years. They are usually small, informal groups of mutually compatible individuals with a common interest, who agree to meet from time to time at different centres, both for study and for congenial enjoyment of each other's company.

The Young Travellers' Club has recently been founded on the initiative of Dr. T. M. Young, Consultant Anaesthetist to the Manchester Royal Infirmary. Its members are a group of contemporaneous ex-Senior Registrars of the Department of Anaesthesia of St. Bartholomew's Hospital.

The Club recently held an inaugural meeting at Manchester in December. They were entertained and instructed by a number of well-known anaesthetists of that city, including Drs. Henry Brennan, Michael Johnstone, Andrew Hunter, Mark Swendlow, David Clarke, Frank Robertshaw and John Montgomery.

violin repertoire, both for the performer and the listener—always seem so frantic and tense. Gertler's interpretation is a refreshing change. Although it lies behind Menuhin's, it carries a sense of conviction that is also carried on to the other side of the record where Gertler is joined by his very able wife. The disc certainly repays careful listening.

VIRTUOSO COMPOSITIONS FOR VIOLA D'AMORE by Ariosti, Vivaldi, Hráček and Stamitz; played by **Karl Stumpf** (viola d'amore) and the **Prague Chamber Orchestra**, conducted by **Jindřich Rohan**. Supraphon. SUA10568 (mono) & SUAST50568 (stereo). 12 in., 17s. 6d.

It is easy to see from this record why the process of evolution has led to the virtual extinction of that singular member of the string instrument family—the viola d'amore. The "viol of love" had seven strings that were actually touched by the bow, and in addition there were seven or more "sympathetic" strings that merely vibrated with those actually played. This seemingly exciting arrangement in fact admitted little by way of tonal contrast. Nevertheless, students of any of today's string instruments and anyone at all interested in the history of music and musical instruments would find this record quite rewarding.

The social side was not neglected. It included informal gatherings for the study of the local brew, considerable hospitality from Dr. and Mrs. Young, an inadvertent mystery tour through Manchester in the rush-hour when the "navigator" fell asleep in the rear-seat, (all agreed that the London traffic problems paled into insignificance in comparison with that of Manchester), and, finally, a dinner at which the club entertained and thanked its hosts. It was a convivial gathering. In addition to those mentioned above Dr. Tom Dinsdale, Dr. Ken Jones and the incomparable and incomprehensible Scot, Dr. Tom Culbert, joined the company.

Members of the Club present at the meeting were T. M. Young, R. S. Atkinson, T. B. Boulton, M. Evans, L. Langdon, A. L. Lodge and P. H. Simmons.

T.B.B.



Penguin Reviews



SEX AND THE OLD MAID

Cousin Bette, by Balzac. Price 7s. 6d. *Fiction*

Cousin Bette is one of the last of Balzac's great series "La Comédie Humaine". I must admit to a certain reluctance to start this novel as I had been forced to read an earlier one in the series "Eugenie Grandet" as one of my set books for A-level. My particular copy had been abridged so that it was suitable for the tender minds of innocent schoolgirls, that is, it had been ruthlessly purged of all mention of sex and violence. It had been cleansed also of any humour or spark of interest. However, Penguin Classics spare their readers the indignity of censorship: Cousin Bette is mercifully un-abridged, and the translation by Marion Ayton Crawford is suitably florid.

My misgivings were dispelled by the second page. I was laughing almost aloud by the fourth and I was a disciple by the end of the book. Balzac is a very funny writer indeed; most of his characters are ever so slightly caricatured (but like the best caricatures they rest on good solid observation) and he plays opposing characters off against each other with deadly accurate dialogue.

Perhaps his greatest gift is his power of characterisation. His characters are alive and real as Dickens's are, although he shares a fault with Dickens, that of over-idealising the "good woman". The following passage may illustrate:

"The blonde hair that our mother Eve had from God's own hand, an empress's stature, a stately bearing, an imposing profile" etc. None of his characters are all good or all bad: the Baroness described above is a crashing bore and Cousin Bette, the vindictive old maid, has some redeeming features. His portrait of Cousin Bette is painted in great detail and is possibly the best thing in the book.

The plot is for the most part good and he handles its complexities well. Every scene

follows inevitably from the previous one; only the ending does not ring true. Balzac is a writer who must point a moral (again like Dickens) and his unfortunate sinners are punished in a particularly hard and melodramatic way which is highly improbable and does not fit in with the rest of the story.

For those interested in history, Balzac is a mine of information on Paris between 1838 and 1847; he describes furniture, interior decoration, clothes, social positions and food in the minutest detail.

I thoroughly recommend "Cousin Bette". Balzac is not, repeat not, a pompous Dove but a brilliant writer of wide vision.

P. Turvill.

THE SPICE OF LIFE

My Enemy's Enemy, by Kingsley Amis. Price 3s. 6d. *Short Stories*

This book contains seven short stories which were published between 1955 and 1962. There is a great variety of style and subject matter, but the book as a whole is concerned with the reactions of a number of individuals who are placed in difficult situations. The stories vary in standard somewhat, but throughout the book the dialogue is vivid and very convincing.

The first half deals with life in a British Signals Unit in Belgium towards the end of the Second World War. The unit no longer serves any useful purpose, they are merely filling in time. The Brigadier, for instance, has his personal laundry taken over 100 miles to Brussels by a dispatch rider, who also collects his personal wines and cigars. In the first story, the Adjutant plots to get rid of a young officer who is not warned about this by any of his close friends. He is however warned by a Captain who was generally regarded as the most uninteresting type of Regular Army ex-ranker, good only at cable-laying, supervising

cable-laying and looking after the men who did the actual cable-laying!

"I Spy Strangers" contains an excellent description of a remarkable mock parliament held in an Orderly Room. Here the Socialists are already in power; their Postmaster General is corporal of the dispatch riders!

"Moral Fibre" deals with the endless struggle of a Social Worker who tries to help a young prostitute who rebels not against Society, but against the Social Worker as an individual. The only reward is the approval of one's own conscience.

"Interesting Things" is short but well written. It describes an evening when a narrow minded tax collector, Mr. Huws-Evans, takes out a very liberal-minded comptometer operator.

In "Strange Things", two men and two women find themselves in a motionless steel sphere in space. Suddenly they receive a message from earth: a decision has been made to discontinue the space station on economic grounds, and as they are in a remote part of the galaxy they will not be taken back to earth as a prohibitive expenditure of time and effort would be entailed!

Variety is therefore one of the good qualities of this volume of entertaining short stories.

Rodger Whitelocke.

SENSUOUS SOUFFLÉ

Beautiful Clouds, by Francoise Sagan. Price 3s. 6d. *Novel*

Beautiful Clouds is the account of the last few months of a crumbling marriage. The husband is a rich young American living in Paris, handsome but hopelessly immature and morbidly jealous of his wife; she a gay pleasure-seeking Parisienne called upon to play

the roles of "mother, mistress or critic" in turn and unable to sustain them. They have no children and he has no need to work; the absence of any outlets from such an explosive situation makes a tragic conclusion inevitable. The plot is acted out in a bored, wealthy, worldly society whose only interests are pleasure and gossip.

Francoise Sagan writes in a sensuous but simple style; economic yet tender. Each scene is described with an observation of physical detail and perception for the slightest emotional inflection which gives a sense of timelessness and supreme clarity; but the transition between scenes is so effortlessly brief that the narration is able to cover nearly a year in a hundred pages or so at a minute to minute tempo. Occasionally economy gives way to irritating facility; but sometimes this very facility neatly emphasises the tiredness and emotional flatness of the characters:

"It was only after ordering a plane ticket for Paris, a toothbrush and some toothpaste, all to be delivered that afternoon—it was only when she lay curled up in bed, daylight vaguely stealing into the anonymous room, that she began shivering with cold, fatigue and loneliness. She was used to sleeping by Alan, and during the half-hour it took her to fall asleep, she saw her own life as a huge disaster."

Placid narrative can heighten tragedy; but somehow in 'Beautiful Clouds' it begins to reduce the characters to puppets whose actions and feelings have to be acted out in a stylised, even brisk way.

The novel is light and very short. The principal characters are both childlike in every sense good and bad. One suspects that they might become tedious in a longer novel; but that is an unreasonable speculation. As was once said of a very different book "to criticise it is like taking a spade to a soufflé".

John Sutcliffe.

MEDICAL BOOKS

Anatomy

Grant's Method of Anatomy, Seventh Edition. E. & S. Livingstone Ltd., 1965. Price 108s.

Though this is the seventh edition, it comes to the reviewer as something fresh. It differs from many standard anatomy books in that the descriptive material deals with areas rather than with systems. The line drawings are superb. There are no coloured plates, but the illustrator's skill highlights specific items in such a way that these black and white drawings are far less confusing than many of the coloured ones found in some other books. Though far less

D. F. Ellison Nash.

Chemical Pathology

Clinical Chemical Pathology, by C. H. Gray, D.Sc., M.D., F.R.C.P. Seventh Edition. Published by Edward Arnold, Price 20s.

"The whole book can be read in an evening" states an abstract of a review which is printed on the inside cover of this new edition. The student who fails to accomplish this feat need not feel downcast, because this statement clearly relates to the previous edition. The present book has undergone another thorough revision and with the addition of new material there has been an increase in length which places it beyond the capacity of homo sapiens to assimilate in one evening.

In general the text contains information in a rather concentrated form and in some areas the facts are given without sufficient supporting explanations which are needed as an aid to memory. In short, the facts are there without the pegs of reason to hang them on.

With these limitations in mind this book can be recommended as being thoroughly up to date and particularly useful for purposes of revision. The chapter on biochemical tests in endocrine disease gives a specially good account of the sterol hormones with more detail than is usually found in books of this kind.

J. C. B. Fenton.

Neurology

Lecture Notes on Neurology by Ivan T. Draper, M.B., Ch.B., M.R.C.P., pp. IX + 230. Price 18s. 6d. Blackwell Scientific Publications Ltd., Oxford.

This latest addition to the Lecture Notes series is by the neurologist to the Western Infirmary, Glasgow. It follows orthodox lines with sections on the structure and function of the nervous system, history taking and examination and an account of the commoner neurological disorders. The information seems to be accurate and well arranged and no doubt the book will be useful in revising for the final M.B. It is however less successful as an introduction to the study of clinical neurology. The concise and didactic style will not indicate to the student the fascination of the subject and the author has not been very successful in correlating the findings in neurological disease with the students' earlier study of anatomy and physiology.

J. W. Aldren Turner.

Social Medicine

Birth Control in the Modern World, by Elizabeth Draper. 275 pp. London: George Unwin Ltd. 1965. Price 28s.

The necessity for effective methods of birth control must be accepted as a matter of urgency both in underdeveloped and advanced communities. The

author of this short but authoritative book presents her case for population control by family planning as being the only rational alternative to war, famine and disease, in a convincing, if occasionally rather emotional, fashion. Her arguments are augmented by a layman's summary of reproductive processes, sex, sexuality and infertility. Although this is not intended to be a technical handbook of contraception, details of past and present methods are reviewed in considerable length, and the complications are not lightly passed over. The interactions and stresses resulting from the impact with entrenched opposition, of the community's increasing awareness of the need and desire for efficient birth control, occupy most of the second half of the book. The attitudes of the different religious and civil authorities are detailed with a laudable degree of impartiality.

This book is not primarily intended for doctors and medical students, but can be strongly recommended to any of them who consider that it is part of their responsibilities to be prepared to give advice on family planning to those patients who request or need it. Elizabeth Draper deplores the fact that medical students are usually given little or no formal instruction in contraceptive techniques or the social and psychological attitudes associated with the subject. She is right.

G. M. Besser.

Zoology

Practical Zoology, by C. J. Wallis. Fifth edition. Heinemann's. Price: 30s.

It is the first time that "Practical Zoology" has been issued as a separate book from its botanical counterpart. The result of this fission, as far as our First M.B. students are concerned, has been to remove much unnecessary material. In its present form the book contains sections on Microscopical Technique, Anatomy, Cytology and Histology, Elementary Biochemistry, Physiology and Vertebrate Embryology. The introduction provides general directions for Practical Work and the extensive appendices contain information intended for persons running laboratories. Together they complete a very thorough coverage of the subject.

The sections on Elementary Biochemistry and Physiology serve their ascribed purpose of correlating structure with function and are perfect for the course. Over half the book is devoted to Anatomy. Here the directions for dissection are given rather precisely and students with little previous biological knowledge may require a good deal of help from the demonstrators in following them.

The book is written for Advanced Level and Intermediate students, but then books are no longer written specifically for the First M.B. course. However, there is a clearness of presentation throughout and an intelligent student will be able to glean all he needs for his practical work from this book. Certainly in the neglected field of Practical Zoology it has no competitor.

Peter M. Collins.

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SPORTS NEWS

Editorial

Have you ever considered them? Have you ever thought how much they influence your life? To any sportsman they constitute an integral part of his athletic diversions. Each game is bracketed by the changing-room; there one leaves the hum-drum existence of ordinary life, and for a short while dons the trappings of a Bradman or a Jeeps. Every man changing from his ordinary clothes, becomes a semi-hero attired in the dress of his diversion. In their rather fetid atmosphere are discussed the merits and shortcomings of the passed game or the one to follow. Whether in Scotland or Surrey, they have a character all their own.

Just think, what is the common factor to them all? Primarily it's the enveloping and aggressive aroma which appears to be common to all. That putrescent and permeating odour of sweat-soaked clothes and discharging bodies; the whiff of stale deodorants mingled with the honest obnoxious tang of sweat. There are piles of decaying clothing mixed with the dirt of the sports field; the condensed steam from the showers rotting the wood round the firmly closed windows.

There is always a certain reminiscent aura about the place of past games; the expectant eleven or fifteen come in severally joking and quipping, as if to dispel the ghosts of previous losses. Tall men, dumpty men, athletic youngsters and balding pot-bellied old stagers;

These reflections were dreamt up by Peter Gill-Martin.

RUGBY CLUB

Jan. 1st. Nottingham. Won 3-0.

After the Pot Pourri party on New Year's Eve Bart's travelled wearily up to Nottingham to play on New Year's Day. Notwithstanding automobile mishaps en route we managed to turn out 14 men on the Trent-soaked pitch together with a willing Scotsman who made up the numbers.

The game was governed by the conditions. Passing was almost impossible and the game consisted mainly of muddy scrummages. It looked as if there would be no score until in the last minute Pope touched down from a lineout on the Nottingham line to give us the 3-0 win.

Changing Rooms

all carrying their bags containing their priest-like vestments. 'Is old Sid playing again?' 'Let's hope he misses the square leg umpire in his first over this time!' And the hearty, empty chuckles which accompany this brilliant repartee. The team begins to divert itself and array itself—off-colour whites or gaudy striped shirts and socks. Then come the worries about whether old Jock will turn up, then the final investiture in boots and laces before the gallant army sallies forth to do battle.

Afterwards, fresh from the encounter, the exhausted team returns from the field, either complaining or exhalting. Then amid their jovial rehabilitation to natural life, they joke and swear. Cheerfully undressed, they make their way to the ritual ablution where the games and laughter begin. Soap, that useful commodity, starts to fly round the wash-place. Ample rumps and sagging paunches resound to the cheerful slap of soap on flesh, until finally, piece breaking into pieces, the wretched soap disintegrates completely, to end its life in a squashy mess near the dirt-blocked exit of one of the showers.

Strange that the changing-room should have such an influence on the sportsman. This aspect of sport imprints its own indelible mixture of aroma and conditioning upon batsman and bowler, forward and fullback, regardless of their ability, age, size, shape or weight. Truly, a place where all men are equal.

Jan. 8th. Old Rutlishians. Won 22-3.

The conditions for this match were excellent and Bart's showed their superiority from the start with fast open play. Good backing up and co-ordination amongst the forwards, coupled with strong running by the three-quarters, indicated we were in peak form for the cup matches.

Tries were scored by Fairclough, Rees, Jackson, Savage (2) and Jefferson to give us the victory.

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Jose, A.D. (1960).
The Use of Aldosterone Antagonists in Cardiological Practice.
Paper presented before the Cardiac Society of Australia
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The First Round of the Hospital's Cup against King's.

**Jan. 13th. United Hospital's Cup. First Round.
King's College Hospital. Won 17-3.**

On a hard, dry pitch Bart's defeated King's on the Westminster Hospital ground. Following the good win the previous Saturday, the team was confident of its ability to do well in this first round. Some of this confidence was shaken when King's drew first blood by scoring from a kick ahead which our poor covering failed to cope with. By half time the score was three all, Johnson having gone over for a try from a movement started by Gilmore and McKintyre who lurked up with Savage outside.

After the interval the team became more effective. Rees scored a good try following up a high kick near the King's line. Shortly afterwards Savage kicked a penalty, and then McKintyre, picking up a loose ball in the opponent's 25, found the overlap enabling Johnson to score in the corner. In the final minutes, McKintyre, who had played a fine game, pounced onto a King's mistake to score a well deserved try, which was converted by Pope.

Team: M. Fryer, D. Jackson, D. Jefferson, P. Savage (Captain), S. Johnson, N. Griffiths, D. Pope, A. O'Kane, D. Rees, J. Gilmore, R. Jolly, M. Britton, K. McKintyre, P. Fairclough, D. Goodall.

**Jan. 27th. 'A' XV Cup Match. First Round.
King's College Hospital. Won 20-3.**

The 'A' XV Cup Competition is run parallel to the senior matches, and the Bart's 'A' XV gave a similar account of themselves against King's as did the 1st XV two weeks before. A heavier Bart's pack and good hooking by Johnson gave the outsiders the opportunity to run hard with the ball, with Moynagh making some useful breaks in the centre. Tries by Bates, Bell and Stewart (two each), and one conversion by Grafton gave us another victory.

Team: N. Packer, G. Hopkins, G. Baker, D. Moynagh, C. Grafton (Captain), P. Buckley, P. Furness, A. Johnson, P. Ashby, H. Scarffe, T. Bates, G. Kavanagh, M. Stewart, D. Bell.

**Hospital Cup Second Round. St. Thomas's
Hospital. Lost 3-20.**

Bart's lost to St. Thomas's by a penalty goal to a goal, a penalty goal and four tries on a heavy pitch at Hale End. Thus in the third Cup confrontation in four years, St. Thomas's reversed their defeat of last season mainly due to the maturity and experience of their attacking back row, one of whom was an International (Silk). He imparted a constructive skill to the side which led to Bart's

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being outplayed in the tight and the loose, though notably Pope, McKintyre and Goodall harried Tommies with determination, at times succeeding in scotching attacking moves from the base of the scrum.

Nonetheless, St. Thomas's were six points up in ten minutes having scored a penalty and a try. When the score was 12-0 at half time, Bart's counter-attacked but lacked the co-ordination and speed to keep the ball away from the effective opposition wing forwards, and achieve the pay-off. A try from an attempted drop-goal which bounced off the posts by Silk, followed by further scores gave

Tommies a 20-0 lead till almost the end of the match when Pope put over our only kickable penalty of the game.

It is clear from the experience of this match that if Bart's are to win the Cup in future years, we need not only more imagination touched with a little brilliance, but also to pay more attention to the details of forward and three-quarter play. This will only come with experience, which with a young team we inevitably lack.

The team would like to thank all those who have supported them in the Cup rounds.

SQUASH CLUB

The Club visited **British Petroleum** at Sydenham for a Cumberland Cup match on 30th November. In the absence of John Mitchell, John Usher played at first string, but went down to a strong opponent. Edelsten won at No. 2; McCaldin played well but lost in the bottom rubber. Dr. Brian Duff was urged on to a fine victory at No. 3 by a vociferous Gallery, producing some majestic winners en route with customary ease. This left Downham, quite an expert in this situation, with everything to play for. Apparently ex-

hausted at two games all he astounded an apprehensive Gallery and possibly himself by winning the decider 9-0. With half the season's Cumberland Cup matches now played Bart's lie in third place (ex. 6) to Guy's and West London, in the fourth division. Creditably this represents a fair improvement on the form of recent years—years in fact (it can now be disclosed) when the Club has been near to graceful withdrawal from this exacting competition. The only other two hospitals in the League are Guy's and St. Thomas's.

On 7th December Bart's narrowly lost a social match to **The Privateers**. The Secretary, playing at No. 3, incensed the opposition members of the Gallery by accepting his opponent's gallant offer of a let on match point; alas it barely delayed the inevitable. Chesney did well to win at No. 5, and Thompson at No. 4. McCaldin's defeat at No. 3 left Downham once again with the vital rubber. He lost in five games to an old Bart's enemy, Richard Walker.

Refreshed by the New Year, Bart's despatched St. George's at home on 11th January. Duff played first string and won the first point with consummate ease. Unfortunately he had few more successes, a fact which can be attributed with charity to excess of Christmas cheer. Downham, Williamson, McCaldin and Edwards (playing his first game for the Club this season) however all won with ease against weak opposition.

On 18th January we went to Shepherd's Bush to play **West London** in the Cumberland Cup. John Mitchell lost an exciting game at No. 1, his exercise tolerance severely diminished by five weeks off. It was a bad omen when, 2-1 up, he was forced to lie supine on the court at the end of the third game in order to recover his wind. The Secretary might well

CROSS COUNTRY

'Variety,' we are told, 'is the spice of life,' so Bart's runners must be positively pickled after the variety of weather and countryside the team has experienced through January. The countryside started literally petrified, with thick ice, soft snow and gradually gave way to clogging plough and chilly rivulets.

Members of the Club have continued to support United Hospitals Hare and Hounds Club but through thick mud (and very little else) at Epping Forest, none of us were able to carry off the trophy in the Club's Handicap on Jan. 8th. This, the first race over the new course, was won by A. D. Fox from the London Hospital in an actual time of 42 minutes 7 seconds—he was given a handicap of 2.0 minutes.

Jan. 12th. Goldsmiths College.

This was our first opportunity to sample the new facilities at Loring, and much appreciated they were, on a cold but dry afternoon. Ed Graham (who has been performing well in county championships) was unfortunate to be beaten by an arbitrary 0.4 sec. and Francis Pagan, to the delight and surprise of many, did not get lost!

have done likewise had the issue not been closed by the end of the third game. Ussher, at No. 2, was heavily defeated by Deegan, the England hockey captain. Downham got one game and Duff (creditably) two, but we were unhappily unable to win a single match.

The Club was at home to **Roehampton** on 27th January. Ussher, playing at No. 1, was victorious in five games, leaving his opponent bruised as well as beaten. Duff lost at No. 2 and Goss after a gallant fight at No. 5. Williamson benefited from his opponent's (Richard Walker once again) recent illness to win comfortably at No. 4. Mike Downham unfortunately lost the decider.

At home once again on 1st February, we defeated the **Honourable Artillery Company** 4-1 in the Cumberland Cup. The Captain, Tony Edelsten, back from his skiing holiday, celebrated a good victory, and Mitchell and Duff won easily. Ussher too was successful after a long and cunning battle, but Downham was unlucky in the bottom rubber.

The second team of McCaldin, Goss, Chesney, Thompson and Setchell were all unsuccessful against a strong **Jeu-de-Paume** side in their match on 13th January.

R.C.N.W.

Results

	Time	Position
C. Woodstock (Goldsmiths)	31.36	1st
E. Graham	31.36.4	2nd
R. Thompson	35.25	4th
S. Williams	35.51	5th
P. Wood	36.21	6th
F. Pagan	40.50	9th

Jan. 22nd. London Colleges League Match III.

The sixteenth annual Queen Mary College 7½ mile Invitation Championship brought the usual large entry, with teams from Cambridge, Reading, Leeds, Southampton, Sandhurst and Cranleigh as well as most of the London Colleges. This is one of the toughest races of the season but this year much of the plough was cut out and the going was fairly firm. It is a pleasant duty to report that we have now displaced Guy's from 8th place in the League even though, again, we were not able to field our strongest side. Placings were: E. Graham 24th, R. Thompson 37th, G. Hesselden 73rd, P. Wood 112th, S. Williams 118th.

There were some 160 runners.

P.B.W.

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SWIMMING CLUB

The Swimming Club have quite a full programme this Spring. The main events are the weekly games at the University Pool as part of the League Polo competition. So far we have lost one game and had one walk-over. It is hoped that we can keep together a nucleus of polo players and swimmers and by arranging regular training times and matches, to get them to a state of fitness which they have hitherto not enjoyed.

Apart from the league polo we have a number of friendly games. The first of these being on the 12th February when Portsmouth College of Technology come up to London as our guests.

We have been hampered recently by the fact

that the nurses' pool has been renovated. This I suppose could have given us some excuse for our loss in the first game of the league. Well, the rugby and football players have been going around blaming their unfitnes on the frozen ground and the lost practice. So why can't we say "Yes, I know I am terribly unfit these days, but we just haven't got any water in our pool!"

One new thing that we are hoping to be able to arrange in the future is joint swimming teams of students and nurses. This isn't designed to boost the membership of the club but just to provide the nurses with a few matches and also to be able to arrange mixed matches against other mixed clubs.

J.S.B.

SOCCER CLUB

At the time of writing, only one game has been played since Christmas. This was against **Northern Polytechnic** in the University League. After this match we were, unfortunately, still without a league win. The final score was 5-1 against us.

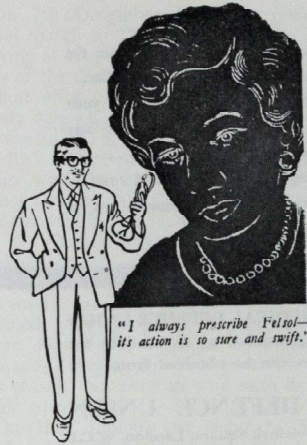
The progress of the match was all too familiar—an even first half ending with a one goal deficit, followed by a territorially equal second half in which, however, the opposition scored four goals. The Bart's scorer was Ellis.

C.M.S.

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HOCKEY CLUB

Jan. 5th. Middlesex Hospital. Won 4-0.

This match began twenty minutes late, neither side, nor the Southern Counties H.A. having produced an umpire and with Bart's fielding only eight men. The deficiency was removed when our goalkeeper and his two colleagues materialised after a further ten minutes, however the ball had yet to enter the Bart's half. Our performance as a team was little to remember, but Richard Wood made a forceful debut on the right wing, and our left half, on loan from one of London's leading sporting fraternities, was at all times conspicuous. Any alien onslaught to penetrate the formidable defensive play of J. B. Thompson was immediately and expertly repulsed by Graham Benke. Ian Peek again showed great promise, but sustained an unfortunate injury whilst drawing his man, and had to seek medical attention.

Jan. 8th. Brittanic House. Won 2-0.

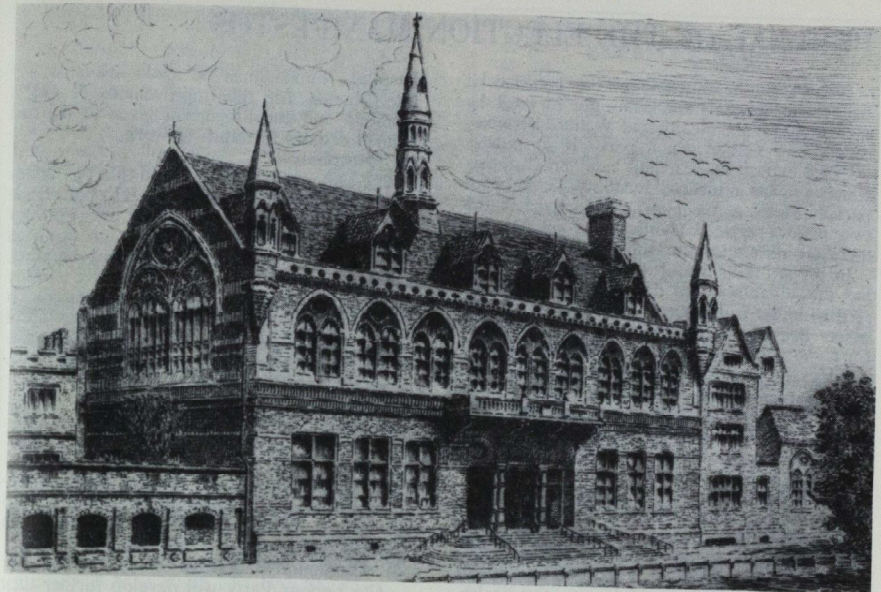
The ground at Chislehurst was in fine condition for this game which produced our first run of victories since the Cambridge tour last October. Our hockey was not at its best for we were without our preclinical members who had still to return from their Yuletide festivities.

The match against Erith Technical College and the U.L.U. Cup were cancelled because of frozen pitches.

Jan. 19th. London Hospital. Lost 0-3.

This game, under conditions incompatible with proper hockey, and too hazardous for a frolic, became largely an exercise in self-preservation. Balancing on the frozen pitch was itself an art and the ball lifted dangerously when struck even mildly. The London goals ensued from scrappy play under the feet of our goalkeeper who, deprived of his usual agility, was unable to move himself in the icy goalmouth. Two fine hard shots at the opposite end from Nick Houghton were penalised as being too dangerous on this afternoon, while considerable energy was expended by Will Goss playing at No. 10, but constantly appearing in numerous unexpected situations. Paul Curry put on a pretty display down the left wing where he has advertised himself to be a useful player on several occasions, and indeed joined the ranks of our more stylish goal scorers.

The result was hardly a true reflection of the forces opposed, and might well be reversed in another encounter.



The Merchant Taylors' School, Charterhouse Square; taken over by the Medical College in 1933. Demolished following bomb damage in the War, the preclinical library now stands on this site. Original engraving by Wallace Hester. (Copies may be ordered from the Medical College Library).

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PERUSAL OF THE ELECTION MANIFESTOS

What ever the outcome of the Election, it behoves us to study the plans put forward by each party for the Health and Welfare Services, because no matter which party is in power, we can expect far-reaching new programmes which will be influenced by the policies of all parties. Many of the plans put forward in the two major parties' Manifestos coincide, but there are differences in emphasis.

In preparing its Manifesto, the Labour Party has the advantage that it can quote and claim credit for the fruits borne during their term of office. Because they have only been in power for a short time, they can still blame any shortcomings on the "thirteen years of Tory misrule"—years of which the Tories do not wish to be reminded. Proposing an attractive new image is much more exciting than defending and extolling their actions over those years. This may explain why the Conservative manifesto, at least with regard to Health Services, makes more exciting reading than the somewhat self-congratulatory Labour one. The Health Service propositions fall broadly into four categories, namely General Practice, hospitals, community services, and preventive health.

(1) General Practice.

The Labour Party congratulate themselves on having already produced a blue-print for a re-vitalised family doctor service; they do not of course mention that this was done under the pressure of a threatened collapse of the service. They will ensure that all practical steps are taken to enable hardpressed family doctors to give of their best, a statement unlikely to give much away. They acknowledge that many of the problems are due to a shortage of G.P.s, and take credit for having made arrangements to increase the number of medical students by 10 per cent over the next couple of years, and for having set up a Royal Commission on Medical Education. The Conservatives bluntly promise to restore the prescription charges, subject to wide exemptions—a move which would please many G.P.s—and would spend this money on medical services. They would give G.P.s closer contact with hospitals, and local health and welfare services. Let us hope that they have not forgotten their more specific plans from last October's statement of Conservative aims, (*Putting Britain Right Ahead*), to provide G.P.s with better access to hospital investigations, and make additional opportunities for G.P.s to hold part-time posts at local

hospitals. Funds must be made available, say the Liberals, for the improvement of G.P.'s facilities, and encouragement given to married women doctors to return to work.

(2) Hospitals.

The Labour Party have found that the money allocated by the Conservative Hospital Plan was quite inadequate, and they will 'aim' by 1970 to be spending twice the sum spent in any year by the Tories on hospital building; they are quick to add that they have already substantially increased hospital expenditure. (It is interesting that the amount of money spent has become a measure of achievement.) The Tories do not have much to say about hospitals, apart from plans for co-ordination of their services with the rest of the health service. They will "improve conditions for doctors", possibly a vaguery aimed at Junior Hospital Staff. The Communists want to spend at least £100 million a year on hospital building, remove all remaining health charges, and abolish the private patient system. The Liberals again want to see funds made available.

(3) Community Services.

The Labour Party will develop further their services for the elderly, emphasising especially those designed to help old people to remain in their own homes, and they will provide more homes for those unable to do so. Their new Ministry of Social Security, (Ministry of Pensions and National Insurance combined with the National Assistance Board), will seek out and alleviate poverty among the old. The Conservatives would likewise combine these bodies into a new Department of Social Security, and have local officers seeking out those in need be old and poor, or sick and poor is not. Yet there are plenty of old people living in conditions which ought not to exist, and would not if a service such as both parties suggest were instituted. The Conservatives also hope to improve rehabilitation and training for this disabled. There are too many disabled people around, unable to get employment and existing on pensions or national assistance, an existence bound to destroy the morale.

(4) Preventive Health.

The Labour Party hope to develop rapidly a cervical cancer screening service, and they will set up a Council to promote Health Education. The Communist Party is the only other to concern itself with preventive health: they want the government to provide the

necessary money for a cervical cancer screening service.

On balance, there is not much to choose between the rather vague hopes and promises of the major parties. New hospitals, splendid G.P. centres, homes for the aged, all sound magnificent, but before we are carried away by pipe dreams, we must remember that all depend on the rise and fall of the pound. The economy is the really big issue of the election, and upon it depend the application of any plans.

Engagements

BUCKLE—HARRISON.—The engagement is announced between Dr. Richard Martin Buckle and Miss Bridget Mary Harrison.

BUCKLER—SPONG.—The engagement is announced between Dr. John M. H. Buckler and Miss Janet B. Spong.

DORMAND—ELAM.—The engagement is announced between Dr. George S. Dormand and Miss Ursula Jane Elam.

MIDDLETON—SHARMAN.—The engagement is announced between Dr. Basil Ross Middleton and Miss Susan Elizabeth Sharman.

Births

FISCHER.—On January 27, to Meg (née Walters) and Dr. William Fischer, a son (Thomas Winther).

KIELTY. On January 24, to Patricia and Dr. Michael Kielty, a daughter (Caroline Mary) sister to Michael, Stephen, and Mary Anne.

KNILL-JONES.—On March 2nd, to Jennifer (née Sykes) and Dr. R. P. Knill-Jones, a daughter, Alison Tania.

RICHARDS.—On February 25th, at Weymouth, Dorset, to Wendy (née Norton) and Dr. Nicholas Richards, a daughter, Jennifer Thornhill.

Deaths

GALLOP.—On February 10, Edward Gallop, M.D., M.R.C.S. Qualified 1921.

PAULLEY.—On November 11, 1965, John Paulley, M.R.C.S., L.R.C.P., M.B., B.S., aged 81. Qualified 1906.

SCOTT.—On February 4, Sydney Richard Scott, M.S., F.R.C.S.(Eng.), in his 91st year. Qualified 1899.

BARBECUE BALL

The Barbecue Ball will be held on Friday, June 3rd this year. Tickets, costing 70s. (Students and Housemen 3 guineas), will be available from April 20th on application, accompanied by cheque, to the Secretary of the Wine Committee.

WEDDELL.—On February 19, John Murray Weddel, C.B.E., R.F.C.S., aged 82. Qualified 1909.

WILLIAMS.—On January 25, Edward Colston Williams, M.D., F.R.C.S., D.P.H., aged 88. Qualified 1903.

WILLIS.—On February 5, John Keith Willis, M.B., aged 86. Qualified 1904.

Awards

Cambridge University

M.D. (Cantab) was awarded to Dr. C. S. Goodwin in November 1965.

April Duty Calendar

Sat. & Sun., 2nd & 3rd April

Prof. Scowen
Prof. Taylor
Mr. Burrows
Dr. Jackson
Mr. Dowie

Sat. & Sun., 9th & 10th April

Sir Ronald Bodley Scott
Mr. Hunt
Mr. Aston
Dr. Boulton
Mr. Fuller

Sat. & Sun., 16th & 17th April

Dr. Black
Sir Clifford Naunton Morgan
Mr. Manning
Dr. Cole
Mr. Cope

Sat. & Sun., 23rd & 24th April

Dr. Hayward
Mr. Badenoch
Mr. Manning
Dr. Gillett
Mr. McNab Jones

Sat. & Sun., 30th April & 1st May

Dr. Oswald
Mr. Tuckwell
Mr. Aston
Dr. Bowen
Mr. Dowie

Physician Accoucheur for April is Mr. Gordon Bourne.

Obituaries

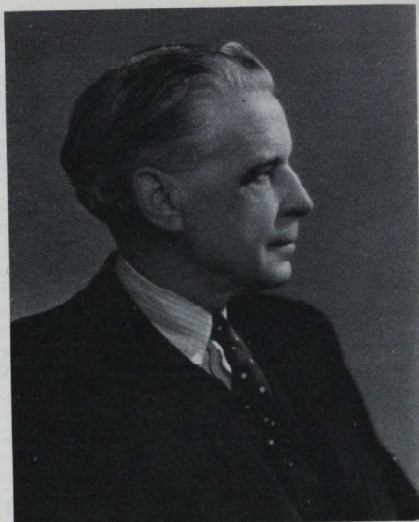
Kenneth MacFarlane Walker

F.R.C.S.

(I prefer to give some direct impressions of the late Kenneth Walker rather than the formal obituary which could only have been from hearsay.)

My life only coincided with Walker's over less than two decades, beginning in 1923, which was for both of us an important year. That autumn I entered Bart's from Cambridge as a dresser on the Gordon Watson firm. His first book, "The Log of the Ark" (in collaboration with the author and broadcaster, Geoffrey Boumphrey) was published in 1923, and, achieving immediate popularity, gained him admission to literary circles emanating from Cambridge and Bloomsbury. It was in autumn 1923 also that some words spoken to him by Dr. Maurice Nicoll ("M" in his writings) "started him on a journey of ideas". (BMJ 29/1/66, p. 300). While I was at the beginning he was by then thoroughly established as a Genito-Urinary Surgeon, having been appointed to the Royal Northern Hospital on his return from World War I and having been (in 1922) Hunterian Professor for the second time. As far as Bart's was concerned, he had somehow ended in the wilderness at Golden Lane as Lecturer on Venereal Diseases. Though this job did not greatly appeal to him, he was such a lively teacher and demonstrator that his classes were very well attended.

His first marriage was in 1926; a daughter was born in 1927, and in 1928 appeared his second book, "On Being a Father". Since I was by then Assistant Editor of this Journal and expecting to become a father myself, I naturally reviewed it and we got better acquainted. My boss on the Journal, Douglas Hubble, (now Professor at the Institute of Child Health, University of Birmingham) gave a celebrated picture of Kenneth Walker in his misfiring blue two-seater, as "Master of the Kharsivan" in a skit on Fletcher's "Hassan", which I later put into the 1927 Edition of "Round the Fountain". Hubble, in response to enquiries, has just written me as follows:



"I did not, in fact, know him well, but I liked two things about him especially. The first, that in a conservative environment he managed to be avant garde and, secondly, that he maintained lively friendships with young people. You will, of course, remember the obituary notice he wrote of your splendid friend—the young thoracic surgeon (H. P. Nelson)."

In fact the three families, Walker's, Nelson's and mine, lived close to each other in St. John's Wood and joined in happily unconventional weekend parties at the Walker's cottage—looking out over the Wild Brooks at Amberley.

With World War II our ways parted, and I was rarely to see him again. He was due to retire from his hospitals in 1947, his main work continuing as Honorary Medical Secretary of the British Social Biology Council. But he was to live another eighteen years, and he had planned that on retirement from surgery he would have to earn his living through writing. From my point of view the spate of books he published from 1950 to 1963 obscured rather than illuminated what he was after.

What was it all about? Though covered with a mass of philosophy, argument, and description of various personalities, the essence of what we were after was the search for the source of one's own happiness and creative

energy, the game of hide-and-seek which has always been played and always will be. Perhaps some old words describe it best:

"Even so my Sunne one early morne did shine,

With all triumphant splendor on my brow,
But out alack, he was but one houre mine,
The region cloude hath mask'd him from
me now."

Shakespeare, Sonnet XXXIII.

There are just as many people engaged in this game now as always, but one hopes that as our ignorance diminishes, the solution will increase in simplicity. Many people find the answer in

enjoying the busy life and using their talents to the full. Though we are not vocal about these problems, which are after all our own affair, yet I think all of us agree that they exist. To the youth of my time, clinging precariously to the escalator at Bart's, Walker breathed a spirit of emancipation—freedom from pomposity, rigidity and shams of all kinds. He exacted high standards from himself, did a lot of good, chose for himself exactly the sort of life he wanted to lead, and lived it to the full.

F.C.R.

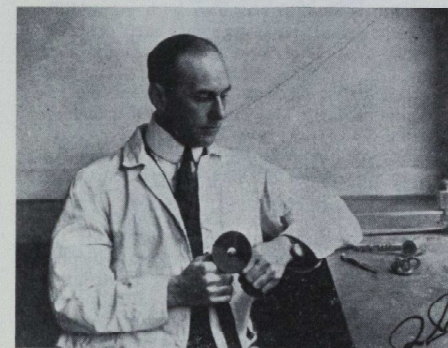
Sidney Richard Scott

M.S., F.R.C.S.

Sidney Scott, Consulting Aural Surgeon to the Hospital died at his country home near Andover on 4th February. He was in his ninety first year and was the last of four men, the others being West, Harmer and Rose who, between 1906 and 1940 set their seal upon a thriving and progressive Ear and Throat Department.

Born at Shrewsbury, the second son of Walter J. Scott, he was educated in the Midlands and came to London University and the Medical College of St. Bartholomew's Hospital in the early eighteen nineties. The Records of student achievement in those days were destroyed by the blitz on London, so that we have no knowledge of them, but he qualified with the Conjoint and took the M.B. (with honours in medicine, obstetrics and forensic medicine) in 1899 and at once joined the South African F.F. as a civil surgeon, serving with the Yorkshire Regiment until 1901. He was awarded the Queen's Medal with three clasps.

Returning to St. Bartholomew's he became house surgeon to Sir Henry Butlin, then a Senior Surgeon to the hospital and Surgeon in Charge of the Throat Department. In 1902 he took his B.S.(London) with the Gold Medal in Surgery and completed the Diploma of F.R.C.S., and in 1904 he took the M.S.(London). Later with his friend, Charles E. West, he became a Demonstrator of Anatomy. West became Assistant Surgeon to Dr. A. E. Cumb-



erbatch, last Physician in Charge of the Aural Department, and on the latter's retirement in 1908 became Surgeon in Charge, and Scott became his Assistant Surgeon. Their collaboration in a book, published in 1909 on the Operations of Aural Surgery and the treatment of intracranial complications of suppurative otitis media, marked a great advance in the surgery of the temporal bone, and in particular they evolved the operation of translabyrinthine drainage of the meninges for meningitis secondary to suppurative labyrinthitis, in those days before antibiotics and chemotherapy, usually a fatal complication. Few in his day had a wider experience than Scott of the complications of mastoiditis. In 1910 he gave the Arris and Gale Lecture to the Royal College of Surgeons on the Physiology of the Labyrinth.

At the outbreak of the First World War he was gazetted an Hon. and Temporary Capt. R.A.M.C. attached with his great friend Charles Gordon Watson, to the Duchess of Westminster's War Hospital in France (Bronze

Star 1914), and later Temporary Major attached to the R.F.C. as a member of the Aeronautical Investigation Committee of the Medical Research Council on the problem of vertigo in relation to flying, and was a contributor to the medical history of the 1914-1918 War. In the course of this work he was crashed by a pilot, might well have been killed, and retained several noticeable scars on his face and head. Other scars were due to an enthusiasm for motor cycling in its early days! Dr. George Graham, a war-time colleague of those days, recalls Scott's description of a pilot with acute barotraumatic retraction of both drumheads and severe bilateral deafness. Catheterisation of one side overcame the retraction and deafness but caused acute vertigo only relieved when the other side was also with great difficulty catheterised. This was a very early observation of what later became a commonplace occurrence in aviation medicine. To the end of his professional career, Scott kept his remarkable dexterity and gentleness at Eustachian inflation.

When West retired in 1921, Scott became Surgeon in Charge of the Aural Department, and he held this appointment until his retirement in 1940. He was for many years surgeon, and later consulting surgeon for the ear, nose, and throat, to the National Hospital for Nervous Diseases, where he contributed much to otio-neurology. He was also on the staffs of St. Andrew's Hospital and the Evelina Hospital for Sick Children. He was consulting surgeon to the Postgraduate Medical School and the Red Cross.

He furnished reports to the Medical Research Council on Meningitis and Otogenic brain abscess, his figures in the treatment of the latter being remarkable even for these days. He contributed many articles on his subject to the Proceedings of the Royal Society of Medicine. President, in due course, of the Section of Otology of the Royal Society of Medicine he was in fact, starting as Secretary in 1910, continuously on the Council of the Section for 18 years. An Honorary Life member of the Collegium Oto-Laryngologicae Amicitiae Sacrum, Secretary of the Section of Otology at the 17th International Congress of Medicine, he attended many international congresses and was well known in many centres in Germany and in Vienna, whence he brought back for

use at Bart's, a magnificent set of tuning forks of which he was very proud. Those were the days before audiometers. He was one of the earlier examiners for the Diploma of Laryngology and Otology.

In spite of all his appointments he found time for an extensive and unhurried private practice and his profound knowledge of his subject combined with his kindly manner, sympathy, patience, and skill were equally at the service of the hospital patients. His excellent radical mastoid cavities, many with good hearing, are still to be seen in the Out-Patient Departments and grateful patients still turn up in some of our consulting rooms.

Of unassuming nature, some found him shy and diffident, but those of his young assistants who could break through this reserve gained a wealth of wisdom and craftsmanship and his implicit trust. In the days of acute mastoid surgery it was the custom at night to ring first the head of the Department for emergencies. Rarely did Scott fail to respond at any time, although he had a seventh sense which told him when he could relegate and when he must come himself. In this way he gave confidence and experience to many a house surgeon and often the ambition to follow in the specialty. To the end he kept in touch with some of us, writing a very lucid letter.

It was sad that for some years he had, ironically, suffered from a severe perceptive deafness, for which even modern hearing aids were of no avail.

He married in 1901 after returning from the Boer War and had three sons and a daughter. One of his sons is Senior Ear, Nose and Throat Surgeon to the Royal Devon and Exeter Hospital and qualified from Bart's. Mrs. Scott died in 1958 and he stayed on at their country home and busied himself with much feathered livestock and local doings. When young he played golf and liked to watch motor racing at Brooklands. Later he became an enthusiastic fly fisherman. In April 1964 he made the journey to London by himself to see the Queen Mother open the new Medical College Buildings and only a few weeks before his death he wrote to the Dean, the last of his registrars before he retired, regretting that he felt unable to attend the Memorial Service to Mr. Norman Jory, his last assistant Aural Surgeon.

F.C.W.C.

A History of PLAYING CARDS

by Roger Clayton

The Invention of Playing Cards and the European Pack

It is not worth going into the question of who first thought of playing cards because we do not know and most probably never will. Who, one might ask, invented chess, golf or dominoes? Of these, the world's greatest men, we know nothing. It is thought that playing cards, like chess, originated in Eastern Asia. Certainly the Persians, Chinese and Hindustani had played cards at a very early period. In some cases these were in the form of tablets or counters which were ranged in "suits" with painted devices showing royalties, rulers, and various emblems, national or otherwise.

When the origin of a thing is remote and mysterious, it has been the custom to attribute it to the devil, who accordingly must have a sizeable brainbox to account for this wealth of originality. In 1423, a Franciscan Friar, Saint Bernard of Sienna firmly stated in a sermon at Bologna, that playing cards were the invention of the devil—their popularity increased rapidly after this. Other divines favoured the same theory with similar consequences. A hundred and fifty years later, the Elizabethan puritan, John Northbrooke, published a treatise against gambling and theatre-going (1576), definitely asserting that playing cards were invented by the devil "that he might the easier bring Ydolatrie among men."

Whenever cards first appeared they reached Europe in the fourteenth century. References imply that cards were fairly well known by 1375. The earliest known are Italian "Tarochini" or "Tarots"—packs consisting of sixty-two cards, seventy-eight or even ninety-seven. The original pack, manufactured in Lombardy, seems to have had seventy-eight cards, and was known as the Venice or Venecian pack. There were four suits, cups, swords, money, and batons or swords, each with four picture cards.



FIG. 1.—French King of Hearts by Maréchal, c. 1567.

and ten numerical cards in each suit, making fifty-six cards in all. There were twenty-one "atouts" (trump cards) numbered one to twenty-one; and an unnumbered extra card called "Le Fou" (the fool), the significance of which was obscure.

France became the chief card manufacturing nation, and throughout the fifteenth and sixteenth centuries they were made in most of her principal towns, although somewhat harrassed by Government restrictions. They were of course exported all over the place, and duties became so high that some French makers left for Holland, Germany and England.

Earliest References to English Playing Cards

From all accounts it seems that foreign playing cards were imported into England early in the fifteenth century or perhaps just before the end of the fourteenth. These probably came from France and included cards of the Italian-Spanish pattern as well as the French variety.

Chaucer died in 1400 and William Longland, reputed author of *Piers the Ploughman* at about the same time. These two men described the fashions and foibles of their time, Chaucer often referring to dice and dice-throwing, but there is no mention of card playing. One feels that the *Canterbury Pilgrims* would have indulged in them, but there is not a word about playing cards in Chaucer or any other fourteenth century English writer.

In 1409, as in 1388, certain games were forbidden, including quoits, dice, "gettre de pere" (throwing the stone), "Keyles" and "other like importune games." Again, absence of any mention of playing cards suggests that they were either unknown or had not yet become a popular pastime.

It would appear that by 1463 cards were well known in England, for in that year (the third of Edward IV's reign), the importation of playing cards was expressly forbidden by Act of Parliament. It is believed that this Act was passed in consequence of the manufacturers and tradesmen of England voicing heavy complaints about the importation of foreign manufactured goods, thus grossly obstructing their own employment. If we suppose that cards were included in the prohibition for this reason, it follows that card-making must then have been a regular practice in England.

The Genesis of the English Pack

Our earliest makers of playing cards copied the French pattern, especially the cards issued from Rouen, the fountain of French card making. The most convincing evidence is in the comparison of our modern court cards and their English predecessors with some of the earliest Rouen cards. Let us take for example the King of Hearts. Almost from the first the King of Hearts was Charles — no ordinary Charles, but Charlemagne, the great Charles, super-monarch of the Franks, King in 768, and crowned Emperor of Rome in 799 by the Pope. He was as a rule the "Emperor" in the Tarot packs. The name "Charlemagne" appears on a King of Hearts of about 1480, and he is shown with an orb in his left hand and a shield upon bearing the double-headed Imperial eagle.

In Fig. 1 we see the French King of Pierre Maréchal, issued about 1567 and now preserved at the Museum at Rouen, Fig. 2 shows an English card of circa 1642, Fig. 3 another English card of circa 1750 by Bamford, and Fig. 5 the modern English King. The French card is quite obviously the prototype of the English seventeenth and eighteenth century cards, and was found with others in the binding of an old Register. The card shown in Fig 2 is the earliest known English playing card and is from a rare political tract issued without date but evidently printed during the Civil War—"The bloody Game of Cards, as it was played betwixt the King of Hearts and the Rest of his Suite, against the residue of the pack of cards." It will be seen that the battle-axe of the French King gradually becomes a sword in the English cards, and the English rose of the 1642 cards did not survive. Similar changes can be cited in all the court cards but of particular note are: all the Queens used to have a dimple; the stalk of the Queen of Spades' flower used to be straight; the King of Clubs' orb, which was originally topped by a cross, has gradually slipped from his hand, and the arrow of the Knave of Clubs, who used to turn to the right, has gradually lost its identity. Double-headed



FIG. 2.—Earliest known English Playing Card, c. 1642.

cards were introduced in 1867. Old playing cards are extremely rare and are not obtained by mere labour; they turn up fortuitously, mostly in the covers of old books and even then they are mostly French. They were used for stiffening and strengthening the bindings and supplementing the rather poor cardboard available in these early times.



FIG. 3.—English King of Hearts by Bamford, c. 1750. (The initials H.C. probably indicate an earlier card-maker whom Bamford succeeded).

The Progress of Card Playing

Card playing soon permeated society and everyone both old and young joined in the "time-wasting pastime." Even clergymen were sometimes seen at the gambling tables although generally they became well-known as good and steady whist players. During the initial fling it was clear that cards were undermining the lives of working men and after many masters found their men eagerly bent over the card table in some obscure corner of the workroom, numerous Proclamations and Statutes were issued in an attempt to curtail the extent of this wicked vice. In the sixteenth century Christmas was the only time of the year when it was lawful for the working classes to play cards. In 1541 a Statute was passed on the petition of bowyers,

and others interested in archery, enacting that husbandmen and labourers of all kinds in the archery business must not play games, including cards, except at Christmas; the purpose being to concentrate men's energies on bow-making—the backbone of the nation.

According to Edward Hall in "The Triumphant Reigne of King Henry the VIII," circa 1548, a Proclamation was made in May 1526 against "all unlawfull games according to the statutes made in this behalf and Commissions awarded into every shire for the execucon of the same, so that in all places Tables, Dice, Cards and Bowles were taken and burnt." Whereupon the people murmured and said that Cardinal Wolsey "grudged at every manne's pleasure sayving his owne"—in fact the Proclamation was "smal tyme endured." The numerous Acts passed throughout the years did little to restrain the practice of card-playing for though occasionally a solitary loose fish might become entangled in their meshes, they never interrupted the onward course of the shoal.

Kings it seems are abominable card-players. Henry VII was a hefty player in spite of substantial losses for which there are numerous entries in his privy-purse expenses. Even after the most careful book-keeping by his money-grubbing majesty there are no entries which denote winnings. On the 23rd August, 1504, when the king was at Lochmaben he appears to have lost several sums at cards to Lord Dacre and on the 26th there is an entry of four French crowns given to redeem his chain of groats which he had lost at cards. Henry VIII was himself a confirmed gambler, amongst other things, and often lost more money than was convenient. His daughter, Princess Mary, later Queen Mary, indulged freely in cards and there was a sum generally allotted as pocket money for the recreation every month. As Mary is said to have been extremely devout we may presume that adopting the decisions of the more indulgent casuists she availed herself of their permission to play at cards as a recreation when her mind was fatigued with the exercise of her strenuous piety.

From plays, pamphlets and poems there is ample evidence that card-playing was a favourite pastime with all classes in England during Queen Elizabeth's reign. The Queen herself was a jolly player although when the cards ran against her she developed a most violent temper, and swearing, would retire to her bedroom in a sulk. At this time the records of the Arch-deacon's Visitations throughout England are full of references to cases of card-playing on

Sunday. For instance in 1575 at Stanstead, Essex two labourers John Reynolds and Thomas Castlelow were in the Archdeaconry Court "for playing cards and dice in the house at service time." It was ordered that each of them should work "two days on the highways more than the statute doth appoint." In 1591 eight men of Coggeshill were proceeded against for being "absent from the Evening Prayer and playing cards in the same tyme." Phillip Stubbes, Puritan pamphleteer, who published his *Anatomic of Abuses* in 1583, complained of "carding" on "the Sabbath daie" and condemned immoderate playing at "tables, cards, dice, bowles and the like" especially when played "for the lucre of gain" as an idle and vain way of spending one's "golden daies."

By a proclamation of Charles I, June 1638, it was ordered that after Michaelmas next all foreign cards should be sealed at London and packed in new bindings or covers. A few years later it would appear that the "importation of foreign cards was again absolutely prohibited. This was because several poor card-makers had complained, setting forth that they were likely to perish if divers merchants brought playing cards into the kingdom, contrary to the law and statutes. In July 1643 order was given by a committee, appointed by parliament for the navy and customs, that the officers of customs should seize all such cards and proceed against the offending parties.

When the civil war raged and the people became interested in a sterner game, card-playing declined. The card-playing gallant whose favourite haunts had been the playhouse and the tavern now became a cavalier and displayed his bravery in the field at the head of a troop of horse, whilst his old opponent, the puritanical minister, incited by a greater spirit of indignation, instead of holding forth on sports, pastimes and other household vices, now thundered on the "drum ecclesiastic" against nation oppressors.

In the sixteenth year of the reign of Charles II an act was passed which might justly be entitled "An act to legalise Gaming—to prevent wealthy Pigeons being plucked by artful Rooks and to discourage Betting and Playing for large Sums." An act of the same kind passed in the reign of Queen Anne was repealed in 1744 in consequence of its penalties being likely to fall heavily on some eminent sporting characters, who had been so indiscreet as to receive sundry large sums in payment of bets lost to them upon

credit. Its enactment and its repeal are significant indications of the state of the sporting scene at the two respective periods. It seems to have been framed on a hypothesis that in gaming, noble and wealthy sportsmen would be most likely to lose.

In the times of George II and George III cards were greatly promoted by the appearance of books containing instructions for playing, and in country towns assembly rooms were set aside or gambling houses operated by certain dubiously philanthropic gentlemen, where cockfighting squires, after attending the pit in the morning, might enjoy in the evening the more refined amusements of dancing and cards. Traditional anecdotes are handed down of certain keen players keeping up the game for twenty-four successive hours, till they were up to their knees in cards, and there is scarcely a county in England which hasn't a story to tell of some of its old landed gentry being ruined at cards by the Prince of Wales. Villagers have their annals of gaming—of once substantial farmers staking their corn before it was housed, and of certain desperate cockfighters losing everything in a single match and then straightway hanging themselves in their own barns.

The love of card playing, to the great horror of the inordinately pious, seems to have got hold of ladies who were in other respects irreproachable—good wives, affectionate mothers, teaching their children the Catechism, going regularly to church on Sundays and taking the sacrament every month—yet alas! dearly loving a snug private party of four or five tables, and immensely fond of quadrille. They apparently made poor atonement for their transgression by never touching a card in Passion week, nor the night before communion nor in fact whenever they could avoid playing, "consistently with good manners."

A discourse against gaming preached in 1793 by Dr. Thomas Rennell, Master of the Temple, seems to have made much noise about the time but no converts. Here is a brief passage about card-playing—"The mind of one immersed in cards soon becomes vacant, frivolous and captious and also the habit of card-playing renders the mind insensible of Gospel evidence." Nevertheless the supposed dire results of cards and its devastating effects on morals and religion and domestic happiness have progressed steadily on to the present day, although playing has somewhat declined in recent years.

The London Company of Makers of Playing Cards

The Company or Corporation of "the mystery of Makers of Playing Cards" was founded by Charter, dated October 22nd, 1628. While absolutely forbidding any future importation of cards from overseas, it intimated that such importation had been going on for many years and that the Customs' impositions and other duties upon foreign playing cards had been substantial. Previously during the sixteenth century foreign cards were imported on the payment of duty, and in the reigns of Elizabeth and James I monopolies for cards were granted to various individuals, who were Inspectors of imported playing cards, with right of searching and sealing and exaction of import duties. From 1628 every card maker was to have "a print, stamp or mark of his own name or invention" to distinguish his cards. It is interesting that the familiar name of "de la Rue" does not appear in the records of the company. The name was famous amongst French card-makers from Jacques de la Rue, Limoges (1503-4) to Louis de la Rue, Paris (1674-1702). Louis was received as Master of cardmakers in Paris in 1690. There is little evidence of foreign cardmakers being

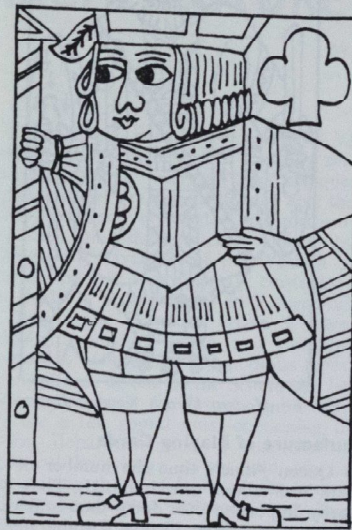


FIG. 4.—English Knave of Clubs, 'Lancelot' or Lancelot, chief of the Knights of King Arthur, who was wounded by an arrow—Bamford, c. 1750.

admitted to the freedom of the company although it is known that French cardmakers, for various reasons, emigrated to England.

The Charter suggested that as a "competent recompense" to the king and his successors for "the loss or diminution which we or they may have in our customs impositions and other duties upon foreign playing cards, heretofore want to be imported and brought into this Realm" the Company would agree to pay a duty of two shillings per gross on all playing cards and a further one shilling per gross to the officer appointed as Receiver of the Duty. The total duty was then threepence per dozen packs or one farthing per pack.

On May 14th, 1711, the Company held a special meeting at "The Blew Post" in Pall Mall to consider opposition to a Bill in Parliament to lay a duty of sixpence a pack of cards. A petition against the Bill was drawn up and the Master was authorised to incur necessary expenditure. It was of no avail, the duty was imposed and in 1756 followed by an additional duty of sixpence. The "Reasons Humbly offer'd by the Cardmakers against a Tax of sixpence per pack upon Playing Cards" were that the wholesale price for cards to the retailers was one-and-a-half pence per pack and the profit "not above one half-penny"—"so that the Tax intended will quadruple the value of the cards and twelve times the gain."

The excise tax was levied on each pack and the Commissioners of Stamp Duties required that one card in every pack should be "stamped on the spotted or printed side" with a distinctive mark showing that duty had been paid. The ace of spades, printed in black, was selected for this purpose. The aces themselves were printed by the Commissioners at Somerset House. Manufacturers requisitioned duty aces as required, usually drawing a ream of 9,600 aces. When playing cards were ready for sale an excise officer visited the workshops and sealed each pack with a stamped label. Cards for export were exempt from duty, the aces bearing a special stamp and the packs being enclosed in distinctive wrappers.

In 1792, by eight votes to three, it was decided that the Company should obtain a livery, members thus becoming freemen of the City of London, with voting rights and other privileges. A fund was raised from the members—a four guinea subscription to form a loan at five per cent—towards the cost of the livery. Forty-two pounds was promised. The grant of livery was made by the Court of Aldermen on November

27th, 1792, the number on the livery being limited to 100.

With the introduction of duty aces an illicit trade in bogus aces soon grew up. Forgery had been made a capital offence in England in 1562—for the second offence. For the first a man might be punished by double costs and damages, standing in the pillory, having both his ears cut off and his nostrils slit open and seared with a hot iron, or he might suffer perpetual imprisonment and forfeiture of his rents, if any, for life. An act of 1728-9 tightened the screw and made forgery punishable by death in almost every case. Thus on Saturday, September 21st, 1805, at the Old Bailey, London, Richard Harding described as "a genteel looking man, powdered and dressed in black," was capitally indicted, before Mr. Justice Heath and a jury on two counts, first: "Forging, fabricating and counterfeiting the legal stamp on the Ace of Spades" second: "Selling and uttering playing cards with the same, well-knowing such a stamp to be false." The case was opened "at great length" by the Attorney-General, the Hon. Spencer Perceval, who, four years later, became Prime Minister and who in 1812 was assassinated in the lobby of the House of Commons. Mr. Harding apparently sold cards in two shops, one in "Hereford Street, Oxford Road," and the other in North Row, Grosvenor Square. He also "occupied privately" premises behind the house of a Mr. Skelton, dealer in spirits and grocery, in Green Street, Grosvenor Square. It was there



FIG. 5.—Modern English King of Hearts.

that he fabricated spurious duty aces. His apprentice deposed that he had seen Harding making cards and putting labels on them. It was a black case against Harding and Mr. Justice Heath told the jury "there could be no doubt." So they found him guilty and he was sentenced to death and duly hanged—a sad story indeed.

In 1896 the Company of Makers instituted a public competition offering a prize for the best design for the backs of cards, which had been decorated since 1840, and in 1897 a special pack was produced to commemorate the Diamond Jubilee of Queen Victoria. Issues of special packs have been made on various occasions, including the Coronations of King Edward VII and King George V.

On October 22nd, 1928, the Company celebrated the tercentenary of the granting of their charter and a special pack of cards was issued and presented by the Master, Sir William Noble, to the Company, at a Banquet held on that day.

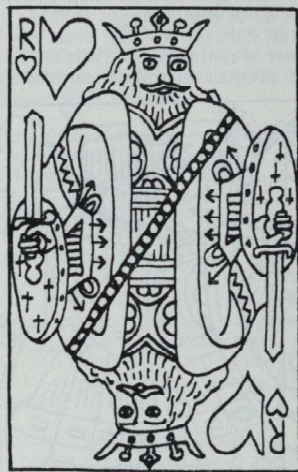


FIG. 6.—Modern French King of Hearts.

Manufacture of Playing Cards

In Queen Anne's time the number of card makers was about one hundred. They were annually importing over forty thousand reams of white paper from Genoa for the purpose of making their cards.

Initially the art of card-making was kept secret and regarded as a mystery, some parts

of the process in fact being conducted behind barred doors. Like other 'mysteries' however, all that is important to know is no longer secret. The material used is paste-board composed of four layers—three in France. These are enamelled to exclude the effects of the atmosphere and afterwards brought to solidity and polish by pressure. On the cards the outlines of the court cards were printed first, the spaces being coloured in with water colours by the aid of a stencil. In 1832, Messrs. De La Rue obtained a patent for certain improvements namely, printing in oil colours by means of types and blocks and this is the method used

today. The patterns on the backs of the cards are printed from woven wire.

The Pack Today

The English pack, although derived centuries ago from the French, is a distinctive one. The court cards still seem to have stepped out of some legendary wonderland. Inevitably it has become faithless to the past and some of its meanings and designs have been lost and others distorted beyond recognition, but undeniably it has preserved—possibly better than the French—an atmosphere of quaintness and fascination.

MODERN HOSPITAL ARCHITECTURE: a sociological challenge

by H. T. MOGGRIDGE
A.R.I.B.A. A.A. Dipl.

The designer must first understand what a hospital is. It can be useful to study the very simplest example, where all the techniques and sophistications are brushed away and the real quality is starkly revealed. Three medical nuns run such an establishment, isolated by the rolling dusty savannah of the Western Sudan. The out-patient department is clustered under the shade of a large tree. In a scrubby land, its long leafy branches create a rare and welcoming pond of shade, and patients prop themselves between its commodious roots. The crisp uniform of one of the Sisters can be seen fluttering amongst the brown limbs. Near the tree are a few round huts, containing the in-patient department and a treatment room. Technical knowledge is put into practice by first gaining the confidence of the community and thus being able to enforce a strict discipline in the routine treatment of disease.

At the same time as searching for a sympathetic understanding of the whole problem,

the designer must be studying recent developments and ideas in hospital practice. He will then be ready to make a properly sceptical and searching examination of all the demands which will be hurled at him. These are almost sure to be more concerned with individual viewpoints than the overall problem; therefore fundamental aspects of hospital design must be balanced with the more particular needs of individuals and machines.

A hospital building is important in the community at large for the medical profession has taken up a central position in life. Everyone is helped by doctors from birth to death. No other profession has such universality. No vicar succours *all* his parishioners, and teachers are left behind after childhood, but even the most arrogantly healthy have their own doctor. The proliferation of television programmes about the medical profession is evidence of this, and the most famous missionary of the century, Dr. Schweitzer, was known for his medical

proress. The hospital is the visible focal point of medicine, both physical and mental.

Furthermore hospitals are the only generally distributed social building able to compete in size with towering offices and sprawling industrial estates. A new district general hospital is likely to have the same floor area as the Vickers Millbank Tower office block. Therefore regardless of its efficiency as a hospital, the building will fill a vital place in the physical organisation of a town or district, and should be beautiful, using the techniques of today with the same skill and precision as the surgeon inside it. But the design of a good building does not start outside. A hospital consists of the co-ordination of many complicated systems and the design process must produce correct organisation from nebulousness. It is like trying to design a new animal which can think more efficiently than a human and run faster than an ostrich.

Recent research has therefore been studying ways of rationalising the planning of hospitals. Technical efficiency and comfortable conditions can be much improved. For instance it has been found possible to reduce sky glare for patients beside windows while throwing extra light into the darker recesses of the ward by the use of horizontal baffles at six to seven feet from the floor. Research workers are also seeking criteria for assessing human efficiency, but since human reactions are largely subjective, objective tests can lose sight of reality. In fact humans seem to attach more importance to the social and psychological aspects of life than to the practical, although they usually claim to attach most importance to physical comfort and convenience. A recent Government survey has stated that one third of the households in the country own a refrigerator, one half a washing machine and four fifths a television. These three are about equal in price. The first two are purely practical, while television, which has far the largest ownership cannot possibly claim to have any material use, but it is a talking point socially and keeps individuals in touch with the community.

Therefore insight into human needs has to be balanced against apparent efficiency of organisation. For instance one technique proposed for assessing the effectiveness of plans is to attach numerical values to the distance walked

by various members of hospital staff. The value is modified in accordance with the salary of each individual. Ten unnecessary yards walked by a surgeon is said to cost three times as much as ten yards walked by a student nurse. The result is a tendency to minimise the necessity for senior staff to visit wards. But it is doubtful if this is a correct appreciation of hospital organisation. When a surgeon has finished a delicate operation during which he has had to control his body so that he can move his fingers through hundredths of an inch, he may need the opportunity to fling away his accumulated energy and relieve the tension. A walk round the wards will relax him. At the same time his occasional arrival will help the nurses, and his mere presence will keep the maintenance of the ward up to scratch. The patients too will be glad to know that they are being personally attended by him.

There is something extra to search for still. A building cannot make a bad nurse good, but it can make a good nurse feel good by responding delicately and continually sharpening her perceptions. Indeed the whole building can be considered a beautiful tool. Carefully placed groups of trees might guide visitors up to the entrance. A strong scent of flowers will be more memorable than the disinfectants inside, for it will be the first and last scent of every visit. There is no need for doorways to be festooned with "Entry Forbidden" notices if they are made visibly forbidding alternatives to correct routes, perhaps by offering only a high-set door handle beyond a dark-coloured lobby. And such a forbidding doorway would flatter the vanity of the staff each time they went through by reminding them that they know the ropes and are part of the organisation.

If the nature of each part of the building can be expressed with clarity, and all the parts united by belonging to the same family of shapes, the confidence and affection of the community will already be half won. Visitors will feel welcome, and patients will expect to recover. Nurses and doctors will have bedrooms which rescue them from the medical atmosphere, specialists will be able to work hard, and porters will deliver messages with the self-respecting élan which comes from having a tea club in the basement private from unannounced intrusion.

Motor Madness

by ANDREW CROWTHER

The daily papers have not failed us! Just as we are now accustomed to find the Giles "Hospital at Christmas" joke in the Express in the last few days before the 25th, along with a report of some new record in the spending spree, whether it be on Peruvian turkeys, alcohol or liquorice lollypops, so we are guaranteed (in the post-Christmas papers) the statistics of unfortunates who were killed or maimed on the roads over the holiday period. Road deaths: the story this year was, as usual, worse than last year. But, as has been pointed out on many occasions, the actual size of the problem, however tragic, is pretty miniscule when looked at in perspective. According to the Registrar General, of the million or so deaths in England and Wales in 1964, 24,560 were due to violence rather than pathological or natural causes, and of these only 7,271 were due to motor vehicle accidents. These figures compare pathetically with the 28,740 who died of bronchitis, 29,509 of pneumonia, 106,290 of coronaries, 73,965 of CVAs, and 8,659 of hypertension with heart disease. So the chances of dying in a motor accident are comparatively small, but the statistical glamour is great.

Why do motor deaths attract so much publicity? Well, firstly they allow public opinion to exercise its many tongues on a number of scapegoats, in particular on the Minister of Transport for inadequate roads and jurisdiction; on the motor industry for better and safer cars; on the motorist for improved standards of driving; and on that eternal scapegoat, the weather. And let's face it, many papers survive on scapegoats. Secondly, the number of road deaths increases slightly during the various quasi-religious celebrations known as Bank Holidays, but since the normal non-Bank-Holiday - daily - road - death - rate is rarely recorded publicly, these figures are hardly fair on their own. Finally, we are so conditioned

to expect the statistics to appear that if they did not, we would only fear the worst, and the minister would be in more trouble.

But I venture to suggest that there is another reason why motor deaths attract so much publicity—worry. Could we not be subconsciously worrying about the insidious increase in fatal accidents on the road? It is true that the number of vehicles on the roads is increasing, as are the number of people who drive. But safety devices, dual carriageways, motorways, brakes, and publicity are improving rapidly, and still the mortality rises. Speeds increase; "Here comes another scapegoat", says the Minister, and slaps on a speed limit, but will this solve the problem? Never—just look at America. No, we are worried because there are several things that do not quite fit in, and like true Britons we are on the verge of making a discovery of world-wide import, but we are going to sit on it until the Americans or Germans pinch it and develop it. Don't you see that the worry of public opinion is similar to the worry Pasteur had about certain facts and observations that did not fit in, that led him to discover the pathological significance of bacteria, and Fleming to discover penicillin? Might not the relentless increase in motor deaths be due to a cause which has so far been above suspicion? If we could find the cause, we could at least stop the increase in road deaths.

The first step is to assemble the known facts. Some accidents are obviously due to mechanical failure—blowouts, etc.—and these may be disregarded. Alcohol is rightly incriminated, but takes far too much of the blame. The sex ratio is interesting in that over twice as many men die in motor vehicles as women, but considering that there must be ten men drivers to every woman driver, the women don't do too badly. There is almost in-

variably a report of quite unaccountable behaviour of one of the cars involved, and equally invariably a hotly defended denial by the accused driver. So since cars do not drive themselves (yet—thank goodness), we should examine the drivers. Post-mortem examination is rarely rewarding. But examination of drivers surviving a collision and questioning the passengers as to how the driver behaved just prior to the accident is very revealing. Apart from being shaken, the drivers are invariably in a fury, slinging insults in all directions, often babbling incoherently, and accusing the other driver of all sorts of barbarous indiscretions. It is often he, (who in the opinion of uninvolved witnesses, was in the wrong), who accuses his opponent of the wilder transgressions, and threatens more verbose litigation. Rarely will anyone admit that *he* was in the wrong, and the driver will always deny reports of sudden changes of mood, muttering incomprehensibly to himself, or erratic, senseless steering. Most revealing of all is the fact that the drivers who show these symptoms most markedly are those who have no mechanical, meteorological or alcoholic excuse for the accident. These are the drivers who show the most overt form of motor madness, which I submit appears to be a form of acute schizophrenia.

The concept of a particular disease being responsible for motor accidents may seem strange, but look how the facts fit. Looking at the problem as one of schizophrenia, which Bleuler described as a basic disconnectedness in the association of ideas, inappropriate expressions of emotion and detachment from reality, we see that the driver in an accident can display all these moods. The formal intelligence remains intact, but the capacity to use it in a realistic and purposive way is often lost. At the onset of schizophrenia there may be "erratic, capricious, inexplicable behaviour, an unexpected failure at work, groundless suspicions, with or without paranoid ideas, an interest in strange cults and often hypochondriasis". In the first few moments after the accident, the victim often thinks he is being "got at", and later on, when tackling court or insurance problems, this suspicious trait often shows through. Many schizophrenics show strong religious tendencies, and we have already mentioned the increase in motoring madness at Bank Holidays, which are all associated with religious festivals. Religion seems to play an important part as an environ-

mental aggravating factor, which is necessary to precipitate individual cases. Schizophrenics often feel "compelled to do something", thus performing inexplicable actions; which may account for the spate of accidents in the early days of the M1, when motorists drove into the bridge supports for no apparent reason—perhaps they just "had to" drive into the supports! The emotional state gets so mixed up that everyday occurrences on the road appear to turn into threatening and sinister menaces, and the patient loses his finer feelings in response to social situations, and can become quite abnormally rude and violent.

However, there are several features of schizophrenia that do not fit in. The prepsychotic personality—introversion, seclusion, living in a shy world of fancies, avoiding contact with others, psychological immaturity — of the schizophrenic hardly fits any of the usual crash drivers. Also the passivity of the schizophrenic, which is said to be the most decisive symptom, is invariably missing. This leads one to suspect that other factors play an important part in motor madness.

Just recently it has been reported that smokers have a much higher incidence of accidents than non-smokers. "Whoopce", you say, "it's those hydrocarbons again!" But, let's be fair, there are no grounds for believing this. One common factor found in both cigarettes and cars is carbon monoxide. The amount of this gas inhaled from cigarettes is slight yet significant, but some of the older cars are positive gas ovens. In predisposing situations, such as the chance to pass another vehicle, travelling at unaccustomed speed, a warning of danger ahead, or just too much back seat driving, a slight rise in the concentration of CO might tip the balance of the mind, and precipitate a really sudden onset of this acute form of schizophrenia. It is in these situations that erratic driving leads to an accident, and all too often the driver is still showing signs of the acute episode when he steps forth to meet his victim. The major culprits, we are told, are those people who only take the car out on special occasions (Bank Holidays), and whose machines might be expected to be old and fumeey, overfilled and underventilated. The other group who crash frequently are open sports car types, who are not exposed to the CO from their own car, but who perpetually travel head high to lorry exhausts and get plenty that way.

The pathology of the condition is uncertain, but a flushing of the lips and cheeks has been noted. Alcohol also obscures the picture, for it also gives a flush to the lips and cheeks, but alcoholism among airline pilots is high, while air accidents (other than those due to mechanical failure) are very rare, an observation accounted for by the isolation of the engines to the wings or the tail, and oxygen pressurisation in the cabin. In the days before cabin pressurisation there were many more flying accidents. Prognosis depends on how severe the initial accident was, but invariably he who

has had one accident will have another. The diagnosis is often obscured by what appears to be emotional upset, but Richter showed that the abnormal retention of nitrogen in the body (which Gjessing described in schizophrenics) was due to a disordered homeostatic control in the hypothalamus, which is also the traditional seat of the emotions. Treatment is at the present uncertain, and symptomatic, and the only real prophylaxis would be to ban the internal combustion engine and take to horses.

Happy Easter Motoring!

MUSIC SOCIETY

ORCHESTRAL CONCERT

Monday, 28th February

First glance at the programme revealed a somewhat schizophrenic assortment of "lollipops", ranging from Bach's wonderful fifth Brandenburg concerto to Hindemith's short and deservedly little known "Two Pieces for String Orchestra"; but in fact this was a well chosen selection. The orchestra has improved immeasurably since its first concert a year ago this month, and has now reached the stage when it can well afford to let us hear the prowess of individual groups; the works played tended to spotlight such groups to their best advantage.

Mozart's "Clemenza di Tito" overture revealed a strong general tone, and it was a pleasure to hear some firm bass playing in the tutti.

The Brandenburg concerto gave many delights, and some wonderful playing and ensemble from the trio soloists—Paul Swain (flute), Mike Spira (violin) and Elizabeth Ann Smith (piano), whose superbly assured rendering of the cadenza merits special mention. But for me the greatest joy was the strings. Recollecting a somewhat excruciating Mozart 40th Symphony last year, I was not at all prepared for such confident and accurate playing as we heard tonight. This argues much credit to the conductor, Robert Anderson, as well, and the hospital must count itself fortunate to have secured his enthusiastic (and, I am told, sometimes pungent) direction.

Hindemith's little pieces are not known to me, or if I have heard them, I must have forgotten them almost at once. They are not unpleasant though, and anyone coming to them

here for the first time would surely have found tonight's performance completely acceptable.

David Baker (flute) proved an admirable soloist in Gluck's "Dance of the Blessed Spirits" from his opera "Orfeo". His part is predominantly supported by a soft string accompaniment, and this was less successful. One noticed a certain lack of nourishment in their tone that had not been there before. But to sustain a consistently *piano* line and still not sacrifice any other qualities is fellowship stuff unless you are a professional orchestra.

Finally Dvorak's Slavonic Dance Op. 64, No. 8 (encored) saw the whole orchestra on top form, blowing, fiddling, crashing and tinkling with tremendous vitality, and more important, accuracy.

When one feels that one can comment on a conductor's view of a work with an orchestra, this indicates that the orchestra is of sufficient quality for the conductor to impose his own aesthetic demands on his players as well as his more onerous and less glorious duties of getting some sort of shape into the proceedings. I believe that our orchestra has now reached this standard, and hope a compliment is understood when I look forward to hearing perhaps a longer and more ambitious work from them—such as a Schumann symphony.

One small point, re the programme notes, Dvorak never wrote an "American" quartet. He did write one called the "Nigger", and what is a good enough name for Dvorak is good enough for us—in spite of it branding us as fascist colonialist swines!

R.S.T.

Harley Street Musician

by John Howkins

THE residents in our mews off Harley Street have little claim to distinction either socially or professionally, though some of us might like to think so. But there is one who is by common consent quite exceptional. He pays no rent or rates, feeds no parking meters with hastily borrowed sixpences, and though he seems to have no gainful employment is always sleek and well fed. Moreover he is, without a dissenting note the most popular resident around these parts. Being a good citizen he fully realises that he must do something to justify his residence in the borough of St. Marylebone and he has therefore chosen to follow his natural career and sing for his living. In this choice he displays obvious wisdom, since by nature he is endowed with a voice that has no rival. He is a blackbird.

The first time that I heard him was on a warm winter's morning in February—in polite euphemism early spring—returning, as a damp dawn was breaking, from a confinement. The great heart of the city was almost still and the mews might well have been a stable yard in the heart of some rural shire. The clank of the garage door made an almost sacrilegious clatter as I parked the car and my footsteps on the cobbles were indecently noisy. Apart from the chime of Big Ben, which seemed to be as near as Oxford Circus, the hoot of a tug on the Thames, and one solitary taxi, all was silent. At that moment from the top of our only plane tree the blackbird gave tongue. Keats has immortalised the nightingale and Shelley the skylark, but the blackbird has received little poetic homage. "O Blackbird what a boy you are, How you do go it" (Thomas Edward Brown). Tennyson gives him a one line mention in *Early Spring*. Addison was glad to lose his cherries and keep his



blackbirds. Drinkwater at least admits he is bountiful and in the nursery rhyme after a number were shamefully baked in a pie, one got his own back by snapping off the laundry-maid's nose. Yet to the student of birdsong he has no rival and no peer. His song is extempore and from the heart, he makes it up as he goes along from the sheer joy of hearing his own lovely unscored music; his rival, the thrush, is vain and repetitive and once he finds a pleasing theme repeats it ad nauseam. The nightingale, if he did not perform after closing time, would merely be a capable artist when judged against his matutinal rivals and his song is limited, though its liquidity against the velvet of the night enhances its power and beauty. The robin singing in December against a red and frosty evening sky with his few plaintive short sweet notes is unique and soulful, since he recalls all the past loveliness of autumn and promises so confidently that spring will come again. A curlew in early May, calling across the marshes with his bubbling crescendo, arrests your cast in mid air as you patiently search the salmon pool for an unwary victim. The swallow's sweet confidential twittering on the roof—quite a little song if carefully listened to—is only endearing because we know he will soon take wing and desert us. The plaintive mew of the

buzzard is only lovely because of the country over which he presides in his superb aerobic flight.

But our blackbird, disdaining the happy hunting grounds of Regent's Park and Hampstead Heath, has come to comfort the toilers of the metropolis and to bring to their drab existence all the sweetness and light that they have almost forgotten. He serenades them at first light and some of his soulless audience, as summer advances and he strikes up at 4 a.m., are not all that appreciative. Undeterred by these unmusical Philistines he launches on a paean of praise and thanksgiving and our morning slumbers are accompanied by a background of glorious music that is only silenced by the growing crescendo of awakening traffic.

Like all great artists he is a little temperamental, coughing and chattering and movement in the audience are to him somewhat insolent and unappreciative: concrete mixers, mechanical excavators, backfiring motors, sports car exhausts and late-returning revellers he detests and if disturbed by these he will retire to a more appreciative music hall—usually the tip

of a television aerial on the highest chimney of a successful urologists mansion.

Again, like all true artists he puts in a lot of practice. Winston Churchill's incomparable oratory, so deceptively extempore, is said to be the polished result of patient preparations, and our musical orator has taken the great Commoner's advice to heart. I often hear him at all hours of the day trying out a few notes from whatever vantage point he happens to occupy, but he is best heard just after dawn and just before dusk.

I do not know how long a blackbird lives, since he is an immortal being, but I hope that in some safe eyrie, unapproachable by the prowling felines of Harley Street, there sits a little woman on four mottled eggs, so that when our special songster is promoted to the Elysian choir there will be a future Caruso to lighten and sweeten the drab lives of the denizens of this borough. Meantime, in my six foot square roof garden I am growing a cotoneaster in the forlorn hope that the foliage may one day tempt him to establish squatting rights, or at least that he will deign to take one dinner with me off the red berries next autumn.

BOAT CLUB BALL 1966

On the evening of Thursday the 24th February, the walls and floors of College Hall once again throbbed and groaned to the pattering of many hundreds of tiny feet. Another Boat Club Ball was in session. The chief source of barotrauma was the Hobs Kin, who provided an adequate beat in the recreation room. Next door, a fair assortment of 'eats' awaited the hungry ones, ranging from rolls with mystery centres to vast (and tasteless) meringues. For those who could take so much and no more, sounds of a more subtle nature were available from the New Magnolia Jazz Band, who were enthroned in the main dining room. Both bands were well patronized. Later on everything

stopped for a cabaret given by the Bonzo Doggs Doo-Dah Band. Anyone who expected something unusual from this title got it in full measure. Between odd prancings and explosions, some more than reasonable musicianship could be heard, despite microphone difficulties—or was that deliberate too? A similar sort of sound might be achieved by listening to Mozart on a building site with one's head immersed in water.

Like the Rigger Club Ball, this event is now a very welcome and necessary part of the social landscape.

S.A.R.



Off to Mount Ortler

In company with two other Bart's parties, bound for other resorts, we left Victoria Station after lunch on January 15th. The party of 22, under the leadership of Roger Boston and John Wright, consisted of a mixture of beginners and enthusiasts, half from the hospital and a colourful contingent from diverse other professions.

The long train journey across France and Switzerland, always an ordeal, was made more painful for some members who omitted to bring food and consequently existed on charitable offerings of crusts and chicken bones carelessly discarded by those better prepared. On changing trains at Innsbruck the loss of one rather quiet member of the party was discovered and a fruitless search of train and station was instituted for him. The remainder of the party caught the connection for Zell in high spirits at the prospect of reaching the slopes, considering it stupid of anyone to forgo their holiday at such a stage, and unreasonable not to have taken his luggage with him! However, he caught up with the party in time to join the coach which took us from Zell to Saalbach.

Saalbach is a small village only recently developed for the ski industry but already becoming a very popular resort; it lies in a valley in Salzburg province with slopes facing roughly north and south. On the south side a chair-lift and a long drag provide descents of 2½ and 4 kilometres, with a connecting drag lift between them on the upper slopes, and a short drag lift below to cater for the nursery slopes. The many runs of varying severity, which contained stretches of both wide and open pistes and narrow tracks through the pine woods, provided interesting runs for all grades of skier, and the beginners in the party were able to cope with these slopes within their second week. On the north side a cable car

BART'S SKI PARTIES

Saalbach

gave access to steep and more difficult runs of 4½ kilometres and also a beautiful easy run of 8 kilometres along the valley to Jansern from which one could return by bus. The lifts were run efficiently, waiting was minimal and a comprehensive range of season tickets made them cheap.

The cost of après ski life was not exorbitant; an entertainments tax of two or three shillings was the near universal price of admission to tea or after supper dances and drinks were no more expensive than the equivalent here. Ten shillings a head would cover a very enjoyable evening's dancing.

Snow and weather conditions were very good the first week and all the party made happy progress. Three reckless members, who represented three quarters of the total English entry in the race, entered the local downhill races, heedless of expenses and personal danger, much to the amusement of the Austrian competitors. They came down with great panache if lacking the finer points of style and were awarded a bronze and a silver medal. An excursion was made to Kitzbühel to see the international races at the weekend.

The second week was heralded by an outbreak of minor injuries, which however seemed less incapacitating as the evening dancing approached.

Several riotous parties were held in the pension and other watering holes, at one of which we had the honour of entertaining the wife of the Italian Ambassador to Vienna and the pension proprietor, who seemed initially a little concerned for his furniture, but he succumbed with others in the party and lost his inhibitions under the influence of a little Schnapps.

The holiday was a great success and Saalbach likewise.

Oscar Townsend.

Solda

Mummy's Chicken

We skied at Solda, a little known Italian village slung 6,000 feet up in the Alpes Aldiges. Erna Lowe, the travel agents, arranged the train journey, hotel, food, ski hire, six days ski school and full insurance at the reduced rate of £38 15s. However they did not provide meals on the train, and two pairs of skis arrived a day late. Most people took packed lunches, fortunately "Mummy had packed enough chicken," for those who had forgotten to bring their sandwiches.

Solda has an extensive nursery slope complex, and one huge chairlift rising 2,000 feet up Mount Ortler. Indeed, so enormous is this mountain (13,000 ft.), that Solda's afternoon sun is blotted out. At the top, an Inn provided Millefiore and Gluhwein to remove inhibitions for the descent. Gladiators tackled the "Big Job", a fast, steep, icy piste, with an interesting variety of difficult parts, while novices and the three girls, preferred "The Family Way", which had a long traverse, distracting humps, pits and bolders but a pleasant final descent on a "senior" nursery slope. The treacherous, brand new Zebra run was open for only one disastrous day. Four intrepid explorers skied down in three foot virgin snow, and vowed never to repeat it!



Carol & Angela make friends with the ski instructor



The Lower Mendips Carnival

You Name It

The Vicarage Club was well represented by Sam Thompson (you name it, I play it), Peter (Obu) Bradley-Watson (you name it, I ski it), and Tony Edelsten (you name it, I drink it). Three of our party were non-Bart's: Tony Monahan, casualty and comedian, is an ex-flat mate of organiser Bill Graham; Mike Bowen's pretty acquaintance Dale Parry later became pretty acquainted with Obu; and Angela Wallace-Grieg introduced us to Nick Taylor. Carol Cupitt (four no trumps), Charles "Makende" McCaldin and Peter Quinn (diarist) made up the rest of the party.

Smuggling Opium

We made many new friends; drinkers Peter, Claus, Horst, Mike, Ilona, William and Bebe; ladies Linda, Rudi and "the German twins", and attractive barmaids Ingrid and Anna. We also encountered the incredible Dr. Vois, who claimed to be a leading European chest surgeon. Not only had he been thrown from a train three times while smuggling opium from one country to another, but he has also fallen 2,000 feet down Mount Zebra, traversed for three hours while skiing at speed, and had two motor bike accidents, in one of which a foreign body was lodged in his cerebrum.

Hotel Eller was warm and clean. It contained a large bar with a local dance band, an indoor games room but no free bath room. Each day, the menu encouraged us to sample a further veal preparation, but otherwise it was both varied and appetising. Fraulein could often be encouraged to bring "noche ciine", curiously she never smiled.

One highlight of the holiday was a new English festival "The Lower Mendips Carnival", introduced for the first time this year. Twelve Englishmen dressed as Batman, Quasimodo, Peter the Great, etc., streamed down the nursery slopes pursued by crowds of enchanted children.

Peter Quinn.

ASPECTS:

Looking at a modern hospital, everyone has his own daydream of what he'd like to see more of in it. There are strong advocates for more social workers and sociologists, for example; and for more priests. Statisticians and musicians are top of my list.

The case for more statisticians is easy to make: to do your own statistics if you are not a statistician is very dangerous indeed (the remark that you can prove anything with statistics is the argument for the science of statistics, not against it); and to go outside for statistical work is to abdicate the responsibility of being among the leaders in clinical research (just as to have an outside loo would be to lay aside the responsibility of being among the leaders in plumbing). For statistics (that 'examination of all the available facts so as to approximate towards the truth') is the basic science in all clinical research, the only tool capable of obtaining the maximum benefit for the future from the events of the present, the only defence against prejudices, the only insurance against wasted suffering. 'The unexamined life', as Socrates said, 'is not worth living'.

The case for having a Hospital Musician is not so easy to make. Remarks like, 'Brandenburg had one, why shouldn't Barts?' are likely to be greeted with frozen horror at the Committee Stage. Nor do I think the idea of musical therapy on the natural level to be of practical value (except for odd private patients) in the present state of civilisation—if people prefer television and pills to Bach and Burgundy, then they will probably be more benefited by them. Patients must be treated at a level of therapy set by their education. The aim of teachers and sociologists and politicians is to raise this level and doctors must wait upon them in this. But musical therapy on the supernatural level does seem to offer certain possibilities—the medieval idea of the curative power of the Music of the Spheres. W. H. Auden says: "Shakespeare uses instrumental music . . . as an auditory image of a supernatural or magical world It may be directly the voice of Heaven, the music of the spheres heard by Pericles, the music under the earth heard by Antony's soldiers, the music which accompanies Queen Katherine's vision, or it may be commanded, either by spirits of

the intermediate world like Oberon or Ariel, or by wise men like Prospero and the physicians in King Lear and Pericles, to exert a magical influence on human beings. When doctors order music, it is, of course, made by human musicians, and to the healthy it may even sound 'rough and woeful', but in the ears of the patient, mad Lear or unconscious Thaisa, it seems a platonic imitation of the unheard celestial music and has a curative effect". When was it last tried?

* * *

'The Brain Committee (on Drug Addiction) did not see any addicts, on the grounds that they were unlikely to give reliable information.'

He had heard of clinical detachment but this was ridiculous, and the thought took him to a first-floor in Kilburn, the yellow street-light filtering in over the dingy furniture, the bowed heads, the sighs; and to a tall Regency house with a tall butler and tall wine-glasses and tall talk about mandarin mastery of the opium habit so that it becomes an enrichment and not a destroyer; and to rare moments—he asked her when she'd first heard of junkies and she said, "When I was born they said, Here comes another junkie"; and he said, "Sweet dreams," and she said, "Life's enough of a dream."

Resolution for an M.P. taking part in the debate on drug addiction: not to read the Brain Report, on the grounds that, not including any direct experience of addicts, it is unlikely to give anything.

* * *

Whatever happened to Blossom Dearie? Eight years ago her innocence was wounding and divine (like that of the daughter in 'Thomas the Impostor'). Last month, at Ronny Scott's, she was just very professional and very self-confident. Her straight songs were a great disappointment. But she has developed some sick ones that were very funny, coming across in that breathy boa-constrictor squeak—"I'm not yours for better but for worse". 'There's a trick with a knife I'm learning to do', 'If my stereo could come across to you' etc. But unlike Lee Konitz (with her at Ronny Scott's, a real improviser), this alarming woman, with her clairvoyant string of beads and dress of comfy wool, who could hold Broadmoor spell-bound with a reading from Dante, seemed, singing mock-Tudor songs at a Jazz Club, so far within her range as to be sinister.

medicine in literature

Two letters by John Keats :

one to Fanny Brawne and one, the last he ever wrote, to his friend Charles Brown. Keats was born in October, 1795; in 1815 he started studying medicine at Guy's and St. Thomas's, but gave it up a year later for poetry; he made his home at Wentworth Palace, Hampstead (now called "Keats House", this is the place referred to in the poem following these two letters); in the autumn of 1818 he first met Fanny Brawne; he died of T.B. in February, 1821, in Rome.

Hampstead, 24 February, 1820

My dearest Girl,

Indeed I will not deceive you with respect to my health. This is the fact as far as I know. I have been confined three weeks and am not yet well—this proves that there is something wrong about me which my constitution will either conquer or give way to. Let us hope for the best. Do you hear the Thrush singing over the field? I think it is a sign of mild weather—so much the better for me. Like all Sinners now I am ill I philosophize, aye out of my attachment to every thing, Trees, flowers, Thrushes, Spring, Summer, Claret, &c., &c.—aye every thing but you. My sister would be glad of my company a little longer. That Thrush is a fine fellow. I hope he was fortunate in his choice this year. Do not send any more of my Books home. I have great pleasure in the thought of you looking on them.

Ever yours
my sweet Fanny,

J.K.

Rome, 30 November, 1820

My dear Brown,

'Tis the most difficult thing in the world to me to write a letter. My stomach continues so bad, that I feel it worse on opening any book,—yet I am much better than I was in quarantine. Then I am afraid to encounter the pro-ing and con-ing of anything interesting to me in England. I have an habitual feeling of my real life having passed, and that I am leading a posthumous existence. God knows how it would have been—but it appears to me—however, I will not speak of that subject. I must have been at Bedhampton nearly at the time you were writing to me from Chichester—how unfortunate—and to pass on the river too! There was my star predominant! I cannot answer anything in your letter, which followed me from Naples to Rome, because I am afraid to look it over again. I am so weak (in mind) that I cannot bear the sight of any hand-writing of a friend I love so much as I do you. Yet I ride the little horse, and, at my worst, even in quarantine, summoned up more puns, in a sort of desperation, in one week than in any year of my life. There is one thought enough to kill me; I have been well, healthy, alert, &c., walking with her, and now—the knowledge of contrast, feeling for light and shade, all that information (primitive sense) necessary for a poem, are great enemies to the recovery

of the stomach. There, you rogue, I put you to the torture; but you must bring your philosophy to bear, as I do mine, really, or how should I be able to live? Dr. Clark is very attentive to me; he says, there is very little the matter with my lungs, but my stomach, he says, is very bad. I am well disappointed in hearing good news from George, for it runs in my head we shall all die young. I have not written to Reynolds yet, which he must think very neglectful; being anxious to send him a good account of my health, I have delayed it from week to week. If I recover, I will do all in my power to correct the mistakes made during sickness; and if I should not, all my faults will be forgiven. Severn is very well, though he leads so dull a life with me. Remember me to all friends, and tell Haslam I should not have left London without taking leave of him, but from being so low in body and mind. Write to George as soon as you receive this, and tell him how I am, as far as you can guess; and also a note to my sister—who walks about my imagination like a ghost—she is so like Tom. I can scarcely bid you good-bye, even in a letter. I always made an awkward bow.

God bless you!

John Keats.

LETTER TO JOHN KEATS

By Michael Ffinch

I beg your pardon
for intruding, John,
into your garden on such a night
as sets the Thames off like a sibyl's
hair. I had forgotten you lived so near
until I saw your name
commend a road as I was hurrying home.

With a snatch of shame,
I must admit, I climbed your fence.
No moon shook in black the long arm
of the senile mulberry on the lawn;
propped by brick crutches
and half-leaved in mid-autumn she can't
have changed much. Not superstitious,
your shade did not choke me like gas.

Why should you, anyway,
play practical jokes?

Diabolic mists
for eager tourists
or those who chase expensive thrills
are all the damned can do to beat eternity;
but you, for sure, found quiet quickly.

Adonais. Nature
does not mourn long all her sons, for you
she wears weeds somewhere
still in the borders of regret. Wise, you
nursed your talent like a delicate giant,
snubbing all else once you slaughtered
the easy tempters
and drab delights that complicate
and don't endure. Like me, you might have
called it off only for love. or, if it should
exist, another
sense of poetry.

You need not defend
the romantic trend
of all you attempted, humming cooks
filtered herbal glory into breakfast
in an age when tea-trolleys whiffed of
lavender pots
and coaches were cold mediums for
coin-cosy harlots.
The mammoth literary R confined
the form and humdrum of your feeling.
Romance-brokers sprinting from pain
who think black Macbeth
murdered his Mrs. can recite slight
somethings from your odes, but might swop
'darkling' for Bysshe's blithe skylark
and take three green pills
before a performance.

Alone with your illness
and conventional sense
of shunning slapstick, your image is mossy.
Gothic Madeline was never your Evelyn
off-stage (remember that Southampton weekend?)
though Mamma forbade
you to teach Fanny facts when the almandine
engaged her glad
finger (how will they know from what
rancour it was torn?), while we weep at the
musical and your nose dusted among Tussaud poets.
your love is legend.

Tonight at a Hampstead party with J.K.
in 'starry fays' studded on your back, swanking
of the hydro-electric whale you bathed with
beneath the plum-tree;
a nightingale on tape

as a spectre background,
you might astound
a few snoggers into learning 'Hyperion'
by heart. Had you lived to father children
to stride Uncle Tom's bucking knee-horse,
surely they would have
turned out cold-cellar types slightly ashamed
of Papa. But you forgave
your brash winding sheet with words.
Poetry's tolerant island keeps
an exclusive cove for your explorers
as in this garden, John,
some wisecracker has planted laurels.
Where once you convalesced among friends,
squat villas eclipse the heath-view you loved,
wallflowers are bedded
and irises clipped for winter.

General Practice

STUDENT ATTACHMENTS

—a G.P.'s view

by Dr. J. A. S. Forman

The chief satisfaction in owning a boat must be to sail it. But another is to demonstrate the art to the uninitiated. So too in general practice, where the satisfaction of the day's work can be sharpened by taking round a student. The need to verbalise one's thinking (Americanisms have reached us all) and to interpret personalities and methods to an on-looker, can be a stimulus, and a source of good argument.

But it's not all honey for the G.P. In a life where most of your working hours and some of your sleeping ones are committed, there is a reckoning for the extra time expended. A student must be briefly introduced to each patient (i.e. 30 to 60 times a day) and each patient must not only understand who he is, but also be given an easy opportunity to consult with the doctor alone if he or she wishes it; and discussion of what is seen takes further time. Much long-term routine work has to be postponed to a later week in consequence, and the G.P. who takes on a student for a fortnight can say goodbye to his half-days and his weekend leisure for the time being, and probably for a couple of weeks to follow.

Nevertheless many G.P.s feel the need for more contact between medical teaching and general practice, and are willing to give time to this end. Of all branches of medicine general practice is the most remote from student experience (although about half the profession enters it). Its clinical spectrum and techniques are becoming annually more divergent from other branches of medicine.

A fortnight in general practice is a short period of contact with a branch of medicine which can only be practised in depth when a continuing doctor-patient relationship has been built up and doctor and patient have come to know each other. The nature of work in general practice will not be fully understood until this relationship has been experienced, and this cannot be done in a day. If this is not

appreciated G.P.-patient relationship may be seen on the same plane as Casualty Officer-patient relationships in hospital (a minority will be on just this plane), and much of the point of your attachment will be lost.

As a student of general practice you might usefully see your role as spectator of a process of medical care, much of which cannot be obvious at first sight; the value to be had from the exercise will depend as much on the observer's attitude and insight as on anything else, and a listening ear and observant eye will reap a greater harvest than much purely clinical discussion.

This is not to say that questions and answers should be eschewed. Argument is a good means of communication. But restrict it to important issues; and time it nicely. (Your G.P.'s memory and association centres are working overtime throughout most consultations, although he may look as if he only celebrates in his bath). Diagnostic niceties and new techniques are interesting—teach your G.P. something if you can. But this is a time to focus on the meaning of illness for your patient and his family, its interpretation to him and to them, and on the management of the illness the patient and his family as a single problem.

If all this becomes a little mystical, and you thirst for the facts of life in practice, you can usefully have a look at the pattern of disease as it exists in the community. In hospital you are seeing about 10% of all illnesses which are presented to the medical profession and it is a highly selected 10%. As patients come through the surgery door or are visited at home you are seeing the natural pattern of illness and you can get some idea even in a fortnight of what is common and what is rare, what matters and what does not. It may be worth keeping a running score of the clinical categories of the work done—general medical, obstetric, psychiatric, dermatological, medico-social and so on, to see how the pattern forms. Alternatively you may like to classify the G.P.'s work by its objectives in some such categories as these:—

- Screening for early signs of serious disease.
 - Minor illness management.
 - Management of long-term and major illness.
 - Prophylaxis.
 - Medical Education and Advice.
 - Paramedical work, personal and social.
 - Administration.
 - Research.
 - Special interests.
- (You will need additional categories).

Do not despise attention to administrative technique. It makes time for clinical medicine, and muddle is indefensible when time is short. At the same time take any opportunity you may have of meeting your G.P.'s ancillaries—secretary, receptionist, nurse, dispenser—if he is one who likes to work with help of this sort; and also the district nurses, midwives, health visitors and other professional people who have a hand in the care of the practice's patients.

If you want to test your keenness, go out with your G.P. on all his emergencies, and on night calls. These occasions will give you more insight quickly than many surgery sessions.

G.P. techniques may interest you. For instance, how do you screen acute respiratory infections quickly and safely without a full history and examination in every case? Quickly, because if not, you will be benighted before you reach the last six and you will have missed a pneumonia or a meningitis.

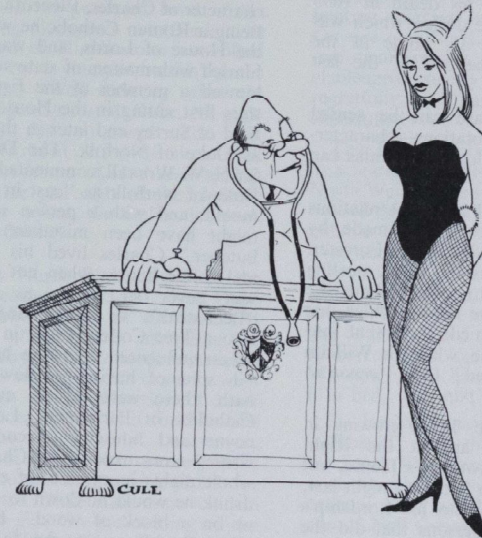
Finally, remember that it is difficult (if not impossible) to admit a third party into the doctor-patient relationship without altering it, especially when the discussion involves personal confidences and emotional problems. And as

your G.P. will frequently be dealing with the effects of illness and with symptoms arising out of personal and family difficulties, he may find it difficult to bring you fully into the picture, let alone demonstrate how he makes his assessment of the situation.

It is just this relationship with patients that is worth attention, however, in surgery and when visiting, for this is the core of good medical care at home. We often talk about the frustrations, irritations, and even the hostilities our patients arouse in us in general practice. (We probably feel better after it.) But look beyond these in your time with a G.P. and remember his own emotional reactions as well as the patient's. "The secret of the care of the patient", said Peabody, "is in caring for the patient."* If you mistrust this view, don't go into general practice. For caring for the patient, in both senses, will be thrust upon you morning, noon and night.

I look forward to my next student attachment.

*Sir Theodore Fox, Harveian Oration, 1965, *Lancet*, Oct. 23, 1965.



"IT'S AN OCCUPATIONAL HAZARD M'DEAR, YOU HAVE A SLIGHT TOUCH OF MYXOMATOSIS CUNICULI"

Squares of London

by ROGER CLAYTON

Planned by Hugh Jermy, Earl of St. Albans, about 1663 and built about 1676, St. James' Square was first called the Piazza. The Earl was doubtless a widely travelled man. It was on the site of St. James' fields, and as Macaulay informs us in a way peculiarly his own, it was not at first fashionable—"St. James' Square in 1685 was a receptacle for all the offal and cinders, and for all the dead dogs and cats of Westminster." Later Northbuck described it as "the most pleasing square in all London," showing "true taste." A pedestal was erected in 1732 which was eventually honoured with an equestrian statue of William III in 1808. From contemporary prints it appears that there was a boating pond of necessarily modest proportions in the middle of the square from the early eighteenth century. St. Albans lived in St. James' Square until his death in 1683 in a house of unimaginative design which was later Norfolk House, No. 31, home of the Dukes of Norfolk until the end of the last century.

Life in St. James' Square can be sensed from the three following quotations—characterised by a delicious phraseology which alas can rarely be found today:

"April 30th, 1695. The Parliament relations give an account of the complaint made by Colonel Beaumont against Sir William Forester. They had a further rencontre this noon, meeting accidentally and falling into a heat about the particular words used in the House, which one affirmed and the other denied; they went into St. James' Square to decide, when Sir William was worsted, being disarmed." (*Mr. Vernon to Lord Lexington, Lexington papers.*)

"There was one of the Trees growing in St. James' Square over against the Right Honourable the Earl of Romney's House, cut down and carried away on Saturday night last; whosoever shall give notice to his Lordship's porter, of the person or persons that did the same, so as he or they may be apprehended, shall have two guineas reward." (*The Postman, August 28th-31st, 1703.*)

4. ST. JAMES' SQUARE

The Earl of Romney's house on the North side of the square was later acquired by Josiah Wedgewood where he sold his stock of classic pottery.

"February 16th, 1773. A most audacious fellow robbed Sir Francis Holburne and his sisters in their coach in St. James' Square, coming from the opera. He was on horseback and held a pistol close to the breast of one of the Miss Holburnes for a considerable time. She had left her purse at home, which he would not believe. He has since robbed a coach in Park Lane," (*Mrs. Harris to her son, Earl of Malmesbury.*) The "most audacious fellow" was indeed a great lover and rode the finest grey mare in town.

It is well worth familiarising oneself with the character of Charles, Eleventh Duke of Norfolk. Being a Roman Catholic he was excluded from the House of Lords, and wanting to acquaint himself with matters of state suddenly professed himself a member of the Established Church, thus first sitting in the House of Commons as Earl of Surrey and later in the House of Lords as Duke of Norfolk. The Duke's first friend, Sir N. W. Wraxall, commented on the Protestant Duke of Norfolk as "cast in Nature's coarsest mould, and with a person so clumsy that he might have been mistaken for a grazier or butcher." Charles lived his life out in clubs and coffee houses when not at the House and was never so happy as when dining at "Beef-steak's" or breakfasting or supping at the Cocoa Tree Coffee House in St. James' Street. When influenced by wine he would say that "in spite of having swallowed the Protestant oath, there were, at all events, three good Catholics in Parliament, Lord Nugent, Gascoyne and himself." According to Wraxall, writing from experience, Charles would spend whole nights in excesses of every kind—"when drunk he would lie down to sleep in the streets or on a block of wood." From Joe Miller's "Jest Book" comes the following anecdote: "Mr. Huddleston, whose name was admitted to be a corruption of Athelstone, from whom



he claimed descent, often met the Duke of Norfolk over a bottle to discuss the respective pretensions of their pedigrees; on one of these occasions, when Mr. Huddleston was dining with the Duke, the discussion was prolonged 'till the descendant of the Saxon Kings fairly rolled from his chair upon the floor. One of the younger members of the family hastened by the Duke's desire to re-establish him; but he sturdily repelled the proffered hand of the cadet. "Never," he hiccupped out "shall it be said that the head of Huddleston was lifted from the ground by a younger branch of the house of Howard." "Well then my good old friend," said the good-natured Duke, "I must try what I can do for you myself. The head of the house of Howard is too drunk to pick up the head of the house of Huddleston, but will lie down beside you with all the pleasure in the world;" so saying, the Duke also took his place on the floor."

No. 11, in the North West corner of the Square was the residence of John, third Duke of Roxburgh, biblio-maniac of his time. At his death a sale of his books in May 1812 lasted forty-two days. His collection included early Shakespeares and several Caxtons. In what is generally known as the Waterloo of book battles Lord Spencer fought with the Marquis of Blandford for Boccaccio's Decameron, printed in Venice in 1471. In an uncomfortable atmosphere the Marquis won, paying £2,260 for the book which the Duke had more or less picked up for 100 gns. On the evening of the sale twenty-eight bibliophilists dined together at St. Albans' Tavern to celebrate the battle, when Lord Spencer, defeated bidder, took the

chair. It was at this meeting that the infamous Roxburgh Club was founded by madmen willing to pay outrageous sums for all sorts of rare rubbish that happened to cross their way. The antiquarian booksellers became understandably angry and forgers danced in merriment around their printing presses. Nevertheless in spite of the ill-feeling generated, the founders were gentlemen of some principle, inviting worried booksellers to their dinners. On one occasion Lord Spencer noted "twenty-one members met joyfully, dined comfortably, challenged eagerly, tiddled prettily, divided regretfully, and paid the bill (£5/10/0) most cheerfully."

The London library was founded in 1840 in a house, formerly Beauchamp House, in the North West corner of the Square. It was opened on 3rd May, 1841, with a collection of 3,000 notable books. By the following March there were thirteen thousand volumes. The library collected, and in fact still does, the more noble books that become available and is run on the subscription and lending plan. Taking home one of their priced books would be comparable to borrowing a sacred book from the British Museum upon special invitation and reading it in bed.

St. James' Square is now in the centre of "Clubland" with the new Army and Navy in the South West corner and the Junior Carlton, presently being rebuilt, on its South side. The original Army and Navy Club was built on the site of Nell Gwynne's house in 1850; Walford at the turn of the century described it as having the best smoking room in London. The Junior Carlton was established in 1864, its aim being

to promote the objects of the Conservative party. These clubs gradually succeeded the coffee houses and particularly the Tavern clubs in and around St. James' during the eighteenth century—quiet havens from life's hurly burly and where every member is a master without the troubles of a master. Generally they were built around a kitchen the size of a ballroom and a cavernous library with an architectural splendour reminiscent of the Roman Empire. Here men of moderate incomes could dine and drink 'till their waistcoats burst, and read, smoke and talk until overcome with sleep. It was Addison who said "all celebrated clubs were founded on eating and drinking, which are points where most men agree, and in which the learned and the illiter-

ate, the dull and the airy, the philosopher and the buffoon, can all of them bear a part."

Today St. James' Square is quiet, not being a main thoroughfare, and William is surrounded by the ubiquitous parking meter. In the last war Eisenhower as Supreme Allied Commander formed the First Allied Force headquarters in the present Norfolk House, and from here launched operation "Torch" to liberate North Africa and later operation "Overlord" to liberate North West Europe. Chatham House, once William Pitt's home (he was afterwards Earl of Chatham), and later that of Edward Stanley, Earl of Derby, and Gladstone, is now the Royal Institute of Foreign Affairs, and Harvey's of Bristol are moving into Nos. 24 and 25.

record reviews

The contrast between Italian and French music of the pre-classical and baroque period deserves greater emphasis in its appreciation than is evident today. Two recent records from Supraphon will contribute to a greater understanding of the differences of each. The first is **CORELLI'S CONCERTI GROSSI**, *Op. 6 Nos. 1, 3, 6 and 7* played by the **Slovak Chamber Orchestra** (SUA10571)*, and it is typical Italian virtuoso writing, full of exuberance and vitality. By contrast **COUPERIN'S** two trio sonatas, *Le Parnasse* and *L'Astrée*, and **RAMEAU'S** two "concertos" from *Pièces de clavecin en concert*, played by the **Ars Rediviva Ensemble of Prague** (SUA10536) demonstrate the introspective nature of the French school which is at the same time more subtle and refined. *Le Parnasse*, otherwise called *L'Apothéose de Corelli*, is a homage to the father of Italian music which endeavours to bring about a rapprochement between the two national styles. The performances of the Corelli are vigorous and exciting, if lacking slightly in spontaneity (probably because there is no conductor), and the recording is good. The performances of the French music, however, are somewhat variable. The Rameau works are quite enchanting and the flute playing is a sheer delight. The recording unfortunately lacks a certain clarity with a consequent loss of some detail, particularly in

the harpsichord part. The choice of a flute and a violin as the principal instruments in *Le Parnasse* is not an entirely happy one (Couperin did not specify the instruments to be used), although I think that this is partly due to insufficient care over detail: the two players have an annoying habit, for example, of playing the numerous ornaments differently to each other. In addition, the harpsichordist is irritating in the way she draws out chords into long arpeggios at the beginning of some phrases thus interfering with the flow of the music, and her accompaniment is much too thin in places. The flute player here lacks a certain poise, and he cuts the ends of his phrases by taking too short breaths. However, if this part of the record proves disappointing, the rest of it (and that is the majority of it) merits attention.

Another Supraphon record takes us back a further century and a half. **PALESTRINA'S Missa Papae Marcelli**, sung by the **Czech Philharmonic Chorus** under **Josef Veselka** (SUA10578) was one of three masses which the composer was instructed to write as models of music for sacred services. This was a response to the Council of Trent's decree that all mundane music and melodies and chants associated with secular words and songs should be abolished, which would have meant that the only music allowed in public worship would

have been the Gregorian Plain-Chant. The six-part Mass receives a beautiful performance here. The Czech choir sing in a pure style that is devoid of emotional affect which would have been so alien to this music. There is some loss of detail in the recording, greater clarity being achieved in the three accompanying motets which are sung by the **Prague Madrigal Singers** under Miroslav Venhoda. The Mass is a superb example of polyphonic

writing and, though not as advanced as, say, William Byrd, its utter dependency upon the basic musical elements of melody, rhythm and harmony, so that the context is evolved from the form rather than the other way round as in romantic music, proves to be intensely moving and exciting.

M.S.

*The Supraphon records are available in both mono and stereo versions, and are priced 17s. 6d.



Penguin Reviews



POLITICS FROM THE HEART

Breaking The Silence, by W. J. Weatherby.
Price 5s. *Sociology*.

This is the personal account of a young English journalist's experiences of the Racial struggle in the U.S.A. The book spans the period from 1960 through to the spring of 1965. The author uses as a skeleton for his book his own love affair with a coloured girl from New Orleans. They meet in that city during the tense days of the school integration crisis of spring 1960. It continues its stormy course through the attempts of James Meredith to gain entry to the bastion of Southern segregated education: the University of Mississippi at Oxford, and also through the events in Alabama, in New York, and on the Selma march. It ends in New York, when the girl, disappointed with the apparent lack of success of the non-violence campaigns and disillusioned with the leadership deserts the movement (and the author) for the pro-segregation, black-domination aligned Black Muslims.

The book is not simply a narration. The author examines comprehensively the historical and social background to the struggle and emphasises his points by lacing his text with well-chosen quotations from such men as Camus, Sartre, Faulkner, Baldwin and Shakespeare—Othello takes on a new meaning when related to this problem. But the triumph

of the book is its capture of the mood of negroes and their white supporters (both open and undeclared).

The key to this is the position from which the author writes. He is both non-American and non-coloured and thus would hardly be expected to penetrate very far into negro minds. Yet his love affair leads him into personal danger and suffering. Thus involved he comes into contact with not only the central figures but also many of the 'ordinary' members of the Civil Rights movement. But he cannot be involved totally; he is as he says 'an outsider trying to become an insider'—his colour excludes him. This position gives him a unique insight into the movement and he is able to record continuously the anguish, despair, frustrations and hopes of the 'inferior race'. Yet he can be objective enough to avoid the personal bitterness which tends to peruse the writings of coloured authors.

Reading the text is an enlightening experience, the author sweeps one along with his enthusiasm and one realises how the racial tension can lead to such seemingly senseless and self-destructive riots as those seen in Los Angeles in August. Indeed it is a pity that the publication was not delayed to include those riots. But notwithstanding, the book is most instructive and stimulating, and is an important study of this most fundamental of human problems.

John Sills.

NOSNIKRAP

Parkinson's Law; The Law and The Profits; In-Laws and Outlaws, by C. Northcote Parkinson. Penguin Books 3s. 6d. each. *Economics*

These three books contain an analysis of the sickness which Professor Parkinson sees as lying at the root of our society. The arch-enemy is bureaucracy, where the expenses of administration exceed the benefits received from what is being administered; his three 'Laws' express this dilemma in different forms—'Work expands so as to fill the time available for its completion', 'Expenditure rises to meet income' and 'Expansion means complexity and complexity decay'.

Professor Parkinson's approach lies halfway between the serious and the comic. It is often difficult to tell which mask he is assuming. At one moment he is pouring out figures like the most eager research student; on the next page he presents us with mock statistics as if to ridicule the very methods he has been using. The result is disturbing—we are not sure whether we are to take what he says at face value (in which case much of it is preposterous) or as a huge joke (in which case it is too drawn out to be funny). This does not matter so much in 'Parkinson's Law' or 'In-Laws and Outlaws' which are really loose collections of essays with only the mildest connection. But 'The Law and the Profits' purports to be an attack on the whole taxation system, and here the uncertain tone is fatal.

Perhaps it is the cumulative effect of reading the three books in succession which induces such a gloomy tone. It would be unfair not to give the author credit for some fine passages. Take for example his method for avoiding tax by avoiding agreeing an assessment with the inspector. Find out at what frequency he gets through his pile of correspondence. Two days before he is due to answer your letter, write to him asking him when you will be hearing from him; this new letter will cause him to put your file to the bottom of his in-tray again, and in this way you will ensure that he never comes to your file at all. What could be simpler? Readers with a taste for this sort of thing, will find plenty of chapters to keep them amused, if they are prepared to skip fairly ruthlessly.

All three books contain splendid illustrations by Osbert Lancaster.

Paul Zatz.

THE CROSS OF LORRAINE

Political Leaders of the Twentieth Century: De Gaulle, by Alexander Werth. Price 6s. 0d. *Biography*

Political Leaders of the Twentieth Century is a new series of Pelican Books which will analyse in depth the real men behind the personality cults of great contemporary statesmen, show how they formed their political outlooks, examine how they gained power and how they held and exercised it and suggest what each has come to epitomize in the eyes of his own nation and of the world at large.

Charles de Gaulle is one of the most controversial figures on the political scene today and yet few of us are familiar with his career; few of us know how he acquired that prestige and legend which enabled him alone to avert civil war which threatened France in 1958 over the Algerian problem.

Alexander Werth considers de Gaulle's greatest asset to be that of rebellion and he writes of him as the eternal rebel. He rebelled against French military incompetence between the two World Wars and when the blow fell in 1940 he rebelled against the idea of an armistice; he rebelled against Churchill and Roosevelt whom he felt were not giving him enough say in the conduct of the war and when France was liberated he rebelled against the Fourth Republic which twelve years later he helped to overthrow. Since then he has rebelled against the Atlantic Order; he has fought to prevent the satellization of France and most of all he rejects the American concept that ideologies are of more importance than nations.

The author has certainly covered his subject well and has fulfilled the aims of the book set out in the first paragraph. Rightly he deals with the man and his ideas, and social and economic affairs are touched on incidentally, as these are of minor importance to a man who is renowned in the field of military and foreign affairs. The main disappointment is that the narrative is rather heavy and sometimes difficult to read, containing no memorable prose nor light interludes. To those who find no great joy in reading history textbooks it may come as a struggle to read the book from cover to cover without skipping some sections. Perseverance will, as always, bring its reward. In the end the reader will have gained some insight into the mind of a "fascinating and maddening" man.

Roy Harfitt.

TOLERANCE, THE BASIS FOR DEMOCRACY

Two Cheers for Democracy by E. M. Forster. Price 6s. 0d. *Essays*.

With a deliberately low-key title and the author a decidedly modest grand old man of the English literary scene: is this large collection of short essays really to be recommended? It is, and perhaps surprisingly for such a kaleidoscopic assembly of topics, the reader may well be rewarded by a fairly closely linked and consecutive reading of the essays. For a pattern of priorities, interests and sensibilities emerges which is much richer than any overt effort to cover comprehensively so many items of human interest.

The essays are divided into two unequal groups. The much smaller introductory section covers the twenty years spanning the Second World War. It is political in nature, or rather concerned with human responsibility towards world events. At the outset, this section exhibits Mr. Forster's independence and his tolerance. An austere realist, he is able to be aware of human weaknesses and the course that must be taken that these weaknesses should not prove fatal. He takes a vehement stand for right thinking—a generous category which prizes the human creature and his works, yet which sees the terms essential to the mere continuation of life in no sentimental manner. For example, in challenging the Nazi ethos of annihilating incompatible elements, he says: "The other way is much less thrilling but it is on the whole the way of democracies, and I

prefer it. If you don't like other people, put up with them as well as you can. Don't try to love them: you can't, you'll only strain yourself. But try to tolerate them. On the basis of tolerance a civilised future may be built."

The second part reveals that his austerity displayed in face of grave moral challenges represents the discipline which permits self-fulfillment. The interests of this self are illuminating. There are first those coming under the heading of "Art in General". The second, which significantly constitute by far the largest section in the book are entitled "The Arts in Action". This is comprised of the most vivid accounts of artists and the relation of their lives to their works. Many of the figures are obscure, but they are not dealt with from any desire to be *recherché*. There is rather an aversion to the so-called great, insofar as they are associated with pomposity and propriety, though the truly great who embody insight and integrity, receive his fullest recognition and praise, e.g., Tolstoy, Beethoven and Proust. The author possesses a burning curiosity that brooks no inhibiting snobbery and through this one makes invigorating contact with figures of the past as well as his contemporaries. The book ends with him in a gently reminiscent mood yet still not losing his interest in the present, as a number of places both well, and not so well-known to him are painted.

What the "Listener" said of his earlier volume of essays, "Abinger Harvest" applies equally to this: it is "The expression of a truly civilised mind."

Paul Belchetz

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SWEET AFTON

The Crack-Up, by F. Scott Fitzgerald. Price 3s. 6d. *Stories and Autobiographical Pieces*.

First, it must be pointed out that this is a Penguin edition of Volume 2 of the Bodley Head Fitzgerald, not of the more interesting original collection called 'The Crack-Up', which had the poems in it and a magic photo of Scott and Zelda dancing in front of the Christmas Tree.

After this disappointment, however, there is still plenty to be grateful for. This is Scott Fitzgerald cracking up but with his dearly beloved 'beautiful talent' still appearing intermittently: the ability to pass easily from one depth to another; the romanticism and the detachment from that romanticism, so that he combined the insights of intoxication with those of disintoxication; the vision of himself as a microcosm of the age; above all, the economy of words, the gift for writing 'sentences of pure relevance'.

Anyone who made the present book their introduction to him would think such praise very exaggerated—most of the ten pieces it contains are, after all, very slight and lightly written—only 'Babylon Revisited' and 'Echoes of the Jazz Age' stand on their own as worthy of the author of 'The Great Gatsby', as distinct from their considerable interest on account of his having written them. Part of this interest derives from the fact that he puts a different aspect of himself into each of the heroes—for example, into Andy his nostalgia ('We parked under the broken shadow of a mill where there was the sound of running water and restive squawky birds and over everything a brightness that tried to filter in anywhere—into the lost nigger cabins, the automobile, the fastnesses of the heart'); into Charlie Wales his unhappiness ('Charlie watched Honoria's eyes leave their table, and he followed them wistfully about the room, wondering what they saw'); into Pat Hobby his humiliation ('After twenty-one years in the industry, script and publicity, the accident found him driving a 1935 car which had lately become the property of the Acme Loan Co.');

Recently Louis Malle based a very moving film, 'Le Feu Follet', on 'Babylon Revisited'. It is interesting to compare the film and

the story because one of the things that drove Fitzgerald to drink was his sense of the novel being superseded by the cinema—'I had a hunch that the talkies would make even the best selling novelist as archaic as silent pictures.' But in fact the story, giving the film 30 years, still has it narrowly beaten. For example, the latter works itself into a position where the only possible climax is a melodramatic suicide. The story's ending is more convincing: maturity and hope coexisting with a terrible sense of loss.

Jeremy Davies.

DAFTON AND CAPUA

Life At The Top, by John Braine. Price 4s. 6d. *Novel*.

A sequel to *Life at the Top* would be too good to be true. Grandfather Joe Lampton still indulging in sex would be positively nauseating. As in *Room at the Top* Joe mentally undresses every woman who comes into view, including his own mother-in-law.

Joe has been married for ten years to Susan, the local magnate's daughter whom he managed to get pregnant on his way up to the Top. Their relationship is a constant battle. They have a son and daughter. Baby Barbara is Daddy's girl and is the mainstay of Joe's marriage.

Honest hard working Joe is not getting anywhere. He may live at the Top but he is an outsider. Dafton Grammar School was not the place to be educated if you want to excel at the Top. Brown his father-in-law owns all of him, his car, his house and his job. Even Joe's assertion when he finally breaks away from Capua that the cigarettes and liquor are his is met with a lightning "You are getting above yourself, aren't you?" from Brown.

However Capua is Capua and a flat in Baron's Court, however distracting the girl, is not. Joe returns on the pretext that he is wanted by his son Harry, with whom he has never been able to make contact and consequently loathes. Harry has run away from his prep. school and will tell no one except his father why. He haltingly explains that as part of an initiation ceremony the other boys wanted to white wash "his thing". They became friends and the marriage is temporarily patched up.

An unintended sequel is never as good as its forerunner. Mr. Braine, the author, wrote *Room at the Top* unaware of its future huge success. He made a full study of Joe's character. He left Joe's future only too clear, so that *Life at the Top* becomes unnecessary, a

mere curiosity. However it is well written with one or two pleasantly amusing twists. It is just the thing for tedious Underground journeys when the advertisements are beginning to wear or the points to freeze.

Anthony du Vivier.

MEDICAL BOOKS

Lexicography

Taber's Cyclopedic Medical Dictionary by Clarence Wilbur Taber. 10th Edition. Blackwell's. Price £2.14.6.

A medical dictionary is useful to students for two reasons: it is the most time-saving type of reference book; and by giving the derivations of words, they come to life, instead of remaining opaque symbols. How much value this second reason has depends on how well the names were chosen in the first place: for example, looking up words like 'psychopath' merely makes one irritated with whoever gave them their present meaning; but to find out what anthrax and anthracosis have in common (the Greek word meaning both carbuncle and coal) and that 'rale' comes from a word meaning rattle and 'rhonchus' from one meaning snore: such things as these let in the sweet air of sanity after the tortured elaborations and categorisations of the text-books. Language is the mechanism of thought and, in going to the linguistic origins, dictionaries attack our ignorance at a deeper level than do text books.

Taber's is a compromise between the pocket dictionaries (e.g. Blackiston's, £1.14.0) and the monsters (e.g. Butterworth's, £10), and it is much the best in this intermediate range that I have seen.

Faber's (£2.15.0), for example, just doesn't have enough words. This does not mean that Taber's is faultless—some important conditions are omitted (e.g. osteoclastoma); there is a dearth of synonyms (this makes looking up renal diseases particularly difficult, for example); and some of the definitions are incorrect (e.g. embryocardia: 'heart action in which first and second sounds are equal')—simply that the faults are outweighed by the prevailing virtues of facility and clarity.

Not least among the book's characteristics is a certain quaintness—for example, there is a five-language 'interpreter' section that is even funnier than most phrase-books; and there is an endearing bias towards nursing procedures—there are, for instance, 60 hilarious lines on 'How to make an occupied bed'.

J. Davies.

Obstetrics

A Synopsis of Obstetrics & Gynaecology. 13th Edition by A. Bourne and J. M. Holmes. John Wright & Sons Ltd. Price 52s. 6d.

Thirty-three years ago the reviewer, about to face the ordeal of the final Conjoint midder, launched a small loan to finance the purchase of the fifth edition of this book. His financial and medical advisers were confident that this modest investment would, perhaps several years later, pay a dividend.

The immediate result of the perusal of the fifth edition was a hazardous, but safe, passage through the narrows of Queen's Square. To Mr. Aleck Bourne and his then slim volume the reviewer would wish to pay a somewhat belated, but none the less sincere, message of gratitude and respect. Mr. Bourne has edited glossier and bigger, but never better, volumes of British Gynaecological and Obstetric Practice, but to many thousands of medical students he will be immortally enshrined as the author of this succinct and reliable synopsis. How often has the harassed and overworked registrar about to face a class of medical students in a grind stepped quietly to a discreet hideout to open this little volume. Fortified and refreshed by the relevant chapter he has been enabled to acquit himself in some style, but not able to deceive his audience, most of whom had already been sensible enough to purchase the book themselves. There can be very few members of our profession who have not derived solace and knowledge from the contents of the Synopsis on the eve of Waterloo. It is, therefore, a sad reviewer who says farewell to Mr. Bourne and wishes him a happy and well-earned retirement. To his present co-author and his successor elect, Mr. Holmes, we wish all success for many future editions and we feel confident that this choice will be a happy one.

The term Synopsis for 641 pages of meaty text is perhaps a slight misnomer and if Mr. Holmes is able, in future editions, to use the Horatian file, aspirants for the finals will be grateful. It is difficult to suggest the methods by which the text can be abridged, but here are a few suggestions:

- P.363—oil bath, enema induction of labour.
- P.379—retro-peritoneal Caesarean section.
- P.381—pubiotomy.
- P.391—the vagina is not a muscular tube, it is a potential space.
- P.427—does androgen therapy play any part in modern gynaecological practice?
- P.434—does Enavid ever control the premenstrual tension syndrome?
- P.456—is a whole page necessary for membranous dysmenorrhoea, a condition seen once in a gynaecological lifetime?
- P.458—what modern young woman can rest for the days preceding menstruation? If she does the result will be a polite discontinuation of her employment.
- P.478—three pages on chronic endometritis is surely generous.
- P.503—three months drug treatment for genital tuberculosis is quite out of line with modern thought, Sutherland recommends 2 years, or more, and surely no one uses radio-therapy for this.

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P.534—is the considerable operative detail of vesico-vaginal fistula necessary?

P.561—is the very detailed description of the technique of irradiation necessary?

These are a few suggestions for Mr. Holmes in the next edition but there is one unforgivable sentence on p.547—"nevertheless there is a place for subtotal hysterectomy despite the ravings of the fanatics". If this belongs to Mr. Bourne, he shall be forgiven only this last once, but Mr. Holmes should, and does, know better. A remark like this could be lethal if produced by a candidate in the finals.

What is the purpose of this book? If it is intended as a revision book for final students it can be profitably shortened. If it is a synopsis of other and bigger standard obstetric and gynaecological textbooks, a kind of reader's digest, then the reviewer suggests a strict appraisal of some of the points mentioned above.

Apart from these small criticisms and in spite of them, the Synopsis reads well and is always completely comprehensible. The 174 illustrations are clear, if not of great artistic merit, and do their job adequately. It is a part of the heritage of our speciality and as such we wish it well and shall continue to buy and enjoy it.

John Howkins.

Ophthalmology

Principles of Ophthalmology by H. E. Hobbs, M.B., F.R.C.S., D.O. Published by William Heinemann Medical Books Limited. Price 55s.

This book is addressed to general practitioners and medical students. It is well and interestingly written and gives concisely an outline of the common disorders of the eye, their diagnosis and treatment.

It is both an introduction and a guide to ophthalmology and it aims to keep in perspective ocular disorders within the framework of general disease processes.

Criticisms are few and minor. In a book otherwise beautifully and clearly illustrated by diagrams, drawings and colour reproductions of external diseases and fundus conditions it is regrettable that three rather indistinct photographs of cataract extraction are published. Moreover in that of the intracapsular operation an archaic type of lid retractor is shown, which can be quite dangerous in such an operation. This operation could be more clearly and effectively illustrated by good line drawings.

The mistake of calling a Meibomian granuloma a 'cyst' has recurred in too many students' textbooks over the last 50 years. The illustrations of cupping of the optic disc and the scale on a Schiötz tonometer are not clear.

Although cocaine has had a time-honoured place as a local anaesthetic it is not without some danger and disadvantage. Some of the more modern surface anaesthetics such as amethocaine could be recommended.

The author states that for the treatment of malignant melanoma of the iris local excision (iridectomy) is sometimes feasible. It should always be so.

William Heinemann is to be congratulated on the format and reproduction of the book.

H. B. Stallard.

SPORTS NEWS

CROSS COUNTRY CLUB



February has been a busy month for us. We have had six matches in this, the shortest month of the year, which have resulted in some interesting trips, the winning of two cups and a good finish in the London Colleges Cross Country League. We have had a good "turnout" for all matches but perhaps some members of the club have felt the pressure of so many matches, explaining some recalcitrant behaviour at the last League match.

Jan. 29th. University College Invitation Race

This was the first time we have competed in this event. Several members were running for U.H. so we did well to finish 17th with an understrength team. Individual positions included E. Graham 19th, R. Sanders 93rd, P. Wood 100th, C. Hunt 109th—some 160 competed.

Feb. 2nd. Porrit Cup. Won

Sir Arthur Porrit again started this St. Mary's Hospital invitation race round 5 miles of Hyde Park paths. Some excellent performances by the first three runners enabled us to retain the cup which was presented by Dr. Roger Bannister. There were 34 competitors.

Results

	Position	Time
E. Graham	1	28.42
G. Hesselden	2	29.10

R. Thompson	2	29.10
S. Williams	9	30.38
P. Wood	16	31.40
R. Hale	17	31.45
F. Pagan	28	35.21
J. Horton	30	36.39

Feb. 9th. Sussex University at Brighton

We narrowly lost this race by 37-44 on a wet and windy afternoon over a hilly and muddy South Downs course. After our situation here in London we all felt a little jealous of the Sussex runners who literally have their course on their back door step. We were warmly entertained and shown over the University finishing up in Brighton for a Chinese meal together. It is to be hoped that this fixture will become a permanent part of the programme.

Feb. 12th. Kent Hughes Championship. Won

When an experienced cross country runner can say that this was the muddiest course he has ever run over, it means it was muddy! A quarter of a mile from the start Epping Forest engulfed as much of your anatomy as it could in mud. Times were therefore slow but stalwart Bart's runners managed to make it their sixth consecutive win in this event. Again Ed Graham must be congratulated on an excellent run, finishing second. May I take this opportunity to thank our President Mr. H. Lee for the work he did in organising this event and Mr. H. B. Stallard for his support.

Feb. 16th. Southwest Essex Technical College Trophy Race.

We did well to finish seventh in this event out of 26 teams. A long section of road running in the second half of the race, involving the crossing of several main roads, did not add to the interest of this race but some good personal times were recorded. Graham Hesselden did particularly well to finish 22nd in a high class field.

Feb. 19th. Hyde Park Relay

This match, organised by Imperial College is claimed to be the largest relay race in the world. 96 teams entered and we finished 38th—not so good as our position last year of 30th. Robert Thompson started the last lap at the same time as D. M. Turner of Queen's Cambridge. No doubt this was the source of inspiration that enabled him to complete the fastest lap and break the course record!



SWIMMING CLUB

The one big difference between sport at a school and at a club is that at the former all sorts of pressures and threats can be brought to bear on people to get them to train, whereas at a club one can only ever persuade. Persuading can be a hard job especially when the club is going through a rough patch. But rough patches occur now and again in the life of any club and it is especially at such times that training is so important. So it is with the swimming club. We have had a very bad season so far, losing every one of our University league games and it is terribly easy to become depressed with such a record. However the losing team of this year is very often the winning team of the next, and this I am sure is what will happen

Edinburgh University won the event with an overall time of 82.52 min.—another new record.

Bart's Results	Time	Position
S. Williams	16.38	61
G. Hesselden	15.43	43
C. Hunt	16.27	49
E. Graham	15.11	35
P. Wood	17.08	40
R. Thompson	13.33	38
Total	96.40	

Feb. 23rd. Fifth League Match

The last league match was held over the Imperial College Course in Richmond Park. E. Graham was 15th, G. Hesselden 24th, S. Williams 40th, P. Wood 58th, and C. Hunt and R. Sanders came in together 74th, out of a field of 78. After all five matches we have finished eighth in the League, a creditable performance for such a small College.

Philip Wood.

It isn't all misery in the swimming club though, far from it. We have certainly had some most enjoyable games and have a fuller programme than we have had for a number of years (thanks to the work of the Secretary—Peter Quinn). One of the things that we have started is training games with Westminster Hospital and Battersea College, and these, apart from being good practices, have proved most enjoyable evenings. I hope that we will be able to keep up this arrangement with these two colleges. One of our matches:—

Bart's v. Battersea College, March 4th at Marshall St. Baths.

We had a strong team out for this occasion, with among the stars Charlie Vartan as goalie (how is it he manages to do so many sports?) Keith Anderson fresh from Midder, Tony O'Kane, Peter Quinn, Stephen Blackburne David Davies and Ian Fraser.

Having cleared the girls out of the pool we got down to business. Or at least Battersea did by scoring two goals pretty rapidly in the first quarter. But then we settled down and decided to mark and play better than we have done before this season. The first goal for Bart's was scored by Blackburne who suddenly found himself with the ball, no one to mark him and

quite close to the opposition goal, and by mistake more than anything else put it into the net!

By the third quarter we were beginning to flag a little, the score being now five one against. Charlie had saved so many goals that the opposition did a sneaky trick and one of their players did a submarine act, surfacing next to Charlie in the goal mouth and pushing both him and the ball into the net. It needed something like this to galvanize the team into action, and everyone suddenly found that they could swim faster than they had been doing for the last five minutes. I think it must have gone to Peter Quinn's head because he completed three lengths very fast and then with a scream of "I've got cramp Oooo." went under. But the ladder was close and he limped out from the depths nursing his leg. With one man out of it we went into the last quarter. Fraser who had been playing back all the time (something about not being fit enough) decided that he was and played up, and a good thing for us because he promptly scored a goal. So the game ended with Battersea the winners and the score six-two. And a jolly good evening it was.

RUGBY CLUB

Feb. 5th. Old Merchant Taylors. Drew 6-6

With a side weakened by injuries in the Cup Match two days before, Bart's put up a good effort to draw six all with O.M.T. who had the previous week beaten London Irish.

McKintyre scored our first try from a movement originating at the base of the scrum on O.M.T.'s line. After a penalty by Pope, Bart's led 6-3 at the changeover till almost the end of the match when O.M.T. kicked a goal. Bart's were good in defence when the opposition were pressing but lacked thrust in attack.

Feb. 10th. Junior Hospitals Cup. 'A' XV v. St. Thomas's. Won 6-3

The Bart's 'A' XV have pursued the Junior Cup with exuberant enthusiasm. This was evident when they met St. Thomas's in this, the second round at Chislehurst on an exceedingly damp afternoon. Despite the conditions, both sides endeavoured to throw the ball around. The Bart's pack had dominance in the loose and the tight. Johnson out-

hooked his opponent many times against the head with some hard shove behind him from Bates and Scarffe. Good balls from the loose gave Buckley and Grafton time to give good service to the threes.

The game itself proved to be something of a cliffhanger. Tommies kicked a goal and led 3-0 at half time. Then after a concentrated attack and some good threequarter play, Bart's were in a position to score a pushover try in a cloud of steam. Near the end of the game Bart's scored again to gain the lead. Only stern defence, notably by fullback Packer, kept out Tommies' counter attacks, as we waited impatiently for the medical referee's whistle to blow.

We now go on to meet Mary's in the semi-final.

Feb. 12th. Metropolitan Police. Lost 3-13

Bart's lost on the morning of the Irish International by a narrower margin than for several years. The forwards, with some new faces, more than held the Police pack but some close marking outside meant that the

three's could make limited use of the ball. Our main problem recently has been poor tackling which showed up in this game when the Police scored three tries through defence lapses. Our only score came from a loose ball kicked ahead. A. Johnson, Furness, Scarffe and Kavanagh played well as comparative newcomers to the side.

Feb. 19th. Old Millhillians. Lost 0-11

Skilful reading of the A to Z got Bart's to the Old Millhillian ground, and despite the distraction of Bedford College playing hockey next door, enjoyed some enthusiastic rugby.

At half time we felt unlucky to be three points down as we had had territorial and tactical advantage (the ref. was a Bart's man) for most of the game. The Old Boys however seemed to get more of the ball in the second half and used their backs well, especially an enormous negro winger who profited by our reluctance to tackle hard. Our pack were consistently good and coordinated, but again the inability to finish a move without the final pass going astray meant that we could not reply to the opponent's 11-0 lead at the end.

March 2nd. Junior Hospitals Cup. Semi-Final. St. Mary's 'A' XV. Won 21-5.

This season Bart's 'A' XV is the strongest for many years. A hard core of the team have

HOCKEY CLUB

1966 has seen a remarkable improvement in the club's results, partly perhaps, because the fixture list gets easier as the season wears on, and more important, because the forwards are at long last beginning to score goals, 28 having been scored in the last 12 games. The defence remains very steady, with Jordan improving in goal.

Of the more recent games several have been outstanding: on January 29th we beat **Indian Gymkhana** 2-1, a penalty flick by Barclay and then a goal by Castleden clinching the game. The Indians are very tricky customers to fathom as they tend to beat everyone including themselves with their own stickwork.

The following Wednesday we met **Guy's Hospital** in the replay of the second round of the **Hospitals Cup** and pulled off a very good win, though Guy's let go of their grip on the game. At half time they were one goal up and shortly after this Peek injured his back attempting an ambitious sliding tackle, and could take no further part. Thomas at centre half came to life and he and Thompson

played at one time or another in the 1st XV. The verve and enthusiasm with which they have approached these cup matches was evident when they soundly defeated Mary's in the semi-final at Teddington.

A notable feature of the game was the fast passing between both backs and forwards. An early penalty by A. Johnson was soon followed by a try by Grafton which originated from a loose maul in our half after Moynagh had made the break to give the overlap. Mary's replied, however, with a breakaway try by their fast backs which showed up some potential weakness in our defence.

Bart's went into the 2nd half briskly with the score 6-5, Bates, Scarffe, Kavanagh and Bradley-Watson doing sterling work in the loose to give Buckley opportunities to throw out a good service to the backs. From such a loose heel Kavanagh plunged through the Mary's defence to score spectacularly between the posts, only tragically to break his thigh when tackled into the upright. After this accident Mary's seemed to have lost heart whilst Bart's played harder. First Moynagh dummied for a try and then in the last minutes Grafton broke to give Browne a run in for a converted try.

We go on to play Guy's in the final.

Sam Johnson.

kept Bart's attacking hard. Just before full time Goss scored the best goal from the left wing position that has been seen at Chislehurst for some time, thus making the score 1-1. Twenty minutes of extra time played at full pace without score enabled Bart's to squeeze a victory on short corners.

On February 19th we played **Smiths of England**, another team with a considerable number of Indians, and narrowly lost 3-4. This was a most enjoyable open game which proved that age and experience can cope with young impetuosity.

On the 29th the Hockey Club met its Waterloo on the Guy's ground at Honor Oak and like Napoleon, they failed and lost 0-1. This was the semi-final of the **Hospitals Cup** against the **London Hospital** and the game was too tragic to report fully. Bart's had everything territorially with the forwards working better in mid-field than ever before, but when they tried to score, each attempt was met with dismal failure. The London played more coolly and sensibly keeping their circle well protected,

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Paper presented before the Cardiac Society of Australia
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and aided by luck they kept the ball out of their net. Lawson, their international, scored a beautiful solo goal about half way through the second half, and try hard as Bart's did for the last twenty minutes, they never really looked like scoring. To be honest, Bart's were so much on top of the match that they never really felt the loss of Barclay at back, however sad he may be at having missed the game. Team: Jordan, Benke, Thompson (Captain), Dieppe, Thomas, Bowker, Houghton, Williamson, Castleden, Peek and Goss.

Results of season to date: Played 30, Won 12, Lost 13, Drawn 5. Goals for 51, Goals against 56.

Results for 1966

Middlesex Hospital	W	4-0
Britannic House	W	4-0
The London Hospital	L	0-3
St. Thomas's Hospital	L	0-2
Indian Gymkhana	W	2-1
Guy's Hospital	W	1-1
(Cup Match Replay)		
Rochester and Gillingham	L	0-1
Charing Cross Hospital	W	6-2
Orpington	W	4-1
Gore Court	W	4-1
Smiths of England	L	3-4
The London Hospital	L	0-1
(Cup Match Semi-final)		

W. M. Castleden.

BADMINTON CLUB

With one match to play, the competitive season is almost over. Club night has been changed from Friday to Tuesday evening, beginning at 6.30 p.m., with a consequent increase in the number of members, although there are still very few preclinical players.

In our matches this season the men's team have played and lost four, but hope to redeem themselves in their last match of the season against West Ham. The mixed team has played five matches and won two of them; against **University College** by 5 games to 4, and **Battersea College of Advanced Technology** by 6 to 3. Unfortunately the nursing members of the team find it difficult to get time off, and thus only very rarely do pairs play together more than once.

The following men have represented the

hospital regularly this season: M. Freeth (Captain), V. Mathur, J. Pilling, J. Allen, B. Haig; C. Bowker and P. Wood fitting in valiantly on short notice. The regular ladies are Rosemary Foley, Peggy Tauerner and Joyce Yorke. Two members, V. Mathur and Miss R. Foley, must be congratulated for representing the University in the mixed doubles and Rosemary for being awarded her half purple in the University.

At the Annual General Meeting held on February 22nd, the following officers were elected for the coming season:

Captain: V. Mathur, Secretary: C. Bowker, Treasurer: P. Wood, Clinical Rep.: M. Buckingham, Nurses Rep.: P. Tauerner.

Malcolm Freeth.

LIFE BEFORE BIRTH. On February 12th **PARIS-MATCH** published, for the first time, a series of 16 colour photographs recording the development of the human embryo from conception to birth.

These pictures are the result of seven years' work carried out by surgeons at five Swedish hospitals. They are all taken by photographer Lennart Nilsson.

Copies of this issue are still available. Send 3/- (including postage) to **PARIS-MATCH** 879, Librairie Francaise Hachette, 4, Regent Place, Regent Street, London, W.1.

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Classified Advertisements

PASTEUR INSTITUTE. On February 5th **PARIS-MATCH** devoted 16 pages to a report on the Pasteur Institute, which is now facing the greatest crisis in its history.

France owes all her Nobel Prizes for medicine to the work of Louis Pasteur, says **PARIS-MATCH**, and the disappearance of the Institute would be a disaster.

In this report **PARIS-MATCH** covers the history of the Institute with full colour photographs of the rooms in which Louis Pasteur worked—and also reports on the Institute's present work and the new "Pastoriens".

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RIFLE CLUB

Midland Tour

On February 16th, the club sent a team of six to Nottingham and Leicester to fire against their University teams. The team was not the first team as various members had other commitments.

Leaving about three quarters of an hour after we intended, it was a considerable feat for all to arrive only a few minutes late at Nottingham, especially in view of the great idiosyncracies of the cars involved.

A large liquid lunch was partaken in "The Buttery" before emerging into the arctic conditions to shoot at 25 and 50 yards outside at the County range. No member of the Bart's team had fired .22 outside before, and though beaten we did not completely disgrace ourselves.

One car then gave up but a short trip home resulted in Mum's car being commandeered. At Leicester, several beers later, the opposition led us to their range. Perhaps the familiarity of rows of pipes in the range and a temperature approaching that in the Bart's range helped us to win.

As the business part of the day finished

our numbers grew as we went from University bar to pub then to coffee at a nurses' house where we lingered long before driving back for breakfast in London.

This was a memorable occasion often to be repeated by the club, if enjoyment is any criterion, with a return perhaps at Bart's.

Scores 25 yd. 50 yd. Total
St. Bartholomew's Hospital R.C. 574 547 1121
Nottingham University R.C. 582 558 1140
St. Bartholomew's Hospital R.C. 577
Leicester University R.C. 565

John Reckless

Pistol News

This section of the club has expanded greatly over the past year. We now have a dozen regular members who shoot and from these we run two teams in the University of London Leagues, one of which is now lying in second place. Two members of the teams, I. McLellan and J. Reckless, have managed to reach the semi-final of the University championships and McLellan has also shot for London University in several matches.

As we have managed to train a strong enough team, we are now participating in national competitions.

Ian McLellan

SQUASH CLUB

Hospitals' Cup: 1st Round vs. Westminster

The match was played at Westminster on Monday, 7th February. The Secretary, playing at No. 5, took the court first and won the first game easily, his opponent appearing disinclined to risk injury by stretching. After playing rather feebly to lose the second game, the Secretary became accustomed to the speed of the court and put Bart's one up. At No. 4 Downham played extremely well to win in straight games in spite of receiving a number of blows from behind. Ussher clinched the match for Bart's although he dropped a game to the Westminster captain at second string. Edelsten had no trouble in the dead rubber at No. 3, and our first string, Mitchell, didn't need to play.

J. N. Mitchell v. R. Lewis did not play.
H. Ussher beat G. Boddie 9-2, 9-3, 4-9, 9-4.
A. D. Edelsten beat T. Rossi 9-4, 9-6, 10-8.
M. A. P. S. Downham beat D. Rosin 9-3, 9-3, 9-6.
R. C. N. Williamson beat J. Hughes 9-3, 3-9, 9-7, 9-6.

The Cumberland Cup team had an unfortunate match against **Guy's Hospital** (away) on Tuesday, 8th February. The top game between Mitchell and the Cambridge blue, Newman, was a repeat performance of the match they played on our own courts in the first half of the season. Mitchell again played strongly to go 2-0 up, but Newman, as before,

ran him into the court in the third and had little trouble thereafter. Duff put up a good fight at No. 2, but Ussher was a little below his best at No. 4. Edelsten and Downham also lost giving Guy's a clean sweep.

The Cumberland Cup match versus **Lensbury** (home) the next week proved more successful, however, and we won 4-1. Mitchell had a remarkable game at No. 1, starting off in great spirits. His early shots, however, were a little wayward and he was 0-2 down before recapturing his form. Thereafter he cruised comfortably to victory. Duff played particularly well at No. 2 to win in straight games, and Chesney also was outstanding in a narrow victory in the bottom rubber. Although Mike Downham was unsuccessful, John Ussher won his match at third string.

On Tuesday, 22nd February we played our last Cumberland Cup game of the season against **B.P.** at home. We had a walk-over at third string where Ussher's opponent failed to arrive. Mitchell and Edelsten had no trouble in their games but Duff and Williamson were quite easily beaten.

We lost a close 'A' team fixture at home on 10th February to the **White House**. Duff and McCaldin won their games, Thompson and Chesney didn't and in the decider Goss just failed to outwit a cunning opponent.

Robin Williamson

SOCCER CLUB

The club made an inauspicious start to February by losing to **University College Hospital** 3-5 and to **West Ham College** 2-7. Subsequently matters improved and three of the other six games played were won.

Against **Northampton College** Bart's gained their first University League win. Farrow scored from a free kick shortly before half time to give the hospital a surprise lead. Northampton, with the wind and slope in their favour, attacked throughout the second half but the Bart's defence held firm for a 1-0 victory. This was particularly pleasing as our opponents had not previously lost a league match this season.

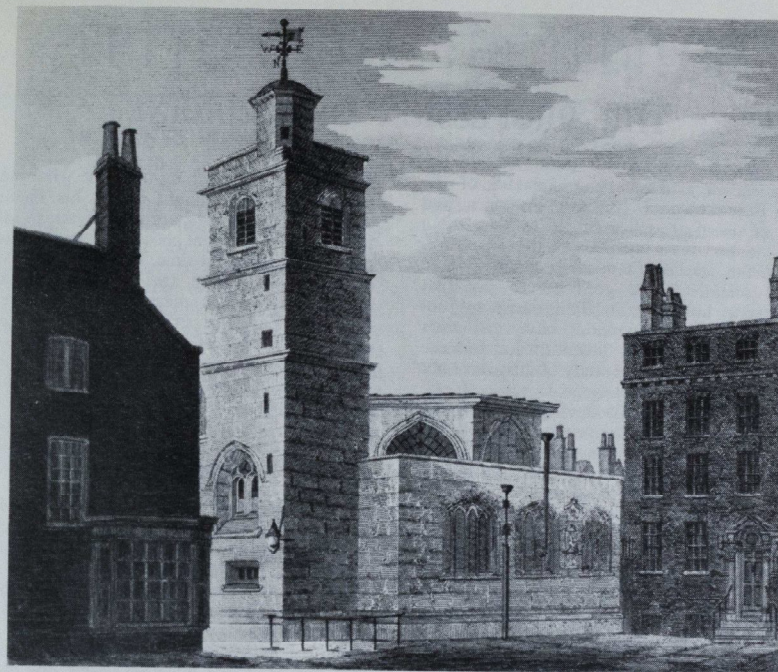
This improved form was maintained in the following match against **St. George's** which was comfortably won 3-0. Against the **London Hospital**, one of the strongest sides in hospital football, the team was unlucky to lose 2-3. This was a closely fought match on a very heavy pitch, the winning goal, a penalty,

coming only two minutes from the end.

Any hopes of a league revival did not survive the next two games. The first was lost to **Queen Elizabeth College** by the odd goal in three. It could at least be said of this match that the margin of defeat was far narrower than at the previous meeting of the two teams. The second game against **Sir John Cass College** was little short of ridiculous. Bart's were one man short from the start and on a pitch that looked and played like an estuary mud flat, good football was obviously out of the question. The eventual result was 3-1 in favour of Cass. The Bart's scorer was Bowen-Roberts.

To end on a happier note, in the last game before going to press, Bart's trounced **St. Mary's Hospital** 6-1. The score at half time was one all but, after the restart, Bart's managed to convert their greater possession of the ball into goals and the final score could well have been in double figures.

Chris Sutton.



The Church of St. Bartholomew-the-Less. Drawn by J. Coney, Etched by S. Jenkins, 1814.

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