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 oponent 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.

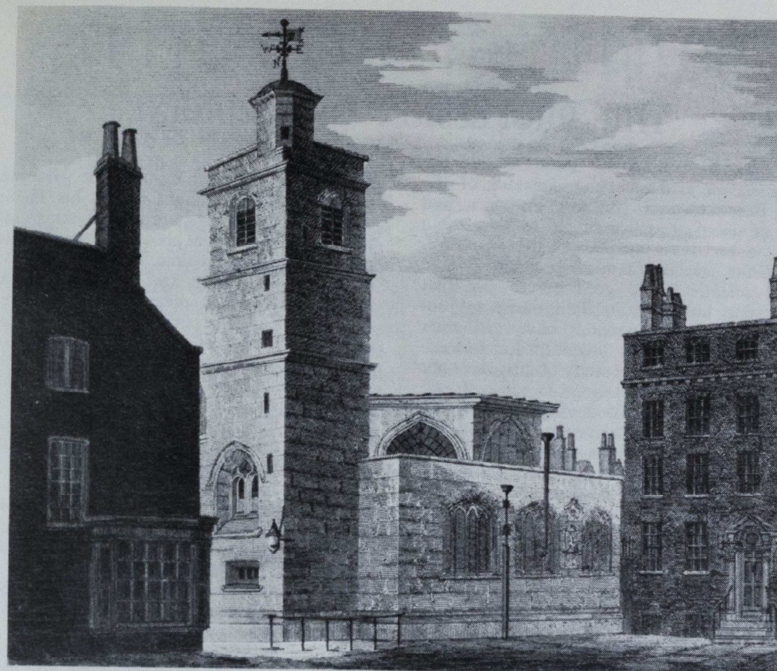
Against **Northampton College** Bart's gained their first University League win. Farrow scored from a free kick shortly before half time to give the hospital a surprise lead. Northampton, with the wind and slope in their favour, attacked throughout the second half but the Bart's defence held firm for 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.

THE JOURNAL STAFF

Editor: **M. E. Setchell**
News Sub-Editor: **J. P. M. Davies**
Review Sub-Editor: **P. E. Belchetz**
Social Sub-Editor: **R. J. Clayton**
Sports Sub-Editor: **M. T. Hambly**
Photographic Sub-Editor: **J. H. Casson**
Manager: **J. S. Blackburne**
Assistant Managers: **R. A. F. Whitelocke**
J. P. D. Reckless
P. M. Quinn
Charterhouse Representative: **P. Swain**
Nurses' Representatives: **Miss H. McCrudden**
Miss E. Ferreira

CONTENTS

Bits of Food in the Common Bile Duct ... 179
The Metropolitan Railway ... 183
Lampington's Disease ... 186
Drama Society: Twelfth Night ... 188
Aspects ... 190
General Practice ... 192
Nurses' Column ... 193
Medicine in Literature ... 194
Penguin Reviews ... 195
Record Reviews ... 197
Medical Books ... 198
Sports News ... 200

THE PROFESSION OF MEDICINE

In a recent article,* Professor Hill of the Royal Free Hospital states: "The aim and object of medical education is to educate a student to become a member of the *profession of medicine,* rather than to become a mere medical scientist." He goes on to say that the teaching hospitals, in their effort to provide a University education, have lost their old status of community hospitals and become specialised centres for the study of disease rather than the study of patients.

To some extent this is inevitable and in the right direction. In any university, the teachers should be men of the highest academic perfection who are at the peak of their following. Only in this way can the standards of a profession be maintained and advanced. It is to be expected that these men will deal with the most difficult problems. Because of this the student at today's specialised centre will not understand the true perspective of disease, as seen in a regional hospital or in general practice. It is important that he should not lose sight of the workaday problems which are going to confront him in his professional life. Although many Consultants make a special point in their teaching of stressing the social, economic and psychological (we may say *human*) aspects of disease, the large number of students on a firm means that direct contact with the patient and his problems will be limited. For these reasons it is vital that a student should undergo part of his training outside the artificial atmosphere of a teaching hospital, if he is to become a useful member of his profession.

This need for training in regional hospitals (and in general practice) is accentuated by the disparate increase in the number of students over the number of beds in recent years.

Six months of our training is spent doing a course in Pathology, and at the same time attending the Out-Patient Departments two mornings a week. Because of the large firms the amount of actual contact with patients is minimal. After returning from the wilderness of out-patients, the student begins his Paediatric appointment. Seeing parents and their children together, the student becomes acutely aware, perhaps for the first time, of the human aspects of illness. But there are some thirty students on the firm, which means that there are less than two patients per student on the ward! And this number of students at the out-patient sessions is quite impractical, as well as being thoroughly disquieting for the patients. Realising this shortcoming a scheme has been organised to send every student to a regional paediatric centre for a fortnight; if the students gain a wider understanding of the subject from this scheme, it must be judged a success.

The newly constituted series of Public Health lectures shows that lectures can be exciting and dynamic, and this is mirrored by the enthusiasm of the students. Altogether many hours are spent sitting through lectures learning about disease. There is a limit to the amount of fact that one can absorb, and there is no better purge of a surfeit of indigestible knowledge than a period in a non-academic hospital, where one can see at close quarters the application of all this learning. The smaller number of students means that the teaching can be more personal and the student given more responsibilty. It is sometimes argued that the student may not always see the same high standard of medicine practised in a regional hospital, but he should be sufficiently perceptive to recognise this. When he returns to the academic hospital the stimulus for learning will be renewed and enhanced.

The human aspects of disease, compassion, understanding, insight into personality and human problems, one cannot be taught; one can only be given the opportunity to learn from observation and close involvement.

---

*Brit. med. J., 1, 970. Medical Education at the Crossroads, K. R. Hill.

LETTERS TO THE EDITOR

MR. HENRY DOSSETT

Sir,—Henry Dossett, B.E.M., the Senior Theatre Orderly since 1939, is retiring in July of this year. For forty years he has been orderly to the Yellow Firm, but he was working in the hospital before that. During the war he had the chance of going out to a peripheral hospital, but unhesitatingly chose to work at Bart's.

Henry Dossett is as much part of the Bart's tradition as any of us, and we feel that there must be a great many people, besides those immediately concerned with his work on the Yellow Firm, who would not wish the occasion of his retirement to pass without having the opportunity of subscribing to a leaving present for him.

Yours faithfully,
J. BASIL HUME
ALAN H. HUNT
JAMES O. ROBINSON

3rd March. St. Bartholomew's Hospital, E.C.1

P.S.—Contributions should be sent to A. H. Hunt at Bart's.

POLITICS IN MUSIC

Sir,—It appears that we have a self-styled "fascist colonialist swine" in our midst. This fact is apparent from the closing remarks of R. S. Thompson's review (in your April issue) of the last Bart's Music Society Concert.

He writes, "re the programme notes, Dvorak never wrote an *American* quartet." Quite right. "He did write one," he continues, "called the *Nigger* . . . " Quite wrong. As the author of those programme notes, may I be allowed to clarify the situation by saying that neither did Dvorak write a *From The New World* symphony; nor did Haydn write a *Surprise* symphony, Mozart a *Dissonance* quartet, Beethoven a *Moonlight* sonata? These are, after all, mere nicknames that were probably never heard of, let alone invented or even used, by their respective composers. *Nigger* presumably alludes to such things as the syncopated rhythm and the use of the pentatonic scale in certain parts of the work. Undeniably features of Negro folk music, they are, however, just as strongly in evidence in the music of Dvorak's own Bohemia. Moreover, the quartet, so indelibly stamped with the highly individual personality of the composer and so full of nostalgia for his homeland, does not contain one single actual Negro melody. The use of the eponym *American* at least has the merit, like *From The New World*, of referring to something specific—the composer's three year stay in the United States.

However, if Mr. Thompson insists on reminding us of the quartet's slender reference to Negro folk music, why not simply call it the *Negro* quartet? Or is, in fact, the deliberate and pointed use of *Nigger*, a word whose emotional overtones are so alien to the composer's nature, merely an instrument in the propagation of Mr. Thompson's political beliefs?

Yours faithfully,
MICHAEL SPIRA,
Abernethian Room,
4th April. St. Bartholomew's Hospital.

HOW SO?

Sir,—I feel I must enlighten R. J. Clayton as to the origin of the word Soho, (see March Journal, Squares of London).

In the Middle Ages, the Soho district was a flat, marshy area abounding in hares. Hare hunting was the popular poor man's sport, and the hare hunter's call was 'Sa-Ho', or 'So-Ho', derived from the French 'ça ho'. In another context, So-Ho was a term used to quieten horses.

This call was adapted to serve as the Duke of Monmouth's battle cry at Sedgemoor (1685) and is presumably related to the re-naming of King's Square.

The origin of the word was one of the 'Questions for Christmas' posed in the Sunday Times.

Yours faithfully,
C. G. WICKES,
20, Devonshire Terrace,
14th March. London, W.2.

(Walford considers that "The origin of Soho involves a singular perversion of facts". It is from Stow, writing in 1562, that we learn that hares were hunted in the neighbourhood of what is now Soho but whether or not "So-Ho" or "So how" was the hunters' cry is purely conjectural.—R.J.C.)

MOTOR MADNESS CONFIRMED

Sir,—My plea for recognition of a psychiatric basis for motor accidents (*Bart's Journal, April* 1966) before either the Americans or Germans pinched the idea came almost too late. The Americans have not only thought of this idea, but have also proved it! The *Times* of March 21st reported an article in the April issue of *Science Journal* (published two weeks early it seems) which showed that 58% of drivers involved in fatal accidents were suffering from "classifiable" mental illness at the time of the accident. The survey, made in and around Ann Arbor, Michigan, showed that 69% of crash drivers were confirmed alcoholics, and that the most common psychiatric disorder was depression. Most of the deaths were described as being suicides during some personal crisis, and it is suggested that the car is one of the more satisfactory instruments for committing suicide. However, the relationship between depression and suicide is well known, and my suggestion that an acute attack of mental imbalance could cause the driver to have an accident still stands unproven, for I cannot believe that all road deaths are suicidal.

Yours faithfully,
ANDREW CROWTHER,
Abernethian Room,
1st April. St. Bartholomew's Hospital.

RETURN VOLLEY

Sir, Replying to letters in a monthly periodical is always a trial of persistence—return volleys are decelerated into pathetic slow motion shots. When the journal travels half way round the earth in a slow boat as well, the divorce in time is almost absolute. An Airmail edition of the *Bart's Journal* would be very welcome by many trying to maintain the standards of Dr. Drysdale and succeeding generations of Bart's teachers.

I was gratified that my description of the Australian blue heaven was greeted by Sir Christopher Andrewes with only a criticism of terminology, (see Letters to the Editor, *February Journal*). After his aspersions on my antecedents (a dark suggestion of the Prison Service or apprenticeship on a Convict Hulk?) it seemed wise to enquire into his career. I was most sobered to find that he is a Bart's man who has gained considerable distinction.

Having felt suitably mortified at my inept diagnosis of non-specific virus infection, I was intrigued to learn that he has been closely involved in an Influenza Centre, Common Cold Research, and Viruses in relationship to tumours.

It is encouraging to learn that precise diagnosis of all virus infections is accepted practice wherever high scientific standards are maintained, and no doubt the medical practitioner of an advanced society never fails to ensure that no patient leaves his consulting room with an inadequately labelled virus. Similar precision in treatment, doubtless, is also available following the persistent labours in research of at least one Bart's man. I must confess that such advances have not yet reached Tasmania. Tell it not in Overchalke, whisper it not in Coombe Bissett, but we sometimes treat our viruses empirically, even those of the Common Cold and Influenza.

Although we are still agitating to obtain our first Virus Laboratory in this State, some years ago I was privileged to see some of the work done across the water at the Walter and Eliza Hall Institute of Medical Research, Melbourne, and in a very humble capacity assist in the work of Virus research. I trust my temerity in mentioning so recent an institution will not cause Sir Christopher to roll his eyes like his late chief, but in Melbourne the Institute is accorded a respect comparable to that accorded by Salisbury to its Cathedral.

The qualities which Bart's men overseas find most difficult to accept from their indigenous brethren are persistent and unremitting earnestness and seriousness. The letter on the Non-Specific Virus leaves us disillusioned.

Yours faithfully,
W. McL. THOMSON,
270, Sandy Bay Road,
Hobart,
23rd March. Tasmania.

SANITARY APATHY

Sir,—I wish to draw attention to a lamentable state of affairs, which reveals a sad deficiency among the students of this hospital. There is, on the shelves of the Medical College library, a book, published in 1907, several of whose pages have remained uncut until today. Sir, is it not distressing that in 59 years, no student has shown sufficient interest in the Sanitary Evolution of London to read right through its fascinating history?

Yours etc.,
R. J. SHEARER,
Department of Pathology,
29th March. St. Bartholomew's Hospital.

COMMUNICATION BETWEEN COLLEGES

Sir,—With respectful reference to Miss Macdonald's article in the March Journal, I feel that although her observation on the need of wider experience for prospective doctors is accurate, if perhaps a little obvious, her criticism of lack of communication is somewhat unjust. In a community as diffuse as London University, surely the essential need is an adequate central headquarters where all members of the University may go, and find out about the activities of other Colleges for themselves, for the problem of keeping each College informed about each other's activities is otherwise difficult.

In order to benefit fully from communal University life, the student must be prepared to put him, or herself, out a little, and not expect the various representatives to do all the work. This is equally true if a student is to appreciate fully the many enjoyable experiences that London life has to offer. Encouragement should surely not be necessary.

Yours faithfully,
GUY BAKER,
Charterhouse Square,
15th March. London, E.C.1.

Engagements

PARKER—OLIVIER.—The engagement is announced between Dr. John Davidson Joseph Parker and Miss Carol Anne Olivier.

POPE—BYWATER.—The engagement is announced between David C. Pope and Miss Margaret Bywater.

REES—EASTWOOD.—The engagement is announced between Dr. Edgar Lowell Rees and Miss Lucilla Mary Catherine Eastwood.

Births

DEERING.—On March 26, to Sonia (née McMenemy) and Dr. Robert Basil Deering, a son (Jamie Robert) brother for Neil.

EATON.—On March 2, to Diana (née Freear) and Dr. Douglas Eaton, a daughter (Jane) sister for Mark and Hilary.

FREARS.—On March 5, to Dr. Janna (née Philps), and Dr. Christopher Frears, a daughter (Emma Rachel).

Deaths

ASKER.—On January 5, F. Asker, M.R.C.S., L.R.C.P., D.P.H., aged 65, Qualified 1924.

SOUTTER.—On March 15, James Stewart Soutter, M.B., Ch.B., M.R.C.P., D.C.H., aged 76. Qualified 1913.

WILLIAMSON.—On February 6, Peter John Williamson, M.B., B.S., D.P.M., aged 37. Qualified 1951.

Honours

R.S.M. Awards

Dr. C. Langton Hewer has been awarded the Ophthalmology Fund Prize.

Sir Herbert Seddon has been awarded the Samuel Hyde Lectureship.

Dr. A. E. Mourant has been made a Fellow of the Royal Society.

University of Cambridge

An Honorary degree of D.Sc. is to be conferred on Lord Adrian.

Change of Address

DR. and MRS. G. T. SHARP to Wildersmouth Villa, Ilfracombe, Devon.

May Duty Calendar

Sat. & Sun., 7th & 8th.
Prof. Scowen
Prof. Taylor
Mr. Burrows
Mr. Ellis
Mr. Fuller

Sat. & Sun., 14th & 15th.
Sir Ronald Bodley Scott
Mr. Hunt
Mr. Aston
Dr. Ballantine
Mr. Cope

Sat. & Sun., 21st & 22nd.
Dr. Black
Sir Clifford Naunton Morgan
Mr. Manning
Dr. Jackson
Mr. Macnab Jones

Sat. & Sun., 28th & 29th.
Dr. Hayward
Mr. Badenoch
Mr. Manning
Dr. Boulton
Mr. Dowie

Physician Accoucheur for May is Mr. Donald Fraser.

CHORAL SOCIETY

There will be a performance of Mozart's 'Requiem' and the Bach Cantata No. 118, 'O Jesu Christ my Life my Light' on 8th June at 7.30 p.m. in St. Sepulchre's, Holborn. Tickets (5/-) may be obtained from any member of the choir, or by mail from D. Ratsey, Abernethian Room, St. Bartholomew's Hospital, (please enclose S.A.E.)

ST. BARTHOLOMEW'S HOSPITAL MEDICAL COLLEGE

The Wine Committee

(President: Mr. George Ellis)

announces that the Fourth Annual

Barbecue Ball

(incorporating the View Day Ball)

will be held at **Charterhouse Square**

on **Friday, 3rd June, 1966**

Attractions and distractions include:

The Temperance Seven

The Washington D.C.'s

Four other bands

Cabaret: The Barron Knights

Too much cheap drink; too many bars

Marquee with dance floor big enough for the whole family

More than ample sumptuous buffet

AND the usual high standard of Wine Committee decoration

Double Tickets: 70 *shillings (Housemen and Students,* 3 *guineas) are available from the Wine Committee.*

BITS OF FOOD in the COMMON BILE DUCT

by Brian B. Scott

An operation commonly done to relieve biliary stasis due to stenosis of the lower end of the common bile duct is choledochoduodenostomy. The following case records the unfortunate sequelae which may develop following this operation.

CASE REPORT

On the 21st November 1965 the patient, a 60-year-old housewife, was referred to St. Bartholomew's Hospital by Dr. E. J. B. Makin. She had a 17 year history of intermittent abdominal pain and jaundice.

She had been in reasonable health until 1948, when the attacks of abdominal pain began. These attacks lasted up to 5 days when pain was continuous day and night, but they were infrequent (at intervals of 6-9 months). After subsidence, each attack would be followed by a milder episode a few days later. Jaundice also occurred concurrently. In 1950 she was admitted to another hospital for investigation but apparently no diagnosis was made.

In September 1956 she was admitted there for a cholecystectomy. At operation she was found to have dilatation of the cystic and common bile ducts. Numerous stones were removed from the latter with difficulty and the

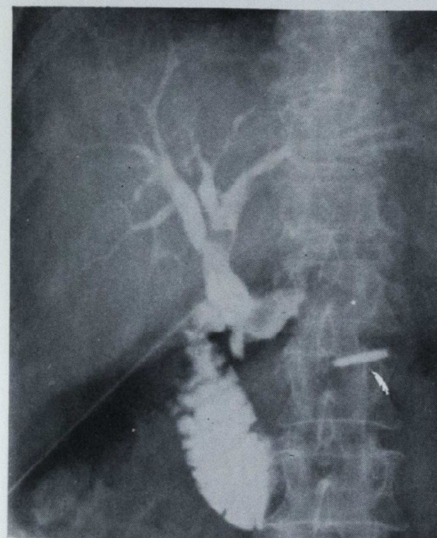


FIG. 1. A—*Operative cholangiogram showing dilated biliary tree containing the foreign bodies. The stump of the common bile duct extends down, medial to the duodenum.*

FIG. 1. B—*Drawings to explain the findings.*

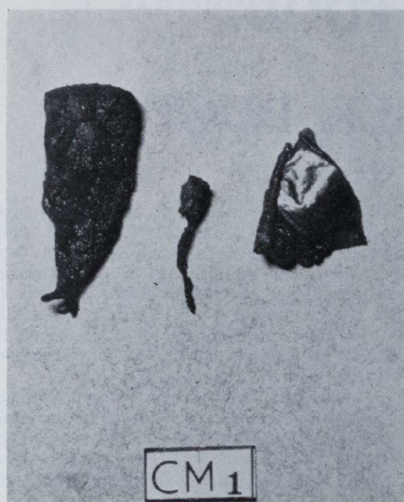


FIG. 2.—*The bits of food removed from the common bile duct:—radish, tomato skin and a small fragment of vegetable material.*

gall bladder was removed. Unfortunately she developed further episodes of jaundice, and re-exploration was therefore carried out on the 30th August 1957, when more medium-sized stones and debris were removed from the common bile duct and a choledochoduodenostomy (side-to-side anastomosis of common bile duct to duodenum) was done, to facilitate the flow of bile into the duodenum and thus prevent stasis in the bile duct. She was discharged from attendance at the hospital in October 1957. Five weeks after discharge, further attacks of abdominal pain were experienced. They were more frequent and troublesome than those before the operation and continued until she presented at St. Bartholomew's Hospital. They occurred at variable intervals of days, weeks or months and lasted from 10 minutes to 5 days. The pain could not adequately be described. It was neither sharp nor aching. It was felt in the right hypochondrium and epigastrium and radiated into the perineum. It was relieved by application of local heat (a hot water bottle). Sometimes the pain was severe to the point of desperation. The attacks were accompanied by epigastric distension, nausea, anorexia, fever (Temperature up to 104°F) and rigors. Transient mild jaundice coincided with the attacks; gross jaundice occurred on two occasions, two years before and three months before. Abdominal itching was noticed at the same time. Fatty foods often precipitated the attacks (and for this reason she has had to choose her food carefully) but they often occurred without such a stimulus. Just prior to the attacks she used to feel in excellent health and then she had "warning signs"—a sore tongue, furring of the mouth, difficulty in focussing etc.

On examination there were no abnormal findings. Liver function tests had been normal, but the S.G.P.T. and blood urea were raised slightly. At the time of presentation, the serum bilirubin was normal (0.5 mg./ml.). A diagnosis was made of recurrent ascending cholangitis. It was decided to operate and explore the extra-hepatic bile ducts.

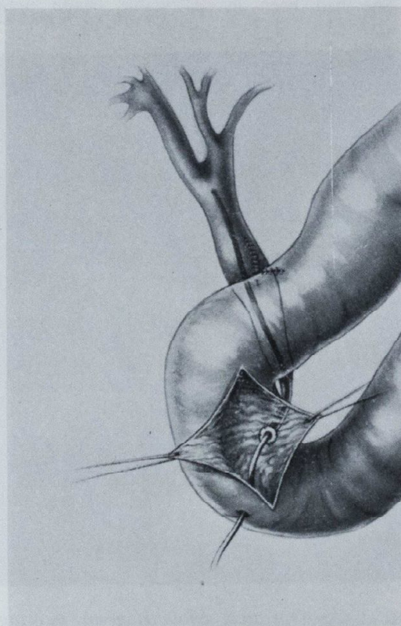


FIG. 3. A—*Drawing to illustrate this method of restoring the biliary passages to normal.*

At operation. done by Mr. A. H. Hunt on 23rd November 1965, the previous right Kocher's incision was excised. Upon gaining the peritoneal cavity the common bile duct was seen to be slightly enlarged to more than 1 cm. in diameter. No gall bladder was present and the liver appeared healthy. The previous choledochoduodenostomy had healed well. There were no other abnormal findings. A cholangiogram was obtained by injecting 45% hypaque solution into the common bile duct. A loose body in the left hepatic duct was revealed by this means (Fig. 1 A & 1 B). The anastomosis was dissected and the proximal bile duct was explored and flushed with saline and A PIECE OF TOMATO SKIN AND A RADISH TOP were removed (Fig. 2). The bile duct distal to the anastomosis was explored and found to be patent, though constricted. It was, therefore, decided to widen the termination of the bile duct at the sphincter of Oddi, since the duct was intact, instead of proceeding with the alternative procedure of hepaticojejunostomy Roux-en-Y[1]. A bougie was passed along the duct into the duodenum, the duodenum opposite was opened, and the sphincter cut and refashioned with sutures to procure a larger opening (sphincterplasty) (Fig. 3 A). A fine plastic tube was inserted via the enlarged sphincter into the common bile duct and the other end brought through the wall of the duodenum and thence through a very small incision in the abdominal wall to the exterior. (This facilitates drainage of bile and prevents leakage of bile through the various repaired incisions during the healing period.) The incisions into duodenum and bile duct were sutured with a two layer closure of continuous catgut and interrupted sutures of fine thread. The pouch of Rutherford Morison was drained with a Penrose drain brought out through a second stab wound. The abdominal wall was closed with chromic catgut, steel wire, catgut and silk. To the bile drain was affixed an extension by the method devised by Miss Hall[2], whereby the drainage tube, which protrudes only a few inches out of the abdomen, is inserted into the next size larger tubing and

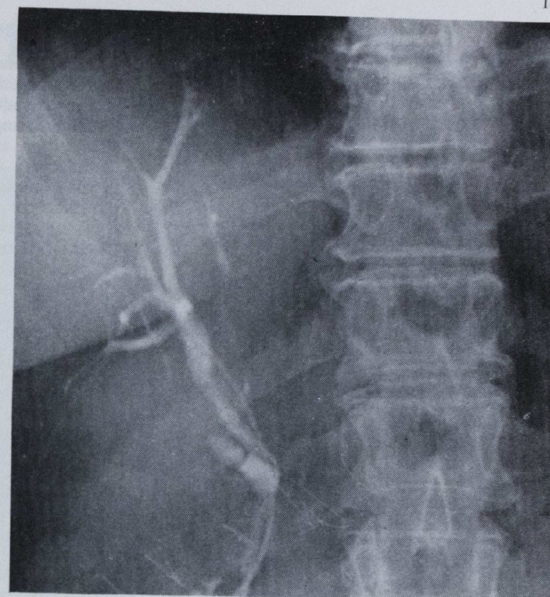


FIG. 3. B—*Post-operative cholangiogram showing bile ducts to be no longer dilated and bile flowing freely into the duodenum via the restored common duct. (The stump of the cystic duct shown for the first time).*

this is attached to the dressing and connected to the collecting bottle. In this way accidental removal of the inner bile drainage tube from the bile duct is prevented, since the larger tube is not fixed to the smaller but falls away if it is pulled on

Culture of bile aspirated at operation yielded a mixture of coliform bacilli and strep. faecalis and candida. The coliform bacilli were found to be sensitive to chloramphenicol and streptomycin. The strep. faecalis were sensitive to ampicillin, chloramphenicol and neomycin.

Post-operatively the wound healed well and the bile drained readily from the tube. On the sixth post-operative day the bile drainage tube was spigotted. On the thirteenth post-operative day an "up-the-tube" cholangiogram was obtained prior to removal of the tube. The method used was especially convenient with this patient

since she has in the past developed anaphylactic shock with the intra-venous injection of iodine compounds. The patient was comfortable during recovery, and after the first week she ate roast beef and Yorkshire pudding with no ill effect for the first time in ten years. The cholangiogram indicated a perfectly functioning biliary system (Fig. 3B) with no dilatation of the ducts. The stump of the cystic duct was demonstrated. At the time of publication the patient remains in normal good health for the first time in eighteen years.

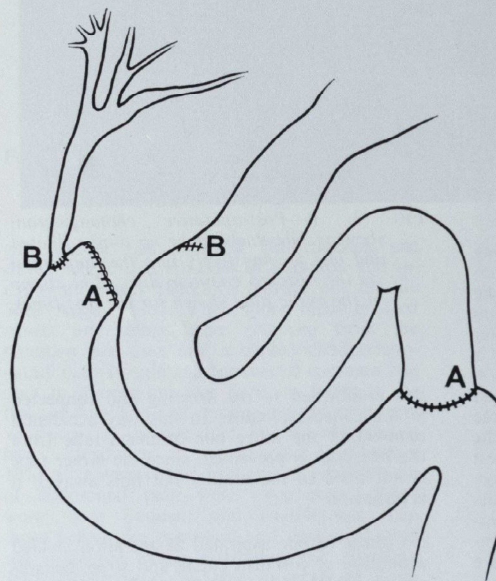


FIG. 4.—*Diagram of the alternative operation of choledochojejunostomy Roux-en-Y.*

CONCLUSION

This patient had for ten years suffered severe attacks of intense pain and jaundice from ascending cholangitis due to particles of food entering via a choledochoduodenostomy. This type of anastomosis is considered unsatisfactory for three reasons. Firstly, it connects a contractile viscus with an elastic viscus, so that the traffic of large particles tends to be one way, from duodenum into common duct. Secondly, these bits of food can be pushed through a small hole and will fall into a dependent cavity out of which it will be very difficult for them to return. They are posted, as it were, into the common duct. They cannot escape from the lower end when it is stenosed. Rolled up plum skins and cucumber skins have also been found in the common bile duct following this operation (Rodney Maingot[3] and Rodney Smith[4]). Thirdly, the stoma tends to stenose.

The better methods of allowing satisfactory and safe flow of bile are by sphincterplasty, restoring the natural biliary channel, or by choledochojejunostomy-in-Y after the manner of Roux (Fig. 4) when some inches of jejunum take the place of a long bile duct and thereby prevent pollution of the biliary passages.

ACKNOWLEDGEMENTS

I thank Mr. Alan H. Hunt for the initiation of this article and for his advice during its preparation; Dr. Kemp Harper of the Department of Diagnostic Radiology for the cholangiograms; and Messrs. Tredinnick and Cull of the Department of Medical Illustration for their splendid illustrations.

1. CESAR ROUX, 1857-1934. *Prof. Surgery.* Lausanne, Switzerland.
2. MISS E. HALL. Contemporary. Sister of Harmsworth Ward (St. Bartholomew's Hospital).
3. RODNEY MAINGOT. Personal communication.
4. RODNEY SMITH. Personal communication.

The Metropolitan Railway

by DAVID MILES

Construction of the line at King's Cross.

A hundred and three years ago, on the 10th January, 1863, the world's first public passenger-carrying underground railway, the Metropolitan, opened its 3½ mile line from Bishop's Road (Paddington) to Farringdon Street. The scheme had been proposed ten years earlier, for in the 1850's the London streets were even more jammed than today, and to try and alleviate this, ideas were propounded for a railway to connect the northern mainline termini, and to bring the City within easy reach of the new northern and western suburbs.

As there was no spare land in the area the line was necessarily built underground, or to be precise on the cut and cover system, whereby a great trench is cut for the railway and afterwards roofed over, leaving the line in a subway. The roof of this can form a road or, if strong enough, support buildings spanning the track. To avoid demolishing property, street lines were followed as far as possible, but it is estimated that making the open cuttings in the Fleet valley involved destroying a thousand dwellings housing some twelve thousand persons. The cost of construction at this time worked out at £40-£50 per yard.

It had originally been intended to continue the line from Cowcross St. to the Post Office headquarters in St. Martin-le-Grand, but this was never built. The Metropolitan did agree however to build a spur from the Great Northern line at King's Cross so that cattle slaughtered at Copenhagen cattle market, which had taken the place of the former live cattle market at Smithfield, could be brought by rail for sale at Smithfield. Out of the proposed cost of £950,000 for the whole line, the City subscribed £200,000 and the Great Western Railway £175,000 in return for being connected to the line at Paddington, and building it on the broad gauge (this was the

7′ 0¼″ track width used by the Great Western until 1892, standard gauge being 4′ 8½″). Actually the track laid was mixed gauge, so that both Great Western and Great Northern stock could work over the line.

A great deal of attention had been given to means of traction. It was thought that steam locomotives would create ventilation difficulties, and so several alternatives were suggested including cable traction. But it was then thought that if a steam loco without a firebox were used, and the boiler filled at each end of the line with water and steam at high pressure, it should easily be able to complete a single trip. So a trial loco was built, designed by John Fowler, the engineer to the line, and not surprisingly, it came to be known unofficially as "Fowler's Ghost". Tests with this engine were carried out on the Great Western line in October 1861 but were unsatisfactory and so it seemed to disappear, until it popped up again in 1895 for trials—again unsatisfactory—between King's Cross and Edgware Road. In the end standard steam locos were used, fitted with condensing apparatus to reconvert as much steam as possible to water. Steam locomotives with condensing apparatus (although later designs of course) lasted on the British Rail services into Moorgate until dieselisation in 1959, and there is still a notice on Aldersgate station which reads, "Engines must condense". Fifty eight-wheel carriages, G.W. built, were used for the services on the line. They were known as "Long Charlies," and had a large capacity whilst also being very comfortable for their day. All were lit by gas.

The smoke-laden, choking atmosphere of a steam-operated underground is a faded memory which contemporary prints are unable to convey. Staff found beards useful as filters, and one well known railway writer at the turn of the century said, "In the old days they (the Metropolitan and the District) provided a sort of health resort for people who suffered from asthma"!

The interiors of the stations were superb, with great glazed arches spanning the cutting walls. Probably the finest was Aldersgate with an 80 ft. span. But alas, the glass disintegrated during the air raids and the frame was removed in 1955. Rebuilding has removed most of the rest, although portions are still to be seen at Praed Street, Bayswater, and Notting Hill.

In the east, the Great Northern started running through trains to Farringdon on October 1st, 1863. So delighted were the commuters on the first train that, it is said, they drank the station buffet dry in their celebration! On this same day, through services started from Windsor and intermediate Great Western suburban stations.

Meanwhile another railway, the Hammersmith and City was under construction. It ran from the G.W. main line about a mile outside Paddington, and circled round the suburbs of the day to end at Hammersmith. It was opened in June 1864 and through runs to the Metropolitan commenced in April '65.

The contract had also been let for the extension to Moorgate; but the line was becoming crowded and so to keep the G.N. trains clear of the Met's and give them proper access to the goods depôt and meat market at Smithfield, it was decided that four tracks should be laid on the Moorgate extension, and the existing lines quadrupled back to King's Cross. These have always been known as the "Widened Lines" and they were built on the north side of the existing tracks about a quarter of a mile west of Farringdon, where they dipped under to run on the south side to Moorgate. The Moorgate extension was opened at Christmas 1865, and the widened line throughout by February 1868. A connection was also made between the newly built Midland Railway line to London, and the Widened Lines at King's Cross. This was opened in July 1868 and carried local trains from Bedford to Moorgate, and as St. Pancras was not to be opened for another 3 months, Moorgate was the Midland's first London Terminus.

Yet more trains were soon to be using the line, for the London, Chatham & Dover Railway had bridged the Thames at Blackfriars and reached Snow Hill (Holborn Viaduct). This line then tunnelled to meet the Metropolitan just west of Farringdon, thus enabling trains to run through from the southern to the northern railways, and although there is no longer a passenger service, this is still an important cross-London freight route. In 1871 an east loop was added to the junction, so that trains could run from the south into Moorgate, a service which continued until 1916.

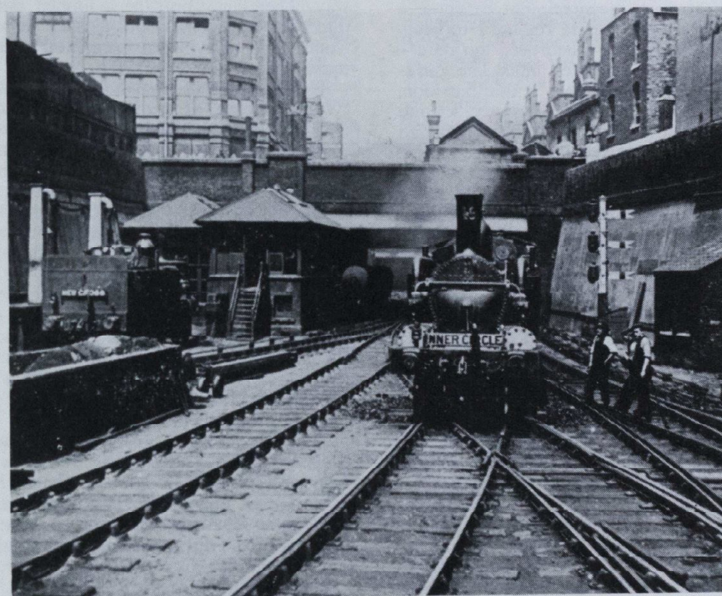
Most of the rest of what is now the Circle line was built during this time by the District

Railway, a company whose relationship with the Metropolitan was rather uneasy; also it was suffering from both engineering and financial problems. Suffice to say however that the Circle line was not fully completed until October, 1884.

By 1900 the Metropolitan and District were becoming distinctly antiquated with antedeluvian rolling stock and operating methods unchanged since the early days of the line. City businessmen took to referring to Inner Circle and Widened Lines commuters as 'Sewer Rats'. But in that year, the two companies combined to experiment with electric traction and converted three quarters of a mile of track near Earl's Court to D.C. traction on the fourth rail system. Following this, it was proposed that 3,300 volts A.C. by overhead cables should be used for the whole system. However, the District had just been bought up by an American, Charles Yerkes, who decreed that the fourth rail D.C. be used. The Metropolitan reluctantly followed suit and by late September 1905, all the Circle steam trains had been displaced, and with the electrification of the Hammersmith and City a year later, little steam working remained.

Today the Circle line is one of the busiest of London Transport's routes. On the southern part there are 24 trains per hour on each rail and 36 during the rush hours, so that (in theory) no sooner has one train cleared a station than the next one is running in. On the northern part the basic service is 16 trains per hour on each rail, increased to 32 at peak periods. To allow this intensive service the signalling is automatic, except of course at junctions. The signals are normally at green but they change to red as the train passes, to orange as the train passes the next signal, and back to green as it passes the third signal. The signals are as close together as the braking power of the trains allows.

To travel right round the 13 mile circuit of the Circle Line today would take you 55 straphanging minutes, but whatever one's complaints about the heat and crowds, it surely must be more comfortable than the noisy, steamy ride of 1884.



Aldgate Station in 1902

(Prints by Courtesy of The Press Officer, London Transport)

Lampington's Disease

by Robin Williamson

I remember several years ago sitting through a certain 'B' film at the cinema, which like most films of its genus (now virtually extinct) was characteristically undistinguished. And yet, although I must have seen a great number of similar films at this stage of my life (not to mention those of the 'A' variety), there is none I remember with greater clarity. The title escapes me, but the main character, who might have been played by Alec Guinness, was a Mr. Bird. He was rather a mild little man, spending his holiday at a seaside hotel; but he chose a bad week because for some reason I forget—I dare say the manageress had been too rude—the hotel servants had left en bloc. The guests showed understandable dismay at first but soon, with Mr. Bird in the van, they set to and arranged to perform the duties of the departed staff. The sense of achievement gained from polishing the shoes, making the beds etc. worked greater wonders than mere ozone, and Mr. Bird became a hero overnight. Imagine now their grief (and mine) on learning that he suffered from a fatal illness called Lampington's disease (*sic*) and that the doctors had given him only six months to live. Poor foolish doctors! They were asking to be confounded, and so of course they were. There was one guest staying there, tall, elderly and with a distinguished air who gave Bird a hand with the breakfast things one morning while extracting the wretched fellow's history. At length, wiping the teapot on his apron, he pronounced *ex cathedra* that this was definitely not a case of Lampington's disease and that he should know if anyone, being none other than Sir Trevor Lampington, Bart., himself and thereby the author of the disease so to speak. Relief immediately swept the cinema although we had to admit that Bird had never exactly looked very ill. I seem to remember the film ended somewhat perversely when the ungrateful man killed himself in a car crash.

Eponym-hunters, reaching for their encyclopaediae, will search in vain for *Lampington, Sir Trevor, Bart.*, the nearest entry being one Constantine Lambrinudi noted for a new operation on drop-foot. Eponyms have been fashionable in medicine since the days of the early anatomists (Fallopius, Meckel, Malpighi) and before. Indeed the Father of Medicine himself is remembered to this day by the face of impending death. Nor need the modern student despair of reaching immortality in this way. There may only be a limited number of ducts left to discover, but Cushing, Crohn and Conn have shown that plenty of diseases remain uncharted.

The use of eponyms is frequently of value. 'Weil's disease' is shorter and probably less confusing than 'epidemic catarrhal (spirochaetal) jaundice', provided that the student remembers that this is in fact what it is. On the other hand 'von Recklinghausen's disease' is an ugly mouthful and still leaves room for doubt as to whether bones or neurofibromata are under discussion. It is a matter of opinion whether 'craniohypophyseal xanthomatosis' or 'Hand-Schüller-Christian disease' is the greater assault on the human ear, but this is a good example of the law (my own law as far as I know) that the more names that are attached to a particular disease, the more obscure that disease becomes.

Undeniably there is a great deal of luck attached to this matter of eponyms whatever one describes, be it disease, triad, node, or pair of forceps. Thomas Hodgkin, Prosper Ménière, Hans Reiter and James Parkinson are among those whose association with diseases seems fairly secure. Others seek fame through different connections: Courvoisier by his law, Dupuytren his contracture, Koplik his spots, Cheyne and Stokes their breathing, Trendelenburg his position. Addison, Pott, Charcot and Paget can boast more than one common connection to their names and seem almost certain to survive. But others are less fortunate: Richard Bright is losing his grip, Robert Graves is fighting hard against thyrotoxicosis—let alone Basedow's or Parry's disease—and poor Max Wilms is a victim of chronic mis-spelling (so Wilms' not Wilm's tumour). Sir Robert Platt tells the story of the student of exceptional brilliance who presented himself for the Final M.B. examination. His fame had gone before him and the examiners resolved to test him in depth. And so their first question was whether he thought Stokes or Adams had given the better description of heart-block. He replied at once that Morgagni's account of some sixty years previously had surpassed either of them.

Names sometimes breed confusion. I had a friend who came back from Australia by sea on the *Willem Reuss* and shared a cabin with a man called John Bullwinkel. While on board he met an Australian friend (we may call X) and promised to take him down to meet his cabin-mate, quite forgetting to warn him about the latter's name. When they reached the cabin my friend turned and said: "X, I'd like you to meet John Bullwinkel". Dead silence, and X looked a little uncertain; then suddenly his brow cleared, he gave a huge smile and clapping my friend on the back said: "Ha! Just for a minute I thought you said Bullwinkel".

In medicine eponyms present certain classic traps into which students invariably fall and consultants never tire of leading them. Bornholm disease is an old chestnut:

Consultant: Who was Bornholm, Jones?
Jones: A surgeon at Bart's, sir.
Consultant (delighted): As a matter of fact it's an island in the Baltic Sea.
(Laughter from assembled company)

As always in medicine the mirth is out of all proportion to the deserts of the joke. The above routine can also be used for the Coudé catheter. Occasionally a complaint is named after the patient, for example Christmas disease and St. Vitus Dance (the saint was cooked alive in boiling oil). Syphilis was merely a character in a play, however.

Bart's is well to the fore with eponyms. Brodie, Hutchinson and Hughlings Jackson were students, and Paget, Pott, Morrant Baker and Tooth were on the staff. Gee of linctus fame was a Bart's man, but as far as I know we cannot lay claim to Drs. Collis Browne, Page Barker or Scholl. Finally Frederick Parkes Weber, who died four years ago at the age of ninety-nine, was a student here. His first foray into this field was in 1907 when he described a form of familial telangiectasis (Rendu-Osler-Weber disease). He was back again in 1922 with Weber-Dimitri disease (angioma of the brain visible on radiography) and in 1925 with Weber-Christian disease (non-suppurative nodular panniculitis). Finally in 1926 he made it alone with a case of localised epidermolysis bullosa (Weber's disease).

Prolific though Weber has been the real giants among this select company must surely be those whose names have passed into use as adjectives and nouns, *viz.* Rombergism, Addisonian, Cushingoid, or the rather more recherché 'paraplégie Pottique'. Among the bacteriologists, where Christian Gram stands without peer, there is the chance of translation into the latin tongue. Borrel and Neisser are easily so converted; Howard Taylor Ricketts has the distinction of having given his name to a whole group of organisms. Louis Pasteur, Jules Bordet, Daniel Salmon and Kiyoshi Shiga take the suffix -ella in translation. Manson, Vincent and Welch must needs be content with a small letter. And in conclusion, it is to August von Wassermann, born a hundred years ago, that the supreme honour is paid of being remembered simply by his initial.

DRAMA SOCIETY

TWELFTH NIGHT

March, 1966

If you went to see Twelfth Night expecting to see no more than a brave attempt at a Shakespearian comedy, you saw much more than that; it was an attempt that succeeded. On the first night certainly there were shaky passages, especially in the earlier scenes, but things improved as both audience and performers gained more confidence. After the first night this confidence was established much earlier as the actors' familiarity with lines, audience and set, increased.

George Dunn's production was imaginative as far as the scope of the play allows; his ideas were sound and he did well to avoid the arty innovations which fascinate producers who are anxious to show everyone that the play was "produced". The use of an apron stage was welcome, as Gloucester Hall stage is so restricted, but it was a pity so little of the action made use of it. It seemed that the apron had not been considered at rehearsal and its use on the night was limited to a no man's land in which no one liked to linger too long.

In rehearsal: Sir Andrew Aguecheek, Sir Toby Belch and Fabian.

Feste grapples with the drunken Sir Toby.

A rather dainty Malvolio, an interesting interpretation of the part from Chris Watkins, on the first night lacked a little poise before his discovery of the letter, which would have given more point to his antics later. On subsequent nights he improved on this and had the audience laughing much more freely. Suzanne Pablot made an outstanding Viola, giving the necessary energy and acting with such conviction that she made her dual role realistic and unusually feasible. She brought a refreshing sparkle to the part.

In Shakespearian comedy, the verbal jokes are usually heavy-handed, but the humorous situation given excellent buffoonery can be very funny. Sir Toby Belch, played uproariously by Simon Phillips, exploded on to the stage like a herd of drunken warthogs. He and a delightfully nitwitted Andrew Crowther as Sir Andrew Aguecheek, excelled in buffoonery—a fine piece of acting from both of them.

Orsino was rather disappointing, especially as his appearance was good. His enthusiasm as a lover perhaps accounted for Olivia's apathy; they would have made a sober couple.

Vivian Onians had a difficult part as Maria, being responsible for much of the story continuity. There was insufficient emphasis and change of pace for anyone unused to the story, and she tended to rush through her lines as though apologising for her function as a chorus. The crowd scenes were under-rehearsed so that instead of augmenting an effect they often detracted from it. The removing nymphs though intentionally obvious, tended to become an alien distraction.

Bob Kendrick made a superbly complacent ruffian and was equally effective in his part and in support. Chris Sedergreen and John Sills also deserve special mention.

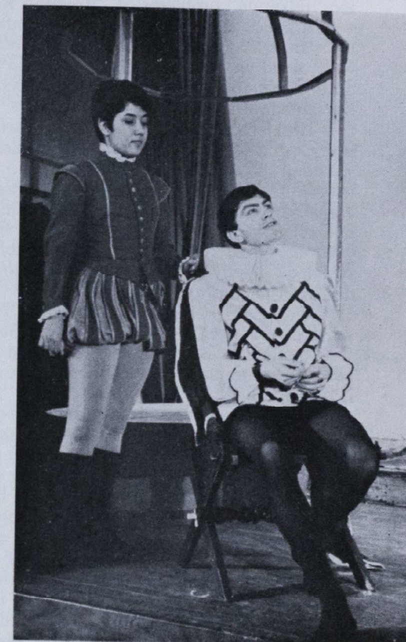
Feste is undoubtedly one of the most difficult parts and except for some occasionally irritating shrillness was acted magnificently by Nick Wagner. He was the only character who really made use of the apron stage, and this to particularly good effect in his songs which could so easily have become an embarrassment both to the audience and actor.

The excellent music had been carefully prepared and was poorly rewarded by interval gossip and clamour for cooling drinks. The terrible heat of Gloucester Hall was largely responsible for this and it was a pity the musicians had to compete with such compelling liquid needs.

The set, a clutch of spindly white gazebos, was imaginatively conceived and effective. Lighting was adequate except for the apron stage where more spots were needed though perhaps the actors could have been more intelligent about speaking from the gloom.

Twelfth Night is a mammoth undertaking, but this production showed that Bart's Drama is not and need not be afraid of mammoths.

G. N. W. KERRIGAN, G. CHAPMAN



In rehearsal: Orsino with his 'manservant,' Viola.

The Drama Society has been invited to perform its award-winning production of John Mortimer's "Lunch Hour" before the University of London Convocation Conversazione on May 7th at the Senate House. Her Majesty the Queen Mother will be among the audience.
The play, which is produced by Bryan Lask, won third place in the London University One Act Play Festival last February. Appearing in the play are Sue Macdonald, Nick Wagner and Bridget Jack.

ASPECTS:

The simultaneous publication earlier this year of "About the House" and "The Comedians" emphasised the contrast between the courses taken by these two great writers. Whereas Auden has changed from an apostolic socialist in the Thirties to a very private man, in whose Eden, for example, the government would be "Absolute Monarchy, elected for life by lot", Graham Greene has gone the other way—from the "religious" problems of "Brighton Rock" to a passionate belief in commitment —"Catholics and Communists have committed great crimes, but at least they have not stood aside, like an established society, and been indifferent. I would rather have blood on my hands than water like Pilate . . . if you have abandoned one faith, do not abandon all faith. There is always an alternative to the faith we lose. Or is it the same faith under another mask?"

It could be that this difference has something to do with the difference between poetry and prose—poetry tends towards one half of Christianity, its euphoric spiritual subsistence, man's ascent, and prose towards the other, its identification with suffering, God's descent. The consequences of the separation of these halves are all around us. The ruins among which we live are the witness of two truths— that religion without works is dead and that politics can only "work" within charity. That the great movements towards social justice of the last 200 years have been sustained chiefly by non-Christians amounts to a second Reformation and it is as disastrous an amputation as the first.

What, then, prevents commitment? Taking, for example, politics in the narrow sense of the word, why did our own General Election seem to have as little to do with our ideals as the simultaneous one in Lapland? The answer is, of course, that belief in commitment does not avoid the anguish of analysis and decision but obliges it. As Brian Wicker says in the March *"Slant"*, "Commitment to the furtherance of the ends of some specific community—say that of a political party, or C.N.D., or Moral Rearmament, or the Bow Group, or the Catholic Church as given in its concrete manifestation in a particular place—cannot easily be felt to contribute automatically to the larger good which each of these communities claims to stand for. Our commitment has, therefore, to be tentative and alertly critical if it is to be intelligent. If it is blindly total it is likely to be disastrous."

Wandering round Paddington with a suitcase of explosives on behalf of the political prisoners of Sierra Leone will just bring the wheel round full circle and commitment will merely mean crimes after all. But waiting for the perfect clear-cut cause, with the idea that to do nothing is better than to act on a mere probability, this is to enter the limbo of the Comedians and nothing is easier. The art of the possible means having faith in the probable.

* * * *

It was in Harrods that Victor saw the light—in the book department, to be precise. His first thought was to get on the right side in the racial question. He bought some black grease-paint in the theatrical department and covered himself with it in the Men's Cloakroom. ("What you done with your colour, man?" he chanted to his changing image in the mirror, "I throwed it away, dat's what I done, Mr. Bones, I just throwed it away!") At the swinging doors of the Main Entrance, he held them open for the shopper behind him; and then for the next; and the next and the next. It was a delicate problem—how to leave go of the door without letting it slam in someone's face? Failing to solve it, he played door-keeper till closing-time. The rest of the evening passed pleasantly enough, telling strangers the secret. He discovered they got the message more quickly if he bought them drinks; and so it was that when, around midnight, walking home, he was accosted by a shivering down-and-out, Victor found he had no money on him. The course that he must take was clear to him—a sort of evangelical strip-tease. He hesitated long about his trousers but the logic was unanswerable—the other's need was greater than his. So he marched on into the London night, a strange black figure in white underwear. Round the next corner, however, a voluptuous witch was approaching. Shivering from a mixture of passion and biting cold wind, he hid in a doorway while the vision passed. Unfortunately he found he was sharing it with a policeman. Later, sitting on the edge of his cell-bed, sipping a bowl of steaming soup, the charges of indecent exposure, drunkenness and race-change did not worry him particularly. He felt he'd made a good start.

* * * *

Notes towards a survey of symbolism in a twentieth-century hospital:

Green theatre-gowns: Green is the symbol of Spring and Easter and therefore of the patient's renewal as a result of the operation.

Flowers as gifts: An image of the full life from which the patient is deprived while in hospital, a token that it still belongs to him by right; it is significant that at night they are placed in the sluice-room, this being, in the hospital mythology of television and women's magazines, the place where romance buds between doctors and nurses.

Underground canteens: A symbol of how hellish the food is; cf. Persephone in Hades—the command of Zeus that she should be returned to Olympus was conditional upon her not having tasted the food of the dead; in fact, in the ten days she'd been there, she had only eaten seven pomegranate seeds, the reason given for this is, of course, her unhappiness, but Pluto's idea of a mixed grill is also suspect; at any rate, in the three months each year she had to spend in Hades she always went on a diet and whatever catty things the gods said about Persephone, and there were plenty, it was never suggested that she had to watch her figure.

"NO THEY ARE NOT OFF FOR A CRAFTY GAME OF SNOOKER, THOSE GENTLEMEN ARE GOVERNORS OF THE HOSPITAL"

General Practice in

A NORFOLK COASTAL TOWN

by Marcus Setchell

Students at a London teaching hospital are bound to get a pretty biased idea of general practice. They see the filtered ten per cent of the G.P.'s patients in a specialised department, and these patients are largely from busy London practices. How often one hears it said that the real family doctor cannot survive in the modern Health Service, that the relationship between doctor and patient bred by lifelong knowledge of each other is an idea that belongs to the past, and that the G.P. cannot compete with the scientific skills and equipment available in a hospital. A week in a country practice soon makes one realise how wrong these views are, and that the family doctor is a vital link in our Health Service, for he is doing a job which no one else could do. Whatever the grouses about pay and conditions, general practice still can be an exciting and demanding form of medicine.

The town where I stayed, Sheringham, is a small holiday town with a winter population of just over 4,000, mostly retired people, fishermen and people connected with the holiday trade. Dr. C. J. is one of a partnership of eight, three of whom practice in this town, and the other five in a neighbouring town. The relationship between the practices in the two towns is largely a financial one, but the three in Sheringham work from one surgery in close co-operation. The surgery premises have recently been completely reconstructed so that each partner has a consulting room, and separate examination room, all arranged round a waiting room, records office and treatment room.

Dr. C. J. has about 2,800 patients on his list. Like several of his partners he has a clinical assistant's post at the local 60 bed hospital, which means that two or three times a week he assists at an operating list. Hernias, cholecystectomies, varicose veins and sterilisations are the sort of operations done on these lists. He also does ward rounds and sees casualties. The close association with the hospital is furthered by their willingness to do any pathological tests or X-ray examinations for him that are within their limits. A child who came to the morning surgery with a possible greenstick fracture was sent to hospital, and by 11 a.m., doctor, patient and X-ray plate were all assembled at the hospital, and treatment carried out there and then.

The practice runs a twelve bed maternity unit, where they admit all their own primips and other socially or medically selected cases; in addition they take patients from nearby practices which have no such facilities and are miles from the nearest hospital. One afternoon a week is given to running an efficient ante- and post-natal clinic on an appointment system. Another is used for seeing patients by appointment who need a particularly thorough examination, or an insurance examination, or who simply prefer to come by appointment. The Junior partner runs a weekly Vaccination Clinic for the whole of the Sheringham practice, at which he manages to get through about twenty-five infants in not many more minutes. By maintaining an efficient system of records and reminders, they pride themselves that there is scarcely a child of school age who is not fully immunised.

Half the patients on Dr. C. J.'s list are retired people, and so there is much geriatric work. Although some of these would be prepared to go privately, he prefers that they should be N.H.S. patients, as private patients can be so time-consuming. About a third of all patients attending the surgery are psychiatric or have some psychiatric element. Of the visits, a large number were to people who had 'flu or some sort of gastric upset and needed nothing more than reassurance. This I found trying on one's patience, especially as some of them expected more than one visit over a trivial, uncomplicated illness. The only emergencies I saw were a coronary and a case of acute gastric erosion from butazolidine. There were many visits to the aged chronically sick, who suffered from such things as arthritis, bronchitis, congestive heart failure, advanced malignant disease, and strokes. Often one is treating not only the patient, but his family too, as is well illustrated by one intresting case. The middle aged wife of a retired parson telephoned saying that her husband had a severe pain in his chest. Examination revealed little, but it was thought that he may have had a mild coronary, and so a domiciliary E.C.G. was arranged. A few days later the wife rang again saying that her husband

was passing blood in his urine. Examination of his urine showed no trace of any abnormality. When the doctor talked to the wife she anxiously asked how much longer her husband could go on, and exclaimed that she could not look after such a sick old man forever. Treatment: a few days bed rest for a remarkably healthy old man, Librium and reassurance for an anxious wife.

It's a hard life, with visiting frequently not over until 8 o'clock at night, and the work is often emotionally taxing. It's hard work too for the wife, who is an important part of the team, and can make a great contribution to the running of an efficient practice. Dr. C.J.'s wife does all his secretarial work, some of the receptionist work and a lot of telephone watching, (in addition to bringing up four children and running a nursery school).

As I walked along the clifftops one windy afternoon, overlooking the little town sheltered beneath, I reflected what it was that made this kind of life so worthwhile. Dr. C. J. knows a large proportion of the people in that town and in the neighbouring villages. He treats not only the disease, not just the patient, nor even the patient's family, but the whole community. And because he is interested in his job and does it well he is respected and appreciated by them. Quite apart from whether one is thinking of entering General Practice or not, to see how 90 per cent of our medicine is practised, is a refreshing and fascinating experience.

NURSES' COLUMN

On being a SOCIAL SECRETARY

by Patricia Owen

Yes, I know she's a Social Secretary—but what does she *do*? And, come to think of it, when it's put like that, what *do* I do? (Pause for thought while the mind goes completely blank). Well—I organize things. Like what? Like singing and painting and Scottish Dancing and hockey and netball and tennis and dances. Are the nurses keen on these things? Well—to begin with, yes, they are but I have to do quite a bit of nagging to get them to continue beyond the first enthusiasm. Is this a good thing? I'm not sure: not *quite* sure, but I think on the whole it is. Because when it comes to the point they enjoy these activities and although they do take place in the Hospital, they are completely divorced from nursing and do at least take the mind right away from it all for a time.

To be serious, I do believe that some activities within such a community, embracing as many facets of that community as possible, are absolutely essential. I am thinking mostly of the Music Society: there we have nurses, students, secretaries, physiotherapists and the odd houseman joining together with the common purpose of making music; this is good and right. In time one hopes that there will be more cooperation and communication.

There is still very little contact between students and nurses. Particularly between the young ones. I very much want—for instance—to organize a party for the Freshmen when they enter the College in October and also, perhaps, students could give a similar party for new sets of nurses when they come here from PTS; then *nobody* could grumble that they never meet any of the opposite sex.

I suppose one of the most important attributes to have in a job like this is to be a good listener and to be able to forget three-quarters of what one has been told—the trouble is that I also forget the things I'm supposed to remember . . . . .

So now you know *exactly* what this job is all about.

medicine in literature

SURGEON AT 2 a.m.

by Sylvia Plath

The white light is artificial, and hygienic as heaven.
The microbes cannot survive it.
They are departing in their transparent garments, turned aside
From the scalpels and the rubber hands.
The scaled sheet is a snowfield, frozen and peaceful.
The body under it is in my hands.
As usual there is no face. A lump of Chinese white
With seven holes thumbed in. The soul is another light.
I have not seen it; it does not fly up.
Tonight it has receded like a ship's light.

It is a garden I have to do with—tubers and fruits
Oozing their jammy substances,
A mat of roots. My assistants hook them back.
Stenches and colours assail me.
This is the lung-tree.
These orchids are splendid. They spot and coil like snakes.
The heart is a red bell-bloom, in distress.
I am so small
In comparison to these organs!
I worm and hack in a purple wilderness.

The blood is a sunset. I admire it.
I am up to my elbows in it, red and squeaking.
Still it seeps up, it is not exhausted,
So magical! A hot spring
I must seal off and let fill
The intricate, blue piping under this pale marble.
How I admire the Romans—
Aqueducts, the Baths of Caracalla, the eagle nose!
The body is a Roman thing.
It has shut its mouth on the stone pill of repose.

It is a statue the orderlies are wheeling off.
I have perfected it.
I am left with an arm or leg,
A set of teeth, or stones
To rattle in a bottle and take home,
And tissue in slices—a pathological salami.
Tonight the parts are entombed in an icebox.
Tomorrow they will swim
In vinegar like saints' relics.
Tomorrow the patient will have a clean, pink plastic limb.

Over one bed in the ward, a small blue light
Announces a new soul. The bed is blue.
Tonight, for this person, blue is a beautiful colour.
The angels of morphia have borne him up.
He floats an inch from the ceiling,
Smelling the dawn draughts.
I walk among sleepers in gauze sarcophagi.
The red night lights are flat moons. They are dull with blood.
I am the sun, in my white coat.
Grey faces, shuttered by drugs, follow me like flowers.

Penguin Reviews

LIFE'S GRADUETTES

The Group by Mary McCarthy. Price 6s. *Novel.*

"The Group" made Mary McCarthy famous and created her reputation as a hard, "with-it" bluestocking. Although cast in fictional form—not only the characters, but also the construction of the book make it a genuine novel—it contains qualities which link it with the recent vogue for pieces which are avowedly extended, though polished, pieces of reportage, and above all with the so-called "non-fictional novel", of which Truman Capote has been the most recent and notorious exponent (thanks to Kenneth Tynan and 'The Observer').

In "The Group", Mary McCarthy uses a background with which she is personally acquainted: that of Vassar College, New York. This obviously prompts one to wonder to what extent the material as well as the background is autobiographical. With such a cerebral and intellectual writer as this, one imagines that for the sake of balance and form, personal experiences and remembered characteristics of old friends have undergone a conscious digestion to provide the eight girls whose careers on leaving college are the theme of the book. Hazards are inherent in this sort of treatment, but the chief one, that of producing cardboard types rather than rounded characters has largely been avoided.

The tone of the writing is unsensational, and modern literature has equipped the modern reader with sufficient experience, literary at any rate, to accept without a qualm the straightforward description of the defloration of one of our heroines as early as chapter two. And yet the book still shocks. Perhaps the reason is a lesson that is harder and slower to learn than accepting frank descriptions of sexual experience: that of really thorough-going anti-romanticism. The fact is that many of the characters are rather unpleasant—not very, but rather. It is the clinical detachment that horrifies some more squeamish souls, who may wonder whether this super-intelligent woman, writing with impersonal close inspection of all, can have a soul at all. Her fondness to prove cultural superiority by frequently not altogether apposite literary and cultural allusions—one feels like saying intrusions—reinforces suspicions. But for my own part, the book redeems itself by sufficient show of genuine sympathy to negate an overall impression of bitchiness and bitterness.

Paul Belchetz.

TIME FOR DECAY

The Four-dimensional Nightmare, by J. G. Ballard. Penguin. Price 4s. *Short Stories*

This is an excellent collection of short stories, but is to my mind far more like a sequence of surrealistic dreams than horrific science-fiction stories. Time, the fourth dimension, becomes the inward nightmare of human existence and the symbolic forms taken up by time become the obsessions of man. 'The persistence of memory' by Salvador Dali comes to mind. Dali's dry and mechanical exactitude is mirrored in Ballard's writing. The author's large and vivid images burst into one's imagination; this becomes very clear in the last story, 'Chronopolis', where the maddeningly irritating tick of a man's destiny becomes the irony of fate. For this is a man obsessed with time in a city where the clock is banished.

This book shows automation spreading its brittle tentacles, turning the world into decaying nightmare. Flowers take strange and garish forms; for example the six foot tall crystal time flowers whose diamond brilliance is the last hope of survival. And even the beautiful woman with the insect eyes and the golden skin cannot resist the allure of the Arachnid orchid. Flowers, music and poetry

take up new and weird characteristics, becoming masters of the human mind and holding the secrets of man's future.

Yet in spite of the author's brilliance in conjuring up these images, he does not use his subject matter to the full. His stories, dashed with local colour, all seem to have the same moral theme, and it is only physically that his ideas change their form. Nevertheless, if you wish to escape for a while into a world of fantasy you will enjoy this imaginative and exotic work.

Angela Goschalk.

THE WIT TO WOO

Owls and Satyrs, by David Pryce-Jones. 3s. 6d. *Novel.*

"Is the best education that money can buy any defence against Life's realities?" asks the dust cover of Mr. David Pryce-Jones' first novel. To find out one reads through 126 pages but I am still not sure whether I am any the wiser.

Presumably it turns men into Owls or Satyrs. Thus we have Owl Hero Henry who has just a few more weeks of National Service to do before going up to Oxford to read History. He is described as being discontented, rebellious and confused but surely understandably so when he discovers that his mother, who for as long as he can remember has been extolling the virtues of his father (killed in the war), has taken a lover. Things are not helped by Satyr Lover Bobby being rather an unpleasant individual. However if it is the realities of life we are worried about, he is probably the most realistic character. Henry is a trifle naive but one feels he will learn only too soon.

There is a splendid incident concerning W. Hang, Secretary of the M.C.C., and the Regimental Colonel who apparently are baying for Henry's blood for entering the members' enclosure of Lords under false pretences using Bobby's (non-transferable) membership card. Bobby by the way slipped up by leaving it (plus dirty photographs) in his wallet in Henry's bedroom one night when he was staying chez Mama. "Cheating and lying are the two worst things in the book" roars the Colonel and Henry gets a dishonourable discharge from the Prince of Wales Guards unless "you sign on and leave for Active Service and we will forget your aberrations". They appear a little overzealous about life's realities.

Finally there is Natasha, who is taking Prelims. for the second time at Oxford. She is an in-between; I'd like to call her a Centaur. She is charming and Henry falls in love with her after two meetings. He even goes to Lords for her but is disillusioned when he finds out that there are others in her life.

Mr. Pryce-Jones gives us several well bred characters but then proves nothing in particular to us about them. However the novel could be recommended as good bedtime reading. It induces sleep.

Anthony du Vivier.

PUPPET ON PURSE-STRINGS

An End To Running, by Lynne Reid Banks. Penguin. Price 4s. 6d. *Novel.*

"An end to running" is the second novel by Lynne Reid Banks. Like the first, "The L-shaped Room," it is a story of personal relationships. Martha Fletcher answers an advertisement for a secretary, and despite herself takes the offered position, to become entangled in a strange situation. A promising writer works under the unhealthy shadow of a domineering elder sister who controls the purse-strings. When the sister is near he writes what he is told, and can never argue with her.

With the new secretary boosting his ego he makes great efforts to correct the position. The strains of this situation finally force a collapse of the phoney literary set-up, as a joke avant-garde play, written to spite the sister, is unexpectedly a success. In the second half of the book, the writer and the secretary, by now of course his mistress, have fled to Israel to 'start life afresh' on a kibbutz.

The story is rather trite and forced, but seems only to be a framework on which the author hangs the complex interlacing of individual relationships. The problems of a man, whose outwardly stable character is based on poor foundations, are such that he has nothing of love and understanding to give his mistress, till she takes their child and leaves him. The pendulum has gone full swing as the sister is left to regain her puppet.

John Reckless.

record reviews

The purest form of music is chamber music; the most perfect example of chamber music is the string quartet; and the pinnacle of the string quartet is achieved by Beethoven. The inference is obvious; the reaction is obvious—I shall be exterminated by an enraged mass of opera fanatics and atonal proselytes chanting some Black Requiem Mass written in what may be flatteringly mistaken for twelve-tone; but the reason for thus exposing myself is perhaps not obvious: and yet, it is simple enough. Whereas there is a large number of people who have a sincere love and admiration for Beethoven's quartets, there is today a much larger group of individuals who would have you (and themselves) believe that their nodding acquaintance with these wonders of music does them full justice. To dispel their unfortunate illusion is a worthy cause.

Particularly welcome, therefore, is the new recording from Supraphon of the *String Quartets No. 1 in F major, Op. 18* and *No. 11 in F minor, Op. 95* by **Beethoven.** The first belongs to the six quartets of the composer's early period. No mere precursors of his later works, they are each masterpieces in their own right. The *F Major*, the biggest and perhaps the best of the group, has a slow movement (believed to be inspired by the tomb scene in *Romeo and Juliet*) whose heaving emotion belies the composer's youthful years. Contrasted with this is the *F Minor*, the shortest of all the quartets. Although chronologically it belongs to Beethoven's middle period its fascinating unpredictability has closer affinities to his late quartets.

Words can hardly do justice to the performance given here by the *Smetana Quartet*. Their characterisation and sense of style is a feature that has always been associated with this superb group of Czech musicians. The deliberate non-virtuoso rendering of the *F Major* emanates an almost Viennese *gemütlich* quality that often reminds us of Haydn or Mozart; then, with consummate artistry, the emotional gear is changed so that the *F Minor* is given an almost full-blooded romantic treatment. Yet the sense of drama of the early quartet is not lost (save perhaps in the slow movement whereby its very nature a mere recording can hardly convey the full force of the highly charged music); and in the later quartet we are not allowed to forget that it is Beethoven to whom we are listening.

The faultless intonation and keen sense of rhythm, together with such a regard for the music that every single note is played with beauty and clarity, combine to form a technical brilliance that is matched only by the many subtle contrasts in tone and dynamics. For those who do not know these works they could hardly be afforded a more inspired introduction than this record; and, for those who already know of the joys to be found here, these performances will serve to render them an additional experience that they will hardly regret.

Famous Operatic Overtures is an odd assortment comprising **Mozart's** *Cosi fan tutte*, **Gluck's** *Iphigenie Aulis* (Wagner's arrangement played at a Bart's concert), **Rossini's** *Tancredi*, **Glinka's** *Ivan Susanin* (otherwise known as *A Life for the Czar*) and **Wagner's** *Parsifal Prelude*. The **Czech Philharmonic Orchestra,** conducted variously by **Bohumir Liska** and **Karl Sejna,** play efficiently and, although the string tone is a little thin in places, the performances are quite ample.

Michael Spira.

The above Supraphon records are available in mono or stereo versions and are priced 17s. 6d. The mono numbers are: Beethoven Quartets—SUA10478 and famous Operatic Overtures—SUA10569.

MEDICAL BOOKS

Anatomy

Case Studies in Anatomy, by Ernest Lachman, M.D. Published by the Oxford University Press. 24s.

A frequent criticism of pre-clinical teaching today is that there is a lack of reference to clinical conditions to help the student see the significance of the details being taught. Quite often, a student's initial enthusiasm and zeal is stifled by what may seem to be a meaningless array of facts which have to be stored in the brain for the purpose of passing 2nd MB. If the relevance of what is being taught is not fully appreciated at the time, a substantial part of the knowledge will have been forgotten by the time it is really needed at the bedside or in the operating theatre.

This excellent book consists of thirty case histories covering a cross section of the more important medical and surgical conditions, correlating signs, symptoms and therapy with anatomical structure. This correlation is so logical that no clinical knowledge is required to understand the principles involved. The line drawings are simple, accurate and relevant.

This is not a textbook to be studied, but can be read at leisure in order to achieve a greater interest and better understanding of the part being dissected at the time. Needless to say, it would also prove to be of very good value to the clinical student who wishes to revise the anatomy of the more important structures in preparation for Finals.

D. J. E. Price.

Introduction to Anatomy, by Roger Warwick, B.Sc., Ph.D., M.D. Pp. ix + 230 illustrated. London: Newnes. 1965. 12s. 6d.

Here is a small book which can be confidently recommended to the student undergoing transition from premedical to preclinical studies. The advent of the six term syllabus with its reduction in available anatomical teaching time requires the student to have some prior knowledge of his subject if the first weeks spent in the Anatomy department are not to be wasted because of a lack of comprehension of terminology and method. Professor Warwick has gone a long way to assist the newcomer who will find this simple accurate and clearly presented paperback pocketable both in size and price. Ideally it could be read in the long vacation prior to entry to Charterhouse.

One of the Author's aims is a gentle introduction to the new language and thinking of the Anatomy School, and he begins with "Cells—The Units of Life" outlining cytological methods, electron microscopic structure, cell division and the essence of the nuclear code. With the mention of each new term its classical derivation is explained and this method is retained throughout the volume. This technique should enliven student interest and give a good footing for the subsequent building of sound anatomical knowledge.

The chapters which follow explain the structure of simple tissues and finally systems. Simple line diagrams accompanied by lucid text correlate anatomical structure with physiological function. Additional summaries of embryology have been included particularly in the urogenital system, and the teleological background to these and other organs is briefly described.

The style of print and writing make this an attractive little volume but if a criticism may be made it is that the disposal of the "Endocrines" in seven pages without diagram does less than justice to their importance in an otherwise attractive Introduction to Anatomy.

R. M. Hadley.

Biography

The Little Genius, by Mervyn Horder. Published by Duckworth at 25s.

The author, Lord Horder's son, paraphrases his own criticism of this memoir of his distinguished father when in the preface he asks whether its writing was a task which might better have been entrusted to a Medical Journalist.

The book, I am sure, will be of interest to those who knew Lord Horder, but most of us, who know only his name, would, I think, prefer to read more of his clinical genius than his prowess as the gardener.

Bart's itself seems to have changed little since Lord Horder's talent-studded days as a student in the 1890's. As a physician, his exhortation to "look at the face" seems even more significant in these days when we wonder how a diagnosis, and let alone a cure, could be made without the aid of radiography, chemotherapy and the like. His insistence on careful history-taking is advice which could well be heeded by those from whom a few perfunctory questions is the rule rather than the exception.

Lord Horder was a great man, and to do justice to his talents cannot have been an easy task. In this respect, the book has not been exactly an unbridled success, and one can only assume that a son is not necessarily the best person to decide which of those aspects of a father's career would be of interest to the reading public.

Gavril M. Danovitch.

Cytogenetics

The Chromosome Disorders. An Introduction for Clinicians, by G. H. Valentine, M.B.Ch.B.(Bristol), M.R.C.P., D.C.H., F.R.C.P.(C). William Heinemann Medical Books Limited, London. 25s.

This little book can be thoroughly recommended to anyone who wants to learn as much as possible in the shortest possible time about the new science of human cytogenetics and about the disorders which are accompanied by changes in the chromosome constitution of the cell. It represents first class value for money, being well produced, excellently illustrated and written in a clear, lucid and vivid style. The only question it raises in this reviewer's mind is—why are so few books of comparable quality available to-day at reasonable prices? The clues are perhaps to be found in two places, first in the author's preface in which every word reveals his enthusiasm and humility of approach, and, secondly, in the foreword from the distinguished pen of Dr. Murray Barr where there is reference to 'the happy and profitable collaboration that has gone on for several years between the Department of Anatomy and the clinical departments in this Faculty of Medicine (University of Western Ontario)'. It is to be hoped that the years to come will see the development of many such fruitful collaborations in British Universities. Anyone who doubts the value of liaison of this kind can do no better than spend a few hours with this delightful little volume.

D. H. M. Woollam.

Cardiology

Diagnosis of Heart Disease (1) Cardiac arrhythmias; (2) Cardiac murmurs; (3) Heart sounds. By Jorgen Schmidt-Voigt. Eindhoven: Centrex Publishing Company, 1964. Price £3 10s. per set.

The set comprises three slim books on cardiology which are fully illustrated with electrocardiograms and phonocardiograms; in addition, each contains a 7 inch gramophone record with examples of the sounds and murmurs described in the text. The works are translated from German, and the English edition is published in Holland, so small errors in pronunciation and in translation can be overlooked. A criticism which must be made of any gramophone recording of heart sounds is the inevitable failure to mimic closely the sounds heard with a stethoscope: this will not be achieved until recording equipment can match the frequency range of the human ear. Compared with conventional British cardiology the books contain differences in emphasis, in terminology, and in interpretation which would confuse many undergraduate students. Although the idea of an audio-textbook is attractive, these unfortunately cannot be recommended.

D. A. Chamberlain.

Haematology

A Short Textbook of Haematology, by R. B. Thompson, M.D., F.R.C.P. 2nd Edition. London: Pitman. 1965. Pp. 350, illustrated.

The title of this indicates its scope which lies between the sometimes inadequate accounts of haematology given in comprehensive textbooks of medicine and the major specialist works.

The author is a physician and the main emphasis throughout is clinical but each chapter is introduced by a short account of relevant physiology or pathology. No technical details of laboratory tests are included but in the various chapters results of laboratory and isotope investigations are described.

This new edition is similar to the first edition of four years ago. It has been revised and added to, and red cell enzymes, and chronic myeloid leukaemia has been awarded a separate chapter.

As in the previous edition this book gives a remarkably comprehensive, up to date, and concise but readable account of haematology. It can be recommended confidently to clinical undergraduates, and more senior students of general medicine may also find it useful.

P. Story.

Occupational Therapy

Tangram Teasers, by R. C. Bell.

In this book Mr. Bell, an old Bart's man, has collected together a small number of 'Tangrams' based on the ancient Chinese Ch'i chiso pan or Wisdom puzzle. The object is to arrange the 7 pieces of card (conveniently provided with the book) to form various outlines. The book falls into two halves: the first consists of suggested patterns, and the second, answers.

I hesitate to recommend the book to medical students as "a must". Patients would find it amusing, though having picked up the knack it rapidly becomes tedious. I covered well over half the puzzles during a Friday afternoon out patient session in between taking notes.

The book would be appropriate for a guest room bookshelf or as a gift to an older child, and as such can be well recommended

J. H. Casson

Ophthalmology

Eye Surgery, by H. B. Stallard. 4th edition. Published by Wrights. Price £6 6s.

The 4th edition of this treatise on Eye Surgery has been considerably revised and much new material added. This affects particularly the chapters on Corneal Grafts, Cataract and Retinal Detachment.

A great many illustrations have been added and many photographs have, with advantage, been replaced by the Author's line drawings, the clarity of which have always been a feature of his work.

Despite the vast literature on ophthalmic surgery which has accumulated during the last decade, the Author has managed to indicate his preference for certain procedures, which are clearly described with the necessary warnings against pitfalls which may appear at any stage.

There is no weakness in any section, and perhaps the greatest feature of this excellent book lies in the fact that it is the work of one man alone presenting the same philosophy and approach to various operations, thereby achieving balance and perspective so often lacking in these days of multiple authorship.

J. H. Dobree

AUDIO SUPPLY ASSOCIATION saves members' money on tape-recorders, electrical appliances. 65 page (non-advertising) catalogue 4/6d. Specify requirements for prompt quotation. 10 Clifford Street, London, W.1. Tel.: REG 2544.

SPORTS NEWS

BOAT CLUB

The 1st VIII on the Tideway

JANUARY—MARCH

By the middle of January the 1st and 2nd VIII's were settled and proceeded to go out on Wednesdays and Saturdays, the 1st VIII unchanged and the 2nd VIII with a few alterations.

J. Currie and R. Nicholson coached the 1st VIII and P. Brass, J. Gordon, G. Hayter and M. Kettlewell the 2nd VIII; we are all most grateful for the help they have given. The 2nd VIII met with disaster in February when their boat was irreparably damaged in a collision with Thames Tradesmen, since when they have had to borrow a clinker boat from the University.

The novice eight improved greatly under the dedicated coaching of Brian Ayers, but were foiled by ill health during March.

University of London Head. March 5th

1st VIII started 21—finished 3

Bart's were not entered for this event last year and so started near the bottom of the order amongst the new entries. It was rowed from Mortlake to Putney—4½ miles.

This was the first time the crew had been over the whole course although we had done similar distances further upstream. After a good start we quickly settled to a rating of 30 and by Barnes Bridge we were coming up fast on Westminster Hospital. Between Barnes and Chiswick Eyot, we overtook three boats, but this left us with a long gap to the next. This was unfortunate as a crew alongside gives tremendous encouragement in a race of this length. However, soon after the mile post we passed another and by London Rowing Club we were nearly up with number 16, but just failed to catch them before the finish.

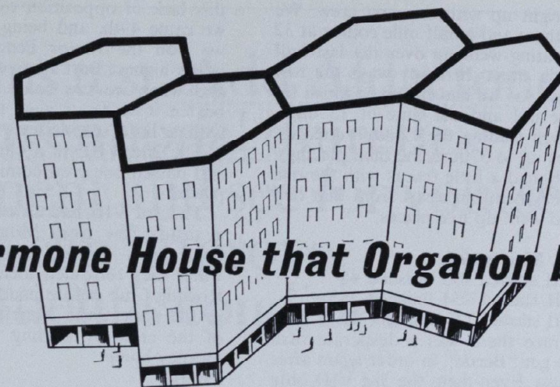
We finished third and this gave the crew a great boost, especially as the next hospital, Guy's, were 42 seconds behind.

Reading Head. March 12th

1st VIII started 139—finished 57
2nd VIII started 145—finished 140

Once again we were placed low down in the starting order as we did not enter last year. The weather for Reading Head is notoriously bad but this year the authorities could not have picked a better day.

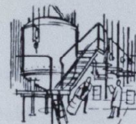
After the usual wait of an hour and a half above the start the 1st VIII came down to the starting line on fairly smooth water with a light following wind. Martin took the crew off at 36 which dropped to 32 after the first minute and a half. Before the mile post we had overtaken crew 138, the Royal Dental Hospital. The next crew was some ten lengths ahead and so we rowed the rest of the course with little opposition as Vesta, the crew behind, gave us no trouble. Only as we came to Caversham Bridge



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

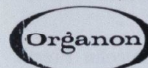
This is the researcher who had the ideas that started the plan of the house that Organon built.

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

did we come right up with the next crew. We went over the three and a half mile course at 32 but when the rating went up over the last half mile it had little effect. In many ways the row was disappointing as we had hoped to finish far higher than we did and the time of 15 mins. 19 secs., although leading the London colleges, only brought us up to 57th in the final placings.

The 2nd VIII had a little fracas with the one crew that passed them but apart from that had a good row and went up five places.

Tideway Head. March 19th

1st VIII started 193 finished 48
2nd VIII started 254 finished 252
3rd VIII started 325 finished 323

Before the race there was a desperate rush by everyone to get "Bertie" in order again after months of disuse. Even then, the 3rd VIII only just managed to get on the water in time after the last minute appearance of their stroke!

This race is rowed over the Boat Race course from Mortlake down to Putney, with boats starting at 10 second intervals.

The 1st VIII went off at 36 dropping to 32 in the third minute which was maintained over the whole course. Soon after Barnes Bridge we overtook two crews and shortly afterwards four more in quick succession. By Hammersmith Pier we were left in our usual position of having to chase a crew a long way ahead. We had become used to rowing in a vacuum after the other Heads and managed to come within a few lengths of the next crew by the finish. Despite this lack of opposition over the last two miles we came 49th, and being the first Junior crew we won the Junior Pennant. This, I believe, is the highest Bart's has ever come in this race and when we saw some of the crews we had beaten it made us view the timing at Reading with a little scepticism!

The 2nd VIII, in a clinker boat, rowed well and passed one crew coming 252nd, gaining two places.

The 3rd VIII had an enjoyable outing! After a steady row from Mortlake they pulled the boat up at Putney, and after emptying it of water they refreshed themselves at the London Rowing Club before paddling back to Chiswick in the dark. John Merrill kept up the morale of the crew by leading them in song on the journey home.

Crews

1st VIII: G. Libby (Bow), R. Bentall (2), G. Lamberty (3), P. Cheetham (4), B. Cutler (5), K. Anderson (6), C. Cobb (7), J. Martin (Stroke), J. Winner (Cox).

2nd VIII: I. Stephen (Bow), A. Roderick (2), R. Hayward (3), R. Williams (4), M. Simmons (5), M. Hinds-Howell (6), P. Houlton (7), R. Franks (Stroke), J. Hollingshead (Cox).

3rd VIII: A. Boon (Bow), R. Rayner (2), J. Shaw (3), J. Merrill (4), J. Blake-James (5), A. Whitehouse (6), M. Williams (7), P. Smyth (Stroke), G. Lodge (Cox).

Events in May

11th, 12th, 13th, United Hospitals Bumping Races. Sat. 14th, London University Allom Cup Regatta at Chiswick. Sat. 21st, Chiswick Regatta.

Keith Anderson.

BADMINTON CLUB

At the end of our season, in the University League we have finished creditably in sixth place out of 13 in the men's division II, and sixth out of 11 in the mixed league. This will be improved upon next season by not cancelling a fixture ourselves. Last November we did not field a team for the whole month giving away eight matches.

This result is better than last year and due to trying to play regular pairs, although difficult in mixed doubles as the nurses time off is limited.

Players: V. Mathur (University purple), C. Bowker, M. Freeth, B. Haigh, J. Pilling, J. Allen, P. Wood. Ladies: Rosemary Foley (University half purple), Peggy Tauerner, Joyce Yorke, Priscilla Stevens, Sally Bottomley, Sheila Byrne, Anne Yendell.

The Hospital Tournament attracted 13 entries for the men's singles and 14 for the mixed doubles. The finals were played under the eagle eye of our President Mr. A. Fuller.

In the final of the men's singles V. Mathur beat M. Freeth in two games, and the mixed doubles went into three games, with Rosemary Foley and M. Freeth winning the first and Paddy May and V. Mathur the next two. This was a closely fought match and won by superior tactical play.

This tournament is the first of an annual series, we hope; the standard and enjoyment bodes well for the future.

On March 16th the staff played the students and won by five games to four.

On March 19th, we had a friendly against Northern Polytechnic and won by eight matches to one, though several went to three games.

Malcolm Freeth.

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 spironolactone), added to the regimen, acts at the distal tubule, and prevents excessive sodium reabsorption and potassium loss.

Aldactone-A thus...

- ☐ Enhances sodium excretion
- ☐ Conserves potassium
- ☐ Overcomes diuretic resistance
- ☐ Improves diuresis
- ☐ Leaves patients feeling well

ALDACTONE-A is a registered trade mark.

Aldactone-A
Searle

SOCCER CLUB

Only two games were played during March. The first against King's College Hospital was a scrappy game played without a referee and justly resulted in a 1-1 draw.

Later in the month a nine man team was mustered for a morning game against the College of Estate Management at Hinchley Wood. This was lost 1-3, a creditable performance against a full strength team. The Bart's scorer was Mumford.

Chris Sutton.

RUGBY CLUB

'A' Cup Final v. Guy's Hospital. Won 15-6.

Bart's has at last won a rugby trophy! At Teddington on March 9th, our 'A' XV beat Guy's to win the Junior Hospitals Cup for the first time since 1932. A coach load of supporters with voices warmed from cheering a ladies hockey match before the rugby started, saw a display of enthusiastic play rarely seen in cup confrontations.

Two early penalties from Johnson put Bart's ahead from the start and this score was maintained until half time. Fine attacking moves by forwards and backs kept us on the Guy's line for much of the time. Buckley and Grafton combined well to give a constant supply of the ball to the threequarters, but the Guy's defence just kept us from scoring.

After the interval Guy's pressed hard and scored in the corner and it was not until O'Grady, brought into the side at the last minute, crashed over from a back row move that we felt the match was sealed. Indeed, Guy's scored another try before Buckley found himself with the ball behind a set scrum on the opposition's line and touched down. Still the side maintained the pressure with Smart and Bradley-Watson, in a cup-winning side at last, covering hard and following the loose ball. From such a situation Johnson picked up and went over for our final score. A well deserved win and a good omen for the future.

March 5th. Streatham. Lost 27-0.

A result which needs little comment. We allowed Streatham to take the initiative from the start and waited and watched their every move wihout succeeding in countering them. We were surprised to meet such a mobile side in which even the largest forwards ran like threequarters. All their points were in tries and it is to be thanked that they did not have a kicker!

March 12th. Aldershot Services. Won 38-3.

A welcome result which should have been an even bigger win if we had handled better. The Services defence was non-existent and it only needed for us to give the final pass and the line was before us. Pope distinguished himself by putting on 20 points unaided in tries and conversions. The other points came from tries by the threequarters and the back row.

March 19th. King's College School Old Boys Won 15-3.

Your correspondent was comatose for most of this match and for the rest in an amnesic haze. However, in the first half we showed that results can be achieved from throwing the ball around the field and the handling improved as the game progressed. Goodall and Brown scored early tries in opposite corners and Pope kicked a penalty to give us a 9-0 lead at half time. In the second half we maintained the pressure to give McIntyre and Brown the chance to score further tries to which K.C.S. only replied with a penalty.

Inter-Firm Seven-a-Sides. March 13th. at Chislehurst.

The Inter-Firm Sevens is always an occasion to see both the 'great' names of the past in rugger kit again and new faces unknown on the rugger field but well known in other sporting spheres. Sixteen sides took part, more than in previous years, on a sunny afternoon and the non-playing spectators had a veritable orgy of rugby to watch.

The Preclinicals produced four teams, they threatened five, and it was clear that fitness was the important factor in this type of rugby. The final, in the dusk, was won by Keith McIntyre's preclinical side who defeated the Kids, containing soccer and hockey players, to retain the cup in the Anatomy department for another year.

As the end of the season draws near we should like to express our thanks to Mr. and Mrs. White for their work and help throughout the year.

Sam Johnson.

WHAT DOES STAND FOR?

IT STANDS FOR security and peace of mind from the day you qualify—until the day you retire—and after.
IT STANDS FOR the provision of advice on all your professional problems . . . for legal assistance in any difficulty or proceedings of a professional nature . . . for unlimited indemnity in respect of damages and costs in the event of an adverse verdict or a settlement out of Court.

IT STANDS FOR THE MEDICAL DEFENCE UNION the oldest and largest organisation of its kind in the world. Further particulars can be obtained from

THE MEDICAL DEFENCE UNION
Tavistock House South, Tavistock Square, London, W.C.1

Secretary
Dr. Philip H. Addison

Dental Secretary
A. H. R. Rowe, M.D.S., F.D.S.

SAILING CLUB

AT CAMBRIDGE

The club has showed much activity in March. We went to Cambridge and beat a combined team from Pembroke and Corpus Christi Colleges by 57½ to 56¼ points, the races being sailed in Alpha Mark II dinghys which were new to four of our team.

In the first race we were still getting used to the boats and lost by 17 to 22¼. Our leading boat got caught in the lee of a small headland when aiming for the gybe mark, enabling the others to sail well wide and remain in the wind.

In the second race Anne Yendell took a small lead at the start. At the windward mark Gorrod, in second place, caught a Cantabrigian on port and starboard ruling: the other two Cambridge boats also hit near this mark and thus Bart's finished first, second and fourth by 23¼ to 13 points.

The third race saw Gorrod take an early lead which he gradually increased over the four laps. The three Cambridge boats and Anne Yendell all crossed the line together. As Anne was fifth at the finish and Doggett had to retire, Cambridge won this race by 21 to 17¼ which gave Bart's an overall win for the day.

CASTAWAYS CUP

On March 5th, we entered two teams in the Castaways Cup, the team racing championship of the University, in which there were 24 entries.

Under brilliant blue sky and with very little wind our first team vanquished King's College second team by half a point.

In the first race we slowly sailed round the Welsh Harp, each boat being becalmed occasionally, and with frequent wind shifts no one was sure who was leading, until, after a shorten course signal, Bart's came in first, second and fifth, giving us a 22¼ to 16 win. After changing boats, Anne Yendell made a good start and rounded the first mark several lengths ahead. As Gorrod rounded it, he was caught on a port and starboard and had to retire. Bart's scored 15¼ to King's 21 in this race but got through the first round by 37½ to Kings' 37.

In the second round we met St. Thomas's Hospital. At the start Anne Yendell's boom hit Gorrod's forcing him to retire. St. Thomas's came in first and second with Bart's third and fourth. A similar incident took place in the second race at the same spot and Anne Yendell

retired, leaving Gorrod to finish third and Doggett fifth, losing the match by 31 to 39¼. This was not one of our most inspiring displays.

Our second team was beaten in the first round by Queen Mary College. Unfortunately Williams found his jib incorrectly hoisted and when O'Farrell was standing on the foredeck trying to arrange things, the boat capsized and forced him to retire.

In the second race a protest against one of their boats for hitting a mark was refused on technical grounds and we lost by 8½ points.

ROSENHEIM SERIES

We have also had two races in this series. On March 9th, M. Williams with Nikki Dent as crew, and M. Freeth with Mary Clarke, competed against ten others. After a muddled start, Williams led at the first mark and Freeth was fifth. Later, during beats, Freeth found a very good freeing wind which put him in the lead at the end of the first lap with Williams lying third. On the next beat Freeth dropped to third and Williams came up to second, the order in which they finished; a U.C.H. boat won by ten lengths.

On March 23rd, Williams and Freeth helmed a boat each. At the first mark Williams was third but retired with a swollen wrist. Freeth was then third but overtook a George's boat when it capsized and finished second. Bart's finished the series second to University College Hospital.

On March 12th, we took on Battersea College, however, one of our team did not arrive at the Welsh Harp, and with two boats we lost by 1½ points even after Chapman managed to capsize in the cold Harp.

Malcolm Freeth.

GOLF CLUB

March 2nd. College of Estate Management. Won 3-2.

The first match of the year was played on the flat 6,295 yard Malden Course. As usual C.E.M. gave us a tough fight and our victory made us optimistic about the Cup Final the following week.

March 9th. Hospitals Cup Final v. Guy's Lost 1-4.

This long delayed match was played at the Berkshire Golf Club. The 6,459 yard Red Course has holes carved from pine woods with heather lined fairways making it a testing but fair challenge.

The sun shone as Dick Atkinson, playing number one, hit his ball sweetly down the middle of the first fairway to start the match. He played well to fight off the very competent golf of his opponent but eventually lost 3 and 2. John Sadler was our star winning 2 up in a very tense match. On the tee of the 540 yard 17th, he was 2 up and looked certain for victory but his opponent was within 20 yards of the green for 2 and scored a birdie 4 to win the hole. On the 18th, both played their second shots from bunkers flanking the green but Sadler showed his unflappability by blasting his ball up pin high whilst his opponent fluffed his shot and conceded the match.

We had high hopes for Mike Bowen playing at number 3. He was hitting the ball, but all his efforts off the green were betrayed by erratic putting, and he heaved that heavy sigh of frustration which all golfers know well as he lost 5 and 4. For Richard Begent it was more a matter of desperation, for his opponent made no mistake in the first half and he found himself 7 down at the turn. He fought back but too late and lost 7 and 6. Chris Booth playing at number 5 was not on peak form and also met an impressive golfer to whom he lost 5 and 4.

Guy's will be fielding the same team this year and the results of this match show that we must improve our golf throughout the team if we are to reverse the result this year.

March 16th. Charing Cross. Won 3-0.

We met Charing Cross with some confidence in spite of a motor mishap which reduced our team to three players. Charley Vartan was hitting the ball huge distances and won easily. Sadler and Begent also won to give us a victory even with two players missing. It would be foolish to assume a victory in our return match as the the Charing Cross team will include stronger players later in the season.

C. Vartan won 5 and 4, J. Sadler won 7 and 5, R. Begent won 5 and 3.

March 23rd. London Hospital. Won 4-1.

This match was played at Chislehurst and provided another victory. Mike Bowen played a steady game to win well by 5 and 4. Bill Graham playing for the hospital for the first time did well although he eventually lost.

M. Bowen won 5 and 4, J. Sadler won 3 and 2, R. Begent won 6 and 4, Carol Cupitt won 3 and 2, W. Graham lost 4 and 3.

Richard Begent.

THE MEDICAL PROTECTION SOCIETY

FOUNDED 1892

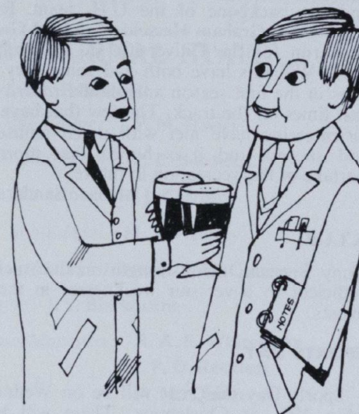
MEMBERSHIP EXCEEDS 45000

Membership secures protection of professional interests by a personal advisory service and the provision of unlimited indemnity against legal costs and damages.

Senior Medical Secretary Herbert Constable MRCS, LRCP

THE MEDICAL PROTECTION SOCIETY
50 HALLAM STREET · LONDON · W.1
Telephone LANGHAM 9241

Dental Secretary Frank Allott, LDS



Guy's? St. Mary's?
Univ. College?
I prithee, where is
Newest knowledge?
Needless wink to
Each pre-clinical
Soundest drink to
Set on pinnacle!

For a free copy of this important bit they left out of the M.B. syllabus, write to: Guinness, 8 Baker Street, London, W.1.

RIFLE CLUB

PISTOL REPORT 1965-1966

This section of the club has been moderately successful in the past season. Two teams were entered in the University of London League.

The 'A' team were awarded second place in Section 1, the first place going to a record breaking University College 'A' team. Altogether, our team won six of its ten matches.

The 'B' team, after an uninspiring start, managed to pull up after Christmas and at one time appeared to be going to reach second place in Section II, but confusion over marking left them without vital points and they dropped to fourth place, having won four of their eight matches.

Teams:

'A': I. McLellan, J. Turner, J. Blake-James, P. Cheetham, C. Sedergreen.

'B': I. Battye, J. Reckless, P. Cobb, A. Bacon, O. Smailes.

Ian McLellan.

CROSS COUNTRY CLUB

On March 5th, Bart's made up 60% of the U.H. team which ran at Edinburgh. This proved to be a very enjoyable trip thanks to the magnificent hospitality of our hosts who overcame the early closing time with great success. We are very grateful to Mr. Lee who drove six of the team to Edinburgh and back. The course was short and very dry compared to conditions in London and included a climb over the Blair Hills, which, although not as high as Arthur's Seat, were no easy obstacle. U.H. finished third of eight teams being beaten by Edinburgh and Strathclyde Universities. A full report of how Mr. Lee equipped his van: Nora vomited; Robert Thompson ate salt; Oscar Townsend beat Fergus Murray; Roger Sanders made a speech; Graham Hesselden lost his raincoat, trousers and tie; and Ed Graham ran when available.

Epping Forest was unbelievably dry and fine for the Orion "15" on March 19th. Many of our entrants could not score as they were under 21, but we hope this promises well for the future, as our performance was poor on this occasion, even though everyone got lost and part of the course was the same as our own, which should have been to our advantage. Mr. Lee, our President, was unlucky to miss his target of 2¼ hours by three minutes but this may be explained by the lack of mud. However his club, Orion Harriers, had the narrowest of wins. U.H. was 7th.

Position	Time
1st K. Lee, Notts. A.C.	1.35.46
29th R. Sanders, U.H.	1.48.47
34th M. Bishop, U.H.	1.56.04
40th R. Thompson, U.H.	1.58.33
58th Mr. H. B. Lee, Orion H.	2.17.55

The Orion "15" concluded our season in which, although our athletic standard has slightly declined, our numbers have increased, and we have retained our cups including the Kent Hughes Hospitals Cup which we have now held for six years. We have provided the Captain and Vice-Captain of U.H. Hare and Hounds in Roger Sanders and Robert Hale, and the backbone of the U.H. team. Robert Thompson, Graham Hesselden and Ed Graham have run for the University. Ed Graham and Steve Williams have both had some very good runs in the first season and should record some fast times on the track. The few that have been Orienteering have met with much amusement and success and it is hoped that more will partake of this recreation in future.

Roger Sanders.

ATHLETIC CLUB

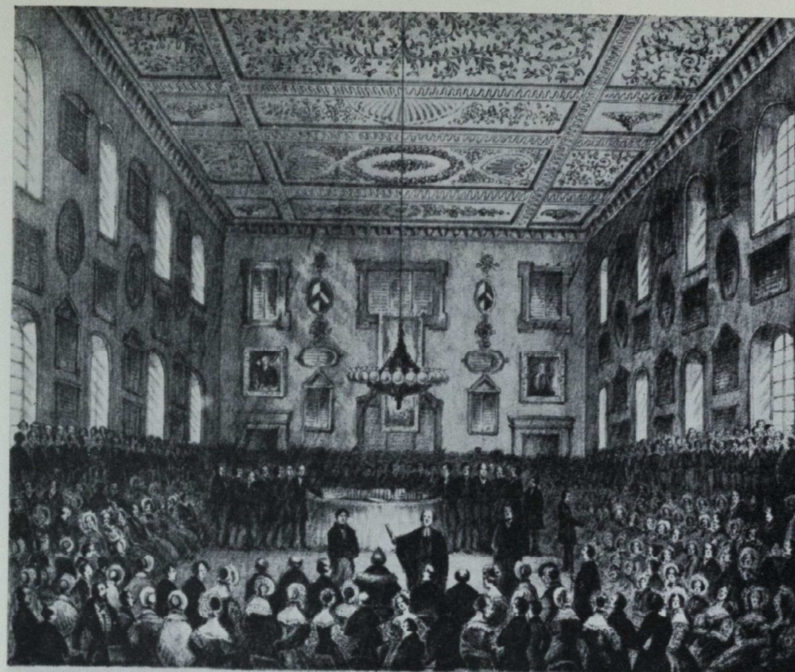
This winter the club has taken part in the first Winter League athletic competition. This is an inter-college competition organised by the University and held at Motspur Park.

Bart's were seldom pushed to their limits in matches and duly won promotion to the first division of the league by beating the London College of Economics, Goldsmith's and the Royal Veterinary Colleges. Much of the credit for this must go to Brian Scott and Tony Breeson; their strength on the track was sufficient to cover our weaknesses in the field events.

SPORTS DAY

Sports Day this year will be on Wednesday, May 25th. at Chislehurst. There will be the usual athletic events, free beer, sideshows—including skittling for a pin. Do come.

Chris Sutton.



THE HALL S^T BARTHOLOMEW'S HOSPITAL.

THE JOURNAL STAFF

Editor: **M. E. Setchell**

News Sub-Editor: **J. P. M. Davies**

Review Sub-Editor: **P. E. Belchetz**

Social Sub-Editor: **R. J. Clayton**

Sports Sub-Editor: **M. T. Hambly**

Photographic Sub-Editor: **J. H. Casson**

Manager: **J. S. Blackburne**

Assistant Managers: **R. A. F. Whitelocke**, **J. P. D. Reckless**, **P. M. Quinn**

Charterhouse Representative: **P. Swain**

Nurses' Representatives: **Miss H. McCrudden**, **Miss E. Ferreira**

CONTENTS

Doctor in the Office 215
SUMMER MISCELLANY
Venice 219
Summer Places 221
Summer Fashion 1990—Nudism ... 226
Summer Fashion—Boutiques ... 228
Summer Drinks 231
"W.G." v. Australia 232
Summer Diseases 234
Journeys
The Salt Trail to Tibet 236
Third Mate to Liverpool 238
Only the Bus 240
A Long Case 242
View Day 245
Between Friends 246
Record Reviews 247
Medical Books 249
Sports News 250

THE REVIEW BODY'S PRONOUNCEMENTS

On May 4th the Prime Minister announced in the House of Commons the publication of the long-awaited Seventh Report of the Review Body on Doctors' and Dentists' Remuneration, and he told the House that the Government accepted the recommendations in principle. At long last the shouting has subsided, the crisis abated, and the future of the National Health Service seems once more to be secure.

The Report is a painstakingly accurate, fair and sensible work; it was not always received with the same degree of grace and restraint. The Press gave grossly misleading emphasis to the more sensational increases. "£1,000 pay rise for doctors" read the headlines, with small mention of the fact that Senior Registrars will be getting an increase of just over £3 per week. This was perhaps surprising in view of the support shown by the Press earlier. With these sensational figures in their minds, the public were not very impressed with the apparent lack of gratitude shown by certain sections of the Profession. The Government's decision to spread the G.P.'s increase over two years was unprecedented, and understandably regarded as a negation of the unwritten agreement that Government accept recommendations of the Review Body, especially as the Report took into account the economic situation of the country.

In the Hospital Service, it is the House Officers who are getting the biggest increase, an average rise of 35 per cent, and few will grudge them this. The Joint Evidence Committee had suggested that the lodging charge, if not the board charge as well, should be abolished as compulsory residence is an exceptional condition of service peculiar to the medical profession. The Junior Staff Group Council of the B.M.A. and the Hospital Junior Medical Staffs Action Group argued this point strongly, but the Review Body found themselves unable to recommend this. They suggest, however, that certain adjustments should be worked out between the Health Departments and the profession, namely that there should be no lodging charge for compulsory residents, other resident staff should be charged at an economic rate, and all doctors should pay for hospital meals. The recommendations on remuneration assume that these suggestions will be followed. The Hospital staff who come off worst are the Senior Registrars, their maximum salary being increased by only 6 per cent, though they do reach this after six years instead of the nine at present. A Senior Registrar in his thirties is at one of the most expensive times of his life; it seems a pity that despite the responsibilities of his post, he must wait for a Consultant appointment before he receives a really adequate salary.

It is the increase for general practitioners which has received the most publicity and which carries the most far-reaching changes. Apart from the basic practice allowance and the capitation fees, the recommended payments are recognitions of better service. There is extra pay for those prepared to stand by round the clock, those working in group practices, those who have undergone vocational training, those using ancillaries; also for seniority, experience and exceptional contribution to the field, and fees for night visits and public policy services. In other words the G.P.'s workload will not be lessened, but he will be rewarded for his industry, and given a stimulus to improve his organisation.

The Review Body states that the purpose of its report is to prevent a decline in the medical manpower of Great Britain. The pay awards will not make it easier to practise good medicine, but may make difficult conditions more tolerable. General Practice, without the up-hill financial battles, may seem a more attractive career and so deter doctors from emigrating. The recommendations can only temporarily alleviate the situation, and as the Report rightly remarks, the only real solution is to increase the number of medical graduates.

LETTERS TO THE EDITOR

VIEW DAY BALL

Sir,—While appreciating the motive behind the decision to hold the View Day Ball at Charterhouse this year, I feel that on behalf of the many past members of the hospital who would have liked to attend, I must protest at the inadequacy of the number of tickets available.

From personal experience I know that past organisers have done their best, by careful choice of date, venue and advance publicity, to enable past members of the hospital to make this Ball one of the main events on their social calendar as it is an occasion on which to meet old friends and revive memories. Now, with little publicity outside the hospital, the tickets have been strictly limited, thus excluding many from renewing their relationship with Bart's.

May we hope that in future years, if Charterhouse be the venue for the Ball, a certain number of places could be put aside for those of us in exile. If they were not sold within a certain period they would be available for general distribution.

Yours faithfully,
J. WATSON,
8 Yelverton Court,
Griffin Way,
Great Bookham,
Surrey.

8th May.

A BLIND SPOT

Sir,—I read with considerable interest in the May issue of the Journal that I had been awarded the Ophthalmology Fund Prize of the Royal Society of Medicine.

I would like to make it clear that my only claim to distinction in Ophthalmology is that I probably have less knowledge of the subject than any other practising anaesthetist.

Yours faithfully,
C. LANGTON HEWER,
33 Stormont Road,
Highgate, N.6.

7th May.

FLUSH OF ENTHUSIASM

Sir,—I write in haste hoping to prevent Dr. Shearer from spoiling Hochmeister's "Evolution of Sanitary London", 1907. To cut any of the pages would be to risk spoiling a unique fore-edge painting of the Doulton factory at Wigan as it stood at the turn of the century. This factory was the birthplace of such Sanitary giants as "The Storm King" and "Mighty Waterfall".

How can we expect to preserve our finest treasures when unobservant people make thoughtless suggestions such as Dr. Shearer's?

Yours faithfully,
J. LE BAYERE,
The Cottage,
Sherston,
Wilts.

8th May.

Sir,—I was distressed to read Dr. Shearer's letter in your May edition. Daily we read of telephone boxes damaged and elderly women attacked by young hooligans; disturbing signs of the "Jack" attitude of modern youth. Now we find a middle-aged doctor who should know better urging impressionable young medical students to savage a rare large paper edition in the College Library.

The present virgin condition of this volume is a testimonial to the hundreds of Bart's Men, who, having read the first three pages in which the glazing of vitreous enamel water-closets and Continental pedo-latrines is incorrectly described, justly returned the book to its place on the shelf.

The mature Bart's graduate who has been observant in his student days is an expert on early British Sanitation although he may have to look further afield for 19th and 20th Century fittings.

I remain, yours, etc.,
JOHN HEADS,
31 Eaton Place,
London, S.W.1.

6th May.

UNDERGROUND CONSTRUCTION

Sir,—Your contributor David Miles, in his entertaining account of the Metropolitan Railway, states that the railway was constructed on the "cut and cover" system. This is largely true, but there is one exception which is little known and is, I feel, worthy of record.

Since the railway was built almost entirely under the surface of existing streets, the construction of each section meant that the public thoroughfare had to be closed to traffic while the necessary tunnel was dug, the brick arch over the railway constructed and the road surface over it restored. When it came to the section between Tottenham Court Road (Euston Square Station) and King's Cross it was decided that the roadway, which provided access to the main-line stations of Euston, St. Pancras and King's Cross, could not possibly be closed for more than a day or two at a time for the purpose of constructing the underground railway, and consequently a most ingenious alternative to the "cut and cover" method was adopted.

First a deep trench was dug on either side of the roadway, and a brick wall, destined to form the wall of the railway tunnel was built up in each trench. Baulks of timber were then thrown over the roadway and, as the traffic rumbled overhead, six feet or more of the roadway was removed. The brick arch joining the two side walls was then laid on top of the earth so revealed, the covering road surface replaced over it, and the baulks removed to be used for the next section. Finally, while the traffic continued uninterrupted overhead, the earth was dug out from either end from under the prebuilt arch to provide the tunnel for the railway.

This plan was apparently completely successful and made it possible for the work of the great surface termini to be continued uninterrupted, while their underground link was being constructed on their doorsteps.

Yours truly,

DONALD CROWTHER,
27 Lansdowne Road,
8th May. London, W.11.

A MUSICAL FAMILY

Sir,—I was reminiscently amused to read in your January number Roger Gilbert's description of the historic week of incidental music we provided in the Great Hall in January, 1931. I doubt if Weber had ever been treated in public in like manner before, but our mini-orchestra was all that was left after the unfortunate defection of the rest of the promising performers, as listed!

There was one clerical error, as "F. A. Richardson" should have read F. A. Richards, eldest (and the sole amateur) member of the well-known musical family. It may interest any who remember the occasion to know that we are still fiddling with the same enthusiasm, musically at any rate, or rather tempo, he in Kent, and myself in Yorkshire. No doubt Robin Orr is also still blowing his flute in Melbourne.

I was delighted to read in the April number of the recent concert by our successors, and would like to join our virile conductor, Roger Gilbert, in sending our congratulations and best wishes.

Yours sincerely,

B. CLIVE NICHOLSON
Archway House,
24 Swan Road
19th April. Harrogate.

COLOURFUL MUSIC

Sir,—I was a wee bit surprised to read Maestro Spira's epistle in last month's journal. With a skill that leaves me awestruck, he has turned four lines of objective comment into a highly personal issue.

Not so much that he should insult me, but that he should so comprehensively embody in one short letter the peculiar state of mind that my remarks were designed to discourage. The term "Nigger" was coined in this instance, and with Dvorak's full knowledge, as a complimentary reference to its undoubted similarity of style to Negro folk music in America—it had no "emotional overtones" then, and to alter it now, because things have changed, to something contemporarily "O.K.", is not only a laughable suggestion and an insult to the composer, but would present considerable problems of identification if carried to its logical conclusion. I hope, for instance, never to have to make reference to Bliss's "Colour" Symphony—I beg your pardon, his "Symphony of Hues". I mean to say, the silly season ended in February!

No, I think the real motive behind Mr. Spira's outburst was to give me a smack on the bottom for daring to make even so tiny an assault on the musical pill-box he has constructed around himself within your pages. The Thompson posterior remains unscathed.

However, in the hope that this tedious business will end here, I am persuaded to make some concessions to him.

Disillusioning though it may be, even a mini-Hitler like myself would hesitate before referring to the "Black" Quartet or Dvorak's "Apartheid for Four String Instruments". Henceforth I shall always call it the "Unmentionable".

Yours faithfully,

DICK THOMPSON,
Abernethian Room,
10th May. St. Bartholomew's Hospital.

Engagement

CASEWELL—EATON—The engagement is announced between Dr. Mark Casewell and Miss Carolle Anne Eaton.

Marriage

DAVIES—THOMAS.—On April 27, Dr. P. O. Davies to Mrs. D. B. Thomas.

FARROW—CHOWN.—On April 9, Stephen C. Farrow to Alexandra Chown.

Births

BALFOUR.—On April 17, to Valerie and Dr. Anthony Balfour a daughter (Susan Ruth).

GAUCI.—On April 14th, to France and Leon Gauci a daughter (Rebecca).

HOOD—On April 5th to Alison (née Clair) and Dr. Christopher Hood, a son (Andrew Guy Sinclair), brother for Simon.

LEWIS.—On April 15, to Dr. Jennifer (née Hall) and Dr. John Lewis a daughter (Sarah Katrine).

Change of Address

HUNT.—Dr. W. Hunt to 15, Main Road, Radcliffe-on-Trent, Notts.

Appointments

Dr. J. R. B. Bamford has been appointed Deputy Lieutenant for Cambridgeshire and the Isle of Ely.

The Reverend E. C. Leigh Hunt has been appointed Assistant Hospitaller to St. Bartholomew's Hospital.

R.C.S.

Mr. E. G. Tuckwell is standing for election to the Council of the Royal College of Surgeons.

Mr. John H. Hunt has been awarded the Fellowship of the Royal College of Surgeons.

June Duty Calendar

Sat. & Sun., 4th & 5th.
Dr. Oswald
Mr. Tuckwell
Mr. Aston
Dr. Cole
Mr. Fuller

Sat. & Sun., 11th & 12th.
Prof. Scowen
Prof. Taylor
Mr. Burrows
Dr. Gillett
Mr. Cope

Sat. & Sun., 18th & 19th.
Sir Ronald Bodley Scott
Mr. Hunt
Mr. Aston
Dr. Bowen
Mr. McNab Jones

Sat. & Sun., 25th & 26th.
Dr. Black
Sir Clifford Naunton Morgan
Mr. Manning
Mr. Ellis
Mr. Dowie

Physician Accoucheur for June is Mr. David Williams.

MADRIGAL GROUP

The group has now been in existence for over a year and during this time has performed on several occasions. Recently certain setbacks have befallen the group in the form of the conductor's temporary emigration to the other side of the Atlantic, and the departure from the hospital of several founder members due to qualification.

New members are urgently needed, in particular sopranos, altos and tenors. Anyone who would like to join the group is invited to attend any practice and may be sure of a welcome. Practices take place each Tuesday at 5.30 p.m. in Gloucester Hall.

Scholarships & Prizes

Brackenbury Scholarship in Medicine	C. M. Noonan
Brackenbury Scholarship in Surgery	Not awarded
Matthews Duncan Medal and Prize	J. R. Graham-Pole (Prize)
	Medal not awarded
Prox. Access:	R. Sturgess
Kirkes Scholarship and Gold Medal	R. C. N. Williamson
Burrows Prize	P. Rudge
Walsham Prize	C. M. Noonan
Willett Medal	J. B. Pilling
Roxburgh Prize	G. N. W. Kerrigan
Skynner Prize	W. M. Sanders
Prize in Ophthalmology	R. Harfitt
	(Written paper)
	D. S. Browne, P. J. Woods } aeq.
	(Practical)
Sydney Scott Prize	T. R. Billington
Weitzman Prize	M. A. P. S. Downham
Hichens Prize	N. H. Tucker, P. B. Wood } aeq.
Senior Scholarship in Anatomy, Physiology and Biochemistry	I. W. L. Bintcliffe
Foster Prize	H. A. Bagshaw
Certificates:	S. R. Brennan
	C. M. Castleden
	C. I. V. Franklin
Harvey Prize	C. M. Castleden
Herbert Paterson Medal in Biochemistry	T. R. Tickner
Herbert Paterson Medal in Physiology	F. Rotblat
Prize in Histology	P. R. Jordan

Obituary

Edward Graham

The tragic death of Edward Graham, killed in a car accident while on the London-Brighton Stroll, was devastating.

It is hard to realise, almost hard to believe, the death of a friend when the expectation of life is so many years; the sense of waste is inevitable.

Edward entered Bart's in September, 1965, and was studying for the 1st M.B. examination this summer. He had made his mark with great distinction in the Athletic and Cross Country Clubs, representing both the University and United Hospitals. He promised to be our fastest-ever miler and was the best United Hospital Cross Country runner. He tackled his academic work with the same dedication and enthusiasm as his running.

Our deepest sympathies are with his family.

D.J.C.

Doctor in the Office

A slant on medical administrative involvement

by D. F. ELLISON NASH

It is unfortunate that the word 'admin' implies to many people bureaucracy, delay, restriction and lack of freedom. To those of us now in middle age, a retrospective glance at life on active service with the Armed Forces reminds us indeed of petty restrictions and narrow attitudes of many regular service administrators who had forgotten the meaning of clinical medicine. Today in the complex society of our Hospital Service, successful administration is absolutely vital to the smooth running of the clinical service which every hospital hopes to provide. In the presence of bad or inefficient, or too restrictive administration, there is conflict, trouble and often indecision, unhappiness, and in the end bad service.

Doctors become involved in administration increasingly as the years go by whether it be in their own hospitals or medical schools, or in the professional organisations to which they belong.

In the days when local health authorities ran their own hospitals, the Medical Superintendent in many became the great leader and inspirer of tradition and standards. Most of these superintendents were at the same time clinicians of consultant status who commanded the respect of their colleagues and the confidence of their local health committees. With the introduction of a complete National Health Service it became the general policy to do away with medical superintendents except in the mental hospitals, as it was clearly felt by the politicians who framed the legislation that final authority must rest with a Committee of Management operating through a lay administrator. When, however, Regional Boards were formed the first appointment to be made after that of the Chairman was the Senior Administrative Medical Officer. In a Regional Hospital Board the S.A.M.O. remains the senior of the executive officers with the Secretary and the Finance Officer as his immediate colleagues. At Hospital Management Committee level, however, there is no Medical Administrator, and the consultant staff has a committee which can only be *advisory* to the Management Committee, or H.M.C. The teaching hospitals in England and Wales have separate Boards of Governors on which there are medical members, but no member of the consultant staff has administrative or executive authority, and there is no one in a teaching hospital corresponding to a S.A.M.O. in the Regional Board. This in many ways is a great disadvantage as doctors on the whole are not good administrators unless they have had special training. In true democratic fashion, for instance, our Medical Council (at St. Bartholomew's) changes Chairman every year, and the burden on any particular consultant during his year of office is considerable as he is not relieved of his clinical duties, nor is he given any additional assistance. There is of course in a teaching hospital the other side of the coin, and that is the administration of the Medical School, entirely under the control of teachers subject to the over-ruling authority of a College Council composed of representatives both of the Hospital and College staffs and of the Board of Governors of the Hospital, the chief executive officer being the Dean. In some university medical centres in the U.S.A. the Dean is the senior administrative officer in control of the whole hospital service as well as of the Medical College whose facilities it provides—this makes for much greater economy of effort.

We may therefore classify hospital administration. First, there is what we might call *pure administration* for which (at Bart's) the Clerk and his deputy are responsible—the overall management of the hospital's affairs and relationships with the Ministry of Health. The Clerk acts as the senior executive officer on behalf of the Board of Governors. Subordinate to this top administration we might divide the hospital activities into three further groups.

First, there is the medical and nursing administration—the provision of medical services, the clinical responsibility and everything to do with the patients. Second, there are all the ancillary services which support the medical work—works and buildings, the maintenance of property and plants, supplies and catering, laundry and printing.

The activity of these two "arms" of the hospital services has to be regulated within the available financial provision, and so the third "arm" is the finance department which might appear to have grown out of all proportion in the last ten years. However, with the overall cost of the hospital service running at £724,000,000 per annum (£2,900,000 at Bart's), financial control is absolutely essential (*see Table*). It is perhaps this which has hit hardest at the teaching hospitals which before 1948 had enjoyed such generous support from the public who could always be counted upon to support some new project or worthwhile extension of services. In a State run organisation "public accountability" absorbs a vast amount of energy and time. Every item of expenditure is subject to audit by the Ministry of Health and even such items as the weight of bacon served to each member of the staff for breakfast comes under the scrutineers. Thousands of man hours are spent compiling statistics of costs for comparison with other similar hospitals. This seemingly unproductive activity does however lead to careful and repeated scrutiny both of organisation and of methods in the various departments of our "parish", and we cannot escape from the system in this age of massive expenditure of tax revenue.

TABLE

	1964/65	1965/66
Medical Staff	£432,000	£441,000
Nursing Staff	£457,000	£508,000
Administration, Clerical and Works	£242,000	£292,000
Profession and Technical	£202,000	£220,000
Domestic, Catering and Laundry	£484,000	£554,000

Breakdown of St. Bartholomew's Hospital costs for staff alone. With other minor staff items this represents an increase of just on £200,000 on staff alone.

Let us look for a while at the medical service administration. This has to include not only the organisation of our clinics and the provision of staff to run them, but the whole of the nurse training school which in its complexity and the number of persons involved is on a par with a Medical College.

It is inevitable that any medical member of the hospital staff must become involved in administration, for all these ancillary services affect his relationships with his patients and the manner in which he is able to treat them. The larger the hospital, the less contact there is between the senior lay administrators and the patients—"the consumers". For this reason some years ago the view was propounded that 500 beds was about the maximum there should be in any hospital of the future, but that teaching hospitals could rise to 800 or thereabouts. This concept led to the idea of district hospitals serving populations of approximately 200,000, but the very great change in medicine which has come about in the last five years undoubtedly calls for another look at this quantum for it is becoming increasingly difficult to provide all the facilities required on anything like an economic basis in a small unit. No one would dispute the need to have a resuscitation team available for 24 hours of every day in every hospital as an ideal. The establishment of renal dialysis units has now become commonplace; these require a very high standard of service from the departments of pathology, many of which are inadequately staffed. Up and down the country—indeed up and down the Kingsland Road—there are medical and nursing staffs being kept on duty in casualty departments some of which at least could be closed. The maintenance of an efficient night theatre service in a small hospital is becoming well nigh impossible. Catering, laundry, supplies and the management of records is done increasingly outside the teaching hospitals on a Group basis. However, when there is any suggestion of closing a small hospital or replacing a group of small hospitals by one large efficient one, there is tremendous local opposition. Whatever may be said about public transport facilities in London they are at least adequate to enable patients to travel a mile or so to hospital, and the present multiplication of services is wasteful.

Returning therefore to the theme of administration we are faced with a few facts of stark

reality. First, there is a grave shortage of man and woman power—doctors, nurses, physiotherapists, dispensers, theatre technicians, radiographers. There is a shortage of cooks, of architects, of clerks and "almoners." The only possible way in which these shortages can be met is by reducing the commitment and planning for bigger hospitals instead of collections of small ones each of which has to have its own administration. We hear a great deal nationally of the need to increase productivity. The National Health Service is a spending service with no ceiling on the amount of work it has to undertake. The only way in which we can "increase productivity" is to make better use of the available manpower by scrapping old buildings, old methods and by being revolutionary in our attitudes. Doctors are often accused of being conservative and surgeons in particular of having their whims and fancies, but the creation of a Central Sterile Supplies Department within our own hospital has shown how great a degree of standardisation can be achieved with no loss of efficiency.

However, absolute uniformity is a bad thing and this turns our thoughts to the ever present fear of rigid administration.

Outside the teaching hospitals medical administration in the National Health Service has now become a well established career and the majority of Regional Boards appoint from time to time young medical officers who have held junior staff posts, to undergo systematic training in administration. An administrator is never likely to be popular. His work is usually undramatic and he is likely to be obstructed more often than he is encouraged by his colleagues. In the hospital service, whether he be a layman or a doctor he is at one moment encouraged by a political carrot of an expanding service, and at the next moment is frustrated by postponement of all the plans he has steered through his many committees and over the hurdles of obstruction.

Nevertheless, first class clinical work can only be maintained in a happy and progressive atmosphere where those who are most close to the patient are constantly aware that behind them is an efficient, sympathetic and yet flexible administrative machine, freed from both local and national political bias, dogma and prejudice.

PLANNING

At present in England, Regional Hospital Boards have the sole responsibility for planning the hospital service requirements in their particular area. The London teaching hospitals, though situated geographically within a particular Regional Hospital Board area, have no planning responsibility. If therefore a teaching hospital feels that it requires an extra 20 beds for some particular specialty these can only be permitted as an increase by a corresponding reduction in beds in regional hospitals, and with the agreement of the Regional Hospital Board because permitted bed complements are related to population statistics. In the last four years the number of clinical students taken by the London teaching hospitals has risen very steeply, and the Medical College accepted this responsibility on the understanding that there would be increased clinical facilities. However, it has not been possible to provide any increased clinical space, or facilities within the hospital campus, and the only way the demand can be met is by utilising certain Regional Hospitals for teaching purposes. If this is to be done without detriment to the standards of clinical work and teaching, an increase of staff is needed at these regional hospitals. Student common rooms, increase of library facilities and so on must be provided for, but as yet there is no sign of any increased money coming from any source.

At the request of the Minister of Health, Joint Consultative Committees have now been set up between Regional Hospital Boards and teaching hospitals in order that there shall be some constructive planning in relation to the work load of the teaching hospitals. The shift of population which is constantly taking place with new housing developments alters the patient flow and recent studies have shown some remarkable facts concerning the hospital services in the North East Metropolitan Region. In theory a hospital serves the population in its immediate locality, but because of the particular interests of consultants in certain of the Regional Hospitals, there is a considerable "import" and "export" figure. My personal view is that this would support the contention that we need to get away from the idea of small district hospitals towards the development of bigger units which alone can provide a full service to modern requirements and with reasonable economy of manpower.

From the point of view of clinical students one of the biggest hurdles is travelling. Although periods of clinical attachment to busy Regional Hospitals provide wonderful experience and a complete stimulus to the flagging clinical interests of a final year student, he at once becomes detached from the wide-spread teaching which is going on in other subjects and which he requires when preparing for his examination. It is clearly impossible from the financial angle to set up adequate libraries and museums away from the parent teaching hospital. Perhaps the most effective solution would be to take the whole of one of the clinical years out to a major Regional Hospital, providing hostels and student amenities on a scale appropriate for the numbers of students involved. Academic centres, each under the direction of a University appointed tutor have now been established in several of our Regional Hospital Groups, and there is already the basis of a teaching programme which could be extended and developed for undergraduate purposes. It is, however, difficult to reconcile a programme of this type with the knowledge that consultant staffs are grossly overworked, and there is a shortage of junior staff as well in many of these hospitals. The problem of medical education at the moment seems to be that of making bricks with inadequate amounts of straw—an adage used without any inference as to the frailty of the straw, or the toughness of the bricks. The shortage of doctors will inevitably result in a compromise in education as did involvement of the country in a world war.

Tradition and history may not be everything, but the making of good doctors requires something more than a programme, a set of buildings and some patients. The Royal Commission may crystallise the major changes which many of us feel would be appropriate, but it will be probably five years before its recommendations can bring forth ripe fruit. In the meantime we must prune the old trees, protect them from financial frost, spray them to remove the parasites and hope for constant visitation by an adequate number of academic bees. The future of St. Bartholomew's depends on the maintenance of the highest professional standard in medicine and nursing, on bold and imaginative planning, relentless hard work and closest cooperation between all sections of our hospital community in endeavour and enthusiasm.

CULL

DOCTOR IN THE OFFICE

"YOU'VE GOT ANKYLOSIS OF YOUR SHIFT-LOCK AND A NECROTIC ASTERISK"

SUMMER miscellany

VENICE

If I was sat down at pistol point and commanded
to write a poem about Venice
I would surely be shot rather than slickly unroll
a list of long names for the price
of living on, comfortably enough,
in suburban England;
but funking death, I might clutch at
neat rhymes for Doges or expand
extravagant similes for domes
and stones and Italian
words will always sound impressive
in even the dullest poem.
In a place where most saints have hotels
or churches, the gagged poet can only thank God that
at least the painters couldn't paint smells.

Here the words that respond are on the ground, pigeons could
peck them off packed San Marco stones
or from the palm of a quick-shuttered Brooklyn bird;
a pappagallo's delight postpones
appreciation till later
but has it on celluloid
in one hour eighty-eight pictures
and the auto-lens never lied
but cut the city up in squares
for the viewer on a turkey night;
so did the old masters
for that matter who held only slight
regard for dirt or Ruskin's rock dove
but painted mostly what shining outdoors they saw, hated
valour and were blasé about love.

Depicting their flashy festivals in brushy silence
they never went seriously wrong
but gave to Europe a way of seeing the richest life
where the natural medium is song;
born with a sense of water, they,
as now these jubilant children,
had a city for a toy and
knew each line like a small garden
and nursed it in paint, is it not
so surprising then they went wild
indoors on the vast canvasses
in domes? The holy jungle filed
past their splendid eye, perplexed I plead,
"Don't show off any more you're hurting." Their staid reply:
"This was our madness; this was our creed."

Though at sea level I find myself thinking of mountains
this never could have worked on a hill;
for the lines depend upon endless squares of level ground
and self-assured reflections will
insist on still water; the only
torrents detectable fakes
stirred up behind barges and
the platform of a calm sea makes
a ditch for floatable rubbish
the sediment of city living
detours that island where the dead
stretch in sand, forgiving
that their houses were not founded on rock
but were still able to laugh; brave, they sculled expensive griefs,
their sorry gondolas of shock.

Anguish sets in when I think of returning
to a pre-packed culture that accepts;
sitting in sun at Florian under October sky
I can't conjure remedies; adepts
at revolt may plot with Braggadocio
in pretty-polly
cave or grotto; but here
with Verdi, Old Vienna and 'Hello Dolly',
a backwater for romance,
it is hard to stomach here-and-now
in any other place, though still
the unreal Thames must softly flow
and the grim crowd more resigned than lost,
who will accomplish more by spring than these, who have to face
a gumboot winter with some freak frost.

M. R. M. Ffinch.
Venice, 1965.

LONDON IN SUMMER

A selection of places to visit during the summer months

written by Robin Williamson

photographs by James Casson

THINGS TO GO UP

1. The Shell Centre

The Shell Centre on the South Bank was only completed in 1962, and its tower is 351 feet and 25 storeys high. According to the *Observer* the view from the top (see photograph above) is the finest in London, if only because you cannot see the Shell Centre from it. You can see Windsor Great Park, however, on a clear day, some twenty miles to the west. The tower is open to the public every day until 5 p.m. (8 p.m. on Thursdays)—entrance fee 2s. 6d. Railway enthusiasts could stay there happily all day watching the trains slide in and out of faraway Waterloo, and over Hungerford Bridge to Charing Cross.

2. The Monument

There are no lifts here, alas, only 313 steep steps curling on and on in one endless spiral. Every now and then there are encouraging little notices at eye level telling you how much further you have to go. The entrance fee is a modest 6d., but take a long look up the well of the staircase to get some idea of the climb ahead. From the top it is possible to appreciate the extent of change in the City skyline since Canaletto's day. The Monument's 202 feet have now been eclipsed by many neighbours, but the view from the top remains to justify the climb.

3. The Hilton Hotel

The wealthy can enjoy a drink on the top floor of the Hilton and a clear view over the gardens of Buckingham Palace. The carpets are lush, the décor plush, the voices hushed; there is a restaurant and a dance floor, with innumerable waiters and piped music. Two cocktails and a tomato juice cost us 23s. 6d.; we did not enquire about the price of dinner.

4. *Derry and Toms*

You have to change lifts to reach the roof of Derry and Toms in Kensington High Street, but you emerge into an entirely different world. The entrance fee of 1s. is cheap at the price. The roof gardens were opened in 1938 and include a fine Old Tudor Garden and the superb Spanish Garden (see photograph) with its arcades of Moorish pergolas. The gardens are more than a hundred feet up and over an acre in extent. Morning Coffee, Lunch and Tea are available in the Sun Pavilion, but be sure to choose a sunny day.

5. *Post Office Tower*

The Tower itself is 580 feet high, and this is surmounted by a 40 foot lattice mast. This makes it the tallest building in Britain. The three public observation platforms opened to the public on May 19th of this year (entrance 5s.) and can be reached by lifts travelling at 1,000 feet per minute. It is a simple matter to clean the windows of the revolving restaurant and cocktail lounge; men are simply lowered from above to remain suspended in situ while the windows pass slowly in front of them at a velocity of 2-3 revolutions per hour.

OPEN SPACES

Holland Park

Holland House was built in 1607 but virtually obliterated by bombs during the last war. The house with its extensive and beautiful grounds was bought by the L.C.C. in 1951 from Lord Ilchester. Holland Park stands in splendid seclusion at the back of Campden Hill, with the new Comprehensive School on its eastern aspect. The school is attractively designed and laid out, and currently seems a fashionable place to educate one's children. At the time of the 3rd Lord Holland (see statue), himself a poet of some standing, Holland House was a favourite haunt of many eminent men of letters, notably Byron, Rogers, Talleyrand, Wilberforce

and Macaulay. The house, though partly rebuilt since the war, is but a ghost of its former self; but the Orangery, the Dutch Garden and the woods remain in their former glory, and peacocks flirt on the lawns. Paths covered with cork chippings lead down to the car park and the expensive Belvedere Restaurant. Unique of all the parks in Central London, however, Holland Park—the most recent addition—retains something of a country atmosphere.

← *Here Rogers sat and here forever dwell*
with me those pleasures that he sang so well.

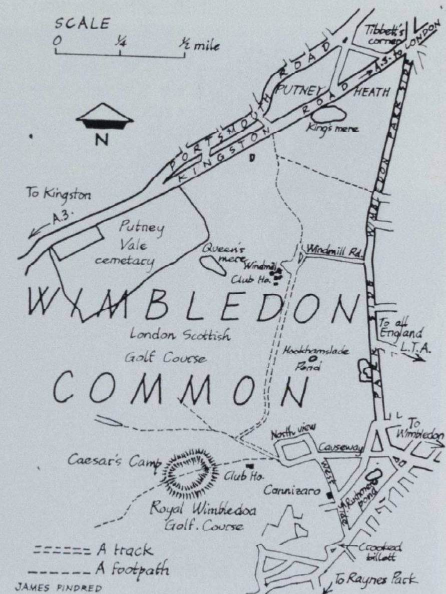
3rd Lord Holland

Wimbledon Common

This is perhaps the least spoilt of all the London parks and commons and it is easily approached along the A3. Turn off at Tibbet's Corner and there are two roads to be found (see map), attractive but bumpy, which lead to the windmill in the centre where Baden Powell wrote much of *Scouting for Boys*. A number of delightful paths radiate out from the windmill; one leads north to King's Mere beside the main road where it is common to see a host of model boats; another descends sharply through the trees to Queen's Mere where, nailed to an oak, there stood until recently a notice confining bathing to members of the male sex only between the hours of 6 a.m. and 9 a.m. The notice has now disappeared but whether this means that ladies can now bathe at any hour or not is uncertain.

Tall blocks of flats rise starkly over Putney Heath to the north, a view immortalised on a recent postage stamp, (2½d. Twentieth International Geographical Congress).

At the southern end a strange but handsome square of houses of varying architecture jut right out into the common and is surrounded on three sides by it. East of this square stands Cannizaro—now an old people's home—whose gardens, which are open to the public every day, include a variety of fine rhododendra and magnolia trees. And for a final port of call, pop round the corner to Crooked Billet where, tucked away, lie two quite pleasant pubs, the Hand-in-Hand and the Crooked Billet itself.



Little Venice and the Zoo

I remember rather vaguely a childhood book in which the animals escaped from the Zoo by sailing down the Regent's Canal. The giraffe was, I believe, shot because he could not manage to hide his neck under the tarpaulin as their boat floated past the keepers. Given time it is a good idea to follow the animals' example and approach the London Zoo by water. The "Zoo Waterbus" (run by British Waterways) leaves every hour (but not on Sunday mornings) until 6 p.m. from Little Venice, close to Warwick Avenue tube station (Bakerloo line). Tickets cost 7s. and include admission to the Zoo at the end, with a further 2s. fare to return by boat. The Canal leads through a long tunnel from the Regency elegance of Little Venice back into the grime of industrial Paddington, and the trip takes about 25 minutes, though British Waterways are about as punctual as their colleagues on the railways. Landing opposite Lord Snowdon's aviary, the first animal we encountered was the crab-eating racoon, ignoring the crabs and perversely munching some bits of apple. Of the other animals perhaps the finest were the lions, whose coats were magnificent in the sunshine.

Goldie

The Zoo is beautifully laid out and well deserves a visit; but avoid the crowded week-end afternoons and be sure to watch out for trigger-happy keepers if you make the return journey by boat.

Little Venice: the "Zoo Waterbus" passes through

OUTDOOR PUBS

The Flask

The Flask is situated on a corner in Highgate West Hill, N.6. At weekends you need to be resolute and cunning to get a drink at one of the low bars inside the old building before dying of thirst. There is a large and very pleasant garden outside underneath the trees, with people and glasses spilling all over tables, chairs and walls. The pub is justly popular.

The Pier Hotel

This pub can be recommended for both winter and summer. Inside it is quiet and extremely comfortable, indeed luxurious; I have never sat in more comfortable chairs in a pub. Outside at the back there is an attractive little patio; upstairs rather an expensive-looking restaurant. Beer costs 2s. 6d. per pint. The Pier is conveniently situated opposite the north end of Albert Bridge, and it is unusual to find it crowded.

The Dove

Over the Hammersmith flyover and first turn left brings you to the Upper Mall and the Dove, a charming little pub with a terrace at the back overlooking the Thames. Apart from its position the terrace is ornamented with somewhat dilapidated tables and chairs, a vine, a loud-speaker which distorts, "Time, gentlemen, please" into something quite unrecognisable, and lavatories marked "Gulls" and "Buoys". Notwithstanding the pub is well worth a visit and the food, though not cheap, is delicious and available from the buffet bar until 10 p.m.

The Cross Keys

This is just round the corner from the Pier in Lawrence Street, S.W.3; there are usually more people sandwiched into a smaller space and the atmosphere is a little more awake. Notable features include the prints of old cars on the walls and, again, the little patio out at the back.

The Serpentine

A new pub commands the eastern tip of the Serpentine, with an attractive terrace overlooking the water and a cafeteria and tea-garden at the side. It is very much a pub for the evening when the children and the ice-cream men have gone home and it is not so easy to see the bottles and matchboxes in the crystal shallows of the Serpentine. Beer costs 2s. 9d. per pint and the barman warned us conspiratorially that the sandwiches started at 4s. 6d.

The Windsor Castle

Situated at the summit of Campden Hill Road this rather classy pub offers scant room inside but a delightful beer-garden at the back (see photograph) which overflows at weekends with gay young things. When the sun is shining there are few nicer spots in London. Those looking for a cheap Sunday lunch could do worse than sample the sandwiches here.

Summer Fashions 1990

NOTES on NUDISM

by Jeremy Davies

Origin of Clothes

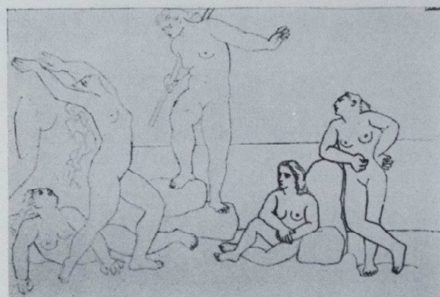
Clothes originated in order to satisfy certain primary needs of protection: from the cold weather, from predatory animals, from harmful plants, etc. They have also been used to satisfy various secondary needs: decoration, expression of rank and wealth, ceremonial and ritual significance, etc. If you see people wearing clothes in a hot climate or not wearing them in a cold one, then the first place to look for the reason is their beliefs.

The notion of "shame" as the origin of clothes must be discounted, since it can be shown that such shame is not innate. Presumably it arose through a misunderstanding of the Book of Genesis. In none but the crudest theology is the connection between clothes and original sin other than metaphorical. Nudism often arises from a sense of guilt but clothing only does so in such anomalous situations as square missions.

Examples of Types of Nudism

(1) Hindu ascetics: "These sadhus, or holy men, in the Hindu holy city of Benares, show their renunciation of the world by their nakedness." ("Inside India" by David Holden.)

(2) Ancient Greek athletes: "Psychologically the Greek cult of absolute nakedness is of great importance. It implies the conquest of an inhibition which oppresses all but the most backward people; it is like a denial of original sin. This is not, as is sometimes supposed, simply a part of paganism: for the Romans were shocked by the nakedness of Greek athletes . . . . Greek confidence in the body can be understood only in relation to their philosophy. It expresses above all their sense of human wholeness. Nothing which related to the whole man could be isolated or evaded . . . this feeling that the spirit and body are one . . . the civilising power



of beauty." ("The Nude" by Kenneth Clark.)

(3) Australian Aborigines: an example of a community the nudity of which seems to be based not on any system of beliefs but on the lack of any such system extending to clothes, and on the climate.

(4) Naturism (Nacktkultur): this movement began in pre-1914 Germany. Societies were formed in England, France, and Scandinavia in the 1920s and in U.S.A. and Canada in the 1930s. Groups have been organised as membership societies or as proprietary enterprises. "They have dreamt and talked of self-sustaining agricultural and industrial colonies. However, such colonies as enclaves in a predominantly clothed society are hardly feasible. For the immediate future only private terrains for leisure time and recreational use are practicable." (Encyclopaedia Britannica.) The best-known naturist magazine in England, "Health and Efficiency", has as its aim "to present the great health movement towards sun and air bathing in its widest aspects". In other words, it is a branch of Fringe Medicine, springing from a sense of guilt about the "artificiality of modern life" and allied to Naturopathy, the idea that if people behaved "naturally" there would be no disease. It is essentially, therefore, a neurotic movement based on a false premise, similar to the compulsive dancing manias of the Middle Ages. There is an article on "Japanese Physicians, Naturist Pioneers" in the Winter Number of "Health and Efficiency" which is characteristic, e.g. "Dr. Suda . . . discovered that two minutes of sunshine were more effective than the administration of vitamins for beri-beri . . . we find that a mixture of oak bark and exercise in the open air without clothing to be a specific remedy for the treatment of certain bronchial disorders . . . it is significant to learn that whilst addressing medical students,

a Japanese surgeon once remarked that no woman need undergo surgical operations if she exposed her body to the sun and air at frequent intervals. . . . At a time when we think of the atomic weapon let us not forget some of the more practical things Japan has done—amongst them, promoting the growth of Naturism."

This movement, then, is unconventional in a pathological way—that is to say, it attaches a false significance to the convention it attacks, like the man who wore an Elizabethan ruff on the grounds that more recent forms of neckwear cause cancer: there may be good reasons for wearing a ruff in 1966 (—one may be doing a production of "Look Back in Anger" in Elizabethan dress, for example) but this is not one of them.

(5) St. Tropez Fashion: distinct from "Naturism" is the nudism which is simply the trend of the whole of western society towards wearing less on the beach, using less lipstick, having less censorship of books, etc. It is a fashion and the House of Dior will sooner or later be having slimly-decorated nudes in their Spring Shows.

(6) Within the family: based upon the idea that nakedness is a symbol of emotional intimacy, and a means of sexual education, this happy practice is only marred if the educational slant becomes self-conscious r a t h e r than "natural"; or if a private beach can't be afforded.

Aspects

(1) Aesthetic: sometimes people look better nude (e.g. people of all ages on a sunny beach) and sometimes they look better clothed (e.g. the London Symphony Orchestra). To restrict people to one form, therefore, whichever it is, would seem to be puritanical so far as aesthetics are concerned. "The Art of Dress enhances the variety and beauty of human existence" (Enc. Brit.); but nudity is a form of dress in this sense.

(2) Psycho-sexual: there are two main charges against clothes and two against nudism.

Hirschfield (c.1920) did a survey of 1,000 men about their attitude to women: 350 were most strongly attracted by the nude body, 400 by the semi-nude, and 250 by the fully-clothed. "The alarming fact that 65 per cent expressed a preference for the fully-dressed or half-dressed body, as against complete nudity, shows what devastation a hypocritical civilisation has wrought in man's sexual life, for there is but one step from this to the pathogenic clothes fetishism."

It is also said that the "secrecy induced by clothes" causes neuroses. It is presumably with this in mind that Dartington Hall have mixed nude swimming of the pupils up to a certain age.

It is difficult to prove anything about these points, but it seems extremely improbable that the present elements of sexual chaos are due in significant part to wearing clothes, for there seem to be sufficient other causes. It is tempting to regard Hirschfield's survey as having recorded merely the immediate aftermath of the Victorian age.

The two charges against nudism, that it decreases sexual stimulus and is therefore puritanical, and that it increases it and is therefore immoral, are both unfounded. A person's sexual life is based upon a system of associations and apparently, in a nudist society, the visual sexual stimulus becomes less and that of the other four senses becomes stronger. It would seem, therefore, that it is simply a question of different structures of associations. However, it could be argued that to alternate between the two, as the "aesthetic" argument above suggests, might cause a certain amount of confusion of these systems, like learning two languages simultaneously.

(3) Religious: the connection between religion and clothing is as a means of expression. Renoir's nudes and Watteau's countesses both express love of life. Hindu nakedness and Nuns' habits are both sane ways of expressing renunciation and humility. When clothing becomes a thing of more absolute dogmatic import than this, neurosis sets in (e.g., the excessive covering of Moslem women arising from the idea of women as private property; the Manichean heresy that the body is evil; Victorian bathing machines). Clothes, as Scott Fitzgerald said, are not superficial; and any discussion about jewellery or bikinis or sun-tan must be in the context of a person's total beliefs. Conversely, there is no such independent thing as nudism, except as a pathological entity; there is merely nudity occurring in various situations for various reasons. It is, therefore, an area for myths, in the sense that an imaginary story expressing a true moral is a myth. There are, for example, various ways of expressing a vision of the human form divine in art, in marriage, on the beach, etc. As Lady Teazle observed, civilisation means choosing nice myths.

SUMMER FASHION '66

The Boom in Boutiques

Cotton is the fashion fabric this summer; cool, cool cotton for everything; Skirts, shirts, shifts, suits, slacks, Cotton denim, cotton lawn, madras check cotton, cotton treated with P.V.C. for shiny raincoats with matching cotton dresses. The secret of success this summer is simplicity—no more frills or flounces, lace or ruffles; plain styles in plain fabrics or big bold patterns in bold bright colours.

THE DAVID JAN BOUTIQUE, Flask Walk, High Street, Hampstead—where all our photographs were taken—had the best selection of wearable fashions. Dresses here are from 3 gns. for simple denim shifts with button-down collars, straight dresses in vivid shades of blue and green or yellow and orange, dresses with a skirt and top look—flared beige hipster skirt with madras check top in lovely shades of blue and brown—super with a tan. Shirts in madras check can be teamed with matching hipster skirts and slacks or worn with something plain. They have some smart trouser suits and you can even buy a brightly coloured hand crotcheted hat! And there are lots of super bags and other accessories. The Boutique was recently the setting for the film "Kaleidoscope", starring Susanna York, as the owner of the Angel Boutique, and Warren Beatty. Further down the High Street is David's other shop, called simply *DAVID JAN*. Here he specialises in Scottish Knitwear of which there is an excellent selection. He also sells smart suits and blouses and has a small stock of evening wear; in fact everything not stocked in the Boutique is here and although prices are slightly higher than at the Boutique he offers a discount to nurses.

It was pouring with rain when I visited the *SOUKH* on the opposite side of the High Street, and I nearly bought a shiny mac from their vast selection, the biggest ever seen, in all colours and patterns, many with matching hats and skirts—great fun. Very taken with the style of the clothes here, design and make all their own. Besides macs sell only dresses and trouser suits. Dresses are all flared shifts with stand up collar, side fastening with concealed zip, some sleeveless, most with straight full length sleeves, a few Elizabethan or medieval style sleeves. Trouser suits are identical—long tunic jacket with stand up collar, side fastening straight sleeves, over flared hipsters. The macs are the same style again but not all have concealed zip.

While in the High Street visited *MAXIME AND HAROLD LEIGHTONS, she* designs beautiful clothes at couture prices located in a gay boutique over *his* hairdressing salon. She has another boutique in Conduit Street.

Kings Road, Chelsea, provides excellent entertainment, as not all the models are behind glass! It is littered with boutiques and dress shops of all descriptions. In *BAZAAR* (also of Knightsbridge) one of the shops instigated by Mary Quant, there are some smart clothes at reasonable prices. Her designs are all fashionable, especially the Ginger Group (visit also the Ginger Group, South Molton Street, W.1) but everything seems designed to fit bean poles! She also designs a different style each month called, believe it or not "Bazaar Special"; these are not designed to be worn in Church/Spain/Russia or the Square.

MERLE, also in Kings Road, has the windows draped with yellow cellophane, presumably to hide the dresses within. Once penetrated, however, many were very nice and some in larger sizes! Lots of things in a tartan which would send any self-respecting Scot straight back to the lochs. Still in Kings Road, *ALEXIS* have lots of tunic type dresses in big checks, white, green, blue or red priced reasonably.

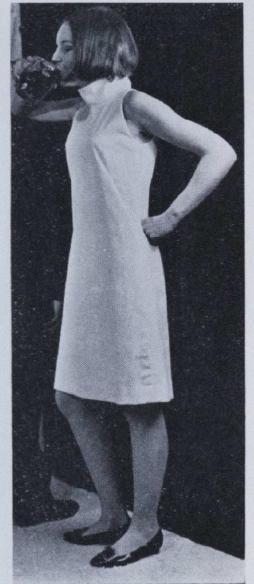
Into Sloane Street where *YOUNG JAEGER* have an excellent window display with matching prices; however, they have some extremely smart dresses in a lovely jade green for under £10. *WAKEFORDS* on the other side of Sloane Street is too big to be called a boutique but nevertheless has some very smart boutique style clothes. Lots of black and white for everything from trouser suits to long dresses, prices vary and it is open all day Saturday. While in this area pay a visit to the *YELLOW ROOM* in Elizabeth Street, particularly good for unusual accessories.

Are you hankering after a slinky mesh outfit? Then visit *CARROTTS ON WHEELS*, Fulham Road, where you will be served by a slinky young man—no doubt the price is high for this dubious privilege.

TIVOLI in Brompton Road is a delightful shop to brouse in. A Scandinavian shop full of beautiful clothes should be seen to be believed, also kitchen goods and chattels.

On to Knightsbridge where *LYNETTE CLAIRE* (also of Kensington High Street) has recently opened with a good stock of reasonably priced clothes. The *ANGLO-CONTINENTAL* in Brewer Street, W.1. is absolutely packed with some very unusual clothes, cotton suits and dresses 'n' coats with a difference, lots of hipster slacks and skirts, a huge selection of skinnys and lots of dresses all reasonably priced, all very simple but effective with good use made of colours and materials.

Still in W.1. *THE KONTI BOUTIQUE*, Orchard Street, have a good selection of clothes, including



some rather sweet straight dresses, long sleeves, white collar and cuffs—faintly reminiscent of Sunday School.

Kensington is as thickly populated with boutiques as Chelsea. In Abingdon Road off Kensington High Street is *CCARP*, a small shop which sells mainly its own make of clothes including some rather strange Khaki suits with matching hats—genuine army material—to a background of 1920's music. There was not much else of note apart from a trouser suit with baggy hipster pants and bolero top—bare midriff—unless you happen to want genuine Victorian or 1920 clothes, in which case this is the place to go as these articles, all smelling of moth balls, comprise about one third of the stock.

Turn off Kensington Church Street, then down Gregory Place where you will find *HARRIET* if you look hard enough. They sell only their own clothes and any style you like can be made up in any other

colour in your size. Quite a good selection and some unusual styles with clever use of colour. Lots of materials to choose from, mainly linen dresses and coats, some suits, a few long dresses and trouser suits. Prices vary.

ERIKA in Kensington Church Street have some very neat numbers but nothing unusual, while *ORIGINELLE* live up to their name. Their own designs are excellent, in marvellous colours and reasonably priced. They also stock some of the best of other makes.

The black and gold painted windows give *BIBA*, run by Barbara Hulanicki, an air of mystery and make the interior gloomy. The décor is Victoriana with rich wallpaper and velvet curtains, the atmosphere is informal with a background music of 1930 hits and top pop tunes. The clothes hang on old-fashioned hat stands and in enormous old wardrobes—it's rather like wandering through a forest, and the shop sells up-to-the-minute fashions at low cost,

starting at about £3 for a dress the style of which changes almost weekly. The cotton lawn dresses in stock at present are smocks with a tie neck and loose elbow length sleeves, or high waisted sleeveless dresses with gathered skirts—unfortunately they all seem to be size 8. None of them are less than 4 inches above the knee.

Accessories are good, bags and shoes to match the dress materials, also some very kinky patent shoes in a variety of colours. Also on sale is a variety of skinnys, belts, ostrich plumes and the latest jewellery. An unusual line is sleeveless rugger shirts—they even have Bart's colours—sweaters, I thought, until I saw a girl wearing one, on its own, with a belt, it did cover her bottom, just. Going for only £5 is a sleeveless school type vest, dyed purple and stretched to reach the ground—just the thing for the Barbecue Ball!

For best value we choose the David Jan Boutique, Anglo-Continental and Originelle.

report: **Hilary McCrudden & Liz Ferreira**
photos: **James Casson**

summer drinks

SHADY GROVE COOLER

Sugar
Fresh lemon juice
Gin
Soda water or Ginger Beer

In a tumbler place one level dessertspoon sugar, juice $\frac{1}{2}$ lemon, 2 oz. Gin (double). Fill with ginger beer or soda water and swizzle.

JABBERWOCKY COBBLER

Fresh finely-chopped pineapple
Lump sugar
Rum
Iced lemon juice
Ice cubes
Soda water
Fruits in season

In a tumbler, 1 tablespoon pineapple, 2 lumps sugar, 2 teaspoons rum, 1 teaspoon lemon, half fill with crushed ice, top with soda water, add fruit.

BELLA CAMPAGNA

Campari
Sweet Vermouth
Brandy
Fresh lemon juice
Ice cubes
Soda water

2 *Measures Campari,* 1 *Vermouth,* $\frac{1}{4}$ *brandy, juice* $\frac{1}{2}$ *lemon, ice and soda water. Serve in a long tumbler.*

GOLDEN GLEAM

Pimms No. 1
Cointreau
Fizzy lemonade
Soda water
Ice cubes
Mint, borage, cucumber, orange and lemon slices

Measure of Pimms, touch of Cointreau. Fill with $\frac{2}{3}$ *lemonade,* $\frac{1}{3}$ *soda water. Add ice and greenery, makes* $\frac{1}{2}$ *pint.*

SUNDOWNER

Fresh limes!
Barbados or Trinidad Rum
Angostura bitters
Ice cubes
Soda water
Fresh lemon
Thyme

Per person: juice 2-3 fresh limes, double rum, shake of bitters, ice cubes, top with soda water, lemon and thyme sprig. Serve in a tumbler.

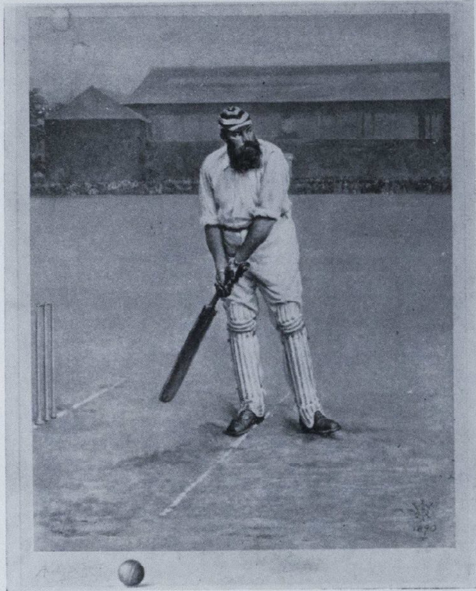
Selected by Hilary McCrudden

"W. G." v AUSTRALIA

A sidelight on the first Australian tour of 1878

by

R. J. G. McCRUDDEN (*Secretary, Gloucestershire C.C.C.*)



Amid the welter of apocryphal stories about "W.G." it is pleasant to come across one which is not only true, but fully documented and in which W.G. (and Gloucestershire) suffered a severe reverse.

For the documentation of this story I am indebted to my distinguished predecessor in office, Dr. E. M. Grace, who painstakingly transcribed the whole correspondence into the Minutes of the Committee of the Gloucestershire County Cricket Club.

The story starts, as all good stories should, in a minor key—with a note in the Minutes for July 1st, 1878, "Letter from J. Conway read." It quickly warms up, however, in the reply sent to Mr. Conway, who turns out to have been the manager of the Australian touring side. This letter expresses regret "that a personal altercation (into the merits of which we do not deem it our duty to enter) should induce the Australians to erase the Gloucestershire engagement from their programme." The Committee note that this fixture was made "as long ago as the 22nd February, 1878" and give an assurance that Mr. W. G. Grace did not intend his remarks to apply to Mr. Gregory (the Australian captain) or Mr. Boyle, merely, one supposes, to Mr. Conway himself!

The riposte from Mr. Conway states categorically that "unless Dr. W. G. Grace apologises for his insulting behaviour to Mr. Gregory, Mr. Boyle and myself at the Oval last Thursday, we shall be compelled to erase the Gloucestershire fixture from our programme."

Apparently the Gloucestershire Committee had been in communication with W.G. on this subject for, at this stage, a letter from W.G. to E.M. is interpolated.

In view of what follows, it is worth quoting the letter in full: —

George Hotel,
Nottingham.
Sat., June 30, 1878.

Dear Ted,

In answer to Conway's letter I beg to state that any remark I made was intended for Conway and not for Mr. Gregory or Mr. Boyle, and I am sorry that they should have thought that I intended to include them in my remarks. I cannot apologise to Conway, as he has made so many remarks about us, both in England and Australia.

The Australians cannot scratch the match without the consent of our Committee.

Your loving brother.
(Signed) W. G. Grace.

There now follows a letter from the Australian captain, D. W. Gregory. After reiterating their intention to delete the Gloucestershire fixture from the tour programme, Gregory says "there was no 'personal altercation', we being merely the unwilling auditors of insults from Mr. W. G. Grace's lips. We could not think of meeting Mr. W. G. Grace again unless he apologises for his behaviour and as he is the captain and ruling spirit of the Gloucestershire County Eleven it would be very unpleasant for us to play against him.

"Moreover we are averse to meeting Midwinter, whose defection from us we regard as a breach of faith. Mr. Grace's insults to us were publicly offered at the Oval and in the event of his apologising we reserve to ourselves the right of publishing such *amende*. With regard to Mr. Grace's avowal that he did not intend his remarks to apply to Mr. Boyle or myself, I may state that he publicly insulted *the whole of the Australian Eleven* in most unmistakable language."

This is the first occasion on which the *real* cause of the dispute—Midwinter—has been mentioned. Midwinter was a Gloucestershire man who emigrated to Australia and actually played against W. G. Grace's touring team in Australia in 1873. He returned to England in 1877 and played for Gloucestershire, who were unbeaten and won the County Championship.

In view of these facts, Gloucestershire's reply to Gregory's letter appears somewhat disingenuous. In reply to Mr. Gregory's statement that W.G. had insulted the whole Australian Eleven they point out that he did not even intend his remarks to apply to Mr. Gregory or Mr. Boyle and continue: "How, in the face of this avowal by Mr. Grace, you can find it consistent with common courtesy to charge him with insulting the whole Australian Eleven, we are at a loss to understand". They then accuse the Australians of extending the grounds of the quarrel by introducing the question of Midwinter. They point out that Midwinter was a Gloucestershire man and had played in all County matches since his return from Australia the previous year. In their turn they accuse the Australians of trying to subvert Midwinter by offering him more money than Gloucestershire could afford. The letter continues "such proceedings are, to say the least, unusual and go far in our opinion to palliate Mr. Grace's strong language at the Oval". Even after this "avowal" they repeat that W.G. had no intention of offering any discourtesy either to the Australian Eleven collectively or to any member of it individually other than Mr. Conway, and "fail to see any sufficient reason for the wilful breach on your part of an honourable understanding."

This really set the cat among the pigeons, and, in his reply, Gregory for the first time comes into the open and reveals what actually happened at the Oval. He says "a deputation from the Australian team waited upon Mr. Grace to inform him of Midwinter's intention of playing with us. Mr. Grace not only abused Messrs. Boyle, Conway and myself, but said in the presence of a number of persons going in at the Oval gates that the Australians were 'a damned lot of sneaks'—adding that we might tell them that he said so. . . . As regards no insult being intended to Mr. Boyle or myself, when I heard Mr. Grace becoming abusive I put out my hand to him and said 'Good day! I'm off!' His retort was that he would not shake hands with any member of the team."

Gregory concludes by saying that although they are willing to overlook Midwinter's defection, they adhere to their resolve not to play Gloucestershire unless W.G. apologises for his insulting behaviour.

This broadside, not unnaturally, caused Gloucestershire to strike their colours, and the affair terminates with a note in the Minutes saying that W.G. had written apologising to the Australians and a letter from David Gregory accepting the "full and complete" apology and agreeing to carry out the fixture with Gloucestershire.

However, the Australians' revenge was not yet complete. The fixture was duly played on the Clifton College Ground on September 5th and 6th, 1878, and the Australians won by 10 wickets. Spofforth, no doubt smarting under the

insults, bowled his fastest and took 7 for 49 and 5 for 41 and Mr. Boyle had the pleasure of taking W.G.'s wicket for 22 in the first innings.

It was not for some months after tracing this story in the Minute Book that I discovered the stimulus which provoked the Australians into sending the deputation to the Oval.

On June 20th, 1878, Gloucestershire were at the Oval, while the Australians were playing at Lord's. What happened is best described in W.G.'s own words. He says: "In connection with the visit of the Australians this year (1878), I may mention one curious incident. Although Midwinter joined the Australian team on its arrival, he promised to play for Gloucestershire in all our matches. On June 20, when the Gloucestershire men arrived at the Oval to play Somerset, I received a message that Midwinter would be absent, as he was playing for the Australians at Lords. In consequence of his defection, Gloucestershire mustered only 10 men. I immediately started off for Lords, where I found Midwinter with his pads on, waiting to bat. After some persuasion he returned with me to the Oval to play for Gloucestershire."[1]

I feel that "after some persuasion" must be the understatement of the year 1878 and I am tempted to speculate what would have happened had Midwinter actually been at the wicket.

1. "W.G." Cricketing Reminiscences by W. G. Grace; James Bowden, London, 1899.

SUMMER DISEASES

by
Peter Quinn & Marcus Setchell

It was Hippocrates who first reminded us of the sinister prevalence of pneumonia, pleurisy, phrenitis, malaria and dysentery in the summer season. We may not accept the observations of Guillaume de Baillou that an eclipse of the sun can induce swooning in women, or that the position of the stars may influence the course of disease, but it is to him we must attribute the origin of modern "Climatic Epidemiology". Although we think of summer as the season of ardent afternoons and long evening shadows, we would be foolish to forget that it also contains hidden hazards. Thus, it is timely to offer these words of warning and advice on its special dangers.

Hay fever, or summer catarrh, as John Bostock, an M.D. and sufferer, called it in 1819, must be one of the most frequent and more aggravating summer companions. In 1829, Gordon deduced it must be caused by pollen, though he was not aware that Timothy, Crasfoot, and Frescue Grass were most often the culprits. In North America, where pollen counts are issued like weather forecasts, the Ragweed is heavily implicated. The soundest advice to the afflicted has long been to take a sea voyage for the entire pollen season, or failing this, to spend it at the sea side. If that was impractical, then arsenical spas, medicated iron or strychnine, or menthol and boric acid nasal sprays were recommended. Least of all, the patient had not to forget to don his smoked glasses should the sun appear. Now sufferers are assured relief: either by desensitisation with 100,000 noon units of treated pollen with adrenalin to a 1:2,000 solution, given as a course of 50 subcutaneous injections, or if that is too deterrent, 4-8 mg. of Piriton T.D.S. will suffice.

For the picnic lover, a sting from a wasp or bee (or even a hornet) is an occupational risk. Nobody knows whether the reaction to a bee sting is the response to formic acid alone, an alkali, or a little of each; but the local application of either an acid or an alkali brings relief, even if only psychological. The sting in an eye or on a mucous membrane usually warrants the local injection of adrenalin. Rarely the sting substance may enter a small vessel, causing with alarming alacrity, nausea, colic, urticaria, facial swelling, shock and even oedema of the glottis. The story is told of a General Practitioner who kept a nest of wasps, which he released on unwitting campers, in order to claim a £1 "Temporary Registration Fee" when the unfortunate victims visited him for anti-histamines. Curiously bee stings are said to be beneficial in the arthritic conditions, although we are not aware of sustained clinical trials.

Snake bites constitute another diversion for the country lover. If the bite is no more pain-

ful than the mere puncture of tiny fangs, it is most certainly an innocuous snake (yet fear has been reported to cause death in such cases). The snake venoms are thought to produce a similar toxin to sea anemones, certain insects and spiders, and poisonous fishes. The viper claims to be the only indigenous poisonous snake in Great Britain; its venom paralyses the body and tends to coagulate the blood. It is said that few smitten subjects escape being given large doses of spirits by their friends: this practice is to be deplored! Some authorities recommend prompt and wide excision of the poisoned part and then the brisk rubbing in of permanganate crystals. The only rational therapy is administration of specific anti-serum, in good time, with adrenalin and calcium.

Sunburn is attributable to exposure to sunlight, giving rise to an acute erythema. This is to be distinguished from Miliaria Rubra (Prickly Heat) which occurs chiefly in children. The discomfort in Prickly Heat is caused by minute papules and vesicles at the opening of the sweat glands, due to excessive perspiration. The malady is soothed by dusting with zinc oxide powder or calamine, and light clothing is recommended.

The severe sun of the tropics, and occasionally the temperate zones predisposes to dangerous reactions. The sun's rays are not harmful in these cases, but cause overheating of the cranium and its contents, as well as heating the body as a whole. Prolonged thermal stress, aggravated by excess of alcohol, muscular exertion or debilitating disease readily precipitates Heat Exhaustion. Heat Stroke, however, occurs when in addition to high air temperatures there is high humidity or stagnant air. Tropical Neurasthenia manifests itself as chronic heat neurosis.

The patient with Heat Stroke has a sudden diminution of sweating, frequency of micturition, headaches, vertigo and exhaustion; the severely afflicted may pass into coma. Here, the cyanosed facies, reddened conjunctiva, hot, dry skin and full bounding pulse are the hallmarks. Constant observation of the rectal temperature is necessary and pyrexia may reach as high as 105 to 109 degrees F. Intensive therapy to reduce the body temperature is imperative. The patient must be stripped and layed on a mackintosh, and cold water dashed on the face and chest: a powerful electric fan will help to promote evaporation. Ice bags should be applied to the head to reduce the temperature locally.

The Heat Exhaustion Syndrome is characterised by a slow onset, following a prodromal period of three or four days of headache, mental confusion, dizziness, anorexia and constipation. A state of collapse with muscular cramps, vomiting, profuse sweating, pallor and a fall in blood pressure ensues. Distress may be relieved by placing the patient in an air-conditioned atmosphere and dispensing liberal quantities of salted fluids.

We ought to beware in summer of the dangers of drowning, and be aware of the "treatment of the apparently". Mouth-to-mouth artificial respiration and forceful external cardiac massage must be attempted before removing wet clothes. Friction of the limbs may help to promote healthy circulation, and for the relief of distressed breathing, mustard plasters may be applied to the chest. As soon as it can be swallowed beef tea or coffee is comforting for the rescued, and wine or brandy for the rescuer.

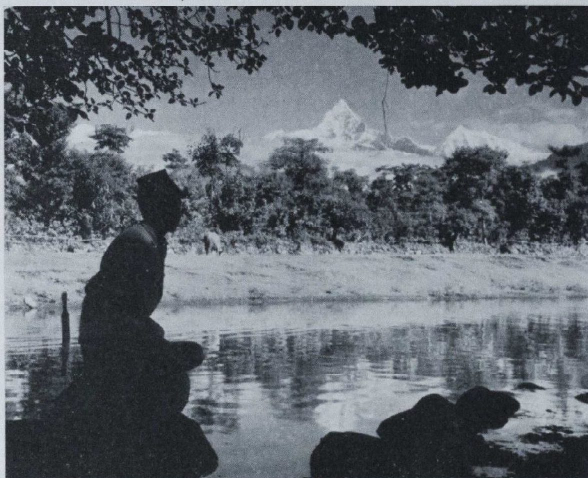
Gastroenteritis, polio, thyrotoxicosis and mental disease abound in summer, too. Lesser ailments, splinters, cut feet, strawberry and nettle rashes and mushroom poisoning occur insignificantly. Our purpose has been to inform as to the remedies of the most notable maladies and leave motor accidents and the like to the care of Mrs. Castle's prophylaxis.

Information: The British Encyclopaedia of Medical Practice.........Lord Horder
Origin of Medical Terms...Skinner
Index of Treatment by Various Writers........................Hutchison
History of Medicine..Singer
Immunology for Students of Medicine............Humphrey & White
Classification of Heat Illnesses.....................B.M.J., June 28, 1958

JOURNEYS

The Salt Trail to Tibet

by Stephen Blackburne



I have only once deliberately got up at 4 a.m. in the morning and enjoyed it, and that once was to see the rising sun strike the east face of Annapurna. It would be two hours before the sun's rays would reach our camp and during this time I would see the whole panorama of the Himalayas slowly lighting up before me. I was at a camp 10,000 ft. up on a ridge of Annapurna. The view was quite spectacular. To the south over the tops of several lesser ranges I could see far into India, to the west lay Annapurna, to the east a hundred miles away, Everest and just across the valley it seemed, Himal Chuli and Manaslu each over 26,000 ft., and to the north lay a whole horizon of white capped mountains and the forbidden land of Tibet.

It was the summer of 1963 and I was one of four on a medical expedition to Nepal. We had set out two months before and having completed the medical side of the expedition, which was to collect blood and saliva samples from Nepalese and Tibetan tribes for the MRC, we had decided that we needed a holiday and had therefore set off from Pokhara in the west for the mountains of North Nepal, an area where no white man had ever been before. But for me the most exciting part of the trek was still to come, because today we were going to start along one of the salt trails to Tibet.

Nepal has no salt of its own and all its needs have to be brought either from India or Tibet. In the old days most came from Tibet, but of course since the Chinese invaded that country the trade with the Tibetans has almost ceased, that is except at one or two places along the border. We would travel one of these routes, perhaps the most famous; the Marsyandi trail to Tibet.

On the map the distance is only 30 miles but maps don't take into account swollen monsoon rivers, fallen bridges, avalanches and besides, as we were soon to find out, the map had been made more with imagination than with ordnance survey exactitude. It took three days to cover those "thirty miles" and that meant three days of walking and climbing from six in the morning till six in the evening and no stops for food either! There are no roads in Nepal and the paths as such are really a series of huge staircases winding up and down the mountains. But because they follow the course of streams and rivers they therefore serve as the water supply and sewage for every village that they pass, and it was no uncommon sight to see someone excreting into the stream by the side of the path at one village, and then lower down at the next village someone drawing water from that same stream. We boiled all our own water!

Most of the people that we encountered on the way had never seen a white man before, though of course they had heard of the British from the returning Ghurka soldiers. As part of our equipment we carried a polaroid camera and as a means of winning friends and influencing people it was unrivalled. They came from miles around to see us and it seemed that we could keep no parts of our camp lives private from these hoards of visitors. The things that really interested them were those things that they could understand; the plastic bowls and plates, the canvas bucket and the primus stoves, and the sight of us shaving and brushing our teeth in the morning was a crowd gatherer if ever there was one. You can get into a lot of trouble if you don't know all the local customs as I found out when I started to examine the earrings and nose rings that one attractive young Nepalese girl had. She giggled and looked particularly bashful and just in time someone told me the girls carry their dowry around with them as gold rings and examining the rings in this way shows interest in marrying the girl! Actually wives are pretty cheap out there, we were offered one for 4/6d.

But to return to the Marsyandi valley. Our route ran along the river sometimes on one side and sometimes on the other, crossing and recrossing it by plaited grass ropeways. The sides of the valley are particularly steep and in more than one place the path was nothing more than a series of stakes driven into the sheer rock face, and this was a thousand feet above the river. It was very disconcerting to look down between your feet and see the river way below, and then to look up and see vultures circling around patiently, just waiting . . . . .

Our second night out from camp we slept in a cave putting our sleeping bags down on a mattress of reeds and branches, but there is nothing like an exhausting day's trek to make you forget about the bumpy cave floor. In the morning I awoke to find an old grubby salt porter snuggling down under the edge of my sleeping bag, and during that day I discovered all his little animal friends that he had passed on to me during the night. Other times we slept in an empty house, or if the weather was fine under the stars.

Apart from the physical hazards of the path, and the avalanches that we had to cross and the ones that we started, there were animal hazards as well. You mind where you put your feet when that stick looking thing is a snake and you keep your eye out for the leeches as well. But these were more of a nuisance value. It's annoying at the end of the day to have to carry out a leech search and pull about a dozen leeches from various parts of your person and it's disconcerting to wake up in the night, feel a wet patch in your hair and find that a leech has been having a snack on your scalp and has left his visiting card—a slowly clotting patch of bloody hair.

After three days we reached our destination, the border town of Tonje. Although it lies in Nepal the area is peopled by Tibetans and of course the language and the customs are Tibetan. Here it was that the exchange of salt for rice took place and here it was that we stayed

a few days among the Tibetans. The houses were of dry stones and the walls were piled high with firewood, stacked in readiness for the winter when the village would be even more cut off by the snows. If we had been strange to the Nepalese we were curiosities to the Tibetans, and for a long time we thought that there could be no women or children in the village. But then they plucked up courage and didn't run and hide at our approach.

In the house where we stayed there was a young girl whom we christened "Cow dung Harriet", and this is why. It was early in the morning that her day began. Then it was that she let out the animals from the yards and behind them they left piles of work to keep Harriet busy for the day. By subtly mixing this with straw and water (with her hands of course) she at last obtained just the right consistency and she plonked the mixture on the walls of the house. When dry this made an excellent fuel for the kitchen fire. Having done this her next task was to cook the food and feed the children, without washing her hands of course! We boiled our own water *and* cooked our own food!

Notwithstanding the leeches and the dirt, the long hard treks and the dangerous climbs I think that this was the best holiday that I have ever been on. Just to wake up in the morning and see the snow covered Himalayas and the feeling that no other white man has been where you are, and wondering what surprises the day's trek would bring. Well can you wonder that I want to go back there.

Third Mate to Liverpool

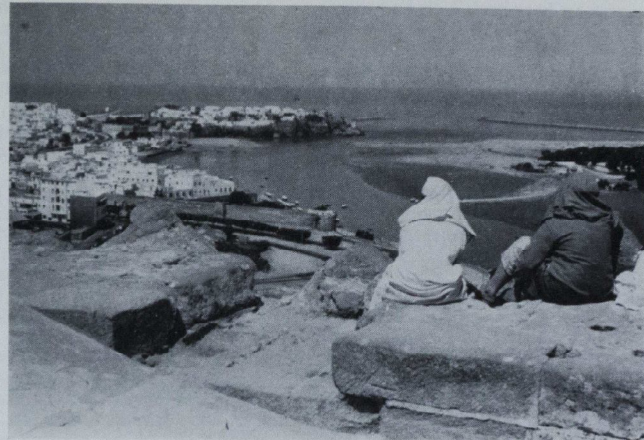
by Rodger Whitelocke

As many western European countries gradually lose their individuality, it becomes increasingly more satisfying to spend a holiday in a land which often seems remote from the twentieth century. In many parts of Morocco one is struck by the feeling that time has stood still; there is a strange mixture of progress and tradition.

Some time ago, a friend and I went on an amusing and very rewarding hitch-hiking trip to Morocco with the object of seeing as much as possible of the land and its people. The trip through France and Spain, though eventful, was rapid and six days after leaving London we were crossing the narrow strip of sea which separates Europe from Africa.

Morocco has two main ports; Tangier and Casablanca neither of which are really typical of the land. Both have absorbed many characteristics from the outside world. Before long we were jolting along a hot dusty road en route for Rabat. We arrived just outside the city at dusk. Supper was being cooked at a number of dimly lit souks which were nestling at the base of a ruined fortification. Veiled women dressed in white ankle-length haiks wandered through the calm smoky air, filled with fumes from a number of charcoal grills which were being used to cook kebabs. From the distance one could hear the weary strains

Water seller in Meknès



View of the Casbah, Rabat.

of North African music. The most convenient stop for the first night was the local Auberge de Jeunesse where we were given a warm welcome by Ahmed the keeper. He immediately started to prepare two beds by completely covering the mattresses with insect exterminating powder and assured us that this procedure was essential in order to have an uninterrupted night's sleep.

Rabat is situated on the Atlantic coast. Its casbah, which was mainly built in the XIIth century, is separated from the rest of the town by a massive fortified wall. The alleyways of the medina are innumerable and its main streets are lined with a variety of open-fronted shops. All the cafés serve mint tea which is certainly the most effective thirst-quencher in this sort of climate. Some of the more discriminating clients carry their own supply of freshly picked mint which is gradually consumed as the day progresses. Standing conspicuously above the maze of alleyways are the minarets, each with its white pennant fluttering, calling the faithful to prayer.

The Islamic city of Meknès, with its twenty five miles of walls, lies to the East. Here one can see the proud water-seller, clad in brilliant scarlet and brass ornaments, winding his way through the thirsty people; streets of tailors all sitting in front of their shops; and carpet weavers and dyers with brightly coloured wools fluttering in the hot breeze. Here and there Berber women squat on the side of the road selling their produce, hiding from the camera lest a part of their soul be taken away.

A moussem, or collective pilgrimage, was to take place at the ancient Holy City of Moulay Idriss. We went on a bus, which, as far as passenger density was concerned easily surpassed that of the Circle Line in the rush hour. The seats were occupied mainly by veiled women with their children strapped to their backs. Many of them suffered from trachoma and there seemed to be a magnetic attraction between children and flies. Almost as many men occupied the aisle, some standing some squatting. Some terrified and noisy chickens had escaped in the bus and a small donkey stood silently at the rear. Six Arabs attached themselves to the roof-rack together with more chickens and articles of luggage. Finally the driver carefully adjusted his new red fez and released the hand brake. Gradually the bizarre vehicle gathered speed as we plunged down the hill side heading a massive trail of dust. The entrance to Moulay Idriss is too small for motor vehicles, and the steps and alleyways are used only by man and his domestic animals. This peaceful city is built on two hills, and in the plain below lie the Roman Ruins at Volubilis. The moussem turned into a sort of fête and many of the

spectators came on horseback with both horse and rider decked in splendid hand-woven fabrics.

Casablanca, with its typically French boulevards, is a rapidly expanding city. It is the economic capital of the country, its growth being due to the heavy trade flowing through the port. Nevertheless, desperate beggars are not uncommon, and the sight of a blind, deformed, and fly-ridden child placed on the pavement less than a hundred yards from a private clinic, in order to supplement the family income, is not easily forgotten.

The idea of returning by sea seemed attractive, and luck seemed to be on our side. We found an amiable Dutch captain who was master of a small vessel (less than 500 tons) and was taking a cargo of almonds, apricots and wool to Liverpool. He seemed pleased to take us on as sort of temporary second and third mates providing we paid a nominal sum for our meals. By the second day at sea, after tuition in a mixture of Dutch, French and English, we were reasonably well versed in the essentials of coastal navigation, and were soon taking turns at the wheel. Fair weather and good food at the captain's table came to an abrupt halt when we arrived in the Bay of Biscay. Rapidly the lethargic vessel was engulfed in thick fog and surrounded by violent waters. Without such refinements as radar, the captain decided to head for more sheltered coastal waters until the storm had blown over. Fortunately, at the end of it all, apart from having a very wet ship, our only losses were purely personal: two excellent pairs of smalls had, alas, been washed overboard. Our navigation never really regained its former accuracy for a while, for we missed the Scilly Isles which should have been one of the more important land marks. It wasn't until we were in the Irish Sea that an accurate estimation by the captain put us back on course.

A fine drizzle falling on Liverpool one morning late in the summer meant the end of an entertaining trip.

Only the bus

by Paul Swain

There was only the bus. Having arrived off a packet-boat on the North African coast at the tiny garrison town of Mellila, the first thought was how to get away from it and Fes looked only a couple of hundred kilometers away on my excellent Michelin map. There was an extremely agreeable Spaniard on the boat who spoke excellent English; a capable man—he sent his mother-in-law third class and travelled second himself—who went out of his way to help. He only laughed when I asked about trains. Not from Mellila. So we set off and when he had deposited the mother-in-law he ran the bus driver to earth and after an hour of haggling and the handing over of the finally agreed sum I got the ticket and was told to present myself at four o'clock the next morning.

I'd been brought up at an early age to the exquisite discomfort of the marathon bus journey by the Edinburgh to London haul where the cramped agony was infrequently relieved by the highly organised stops for tea introducing a variation in the discomfort. I reached maturity in the great bus journey—I reckoned—in a series of long trips on Turkish buses. On one twelve hour bus journey from Istanbul to Ankara the bus was equipped with a gramophone which had to be played constantly, the bus driver assuring us that this was the only way he could hope to stay awake. Now they only had five E.P.s; one of them—and we all counted—was played thirty seven times in the course of that journey thus killing any burgeoning response to oriental music I may have possessed. On another, the fourteen hour journey from Ankara to Ismir, all the passengers held a sweepstake on how many hours after the advertised time of arrival we would actually get there, and the bus ludicrously ran out of petrol in the middle of beautiful desert scrubland stranding us there while the sun set until a passing lorry driver, a friend

of the bus conductor was prevailed upon to fetch some petrol for us. I hadn't seen nothing yet.

The chance of a good sleep first was largely removed as it took most of the previous night to explain to the concièrge of the pension that I wanted to be woken at half past three. When I got to the bus station perhaps a quarter of an hour early, the place was disconcertingly deserted but somehow at five to four everyone suddenly arrived and we were off on time. The Moroccans value their sleep and seem to have the knack of sleeping anywhere; they sleep on any shaded bit of pavement, in extraordinary positions on wheelbarrows, or lying on piles of watermelons.

The driver turned up. Now there is a mystique surrounding the Moroccan bus driver. Our Spaniard explained that very few of them die in their beds there and advised wherever possible to choose an old driver; he must be good if he lives that long. Ours was pretty impressive. He drove a grossly overladen bus well over second class roads—where some of the first class Moroccan roads are quite exciting—and this on tyres so bald that you could see more canvas than rubber. He organised all the stops too where he served everyone who wanted it eggs, chips and coca-cola: standard cafeteria stuff even in a tiny Atlas mountain village. He also decided who if anyone would get on the bus. He would slow down at one of the innumerable stopping places, and after peering keenly at the prospective passengers, would then accelerate leaving them with perhaps another three days before the next bus came. Then there was his voice. As part of his job he had to be able to shout down any of the considerable vocal opposition to his stopping or starting the bus. Hamid was only once bettered; by a volley of high pitched abuse from a twelve-year-old girl, her rib cage vibrating with the noise. He was forced to stop the bus even to begin the attempt to compete. After a ten minute harangue he conceded defeat and waited patiently, as a large sack, a chipped vase, three vague brown paper parcels, several massive bundles of clothes and one ancient hen were unloaded. The missing passenger for whom the progress of the bus had been so deafeningly interrupted suddenly appeared and all the bags had to be loaded up again onto the roof. Muhammet the baggage loader climbed back in sweating profusely but grinning, and muttered in his odd French that Allah would have to help the man who married that girl.

The journey was not without its moments of danger. A part of the road which was over a river bed had had its surface removed by rain. The bus skidded in the mud and ended up with one wheel over a precipice. In seconds there wasn't an Arab on the bus, and we found ourselves sitting alone looking unflappably English but wondering what had happened. But they took it in their stride, and all the men put their shoulders against the back of the bus and it was pushed out of the mud onto the road.

The discomforts of the journey took their toll; many of the voluminous arab women swathed in their billowing robes became ill. One old woman fainted and was carried out at the next bus station by her two sons who then had an emotional embracing farewell; one travelling on, the other staying behind with his mother. On my left, with her husband and their small enchanting daughter whose hair was dyed with the red henna dye as is the fashion for small children there, was a young woman. She was continuously sick into a small tin which she held in one hand, while in the other she held a raw onion at which she continuously nibbled, and into this tin she would allow her child sometimes to excrete. One may imagine that, for a woman wearing a yashmak which is the veil of modesty that the woman of Islam wear covering the lower part of their faces, it would be difficult in the extreme to vomit with any degree of dignity, yet she carried out this function which continued for much of the journey with self effacing discretion and bore her considerable misery with patience. She made it to Fes and so did we.

A LONG CASE

1924—1966

by Hogarth

In the year 1924 a young woman aged 18½ years noticed a lump in her abdomen which caused her no symptoms. She was unmarried. During the next year or so the lump became very much larger and she was taken to see Dr. Palmer of Wandsworth. He referred her to Mr. Zachary Cope at the Bolingbroke Hospital. At that time she was complaining of gastric symptoms—indigestion, anorexia and nausea and the mass was described as being the size of a full-term pregnancy, though it did not involve the pelvis. A laparotomy was done. A retroperitoneal tumour was found which was hard, fixed and clearly not removable. At one point a "diverticulum" of the stomach was incorporated in the tumour. This was freed, the stomach being opened in the process and re-sutured. A small prolongation of the diverticulum was left deeply embedded in the tumour. A clinical diagnosis of fibrosarcoma was made and two pieces were removed for biopsy. The material was sent to Charing Cross Hospital and to the surgeon's surprise the report stated that the tumour was a fibroma with no trace of malignancy. This opinion was confirmed by Dr. Stanley Wyard but there is unhappily no written report in existence and no slides are available for review.

The girl recovered from the operation but since, in spite of the pathological report, it was believed that it must have been malignant she was referred to Charing Cross where for the next 18 months she was given X-ray treatment, 10 minutes at a time and one day in every fortnight. The mass was unaffected and so for two months in 1926 Mr. Cope gave the patient injections of Coley's fluid three times a week. These made her feel ill and early in 1927 her periods ceased. In November of that year Mr. Cope re-opened her abdomen and inserted nineteen radium needles into the mass. In May the following year he inserted a further five needles. The quantity of radiation is not recorded.

Following these several treatments there was little change in the patient's general condition, which was on the whole good, or in the state of the tumour, which was bad—or at least considered unsatisfactory. Accordingly she was referred to the Cancer Hospital (Free) for the opinion of Mr. Percival Cole regarding further radiotherapy. She was admitted and the in-patient notes, which label her as a fibrosarcoma of the abdominal wall, record "a huge tumour invading the entire anterior (*sic*) abdominal wall."

Radiotherapy was commenced in August by Dr. Grace Batten on a 200 kV machine and continued roughly twice weekly until December. Apart from the details of each treatment, there is but a single clinical note during these five months which states, quite simply, "i.s.q." With the turn of the year in 1929 there is improvement. "Measurements a little less" we read and later; "size further reduced." More radiation therapy was advised and this continued through the spring and early summer. "To report after 1 or 2 months holiday" we find in July. By October "the mass can be taken in two hands and moved somewhat from side to side". Treatment started again and continued sporadically until June 1930 when the patient was 25 years old.

Many years later, in 1957, Zachary Cope recalled that "to my astonishment this led to the diminution of the swelling to a small tumour in the upper abdomen".

* * *

The notes of the Cancer Hospital now remain silent for some years. In 1938 she was seen by Dr. D. W. Smithers whose handwriting records a happy event and poses a question of some anxiety. "Patient having now married wishes to know if she might have a baby". The mass is 6″ x 4″, smooth, hard, freely mobile and "according to the patient has been unchanged for years." Her periods are regular and unaffected. Dr. Smithers and Mr. Cole advise her that she can have a baby and four years later she does have a baby.

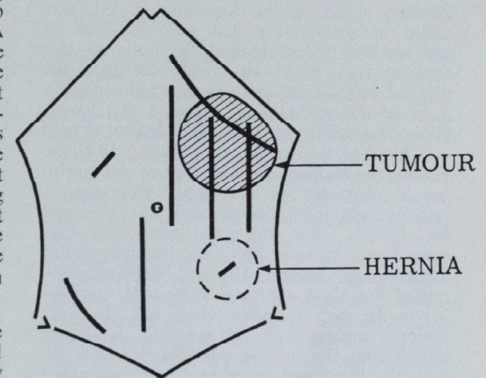
After the birth, which was uncomplicated, she began to get attacks of abdominal pain and in November, 1944 she was readmitted to the Bolingbroke as an acute abdominal emergency. At operation many adhesions were found especially in the left upper quadrant of the abdomen where a mass could be felt in the mesentery of the transverse colon. In separating these a small quantity of foul-smelling pus was evacuated. In retrospect it was considered likely that this abscess arose from the remnant of the gastric diverticulum which had been left behind 17 years previously, but the patient's condition was poor and apart from removing the appendix and draining the abscess no further exploration was done at that time. A month later there remained a large mass in the left loin, the patient was pyrexial ("in spite of sulphanilamide") and it was thought that she had a residual abscess. A further exploration was done through the loin, but as this was unsuccessful a second approach was made via the peritoneal cavity. It became clear that this was not an abscess after all—an exploring needle encountered "hard tissue" only—and it was judged that the tumour was once more growing rapidly. She was transferred to the Royal Cancer Hospital (Free) for consideration of further radiotherapy.

She was an in-patient there for a short time only. The several discharging wounds healed and the mass subsided to a size "approximately equal to that which has been noted for some time past." It was decided to wait and see what happened and in fact nothing much did happen. The mass became a little smaller, she developed an incisional hernia, her general health remained good and everyone agreed it was best to leave well alone.

The following year the tumour was active again and she was getting a fair amount of throbbing pain. It was not however tender. A barium meal showed that it was displacing both the stomach and the transverse colon upwards. Further radiotherapy was recommended and Dr. Rigby-Jones gave a maximum tumour dose of 2400r at 200 kV. through two abdominal fields over a period of 42 days. There was little symptomatic improvement. The patient was now aged 40 and her periods were becoming irregular. She had some symptoms suggesting an early onset of her menopause and minor, though none the less troublesome, things like bleeding piles and an empyema of the antrum. The years rolled by. Mr. Cope retired from the staff of the Bolingbroke Hospital and Mr. Cole from that of the Royal Cancer Hospital. Mr. M. H. Harmer inherited the patient in his follow-up clinic.

* * *

In the spring of 1949 a note reads "Patient is of the opinion that the lump is really making life unbearable, justifying an attempt to remove it". Mr. Cope saw the patient in consultation and counselled against a further operation. Perhaps there were already enough scars on her abdominal wall, which looked something like this:



In September of that year, however, the patient begged for an operation and this was done by Mr. Harmer. This is what was found:

"A stony hard spherical tumour about 10 cms. in diameter arising in the pre-aortic, retroperitoneal tissues and occupying and expanding both the transverse mesocolon and the root of the mesenery. Removal would have prejudiced the blood-supply of both the transverse colon and the greater part of the jejunum. Many adhesions were divided and once more a diverticulum of the stomach was separated from the mass. A piece was removed for biopsy, and the section showed "dense hyaline fibrous tissue".

This operation left her no worse but dysmenorrhoea became troublesome and always at the times of her periods the tumour felt more swollen and painful. After a lot of discussion

an artificial menopause was established by X-rays and immediately her abdomen became more comfortable. Some months later the notes report; "Feeling very queer. Thinks she is going mental". "Reassured" they add: but she was right and her surgeon was wrong because she was soon to be admitted as a voluntary patient to a Mental Hospital and the curtain falls on the case-history for seven years.

* * *

A new chapter opened in 1957. The patient was 51 years old and under the care of Dr. D. S. Murray who referred her back to what had become the Royal Marsden Hospital. She was in good health, gaining weight and complaining of no particular symptoms. The mass "seems much more diffuse and smaller". Sir Zachary Cope, as he was now styled, was called in consultation and was delighted to see his old patient looking so well. At this time too an effort was made to trace the original histological sections, but unfortunately most of the pathological material at Charing Cross was destroyed when the Medical School was bombed during the war. During 1959 the patient complained of a new type of pain, griping in character, in her upper abdomen. A barium meal and follow-through was done and for the first time there was seen what may have been, in retrospect, the beginning of a more sinister disease. Dr. J. J. Stevenson reported that there appeared to be some narrowing in the mid transverse colon but, since the tumour impinged on this part of the bowel anyway, no significance was attached to it. In any case the symptoms abated and the patient remained well for a further three years.

Then she began to lose a bit of weight, to complain of pain in the back and the rupture in the left flank became larger. A considerable amount of small gut was herniating through a comparatively small "button-hole" in the parietes, the site of an old drainage tube no doubt. Strangulation seemed likely and operation was advised. This the patient declined. An abdominal belt gave satisfaction to her if not to Mr. Harmer.

The years 1964 and 1965 were good ones until in November the patient had an attack of what was clearly subacute small bowel obstruction. The hernia was naturally under suspicion but, as it was reducible, adhesions resulting from the numerous previous operations were suspected as the cause. "Drip-and-suck" was ineffective and so the abdomen was opened. There were indeed many adhesions present and in particular the ileum was found to be adherent to the mass, this mass which had been present for over 40 years. The transverse colon too was intimately connected with it and, as on previous occasions, it was deemed irremovable. The hernial orifice was repaired and the abdominal wall closed. Two weeks later the patient went home but she was never really well. She lost weight rapidly, she was reluctant to eat because this brought on her colic and within a couple of months she had to be readmitted with visible peristalsis, dehydration and all the classical signs of acute obstruction. Events were now moving with the remorseless inevitability of a Greek tragedy. Mr. Harmer and Mr. Whitaker, his Chief Assistant, realised that only a resection of the affected bowel, where this was involved in the mass, would offer any hope of cure. It was with foreboding that they opened the abdomen yet again and without relish that they attempted to remove the tumour. Separation of the coils of gut resulted in two openings in the jejunum and both the affected loops required excision and anastomosis. The colon was more fixed and when the wall of this also split open the real diagnosis at last became apparent.

At some point in time an adenocarcinoma had developed in the transverse colon and this had grown into the substance of the fibroma which the patient had borne for so long. A frozen section examination confirmed as much while an effort was made to remove the cancer. Alas, it infiltrated deeply the root of the mesentery and around the coeliac axis. A segment of colon was excised and the ends rejoined but the tumour itself could only be incompletely removed. There appeared to be no other spread of the malignant disease inside the abdominal cavity. For four days the condition of the patient was reasonably good, though she confided in a nurse that she knew she would not recover. On the fifth postoperative day she died. There was no postmortem examination. The final disappointment came with the full histological report: the tumour was well-differentiated and showed none of those features which must have led to inevitable metastasis.

* * *

The case-history poses three questions. When was the carcinoma first clinically apparent? Perhaps as early as 1959 when Dr. Stevenson suggested that the barium follow-through showed narrowing in the transverse colon. If

that be so, should more desperate surgical efforts have been made to remove the tumour, believed to be innocent, when the abdomen was opened in 1949? It is true that in 1963 an operation was advised and refused by the patient, but if the possibility of carcinoma of the colon had been envisaged, and in retrospect the symptoms suggested this diagnosis, should not greater efforts have been made to persuade the patient? By November 1965, when obstruction occurred, it was unhappily too late.

Of greater interest perhaps is the next question, why had the carcinoma occurred? Was it coincidence? It is a common enough disease, after all. But was it caused by the very large doses of radiation which the patient had received in the years 1925-1929 and again in 1946? Thirdly, was the original tumour really a fibroma? This is well known to be a dangerous diagnosis to accept, dangerous in the sense that it lulls the surgeon into a sense of false security. There seems little doubt that it was the X-ray treatment which caused the tumour to regress in 1929. Would this have happened if it had been a truly benign fibroma?

To these questions there can be no answers: but it is the belief of the writer that the patient, most of whose life-span was dominated by this condition, had a malignant growth in her youth cured by the same treatment which eventually led to the development of a different malignant tumour in middle age.

VIEW DAY

Despite inclement weather, View Day had, for a newcomer in particular, a great fascination. Throughout the proceedings one's interest was enlivened by a mixture of ceremony and amusement. What one gathers are standard practices naturally strike the inexperienced eye with all the impact of novelty, but one suspects that the frantic spring-cleaning operations, most strikingly seen in the Square, can never lose their air of cheerful dottiness. Thus the shelters soon acquire their characteristic biological patina, supplied gratis by the avian residents. The proportions of the Square are once more apparent, though the mere abolition of the mighty limousines to outer drabness, if not darkness, cannot quite exorcise their ghosts, particularly as their very real hind-quarters are seen peeping from behind the buildings of the Square. Flowers are perhaps the quiet heroes of the day. The new-sprung freshness of the Square owes most to them as they brighten the freshly-turned circles of earth or jostle in the window-boxes, and again wherever one wanders in the hospital, generous displays of flowers, each most exquisitely arranged, assail the senses.

Having seen the procession proceed across the Square with its various members striding, strolling or straggling, according to whim, having seen and been seen for long enough in the Square, and having been chilled to the limits of one's endurance, one can begin to wander round to see all that is on view. This voyage of discovery leads one to stumble on such unfamiliar places as the Radiotherapy department, the hallowed precincts of the Great Hall and the Library. In the last, apart from the priceless collection of uncut books on sanitation, were displays of anatomical prints from the pre-Vesalian era onwards. The photographic exhibition was thin but of high quality.

Of the other departments, perhaps the most delightful to visit was the Obstetrics department. In a side-room was illustrated the development of the child in its post-natal months. While being informative, the display was unashamedly feminine—at least acknowledging that it is women who have babies. Medical statisiticians lured one up to their department and then subjected their prisoners to intensive grilling—all very impressive if head-spinning. The practical reasons apart, there was something aesthetically right about having to go down into the basement of the Radiotherapy department to view the monstrous machines in their lair in the bowels of the earth. On the other hand, all seemed light and air in the Q.E. block and re-affirmed one's faith in hospital design which can be modern, efficient and human.

Even by tunnel there was no access to the main surgical and King George V buildings while the procession was inspecting the wards minutely. When they finally emerged the crowds burst as through the turnstiles at a football match. Theatre C was soon swarming, and shortly after patients were exposed to the mild indignity of unknown visitors passing through the wards. Finally tea in the Great Hall. The magnificent staircase, the splendour of the surroundings and the extravagant tea combined to a suitable climax to View Day. P.E.B.

Between Friends

by KARI-ANNA BLACKBURNE

"You have got it all wrong, my dear, Lydia Snowwhite wasn't a bit like that. In fact," and here, Gloria lent so far over towards her friend that the fur of her collar picked up some of the coffee butter icing on her cake, "In fact," she said in a mere whisper, "she was a proper little tart."

"No!" Vivian whispered back. "Honestly?"

"Well, I should know because I went to school with her and the 'way' she carried on at school dances is no one's business." Having whetted her friend's appetite, Gloria stopped her mouth with the rest of that coffee butter icing cake, and enjoyed more the crippling suspense she was causing by this break in the cat gossip, than she was her butterfly bun.

Vivian caught the eye of an elephant-shaped waitress who was taking it easy propped up against a cake trolley. "Another two coffees, please," she said. Anything to keep her good friend from going. "But her step-mother? Wasn't she a bit . . . you know?"

"Heavens, no!" Gloria shrieked. "Quite the reverse. Quite the reverse. A nicer woman you could not find. Mrs. Snowwhite brought that child up as if she was her own. But my dear, when Lydia started knocking around with types like Wilfred Spence and Charlie Bone, well, what was the poor woman to do?" Vivian gave a sympathetic shake of the head and Gloria went on. "Well; she asked her brother-in-law (you know the one, that nice little man who worked with timber) she asked him to just keep a casual eye on Lydia for her, but this is where the ridiculous part of it all comes. Lydia Snowwhite turned real nasty and went spreading it around that her uncle had threatened her with an axe. And you know that sort of talk works like treacle, it sticks to everything and goes on seeping long after you think you have stopped it. But imagine, my dear, you have only got to look at the man, a real sweety he is, couldn't lift a cheese knife, let alone an axe! Besides, they don't use axes in timber yards these days, they use electric saws and such, don't they?"

Vivian had not the vaguest but thought that a nod would not go amiss. Her friend's intelligence over such matters awed her. "What next?" she breathed.

"Oh, things went from bad to worse. There was no stopping her slanderous talk. She said that her mother went round the house smashing the mirrors because she was so bitterly jealous of her daughter's beauty and could not bear to see age creeping into hers. Well, the very idea of it! You have only to meet Miss Lydia Snowwhite in the thickest fog to know that she is the pimpliest thing alive. And then the climax came when she left home."

"Left home?"

"That's what I said."

"I suppose she went off and lived with a man?" Vivian suggested hopefully.

"No, much worse than that," she paused for effect and with a licked finger dabbed around her plate for those last few important cake crumbs. "It wasn't 'a' man she lived with but 'seven' men!"

Vivian was knifed through with horror and pleasure.

"Well," Gloria continued. "She just cleared out and left all her clothes for her mother to sort out and send on, and there were some pretty dirty ones, too, I might add. And Mrs. Snowhite packed them up and even put in her own tortoiseshell dressing table set, as a kind of 'all is forgiven and forgotten' present, 'you can come back home' kind of thing, and she took them around herself. But did she get a thank you? Don't you believe it, that Lydia never so much as opened the door but took the things through the window."

"And does she still live with . . . that way?"

"No, this is the funny part. Apparently, she was sitting eating apple crumble one day, dinner with her seven men, I shouldn't wonder, and one of them complained that it was rather on the sour side, like herself, he said. Well, she flew into such a tantrumous rage (she was always a little inclined that way at school, I remember) and she became so hysterical that she began to choke and then stopped breathing altogether. They rushed her into hospital and she was very ill. Anyway, the long and the short of it is," said Gloria, pulling on her gloves to denote the approaching finale, "that when she pulled through, she fancied herself in love with the doctor who had saved her . . . so she married him."

"Oh," Vivian said, a trifle flattened. Gloria arose from her chair and stood arranging her various bits of furs. But because Vivian did not have enough fur bits to do the same she busied herself with her silk neckerchiefs, by way of competing.

"Well," said Gloria, linking arms with her dear friend. "We mustn't leave it so long till our next meeting, must we? Besides, there is plenty more of the past to be raked through."

"Indeed, yes," said Vivian giving a little tighter squeeze to the other's arm. "I am dying to hear of whatever became of Cinderella and her two ugly sisters."

---

record reviews

(For this month's reviews, Supraphon kindly invited me to select any records from their current catalogue as, at the time of writing, they had not yet issued a list of their latest releases.)

Performance of Bach's harpsichord concertos are not as frequent today as, say, his Brandenburg Concertos or even his violin concertos. Possibly this is because they are not so immediately attractive; or perhaps it is simply that, in certain cases, they are dismissed as mere transcriptions of concertos for another solo instrument. The result is a definite loss to mankind. For this reason, if for no other, I would recommend **BACH's** *Two Harpsichord Concertos in E major and D minor*, played by **Zuzana Ruzickova** (harpsichord) and the **Prague Chamber Orchestra**, conducted by **Gyorgy Lehel** (SUA 10511). Miss Ruzickova is a highly competent and extremely gifted performer who plays with a deep feeling and understanding of the music. Yet somehow the performance does not quite get off the ground. The orchestral accompaniment is heavy and too loud in places, and Mr. Lehel's approach is a little cold and clinical. Miss Ruzickova is herself to blame in places. In the slow movement of the *D minor concerto*, for example, which is quite obviously a transcription from what was originally a violin concerto, she brings out the bass line too prominently—a quite unnecessary procedure since this is merely doubling the cellos and basses of the orchestra: this results in very stodgy playing. Matters are not improved by the particular harpsichord used, which is not very pleasant sounding. However, at the price, one should not complain too much. Mis Ruzickova, incidentally, herself provides us with very ample sleeve-notes that are actually informative.

The **Smetana Quartet** must by now be very familiar to readers of this page. There is therefore hardly any need for me to shower upon them any more praise (if that were possible). Suffice it to say that they maintain their excellent standard in a recording of **BEETHOVEN's** *String Quartet in C major, Op. 59 No. 3*, coupled with **HAYDN's** *String Quartet in B flat major, Op. 103* (SUA 10535). The Beethoven quartet is, of course, the last of the three quartets commissioned by Count Rasumovsky, the Russian Ambassador in Vienna, and probably the most instantly attractive.

That much maligned work, **DVORAK's** *Violin Concerto*, continues to be slated by the critics. "Dull", "trite", and "lean and muscular" (!) are descriptions that are still glibly bandied about. I beg those who are not familiar with this work not to harken to these "gems" of musical snobbery. I would be the first to admit that as an intellectual composer, Dvorak does not rate very high; but are we to dismiss his youthful exuberance and sheer joy of living as unworthy qualities, for is it not true that "the child is father of the man"? The real beauty of the work is underlined by **Josef Suk** (violin), accompanied by the **Czech Philharmonic Orchestra** under **Karel Ancerl,** who also play the *Romance for violin and orchestra* by the same composer (SUA 10181). Both works receive definitive performances by the superb Czech violinist who, incidentally, is Dvorak's great-grandson.

How perverse, you might say, to move on from a composer whose music, so full of warmth and life, cannot fail to delight the ear, to one whose musical hieroglyphics are the epitome of bedlam and *avant-garde*. Yet the music of Bela Bartok has something in common with that of Dvorak: it is firmly based on the folk music of his native country—in Bartok's case, Hungary. And those who take the trouble to listen and to try to understand the music will be surprised by the wealth of invention and beauty to be found there. No more musical hieroglyphics, no more bizarre sonorities, but a rich, fantastic sound whose individuality is at once striking and moving. The composer belonged to no schools and he founded no

schools. His highly personal style, so full of fantasy, cannot be pinned down by any "isms" you may wish to attach to it. Bartok stands upon his own, unique pedestal. For those who still do not believe me (and for those who do), may I humbly suggest, as a starting point, **BARTOK's** *Concerto for Orchestra*, played by the **Czech Philharmonic Orchestra,** conducted by **Karel Ancerl** (SUA 10515). The performance is efficient and effective and, although perhaps not as highly characteristic as some, is good value at the price.

As a postscript, may I be allowed to quote that great violinist, musician and humanitarian, Yehudi Menuhin, as my contribution to his recent fiftieth birthday. Speaking *In Memoriam* of the great composer shortly after his death in 1945, he said, "For several years already Bartok's body had seemed but a thinly taut parchment stretched over a resonant cavity, hollowing itself out with every fatal reverberating pulse; for indeed it existed only to serve the indomitable will of its master—to record and to propagate the vibrations which he captured. This almost intangible body driven unyieldingly by the varied fascinating rhythms it had gleaned from the primitive folklore of Hungary, the Balkans and the Near East, this determined body was itself but an instrument, in fact symbolically speaking it was a drum primitive and barbaric whereon Destiny beat its merciless tune. Under the fatal sentence of the dread disease of which he suffered he lived on borrowed time, each day entrusting more of himself to the spirit, each day surrendering more of his body to the earth, so that when he had traced his final note on the parchment and committed his last echo to the wind there must have seemed very little for Death to claim . . . his was so gradual a transition from life to death he seemed to have passed unmourned except for the few faithful disciples. The picture is, however, not quite so dismal from our point of view—for Bartok's works will outlive the Roman baths or the Chinese Wall—I make only one reservation and that is, providing our world survives that long.

Truly, in the music of Bartok, our age, our world, may discover itself."

(*BBC Music Magazine*)

I second that.

Michael Spira.

*The Supraphon records are available in both mono and stereo versions, and are priced 17s. 6d.

CHOPIN WALTZES
Played by **Moura Lympany**
Music for Pleasure MfP 2033 (mono only) 12 in. 12s. 6d.

BEETHOVEN
Symphony No. 7 in A major Op. 92
Played by the **Pittsburgh Symphony Orchestra,** conducted by **William Steinberg**
Music for Pleasure MfP 2036 (mono only) 12 in. 12s. 6d.

PHILHARMONIA FAVOURITES
Overture, the Merry Wives of Windsor; Danse Macabre; Finlandia; Dance of the Hours; The Hebrides; Bacchanale from Samson and Delilah, played by the **Philharmonia Orchestra** conducted by **George Weldon**
Music for Pleasure MfP 2037 (mono only) 12 in. 12s. 6d.

Music for Pleasure first came onto the market last October, since when they have sold over half a million classical L.P.s. The orchestras, conductors and soloists chosen, are very much more than competent and occasionally outstanding. Unfortunately the company, in an effort to use all available disc space, will cram pieces together uncomfortably and have also been known to release the Hebrides Overture, played by the same orchestra, on consecutive monthly issues: Nos. 2034 and 2037.

The Chopin Waltzes are most enjoyable, but Moura Lympany produces few moments of excitement. This would make a very useful disc for any aspiring pianist, as it gives all the waltzes on one record. The sleeve-notes are both amusing and educative.

The Beethoven 7th Symphony is played by the Pittsburgh Symphony Orchestra which is one of the best orchestras recording with this company. Steinberg, the conductor, is well known and much respected in America, if not here. This is a performance of high standard and compares well with some of the great recordings of this work. For anyone unfamiliar with the 7th Symphony, this record provides a splendid introduction.

The Philharmonia Favourites include an overture, a symphonic poem, and an operatic excerpt on each side. The bringing together of Ponchiello-Boito, Nicolai, Sibelius, Mendelssohn and Saint-Saëns on one record must be unique and though a well balanced selection, I would prefer to hear each excerpt within the context of its own work. However for those wanting their favourites chosen for them, lumped together and served with a liberal helping of cream, this disc may be just what they are looking for.

Steve Farrow

WHAT DOES

STAND FOR?

IT STANDS FOR security and peace of mind from the day you qualify—until the day you retire—and after.
IT STANDS FOR the provision of advice on all your professional problems . . . for legal assistance in any difficulty or proceedings of a professional nature . . . for unlimited indemnity in respect of damages and costs in the event of an adverse verdict or a settlement out of Court.

IT STANDS FOR THE MEDICAL DEFENCE UNION the oldest and largest organisation of its kind in the world. Further particulars can be obtained from

THE MEDICAL DEFENCE UNION
Tavistock House South, Tavistock Square, London, W.C.1

Secretary
Dr. Philip H. Addison

Dental Secretary
A. H. R. Rowe, M.D.S., F.D.S.

MEDICAL BOOKS

Surgery

Surgery, by James O. Robinson, M.Chir., F.R.C.S. Published by Longmans. Price 80s.

Half a century has elapsed since Bart's last produced a general surgical text for undergraduates (Spencer and Gask 1910). 'Surgery' by Mr. J. O. Robinson now elegantly fills this gap.

Mr. Robinson states in his preface that the book has been written in an attempt to condense our present knowledge on surgery to the essential facts. This might be taken to indicate a work so compressed that the literary style and presentation would bear close resemblance to that of a telephone directory. Nothing could be further from actuality. The entire book is written in a straightforward and eminently readable manner. The whole field of general surgery is covered very adequately and excellent sections on orthopaedic surgery, otorhinolaryngology and radiotherapy have been written by Mr. J. Aston, Mr. R. McNab Jones and Dr. A. Jones respectively. Useful line diagrams are used to illustrate surgical pathology and surgical technique throughout the book. There are no serious deficiencies in this book. I would have preferred a fuller description of wound healing in the section on surgical wounds and I was sorry to see the management of acute appendicitis still based on the traditional 48 hour rule, but these are minor criticisms of an excellent undergraduate text-book. I am sure it will become a standard work and I can recommend it very highly.

G. W. Taylor

Gynaecology

Lecture Notes on Gynaecology, by Josephine Barnes. Published by Blackwell. Price 22s. 6d.

All those who are fascinated by the writing of the Lord's Prayer on a pin-head will welcome yet another sample of "Instant Knowledge". The justification for this book is, of course, that it is one of a series, produced by one of a series of publishers; to be selected as an author must indeed be a dubious honour, for literary style must be sacrificed on the altar of compressibility, and the work has no intrinsic appeal. From the title of the book it is surprising to find illustrations included ,and it is certainly difficult to appreciate their presence: Some of the photographs are far from clear (I know of one histologist who would report on the "papilliferous tumour" as: "Specimen received unfixed"!) while the line-drawings are little short of hilarious: the "hydatidiform mole" is reminiscent of a fractured Grecian urn decanting seaweed, and none enhances the value of the book.

As to the text, one skeleton is very much like another, but one or two examiners of my acquaintance would be reduced to a state of pulsating exophthalmos by the definitions of menorrhagia and epimenorrhoea. Despite the fetish for producing pocket-size books, one rarely sees one in a student's pocket—there must be a moral somewhere . . . . For my part, gynaecologically and otherwise, I prefer my skeletons with meat on them!

H. H. Thomson

SPORTS NEWS

Editorial

Ocean racing started in Europe in 1925 when the first Fastnet race was sailed. It was organised by a committee of experienced enthusiasts who knew that it was safe and possible for small yachts to race in open waters far from the protection of land and harbours. They had had experience of the Bermuda races of which there were seven between 1906 and 1924. In the same year as the first Bermuda race a race from Los Angeles to Honolulu was inaugurated which, although through safe waters and winds, was incredibly long.

Professional seamen and inexperienced public expressed horror at the foolhardiness of the organisers. Statistics were on their side as several lives had been lost in some ocean races, especially transatlantic ones.

However, they went ahead with their idea and held the race from Ryde in the Isle of Wight to the Fastnet rock off south western Ireland and back to Plymouth. There were seven starters. At the end of the race the Ocean Racing Club was created in the Royal Western Yacht Club with the object of providing an annual race of over 600 miles for boats of 30 to 50 feet on the waterline.

From the uncertain start of ocean races in 1925 the Club has grown steadily and in 1965 organised fourteen races involving almost 400 boats from many nations, some only 24 feet long at the waterline.

In 1931 the Club obtained a warrant allowing it to be called the Royal Ocean Racing Club as it is now known. Its objects are basically the same: "to encourage ocean and long distance yacht racing . . . ; to study and encourage the design, building, navigation and sailing of sailing vessels in which speed and seaworthiness are combined by any means including scientific research and practical demonstration; to foster and encourge the study and practice of navigation and seamanship." It has developed a rating system whereby yachts of different sizes and dimensions can race together with fair handicaps. Thus the design and ability of yachts is constantly improving. It has compiled its own safety regulations to which all competing boats must comply so that now racing the oceans is a safe but exacting sport.

BART'S RACING

Last year several Bart's men managed to join various races and met up in the finishing ports. Four of them represented the United Hospitals' Sailing Club in the Channel and Fastnet races. The Channel race is sailed from

THE MEDICAL PROTECTION SOCIETY
FOUNDED 1892

MEMBERSHIP EXCEEDS 45000

Membership secures protection of professional interests by a personal advisory service and the provision of unlimited indemnity against legal costs and damages.

Senior Medical Secretary Herbert Constable MRCS, LRCP

THE MEDICAL PROTECTION SOCIETY
50 HALLAM STREET · LONDON · W.1
Telephone LANGHAM 9241

Dental Secretary Frank Allott, LDS

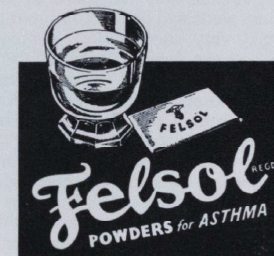
Prescribed for

ASTHMA

by doctors all over the world

"I always prescribe Felsol—its action is so sure and swift."

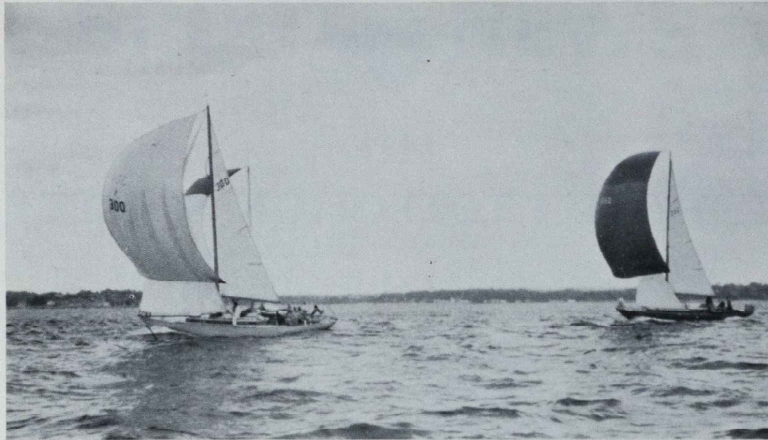
Felsol's widespread use and reputation rests securely on its immediate, safe and prolonged relief of bronchospasm—the chief factor in asthma, whatever the cause. Narcotic-free and easily administered, its complete effectiveness breaks the vicious circle of anxiety and apprehension, and strengthens resistance against recurring attacks. Doctors favour Felsol because it inspires the self confidence so essential to improvement in this difficult and distressing condition.



Felsol REGD. POWDERS for ASTHMA

Clinical samples and literature on request.

BRITISH FELSOL COMPANY LTD.,
206/212 ST JOHN STREET, LONDON E.C.1



and to the Solent over a triangular 225 mile course in the English Channel—it was used to prepare for the long Fastnet which was started a week later after an easy and more sociable Cowes week.

It started on a glorious day with light winds which never became uncomfortable over the whole course. This was most fortunate as their boat Lugo was one of the smallest in the fleet, and there were very few with only four in the crew.

Watches were of four hours with two men in each, dog watches in the afternoon prevented the same pair doing the same watches every day. On this simple small boat it is possible to change a jib single handed under light to moderate winds so sleep was possible and necessary each time one was off watch.

Six days and three and a half hours after the start Lugo crossed the finishing line after an atypical race without the traditional gales. The spinnaker did rip but no one vomited. Although she came three quarters of the way down her class it was a memorable race.

ATHLETICS CLUB

Winter League

This was a new venture in the University to encourage athletes to think of athletics during the off-season, and perhaps even to train. The meetings were held on Saturday mornings. Bart's emerged very successfully: competing in the second of the four divisions of the league, we convincingly beat the other colleges in this division and also obtained more points than any other college in the University. However, we cannot be really satisfied with this performance since we relied mainly on two or three athletes; one of whom Breeson, a fresher, showed great promise in the sprints. We hope that next winter more athletes of all standards will make use of this opportunity of competition, especially in the field events.

Final Placings

	P	*W*	*L*	*D*	*F*	*A*	*Pts*
Bart's	3	3	0	0	62	37	6
Goldsmith's	3	1	1	1	23	32	3
L.S.E.	3	1	2	0	37	45	2
Royal Vet. Coll.	3	0	2	1	14	39	1

April 29th and 30th. University of London Championships.

The main event of our athletics calendar is the University Championships. Perhaps it is unfortunate that it is also the first meeting of the summer season and many athletes are unfit. In the previous two years we have done fairly well: coming fifth out of the forty colleges in the University. This year we came seventh, Guy's retaining their Championship Title. It is sad to relate that we turned out with a team

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 spironolactone), added to the regimen, acts at the distal tubule, and prevents excessive sodium reabsorption and potassium loss.

Aldactone-A thus...

- ☐ Enhances sodium excretion
- ☐ Conserves potassium
- ☐ Overcomes diuretic resistance
- ☐ Improves diuresis
- ☐ Leaves patients feeling well

ALDACTONE-A is a registered trade mark.

Aldactone-A

Searle

of only five, without a single field events athlete. Smaller colleges like the Royal Free Hospital were able to fill a bus with their team. Bart's have a nucleus of first class athletes, but athletics is a team event and without the support of the other athletes in the college, the nucleus's hard labours throughout the winter months will prove fruitless and very disappointing. Let us hope that our future college matches will be better supported and that Bart's athletics will awaken from its alarming apathy.

However, Bart's, who have produced such world-class athletes as Arthur Wint and Henry Stallard, will never be disgraced as long as we have our small nucleus of athletes. They performed very creditably in this year's Championships; Scott, for the third year in succession, won the 220 yards hurdles and this year also won the 440 yards hurdles title. Unfortunately he had to withdraw through injury from the 120 yards hurdles final, having recorded the fastest time in the heats. It seems that in E. Graham we have an athlete to maintain the high standard of middle distance running set by Littlewood, Foxton and Tunstall-Pedoe in recent years. He was placed fourth in the one mile behind very experienced competitors and lowered his best time by fourteen seconds, returning 4 mins. 27.5 secs. Coltart, the 1965 U.H. half-mile champion, finished fourth in this event not realising his full potential. He also came fifth in the 440 yards in a very fast race. Breeson, suffering from a sluggish start, ran powerfully in both the 100 and 220 yards heats narrowly missing the finals. Thompson bravely turned out for the 3,000 metres steeplechase and finished seventh. We would undoubtedly have gained a few more points in the 440 and 880 yards had not Sutton been in Berlin with the Soccer club.

It seems, therefore, that with a little more support, Bart's can look forward to a fairly successful season, and those who came to Sport's Day on May 25th will have witnessed a high standard of athletics.

Brian Scott.

It is with deep regret that we record the death of E. Graham, while on the Brighton Stroll. His presence in the Athletics Club, as elsewhere, will be sadly missed. (Obituary, see P. 214).

TENNIS CLUB

The Hospital Trials were held on April 30th at Chislehurst in glorious sunshine. Thanks to the efforts of Mr. White the courts were in excellent condition despite the heavy rain of the week before. It was most encouraging to have 17 enthusiasts attending the trial, many of them freshmen. This will give us a substantial quorum from which to build the two teams. Wet weather prevented us from playing our earlier matches, and even when we did finally get off to a start on May 11th against the **London Hospital**, it was only to be rained off with one match finished.

On May 15th we really did get off the ground—in the morning we played **U.C.H.** in the **Hospitals Cup**, and in the afternoon the **College of Estate Management.** U.C.H. were a better team than we had imagined. In the first round our first pair, Setchell and Savage, convincingly beat their third pair, but Ireland and Ussher at No. 2 and Garrard and Hunt at No. 3 went down to their first and second pairs respectively. Setchell and Savage then went on to lose to their very sound first pair, while Ireland and Ussher disposed of the second. It became apparent that the key game of the match was between the opposing third pairs. Hunt and Garrard lost the first set and were then 5-2 down in the second, before they miraculously re-found their game, and went on to win, to the relief of us all and the credit of themselves. The final round went as expected, Hunt and Garrard losing to the first pair and our other pairs winning. We thus won 5-4, and go on to meet Charing Cross in the next round. This match bears out the old adage that a sound third pair is far more valuable than a startling first pair.

In the afternoon we were not surprisingly rather exhausted when we came to play the College of Estate Management, and we probably did not do ourselves justice in losing 7-2.

The Second Team have played one match against the **London Hospital** on May 11th, which they won 6-3. We are in the fortunate position of having a good number of competent players from which to choose the Second Team, and this means that there is now a little healthy competition.

M.E.S.

CONTENTS

Vol. LXX No. 7 July 1st, 1966

The Moran Diaries ...	256
Letters to the Editor ...	257
News ...	258
House Appointments July 1966 ...	259
Finals Results ...	260
Retirement: H. B. Stallard ...	261
Some Aspects of Hypertension by W. E. Gibb ...	263
James Gibb's House by Nelly J. Kerling ...	267
Bart's Choral Society by Simon Phillips ...	268
Medicine in Literature ...	269
Aspects: The Enemies of Gilbert Pinfold ...	269
Memories of the Underground and Associated Metropolitan Railway of London	271
The Barbecue Ball by Diana Evans ...	272
Medical Practice Abroad: 4. Trinidad and Tobago by H. M. Collymore ...	275
New Consultants by Aurelius ...	279
Research in General Practice ...	280
Record Review ...	281
Book Reviews ...	282
Sports News ...	285
Athletics Club ...	286
The Soccer Club Tour ...	287
Cricket Club ...	289
Golf Club ...	291
Boat Club ...	292
Sailing Club ...	293
Rugby Club ...	294

THE JOURNAL STAFF

Editor: **P. E. Belchetz**
News Sub-Editor: **J. P. M. Davies**
Review Sub-Editor: **J. W. Baugh**
Social Sub-Editor: **Miss D. M. Evans**
Sports Sub-Editor: **J. A. Sills**
Photographic Sub-Editor: **J. H. Casson**
Manager: **R. A. F. Whitelocke**

Assistant Managers: **C. Roch-Berry**, **J. P. D. Reckless**, **P. M. Quinn**
Charterhouse Representative: **P. Swain**
Nurses' Representatives: **Miss H. McCrudden**, **Miss E. Ferreira**

THE MORAN DIARIES

Lord Moran's book dealing with his relationship to Churchill during the years 1940-1965 has already aroused considerable debate. Its significance demands close and continued attention, perhaps now more than ever, as the dust raised in the initial furore settles, and as opinions are formed on the merits of the book itself instead of unjustly relying on excerpts serialised in a newspaper.

One point should be quite clear. Whatever the book's literary and even historical qualities may be, the matter at stake is one of medical ethics, concerning the doctor-patient relationship. The *Lancet* took an unequivocal line, concluding its leader thus, "The point is that Lord Moran, by writing publicly about the medical condition of an identified patient, is creating a modern precedent. It is a bad precedent, which none should follow." This provoked a strangely nebulous reply from Pertinax in the B.M.J., who attempted to justify Lord Moran and yet failed to satisfy on the ethical problems raised. Indeed an apparent decline in standards was met with acquiescence. The B.M.J. waited until the book was published before it gave its verdict in a leading article. In it the B.M.A.'s rule on ethical secrecy was stated, but this did not allow such a firm position as the *Lancet's* to be established. It was felt that it would be unfortunate if Lord Moran's book led the public to think most doctors willing to countenance any loosening of traditional professional reticence.

Lord Moran clearly expected criticism, for his preface largely amounts to an attempt at defence in advance. He stresses the historical importance of what he has to say and that his unique position permitted intimate and accurate insights. Those who defend the author add that the portrait is painted with respect and affection.

The book is too long for the interest not to flag and it contains some turgid writing. More important is its tone. It does not seem altogether straightforward, for many critical passages are supported not by argument but by simply coming from eminent men. Thus the historical value was stressed by G. M. Trevelyan: "This is history. You ought to get it on paper." Said at a dinner celebrating the sixth centenary of Caius College, Cambridge, Moran writes as if this were a new thought to him. Yet in 1946 it appears he was considering writing another book ("Anatomy of Courage" was published in 1945). Then again, Lord Moran tells us, Brendan Bracken acclaimed him as Churchill's Boswell. Lord Brain, called in for consultation on a number of occasions wrote to the *Times* stating he was quoted without his permission and queried the book's accuracy. Sir Norman Brook, for Lord Moran the epitome of judgement, also wrote to the *Times* that he was neither consulted nor had given his permission.

The correspondence in the *Times* suggests most doctors concur with the *Lancet*. The book's publication has shocked many. It must also hurt many, including members of Churchill's family, and if at any time one could concede that the information should be revealed then surely not so soon. Nor in such a manner. The catalogue of Churchill's mounting decrepitude under the ghastly title "The Withered Garland" is largely unjustified. Also revealed are certain thoughts and fears that Churchill clearly only expressed because he was confident they would go no further. On these he has been betrayed.

LETTERS TO THE EDITOR

VIEW DAY BALL TICKETS

Sir,—I feel that some explanation should be offered to Dr. Watson about the distribution of ball tickets this year.

The Chairman of the View Day Ball Committee wrote to me early in the year explaining why it was no longer feasible to hold the View Day Ball in the West End. To hold the ball at Charterhouse would make it difficult to aspire to the already high standards which had been achieved by the Wine Committee with the Barbecue Ball over the last three years. At a joint meeting of the Wine Committee, View Day Ball Committee and the Students' Union, it was decided to amalgamate the two balls and bring them forward to make it available to as many as possible. A limit—on previous experience—was set at 300 double tickets. This was 80 more than last year's View Day Ball sold.

This year was by way of our experiment, and it is sad to record that we had to disappoint over 100 people who required double tickets. Plans are already afoot for next year's ball (which we hope to be able to expand with the opening of the new residential extension) and an announcement will be made early in 1967. I shall take full heed of Dr. Watson's suggestion (St. B. H. J. June) of putting aside some tickets for the "exiled" and this will be discussed at a meeting of the Wine Committee.

I should point out that the ball is subsidised by bar profits from the people who drink there, but every endeavour will be made to meet the demand.

Lastly though, it is interesting to note that of the ex-members of the Hospital now on the Journal mailing list, who were circulated two years ago about bringing the ball to View Day to make it a "Bart's day out" so to speak, only two or three replies were received—one being from a nonagenarian.

Yours sincerely,
R. ATKINSON,
Chairman, Wine Committee.
St. Bartholomew's Hospital Students' Union
Abernethian Room,
St. Bartholomew's Hospital.
14th, June.

VENOMOUS REPLY

Sir,—Because of the danger of one of your readers living near a snake-collecting G.P. related to our wasp-collecting friend (Summer diseases, June 1966), I thought I should write to you concerning snake bites.

I would hope that few authorities recommend wide excision and permanganate as the general treatment. Excision may have its place where the trunk, neck or head are involved, but permanganate has really no place. In over 90% of bites the limbs are involved, usually distally and excision here by the layman will achieve little but infection and septicaemia.

May I suggest that when next bitten by a snake, one should do the following: – I) Capture and identify the snake (In many countries this is not as silly as it may seem). 2. Apply a tourniquet proximal to the bite, to obstruct venous and lymphatic return, as soon as possible. Retain this till antivenin is given, releasing only for half a minute in every half hour. 3. Bathe wound in pure water, wiping away from the wound. 4. Suck the wound, spitting out the venom and washing out one's mouth afterwards. 5. Give tea, coffee or codeine, but not alcohol or morphia. 6. Reassure—as few people die of the bite if promptly treated.

Hydrocortisone may be of use in the specific treatment, especially if anaphylaxis occurs, in addition to the other drugs mentioned.

Even with the above it is still recommended that one should still pay a temporary registration fee, if only that the doctor has the money to keep the wasps, snakes and whatever.

Yours sincerely,

J. RECKLESS,
96, Hodford Road,
London, N.W.11.

8th, June.

COLLEGE HALL LAWNS

Sir,—On several occasions, visitors to the college remarked how fortunate we were in having such an attractive setting in which to work. The main feature of the square is the lawn, which contributes more to the feeling of spaciousness and beauty than any other single factor.

Why then must this lawn be spoiled by an inconsiderate minority of football and rugger players who use the lawn in the winter, however wet it may be. This senseless lack of regard for its condition has denuded the centre of the lawn of much of its grass, and there are even now large ruts scarring the turf.

I am sure no one would want to ban games practice on the lawn, but this step ought to be taken if people are not prepared to use the lawn in a sensible and considerate manner.

Yours faithfully,
C. M. BOOTH,
Charterhouse Square,
17th April. St. Bartholomew's Hospital

Engagement

CAINE—ECCLES.—The engagement is announced between Dr. Phillip Watson Caine and Miss Kathryn Mary Eccles.

Marriage

BROMWICH—HAMP ADAMS.—On May 7, Dr. L. Roy Bromwich to Miss Bridget Hamp Adams.

Births

CUNNINGHAM.—On April 27, to Alison (née Corbett) and Dr. Geoffrey Cunningham, a second son (Richard).

DUDLEY.—On May 10, to Dawn (née Russell) and Dr. Nicholas Dudley, a son (James Campbell).

FRY.—On May 22, to Louise (née Tyler) and Dr. David E. Fry, a son (Graham Martin).

HALL—SMITH.—On May 15, to Hilda (née Stoddart) and Dr. Michael Hall-Smith, a son (Dominic Peter).

JONES.—On May 13, to Drs. Isobel (née Tomkins) and Bryan Jones, a son (Malcolm Vaughan).

MALTBY.—On April 30, to Margaret (née Mitchell) and Dr. John Maltby, a daughter (Sarah Jane) sister for Richard, James and Robert.

MULES.—On May 29, to Ruth and Dr. Roger Mules, a son.

WHITEHOUSE.—On May 24, to Diane (née de Saussure) and Michael Whitehouse, a son (Michael Alexander).

WRIGHT.—On May 1, to Susan (née Gabell) and Dr. Anthony Wright, a son (Simon Gerald) a brother for Nicola.

Deaths

BLOUNT.—On May 27, Dr. Douglas Arthur Blount, M.D. (London), aged 76. Qualified 1915.

FRANKLIN.—On May 8, Prof. Kenneth James Franklin, D.M., F.R.S., aged 69. Qualified 1924.

RISK.—On May 28, Dr. Robert Stephen Risk, M.D., Qualified 1930.

YARBOROUGH-PARKER.—On May 1, Dr. George Alfred Yarborough-Parker, M.R.C.S., L.R.C.P. Qualified 1930.

Appointments and Awards

Mr. B. N. Catchpole is to become Professor of Surgery of the University of Western Australia, at Perth, from October 1.

R.C.S. Engl.

Dr. Charles F. Harris has been awarded an honorary F.R.C.S.

Peter Rudge has been awarded the Begley Prize.

Change of Address

Dr. and Mrs. E. M. Darmady, Dr. Judith Darmady and Miss Sarah Darmady to Shepheard's Green, Harting Road, Compton, Chichester, W. Sussex. Telephone No. Compton 302.

OUT-PATIENT CLINICS AND WARD ROUND TIME TABLE

We regret that several errors occurred in this time-table circulated with the May Journal. Corrections are listed below.

Out-patient Clinics.

1. Dr. Pare, Monday a.m., *not* p.m.
2. Dr. Pare, Tuesday a.m., *not* Dr. Linford Rees p.m.
3. Mr. Fuller, additional Children's Hearing on 1st and 3rd Wednesday.

Teaching Ward Rounds.

1. Dr. Black, Tuesday at 11.00 a.m., *not* Monday. Friday, no round.
2. Dr. Gibb, Tuesday at 2.00 p.m., *not* Friday.
3. Dr. Dawson, Wednesday at 10.30, *not* 10.00 a.m. Additional round Saturday at 9.15 a.m.
4. Mr. Hunt, Thursday at 2.00 p.m., *not* 10.00 a.m.
5. Mr. Fuller, Friday at 5.30 p.m., *not* 5.00 p.m.

The Editor would be grateful if Departments would let him know of any changes in Clinics and Ward Rounds, as they occur.

July Duty Calendar

Sat. & Sun., 2nd. & 3rd.
Dr. Hayward
Mr. Badenoch
Mr. Manning
Dr. Ballantine
Mr. Fuller

Sat. & Sun., 9th. & 10th.
Dr. Oswald
Mr. Tuckwell
Mr. Aston
Dr. Jackson
Mr. Cope

Sat. & Sun., 16th. & 17th
Prof. Scowen
Prof. Taylor
Mr. Burrows
Dr. Boulton
Mr. McNab Jones

Sat. & Sun., 23rd. & 24th.
Sir Ronald Bodley Scott
Mr. Hunt
Mr. Aston
Dr. Cole
Mr. Dowie

Sat. & Sun., 30th. & 31st.
Dr. Black
Sir Clifford Naunton Morgan
Mr. Manning
Dr. Gillett
Mr. Fuller

Physician Accoucheur for July is Mr. Gordon Bourne.

HOUSE APPOINTMENTS JULY 1966

Appointment	Name
Jun. H.P. to Sir Ronald Bodley Scott	Lipsedge, M.S.
Jun. H.P. to Dr. Hayward	Noonan, C.M.
Jun. H.P. to Dr. Black	Sanders, W. M.
Jun. H.P. to Dr. Oswald	Rudge, P.
Jun. H.P. to Professor Scowen	Goodall, D.
Casualty House Physician	Britton, B. J.
Jun. H.S. to Sir Clifford Naunton Morgan	Mitchenere, P.
Jun. H.S. to Mr. Hunt	Parr, D. C.
Jun. H.S. to Mr. Badenoch	Doyle, P. T.
Jun. H.S. to Mr. Tuckwell	Bates, T.
Jun. H.S. to Professor Taylor	Pilling, J. B.
Casualty House Surgeon	Harper, D. R.
Jun. H.P. to Dept. of Child Health	Kumar, P. J.
House Surgeons (3) to Orthop. Dept.	Edelsten, A. D. Gilbertson, R. C. Sutcliff, J. R. H.
House Surgeons (2) to E.N.T. Dept.	Moore, A. J. Robinson, J. M.
Rotating Locums (3)	To be re-advertised

FINALS RESULTS

University of London
Final M.B., B.S. Examination
April, 1966

Honours

Miller, J. M. (Distinguished in Medicine)
Sanders, W. M. (Distinguished in Medicine)

Pass

Addis, B. J.
Ah-Moye, G. R.
Anderson, R. B.
Bates, T.
Bell, J. M.
Birch, A.
Bishop, A. N. R.
Bruton, L. A.
Burgess, A. M.
Clark, T. B.
Collett, R. W. C.
Crawley, P. S.
Doyle, P. T.
Evans, E. A.
Farrow, R. E.
Fryer, M. E.
Gilbertson, R. C.
Greenwood, N.
Harrison, J. R.
Hawking, K. M.
Husband, P. R.
Kenyon, A. R. T.
Kersley, J. B.
Kumar, P. J.
Lask, B. D.
Lee, B. C. P.
Lindo, F. C.
Lipsedge, M. S.
McKeown, J. M. I.
Moore, A. J.
Munro, E. G.
Nightingale, M. D.
Noonan, C. M.
Offen, D. N.
Otti, B. I.
Pembrey, J. S.
Phillips, E. M.
Pilling, J. B.
Pine, R. C.
Roberts, P. F.
Robinson, J. M.
Rudge, P.
Subotsky, F. E.
Sutcliff, J. R. H.
Tatham, P. F.
Thornback, P. C.
Webb, E. M.
Weir, R. L.
Weller, R. M.
Wood, R. M. T.
Woods, P. J.

Supplementary Pass List
Part I

Atkinson, R. E.
Ayers, A. B.
Bacon, A. K.
Bailey, A. R.
Billington, T. R. M.
Brodribb, A. J. M.
Castleden, W. M.
Clarke, P. C.
Cooper, R. L.
Gilmore, O. J. A.
Goldhill, B. J.
Graham-Pole, J. R.
Guthrie, T.
Herbert, J. P.
James, S. L.
Macdonald, A. M. S.
Mountjoy, C. Q.
Nicola, A.
Phillips, S. J.
Rendall, C. M. S.
Sanders, L. R.
Sturgess, R.
Tricker, J. A.
Vartan, C. P.
Wright, J. J.

Part II

Bishop, C. A. H.
Browne, G. R. W.
Edelsten, A. D.
Langley, J. F. A.
Merrill, J. F.
Peek, I. M.
Sadza, D. M.
Turvill, P.

Part III

Browne, G. R. W.
Rendall, C. M. S.
Sadza, D. M.

Part IV

Bishop, C. A. H.
Edelsten, A. D.
Leach, F. C. J.
Turvill, P.

Examining Board in England
Final Examination
April 1966

Pathology

Rudge, P.
Brackenbury, P. H.
Bowker, M. H.
Allen, C. L. O.
Whitehouse, J. M. A.
Church, C. G.

Medicine

Rudge, P.
Noonan, C. M.
Nightingale, M. D.
Fryer, M. E.
Weir, R. L.
Edwards, C. R. W.
Kumar, P. J.
Pilling, J. B.
Sibunruang, S.
Bowker, M. H.
Webb, E. M.
Lindo, F. C.
Burgess, A. M.
Edelsten, A. D.
Miller, J. M.
Lipsedge, M. S.
Turvill, P.
Gilbertson, R. C.
Whitehouse, J. M. A.
Tatham, P. F.
Woods, P. J.
Kerrigan, G. N. W.
Moore, A. J.
Sanders, W. M.
Bell, J. M.

Surgery

Rudge, P.
Nightingale, M. D.
Burgess, A. M.
Edelsten, A. D.
Anderson, R. B.
Sibunruang, S.
Webb, E. M.
Kersley, J. B.
Woods, P. J.
Greenwood, N.
Roberts, P. F.
Tatham, P. F.
Gilbertson, R. C.
Weir, R. L.
Ah-Moye, G. R.
Collett, R. W. C.

Midwifery

Merrill, J. F.
Bailey, A. R.
Ah-Moye, G. R.
Hanley, D. J.
Kerrigan, G. N. W.
Brackenbury, P. H.
Morgan, B. L.
Sibunruang, S.
Edwards, C. R. W.
Greenwood, N.
Bates, T.

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

Rudge, P.
Tatham, P. F.
Burgess, A. M.
Edelsten, A. D.
Kumar, P. J.
Pilling, J. B.
Greenwood, N.
Roberts, P. F.
Hanley, D. J.
Noonan, C. M.
Nightingale, M. D.
Woods, P. J.
Miller, J. M.
Lipsedge, M. S.
Turvill, P.
Ah-Moye, G. R.
Collett, R. W. C.
Sibunruang, S.
Webb, E. M.
Gilbertson, R. C.
Weir, R. L.
Moore, A. J.
Sanders, W. M.
Bell, J. M.
Anderson, R. B.
Bates, T.

Retirement

Hyla Bristow Stallard

HYLA BRISTOW STALLARD has retired as Consultant to the Eye Department after an exceptionally long service of thirty-three years. In this span there have been great developments in the scope of Ophthalmology, and in many of its fields has he made outstanding contributions.

With roots in the West Country and with forebears, squires and rural pastors in the County of Hereford, Hyla Stallard was educated at Sherborne and was already a promising athlete when he went up to Cambridge. Here started his first great international career, that of a middle distance runner. From 1920 to 1927 track honours piled up. The mile for Cambridge v. Oxford in 1920, and again in 1921 and 1922. A member of the World record breaking 2 mile relay team in Pennsylvania in 1920, and the winner of the mile in the great meeting against Harvard, Yale, Princeton and Cornell in 1921. A representative for Great Britain in the Olympic Games and for the British Empire v. U.S.A. in 1924. Amateur champion for the mile in 1923, the half-mile in 1924 and the quarter in 1925.

Stallard, well known to his fellow students as a prodigious worker, was showing the same determination and will to succeed in his medical studies as he had shown on the track. Entering Bart's with the Shuter Scholarship in 1923 he obtained the Bentley Prize for House Surgeons after his year with the surgical unit. Realising his own exceptional manual dexterity and his particular attention to precison and detail, the discipline of Ophthalmology had from the first proved a great attraction, and after doing the Eye House Job under his mentor and later close friend, Foster Moore, his talents won appointments and fame at an early age. After a period as Chief Assistant to the Eye Department came the post of Pathologist to Moorfields in 1928, an appointment which provided a sound basis for his future scientific work. 1933 was a notable year as on the retirement of Foster Moore came both the Consultant appointments at Moorfields and Bart's.

World War II found Stallard in uniform on the first day. A territorial reservist and a well disciplined, if somewhat unorthodox, R.A.M.C. Major, he disdained promotion and insisted on doing clinical work throughout the war. Seeing service in the Middle East and Normandy led to further renown in the fields of traumatic and plastic eye surgery and was recognised by the award of the M.B.E. and a mention in dispatches. It was in this period of service life, which had to all appearances cut short his career as a London Consultant, that the draft of his great work on Eye Surgery was made.

Best known as a clinician for his surgical technique and meticulous attention to detail, Hyla Stallard has made many contributions to the pathology, medical ophthalmology and above all the radiotherapy of diseases of the eye. Work on the local irradiation of retinoblastomas started by Foster Moore was carried on by his pupil who evolved special techniques for applying radioactive material locally to the tumour area. This was later to be extended to the treatment of other ocular malignancies. This work led to Hunterian Professorships in 1955 and 1960 and the award of the Doyne Memorial Medal at Oxford in 1962. Other major Ophthalmic prizes fell his way. In 1936 the Edward Nettleship Medal, in 1951 the William Mackenzie Medal, in 1953 the Charles H. May Memorial

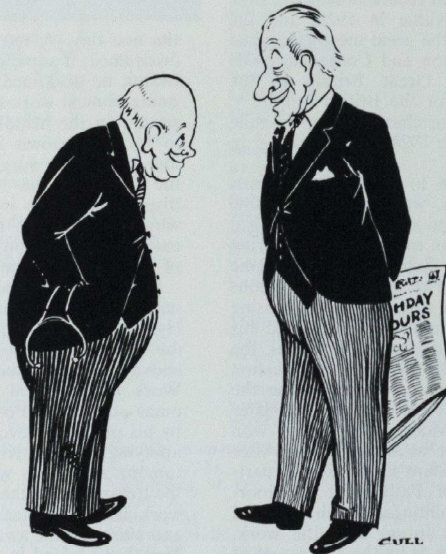
Lecture in New York, and in 1965 the Craig Lecture at Queen's University Belfast. Throughout the whole period articles and papers to the number of 100 have appeared. There have been contributions to 14 textbooks, a monograph on radiant energy, and above all the standard textbook on its subject, Eye Surgery, now in its 4th edition.

Stallard's greatest contribution to medicine will, however, not be found in the record books. In his long career he has infused his enthusiasm for ophthalmology into many others and by the brand of teaching in which he excels, the operating table demonstrations of his superb techniques and his long hours of instructing his juniors by acting as their assistant, he has produced and nurtured a great body of first rate ophthalmic surgeons. Not only in the theatre but in consultation, wards and out-patients, is found the same unfailing courtesy to patients and colleagues, and unhurried application to the problem in hand.

An individualist and a worker, who likes to do his own work rather than to organise that of others, Medical Committees saw little of Stallard unless it was to champion the cause of the Eye Department or support one of his juniors in an application for an appointment. A man of simple tastes with a dislike of ostentation, his favourite mode of travel in London has been the bicycle, ridden at breakneck speed between his hunting grounds, Bart's, Moorfields and Harley Street. Possessed with tremendous physical energy, marathon operating lists have always been meat and drink to him. The last operation on the list is as well done as the first. "We always do a thing quickly enough when we do it well" has been his guiding principle throughout, and at the end of a long day the work is not done until his own personal operation records are completed.

A clinician first and always, Hyla Stallard is most himself as he was at the peak of his athletic career, the stylist, the perfectionist, the man who revels in the arduous and who hates to concede defeat in the most difficult situation.

J.H.D.



"NO, I DIDN'T GET THE KNIGHTHOOD; STILL ONE MUSTN'T COMPLAIN, I DID GET THE HONOUR OF BEING SELECTED TO ATTEND THE BARBECUE BALL."

Some Aspects of *Hypertension*

by W. E. GIBB

We recognise the term Essential or Primary hypertension to mean the presence of a raised blood pressure for which no pre-existing cause is apparent. It may also be described as Diastolic hypertension implying that not only is the systolic pressure raised but, also, the diastolic pressure; and to distinguish it from systolic hypertension which is found in elderly people who have arteriosclerosis with a normal diastolic pressure, and which may be present in those patients with conditions which cause vaso-dilatation—e.g., anaemia or hyperthyroidism in which the diastolic pressure is lowered.

Essential hypertension probably begins quite early in life and, whereas the pressure increase may at first be intermittent, later on it becomes fixed, increases in severity over the years and most frequently gives rise to cardio-vascular accidents in the sixth and seventh decades. Hypertension secondary to renal or endocrine disorders is common in the younger age groups. The most important causes of renal hypertension are chronic pyelonephritis, diffuse glomerulo-nephritis, diabetic glomerulo-sclerosis, the kidney of toxaemia of pregnancy and congenital anomalies; while the endocrine causes are Cushing's syndrome and phaeochromocytoma and both of these latter are uncommon. By reason of the severity of the underlying organic disease the progression of renal hypertension is usually faster than that of essential hypertension and the presence of proteinuria is invariable.

Fluctuation of Normal Blood Pressure. Casual and Basal Blood Pressure.

It is well recognised that in the normal individual the blood pressure varies throughout the twenty-four hours. There is a diurnal variation with the lowest pressures being recorded during sleep, and the response of pressure to exercise and emotional factors is well known. In addition to these and other physiological and environmental factors the effects of climate and race and mode of life all play a part in determining the "normal blood pressure". A raised blood pressure is uncommon in Chinese and in Negroes living in Africa but is found to occur more frequently when these races adopt the Western mode of life.

When the blood pressure of an individual is recorded under ordinary conditions of life it is termed the "Casual blood pressure". This is naturally higher than the "Basal blood pressure" which has been defined as the blood pressure recorded after preparation which includes a 10-12 hour interval since the last meal was taken on the previous evening and after resting for half an hour in a warm room. Rest and relaxation have a beneficial effect on an individual with essential hypertension, and it is a familiar observation that when such a patient is put to bed, as on admission to hospital, the blood pressure usually falls very noticeably over a period of the first few days.

The Control of Blood Pressure and the Aetiology of Essential Hypertension.

The level of arterial pressure is determined by three main factors: the output of the heart, the peripheral resistance presented by the vascular tree and the blood volume. It has been accepted that in essential hypertension there is no change in the cardiac output or in the blood volume and that the raised pressure is due to an increased resistance caused by a general arteriolar constriction.

Innervation of the vascular tree by the sympathetic nervous system allows of rapid changes in blood pressure. Quite apart from the effects of stimulation of the smooth muscle of the arterioles by the sympathetic nerves, these blood vessels have a "basal vascular tone" about which we know, as yet, very little, but which undoubtedly is a large factor in determining the capacity of the arterial system and the peripheral resistance.

The walls of blood vessels contain noradrenaline and it might, therefore be thought possible that the hormone is one factor in the maintenance of vascular tone. Following the isolation in 1900 of the active principle of the adrenal medulla it was imagined that high blood pressure would eventually be shown to be directly due to an excess of this hormone in the blood stream; but it is now known that there is no direct relationship between the amounts of circulating adrenaline and noradrenaline and the height of the blood pressure. Similarly after the isolation of cortisol from the adrenal cortex it was thought that this hormone might be directly responsible for the maintenance of blood pressure but this supposition has not proved correct. It is now assumed that in essential hypertension there is an increase in the basal vascular tone with an increased reactivity of the vessels both to noradrenaline and other vaso-active hormones, e.g. angiotensin and cortisol, and that this increased reactivity is probably the earliest manifestation of essential hypertension.

What might cause this increased reactivity of the blood vessels? We must consider briefly the renin-angiotensin-aldosterone system which is intimately associated with the sodium balance of the body and thereby probably has a controlling influence on the blood pressure. Since Tigerstedt and Bergman discovered the renal enzyme in 1898—which they termed "Renin,"—it has been known that the kidney plays a part in the regulation of blood pressure. Renin is probably secreted by the juxta-glomerular cells which are present in the walls of the renal efferent arterioles, (Brown, J. J. et al), and when circulating in the blood it acts on $\alpha 2$ globulin to produce angiotensin I, which through the stage of angiotensin II, stimulates the production of aldosterone by the adrenal cortex.

The juxta-glomerular cell or the "J.G. apparatus" may well be a mechanism to regulate and safeguard the blood flow to the kidneys by change in sensitivity caused by variations of intravascular pressure or volume. A fall of pressure or volume would stimulate the release of renin and the secretion of aldosterone and ultimately conserve sodium by the action of aldosterone on the tubular cells of the kidneys. Evidence that the sodium balance is closely related to the blood pressure level was shown by Borst (1963), who produced evidence that hypertension can result from the administration of the sodium retaining corticoids to normal subjects; and Dahl et al. (1961) showed that individuals with hypertension have a prolonged biological half life for radio-active sodium (Na 22) which suggests that hypertensive subjects have a larger than normal metabolic pool of sodium. These observations are in keeping with the earlier experience of the success in treatment with the low sodium diets, including the Kempner rice diet, even in severe cases of hypertension.

The direct effect of retention of sodium in the body, with an increase in the sodium pool, would be to increase the sodium content of the walls of the blood vessels which in turn would increase the reactivity of the muscle of the arteriolar walls to vaso-active substances and so lead to an increase in the peripheral vascular resistance.

Sodium also accumulates in the walls of the carotid sinus causing it to be less responsive to a rise of pressure and thereby resulting in a resetting of the activity of the sinus at a higher level of blood pressure. It would, therefore, seem important to study the sodium balance of the body in hypertensive subjects before and after treatment to establish whether any possible change in this balance can be related both to the type of treatment and its effect on the hypertension. This is one problem which we are hoping to study in our hypertension clinic.

A large number of steroids have been obtained from the adrenal gland but only a few of these have biological activity characteristic of the cortex, and of these aldosterone has its main effect on the kidney controlling the elimination of salt and water but also has definite anti-inflammatory properties.

It may be that a hormone which is quite specific for the control of sodium balance will be isolated in the future. It is quite clear that both the control of the blood pressure and of the sodium balance are mechanisms of fundamental importance by which "La fixité du milieu intérieur", as described by Claude Bernard, is achieved.

The Practical Problem and Notes on Management.

Essential hypertension is common. It has been reckoned that at the age of 50 years, 20% of our population have a blood pressure exceeding 160/100, and the incidence and severity of hypertension increases with the years.

Whereas degenerative arterial disease, or "arteriosclerosis" must be accepted as a natural accompaniment of old age and can be regarded as the result of "fair wear and tear" of the arteries, the effect of hypertension is to accelerate these degenerative changes by subjecting the vessels to "unfair wear and tear" and thereby causing premature vascular lesions.

In many instances a vascular accident is the first overt sign of disease and, by then, the arterial disease may be severe.

There is undoubtedly truth in the old saying that "prevention is better than cure" and although this cannot possibly be a solution to the problem of essential hypertension yet it is worth heeding. A recent and interesting study by Short (1966) of the calibre of the arterioles of the intestines in chronic hypertension shows that the vessels are capable of width variation but that they cannot be distended as fully as can normal vessels and that this decrease in diameter is due not to muscle hypertrophy but undoubtedly to arteriolar constriction. When we remind ourselves that the physiological way of achieving arteriolar dilatation is by exercise, the importance of this in daily life seems all too apparent.

In many instances, following a routine medical examination, as for life assurance, an individual has been told that he has a high blood pressure. This information may be quite enough to cause considerable anxiety, which can only make matters worse, and it is justifiable and desirable for the patient to be given some reassurance as soon as possible. It may be that the first casual blood pressure reading was recorded at an unfortunate time either during a period of stress or overwork, and that at subsequent examinations a raised blood pressure was either perpetuated or accentuated by the effect of anxiety. One would, therefore, make a plea that, except in obvious cases of severe hypertension and those presenting as an emergency, time would be found for a period of assessment together with general advice to the patient. A sedative, a holiday, some regular and measured physical recreation together with the correction of any full habits—particularly with regard to obesity—and the hypertension may lessen quite remarkably. Not infrequently one may see a patient who has recently developed angina pectoris and who is also found to have a high blood pressure and in whom, following some alleviation of his anxiety, the pressure may fall with lessening of the angina.

Some patients will benefit from a short period of observation, with weight reduction, in hospital before the question of treatment with hypotensive drugs has finally been decided. Rational treatment with the hypotensive drugs is planned on a permanent basis and it would be hasty to commence treatment solely on the recording of a casual blood pressure reading on one or two occasions only.

The absolute indications for treatment with hypotensive drugs are those patients with either severe hypertensive heart disease and acute heart failure, or hypertensive encephalopathy or retinopathy with papilloedema. In the severely ill patient immediate treatment with parenteral ganglion blocking drugs may be life saving but in cases in which advanced renal failure is present treatment with hypotensive drugs may only be harmful.

Renal Hypertension

Whereas essential hypertension is far commoner than hypertension secondary to renal disease the importance of the latter lies in its more serious prognostic significance.

In many instances the evidence of long standing disease affecting both kidneys is readily apparent. There may have been a well authenticated history of glomerulonephritis or pyelonephritis in early life or a condition predisposing to renal disease such as toxaemia of pregnancy or diabetes; and the presence of proteinuria with abnormalities of the renal deposit, a urine of low, fixed specific gravity and, in advanced cases, the presence of retinopathy will complete the diagnosis.

All too often this chronic hypertensive renal disease, with renal failure, is seen in young or middle-aged individuals and an increasing number of these may benefit in the future from treatment by means of intermittent renal dialysis.

Reno-Vascular Hypertension: Unilateral Renal Disease.

Occasionally we find evidence to suggest that hypertension is the result of unilateral renal disease; and the term reno-vascular hypertension has been used to define hypertension which is attributable to occlusive disease of a renal artery or its branches. The pathological lesions include atheroma, stricture, thrombosis or aneurysm; also infarction of the kidney.

The possibility that such a lesion or that an atrophic, hydronephrotic or pyelonephritic kidney may cause hypertension has been widely accepted following the classical experiments of Janeway (1909) and of Goldblatt (1933) on dogs, in which hypertension was produced by the clamping of one renal artery.

This problem of unilateral renal disease and hypertension is a difficult one. For example, it has been shown in a necropsy study (Schwartz and White) that the incidence of stenosis of the renal artery or its branches was high in the more elderly subjects studied; but that no clear relation between the presence and severity of stenosis and the diastolic pressure was found when the age of the patient was considered.

Nevertheless it is the desire to ensure that no case of hypertension which might be relieved by surgical treatment (e.g. nephrectomy or relief of stenosis) is overlooked, that necessitates full radiological examination of the kidneys in severe cases of hypertension: and this may include aortography. Yet the results of the few cases which are submitted for operation are such that a full trial of medical management of these cases should usually be considered in the first instance.

Malignant Hypertension

This term was first used to describe a syndrome of severe hypertension accompanied by papilloedema and retinopathy (of haemorrhages and exudates), with or without the presence of proteinuria; and the histological lesions of widespread fibrinoid arteriolar necrosis, affecting especially the vessels of the kidneys, brain and retinae, were thought to be caused by damage due to very high blood pressure.

It seems now to be recognised that, although these acute vascular lesions, which are characteristic of malignant hypertension, may accelerate the disorder, they are unlikely to play any part in its origin; for the most frequent ages at which the diagnosis of malignant hypertension is made are during the fourth and fifth decades whereas the major incidence of benign hypertension is at a later age. It therefore seems probable that many, if not all, cases of malignant hypertension are due primarily to a renal disease. While the practice of renal biopsy and the use of the electron microscope is helping to define structural abnormalities of the kidneys which may accompany well established clinical disorders, the assistance which these techniques might contribute to the management of a particular case is not always apparent: and indeed in malignant hypertension renal biopsy is definitely contra-indicated.

These few notes about renal hypertension and malignant hypertension may help to support the view that both have much in common regarding aetiology, clinical course and termination at a relatively early age in renal or cardiac failure; and that the management problems which they present are consequently usually greater than those of essential hypertension: and yet one of the greatest problems is often presented by patients with essential hypertension. It is: — Is the hypertension sufficiently severe to warrant drug treatment on a regular and permanent basis?

REFERENCES

Borst, J. G. (1963): *Lancet*, **i**, 677.

Brown, J. J., Davies, D. L., Lever, A., and Robertson, J. I. S. (1966): *B.M.J.*, **i**, 505.

Dahl, L. K., Smiley, M. G., Silver, L., and Sprargen, S. C. (1961): *Nature*, **192**, 267.

Schwartz, C. J., and White, T. A. (1964): *B.M.J.*, 1415.

Short, D. (1966): *Brit. Heart Journal*, **28**, 184.

James Gibbs' House

by

NELLY J. KERLING

Archivist to the Hospital

The house on the West side of the North Wing built in 1732 was designed by James Gibbs for the Clerk to the Governors. No plans have survived and the bills of the craftsmen working on the North Wing do not mention this house separately except for some isolated details. We know that the plumber asked £1 17s. 6d. for making a pump in the scullery complete with pipes and another 7/6d. for the pumphandle and a rod, and that the smith was paid £1 19s. 0d. for windowbars—perhaps to safeguard the winecellars in the basement—, £10 3s. 1d. for work on the kitchen range and for hanging coppers, and 1/6d. for shoescrapers which are still standing one each side of the frontdoor. One wonders how often they will be used in future! The time for cooking on open fires and for using pumped water is gone and the present house has all modern facilities of gas, electricity and central heating.

It was usual in the 18th century to have houses on the premises for certain officials such as the Steward, the Clerk and the Vicar. The Treasurer also had his own house which stood to the East of the North Wing roughly where the present Finance building now stands. When this house was pulled down in the middle of the 19th century, the Treasurer moved into the 18th century Clerk's house and the Clerk had to be satisfied with a 19th century brick house at the back of the present Steward's office. The Treasurers lived in the handsome house until Sir Sydney Waterlow resigned in 1892. His successor Sir James Lawrence was asked to visit the Hospital as often as possible but he had no longer an official residence and the Clerk returned to the house which was originally built for the use of this officer. Both Mr. Hayes (Clerk from 1905 to 1937) and Mr. Carus-Wilson (Clerk from 1938 to 1962) made it their home until the second World War. It was evacuated soon after 1939 and in the night of 10/11th May, 1942 it received substantial damage by enemy action. Only very temporary repairs were carried out after the war but now it has at last been rebuilt under the direction of the Architect James Knowles who followed as much as possible the original design of James Gibbs.

In the present house the Clerk to the Governors has his own flat on the second and third floors. A service room for the kitchen staff and the so-called Guildroom are on the first floor. Both these rooms have a doorway leading into the Great Hall. Large meetings will still be in the Hall but small parties, luncheons and teas for a limited number of people can easily be held in the new room which derives its name from the Women's Guild which had its meeting place in the Clerk's house before 1940. Catering will be much easier because of better facilities for keeping the food hot and for serving it properly. The spacious servery is at present served by the lift in the James Gibbs' House but as soon as the Pathology extension takes place there will be a hoist which will bring trolleys in through the end wall of the servery thus avoiding embarrassment of trolleys entering the main hallway of the house. On the ground floor the Consultants have their Common Room which looks very attractive with its original Gibbs' mantelpiece. There is also a Committee Room and a Writing Room and in the entrance hall one must admire the new oak staircase with the handcarved banisters. It was a very good solution to have the bust of William Harvey in the niche halfway up the first floor for it makes the hall look even more imposing. Though the pillar near the staircase was probably not planned by James Gibbs, it adds to the dignity of the house. In the basement, cloakrooms have been built and the former winecellars are converted into three storerooms for our archives. Modern movable racks are put in and air conditioning has been installed. The air which is circulated at a certain temperature and with a certain humidity is also filtered to prevent the London dirt from getting at our priceless medieval documents. The new muniment rooms are now in agreement with the rules for the preservation of documents laid down in

the Public Records Act of 1958. About two years ago the building plans were approved by the Keeper of the Public Record Office upon whose advice the Lord Chancellor gave permission to store the Hospital's interesting archives on the premises. The lift which works from the basement to the third floor makes it easy for the Archivist to bring the archives to the Great Hall for exhibitions and in future it will be possible to arrange these exhibits—on special subjects or general ones—whenever people are sufficiently interested in our historical background. A small display case is planned in the entrance hall to show a variety of papers of general interest. More than in the past this house will be a centre for the Hospital staff.

BART'S CHORAL SOCIETY

Holy Sepulchre Church 8th June

The church of the Holy Sepulchre is not a church one normally thinks of as being "part of Bart's". It was therefore very pleasant that the Choral Society decided to use it on June 8th for their latest recital, and to see it so full, particularly with Senior Hospital Staff of all branches.

The evening began with **Bach's Church Cantata No.118.** The choir started the work diffidently, particularly at the beginning of lines, but picked up very quickly, and gave a balanced performance, both between themselves, and themselves and the orchestra. At one point the trumpet did seem a little oppressive, although on the whole the contrast was good, and the effect very pleasant.

The major work of the recital was **Mozart's Requiem Mass K626.** The introductory words in the programme told us that "Mozart never planned a more sombre opening to any work"; this was amply borne out by the performance. Generally speaking, the orchestra tended to be somewhat drowned by the Chorus, and at times the enunciation of the words left a little to be desired, particularly in the *Kyrie*, although the spirited rendering of this part more than made up for it. The crystal clear tones of Miss Gomez (contralto) against the fuller sound of the whole chorus in the *Introit* were particularly beautiful. The *Dies Irae* was one of the evening's highlights. The overall effect of the rolling tones of the chorus was, if one might be allowed to describe a piece of religious music thus, "spine-chilling". As the *Dies Irae* drew to its conclusion it became rather less awe-inspiring, and led more gradually into the brighter and more lively *Offertory*. The hard work everyone had put into the work was exemplified in the powerful singing of the *Sanctus*, the exquisitely controlled crescendo in the *Agnus Dei* and the very effective pauses in the *Communion*.

One criticism that applied throughout the evening was the pronunciation of the Latin. They had elected to sing the work in "Italianised" or Church Latin (although the programme told us that the words of part of the work were written in the 13th century—long before this pronunciation came into use—at the end of the last century). However, the pronunciation was inconsistent, both amongst the chorus as a whole and between chorus and soloists; this was at times a little disconcerting.

The conductor was Mr. Robert Anderson and the soloists, Jill Gomez, Shirley Mintey, Dermod Gloster and Geoffrey Chard, who all sang beautifully. The orchestra was led by Eugene Danks. The chorus are to be congratulated, and I hope they enjoyed the performance as much as they seemed to be in their singing, and as much as their audience. Once again we owe our thanks to Mrs. Owen who organised the evening. I remember that the reviewer of the Society's performance of the Messiah hoped that it was the beginning of a new Bart's tradition. I feel one can say that with continued support, it will live on.

Simon Phillips

medicine in literature

LOVE AMONG THE RUINS

by Evelyn Waugh

He was in a key department.

Euthanasia had not been part of the original 1945 Health Service; it was a Tory measure designed to attract votes from the aged and the mortally sick. Under the Bevan-Eden Coalition the Service came into general use and won instant popularity. The Union of Teachers was pressing for its application to difficult children. Foreigners came in such numbers to take advantage of the service that immigration authorities now turned back the bearers of single tickets.

Miles recognized the importance of his appointment even before he began work. On his first evening in the hostel his fellow sub-officials gathered round to question him.

"Euthanasia? I say, you're in luck. They work you jolly hard, of course, but it's the one department that's expanding."

"You'll get promoted before you know your way about."

"Great State! You must have pull. Only the very bright boys get posted to Euthanasia."

"I've been in Contraception for five years. It's a blind alley."

"They say that in a year or two Euthanasia will have taken over Pensions."

"You must be an orphan."

"Yes. I am."

"That accounts for it. Orphans get all the plums. I had a Full Family Life, State help me!"

It was gratifying, of course, this respect and envy. It was well to have fine prospects; but for the time being Miles's duties were humble enough.

He was junior sub-official in a staff of half a dozen. The Director was an elderly man called Dr. Beamish, a man whose character had been formed in the nervous thirties, now much embittered, like many of his contemporaries, by the fulfilment of his early hopes. He had signed manifestos in his hot youth, had raised his fist in Barcelona, and had painted abstractedly for Horizon; he had stood beside Spender at great concourses of Youth, and written "publicity" for the Last Viceroy. Now his reward had come to him. He held the most envied post in Satellite City and, sardonically, he was making the worst of it. Dr. Beamish rejoiced in every attenuation of official difficulties.

Satellite City was said to be the worst-served Euthanasia Centre in the State. Dr. Beamish's patients were kept waiting so long that often they died natural deaths before he found it convenient to poison them.

ASPECTS: The Enemies of Gilbert Pinfold

The relation between medicine and the humanities is usually one of the pleasanter side-courts in the two-cultures tournament. "If stuck for a subject, have another look at Bonaparte's pylorus!" seems to be the motto of every medical columnist. But the journal that has really brought the game to a fine art, the C.I.B.A. Symposium, does not seem to be as well known as it deserves. If you want to know whether Goethe had gout or a green-stick, whether Big Chief Sitting Bull's piles were internal or external, whether the association between hendecasyllabic composition and oesophageal varices is primary or secondary, this is the place to look. A list of some the essay titles gives the idea—"Psychotics and their Paintings—the Human Soul Laid Bare"; "Physician and Footlights–Freud on the Stage"; "Frederic Chopin—a Case of Allergy?"; "Medicine in the Days of the Pharaohs"; "The Doctor as a Cabaret Figure"; "Psychotherapy and Sculpture"; "Medicine at the Vienna State Opera"; "Physician to Madame de Pompadour"; and so on.

Some of the articles, it is true, are a little over-enthusiastic. There is one, for example, in the October 1958 issue, about a "Penicillin Ballet": "It seemed to me that it should be possible to create a ballet, at once original and fascinating, centred round the dramatic struggle which takes place in the human organism in the course of a severe infection. My idea was that this struggle should reach a happy ending thanks to the arrival of penicillin, the plot thus constituting at the same time a form of homage to Alexander Fleming and his genial discovery". The dancers represent bacteria, leucocytes, death, penicillin, and erythrocytes. "By a coincidence, this ballet was performed on the same evening as another ballet dealing with death, Hans Christian Andersen's Historien om en Moder. Where, however, the latter depicts resignation in the face of death, 'Fever' represents victory over the power of death." However "genial", one cannot really imagine that this was very effective. It is, as it were, the infectious naïvety that needed the penicillin.

Then there is Georges Morin on Sainte-Beuve, who, when he was a medical student, mentioned in a letter to a friend that he was "greatly occupied with dissection". One could scarcely do anatomy without being, but Morin comments on this phrase: "In a word, he was eager to delve into the secrets of the human body, to expose its most hidden fibres by means of dissection and analysis—two techniques which he was later to employ with triumphant mastery in his portraits, in which he succeeded so brilliantly in penetrating to the depths of the human soul." Similarly, Morin describes Sainte-Beuve's giving up medicine thus: "A compelling interest in science had led him to the Faculty and a compelling interest in literature was to drive him thence"; whereas Sainte-Beuve himself said, "Finding it easier to make headway in the field of literature, I abandoned the study of medicine".

The illness of Van Gogh is another soft spot. A perversity amounting to a perversion is shown in turning even that loveable man into a bore (a "case history" as they say, clucking their bifid-cultured tongues with satisfaction). They seem to forget that several of Van Gogh's relations had epilepsy and that he had already developed his characteristic style of painting before his attacks began.

But most of the articles in the C.I.B.A. Symposium are very good and one has to go elsewhere for examples of the 2-C's game getting really dangerous. The following examples are deliberately selected from the statements of two of the most respected men in the profession, not as an act of theological despair but in order to make the point that however magnificently mild and mainstream a doctor may be, his obita dicta outside his special subject are as likely to be as ill-judged as anyone else's.

Item One: "A creative psychopath, a less generally accepted category than the other two, who, while persistent in seeking the goal of his choice, is always potentially hostile to established authority and may sometimes accomplish unusual ends because of his impatience with usual methods. Beaudelaire and Gaugin have been quoted as examples." (Page 62, 'Psychiatry for Students' by David Stafford-Clark). When the author is so little of an authority that he can't even spell either of their names right, the presumption of classifying these two as 'creative psychopaths' is quite awe-inspiring. No wonder it is a "less generally accepted accepted category"! Such 2-C's name-dropping will surely reach the text-books sooner or later (eventually, editions of this very one, no doubt) as being a special sign of what might be called non-creative or critical psychopathy.

Item Two: "Opening the conference, Lord Brain recalled the rapid changes in professional and public opinion in a single generation: the King Canutes were hastily removing their thrones to the shore, or being swept away by the tide. The proponents now ranged widely between two extremes—those who regarded abortion with as little compunction as contraception, and those who accepted it as often necessary, but did so with great reluctance" (Page 970, *Lancet*, April 30, 1966). Such an opening to a conference would, one might think, provide strong psychiatric grounds for terminating the conference—not because of any opinion Lord Brain himself holds, for he is entitled to his own opinion; nor even because his summary of the state of current opinion, since it leaves out of account the Roman Catholic position, is incorrect, for this may have been due to ignorance; but because of the muddled thinking. He is saying, presumably, that some quite unspecified piece of recent scientific knowledge (the "tide") has in some way made out-of-date the belief that abortion is a form of murder and therefore wrong in itself. In other words, he is treating an ethical problem as if it were a scientific one. This claim to have a scientific reason for disposing of a moral problem, this inability or refusal to discuss it in moral terms, is precisely the point at which medicine, by masquerading as a philosophy, gives birth to the first, last, and worst iatrogenic disease of all: the Medicine Man as Priest.

It is with these thoughts in mind that, to commemorate the death of Evelyn Waugh, we have chosen, as this month's "Medicine in Literature", an extract from "Love among the Ruins". It has become customary simultaneously to regard Evelyn Waugh as the best satirist of the age and to regret that his satire was largely directed against the more hopeful aspects of that age. But one begins to wonder whether this regret is entirely justified. "Love among the Ruins" is less well known than those two other fantasies of the future, "1984" and "Brave New World"; but at this particular moment in 1966, meditating upon the remarks of Lord Brain, it seems that Waugh's fears, as well as being expressed with more wit and humour than those of Orwell and Huxley, were also more realistic.

J.D.

Memories of the Underground and Associated Railway of London

In May we published an article on the Metropolitan Railway.
Rogier Ward contributes these memories

When I was young, I often had the unpleasant experience of travelling when the trains were drawn by steam locomotives. I was then a small boy. Our journey began at Bishopsgate Station, asthma began after leaving Aldersgate, reached its climax at Gower Street (now Euston Square) and slowly improved after Baker Street. It was a horrible and inevitable affair: Mr. Miles's sardonic remark about health resort has my full support.

In those days I had a book called "The World of Wonders". It had illustrations of such things as the Niagara Falls, the Narwhal, the the Rhinoceros, and—curiously enough—of the Metropolitan Railway just west of Aldersgate Station. The picture showed three bridges above one another. The top one was a road bridge, the second carried the Metropolitan Railway, beneath which was the third one spanning the railway which here dips down to reach Smithfield Market Goods Station. It was only when I became a student at Bart's that I had the pleasure, being now asthma free, of studying this wonder on many occasions. Despite all that has happened to London, these three bridges are still intact.

Mr. Miles mentions the Thames bridge at Blackfriars, which carries the railway to Snow Hill (Holborn Viaduct). This track is of very great importance as it is the only through route across the river until one comes to the rail bridge just above Chiswick Eyot. It is fortunate that German bombs in two wars did not hit it. Many attempts have been made to make this bridge less hideous by painting it, especially at times when special processions were due to pass under it. Had it been destroyed it might have been decided to replace it by a tunnel, making it possible to see the west face of St. Paul's with less obstruction as one passes eastward along Fleet Street.

When the District Railway was electrified, labour was cheap and there were three door attendants to each coach, one at each end and one for the centre doors.

After the Central London tube railway was opened, at the entrance to each station in the summer was a picture of a luscious green vegetable with the inscription "Cool as a Cucumber" and "Ozonair free". Long ago these disappeared—all our tubes might be labelled "stuffy as a stew".

How wise Paris has been, but let us be proud that we were the first.

THIS year's Barbecue Ball was an experiment in two ways, firstly to replace the View Day Ball as the Hospital's main visible social function, and secondly by staging a dance on a scale, far above that of previous years without the help of trained hoteliers.

Possibly people were disappointed at the excitement of West End visits to new and romantic names giving way to such prosaic sounding names as "The Gym", "The Recreation Room", and even "College Hall", but in fact the advantages financially and indeed visibly were very apparent on the night. Not many people have an essential need for Edwardian panoply that cannot be satisfied by mediaeval banqueting halls, arcadian bacchanals, and a bar like a mortuary for dead barrels.

The View Day Ball as we know it, began only twelve years ago, but a Student Union Dance has existed in one form or another since 1904, when the price of admission was 10/6d. and junior students were conspicuous by their absence. Even so the journal prophesied that "As an annual function it is an institution which has come to stay" —sixty years and a few name changes later this forecast looks as if it is going to be fulfilled. The decision to amalgamate with the Barbecue Ball was taken for many reasons. To stage a ball in the West End featuring such bands and cabaret as we saw this year would have entailed a ticket price easily double that which was charged. Inevitably tickets had to be limited, but being a Hospital function a very fair proportion of all branches of the Hospital Staff seemed to be present. Most people's apprehensions that the new ball would lack any of the elegance of the old were quickly dispelled.

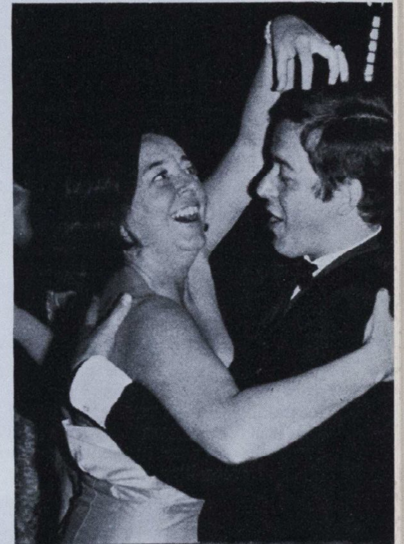
The weather had been torrid the preceding week and members of the Wine Committee were distinguished not only by their white dinner jackets, but also by the generous tan acquired during their labours of the previous week when bricklaying, shield painting, and acquiring plastic fruit, was mainly done on a liquid diet. The square looked particularly splendid, with the trees and the marquee picked out in lights.

The first reaction of most people was to attack the champagne. Some consultants with great foresight bought by the dozen and this was as well because the temperature

of the wine made its opening rather wastefully explosive. It is a pity there was only one bar to sell the champagne as the warm night made queuing more than usually fatiguing.

Clutching your Moet prize you had the choice of dancing in a French Street to a Jamaican Band, or dalliance in the Orange Grove, egged on by provocative murals and the ambiguous smell of laurels. If the pale, cold light of this room proved too much for you there was a complete contrast in the "The Wine Cellar Bar" next door where bacchanalian orgies possibly took place.

The little dance programmes, very sensibly, did not refer to supper "sittings" as most of the would-be diners' time was spent admiring the end of the Biochemistry block. However, the spectacle of a mediaeval banqueting hall was the masterpiece of the evening. The candlelight, and the musicians playing in the minstrels gallery, enhanced the somewhat conventional fare of chicken legs, prawns and melon. The strawberries were a welcome novelty and for many must have been the first of the year. To feed over six hundred in the short time allowed was an ambitious attempt, it was unfortunate that some people at the end had to go supperless. In retrospect, this might have been avoided had one been able to select one's own quantities



as in many cases portions were in excess of what was wanted. However, instead of loaves and fishes the Wine Committee provided four pigs which were magnificently cooked, and were served at a very good time between one and two o'clock. This feature of the Barbecue Ball has undergone arithmetical progression since it began with the one pig four years ago.

One of the features of recent View Day Balls has been their poor cabarets, dictated largely by lack of money, and it was one of the strongest points of this year's Barbecue Ball that the cabaret was of the highest standard. The Barron Knights are a group known to many of us for their expert impersonations of some of the pop groups, and turned out to be that rare thing: a group that appears better live than on T.V. and records. Even though a section of the audience must have been unfamiliar with their subjects, this didn't seem to matter and they deserved all the applause they got.

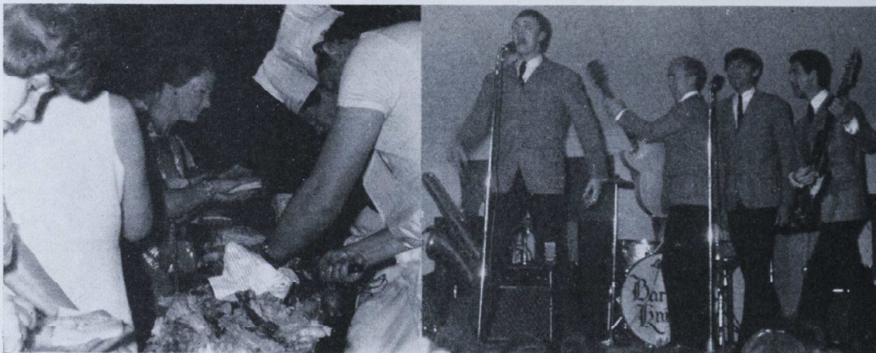
For many people, after the cabaret, was the first chance to start dancing, and they had a good variety of bands to choose from. The Temperance Seven, who were a must after their tremendous performance last year, lost some of their impact by inadequate amplifying equipment, which is so essential in a large marquee. The Steel Band had an ideal night and played the Pied Piper around the College lawns. The bands inside provided varied types of music and everyone should have been able to find something they could leap around to.

One of the chief delights of a dance like this, is that one knows nearly everyone there, and in many cases it can be an opportunity to see people who have left the Hospital. This year with so many people, the dance could well have lasted until breakfast time, so that one could take full advantage of it. Indeed the scale of the ball was such that half past three was all too early a finish and one wonders if future years may perhaps be able to continue throughout the night, even at the expense of a formal supper.

We all have reason to be very grateful to the Wine Committee who put a fantastic amount of work into the preparations for this ball and who at the end had to turn around to the even more formidable task of restoring College Hall to its usual 1950's atmosphere.

It is for freedom from such hangovers that one pays so highly in West End Establishments, and everyone who went to the dance should be grateful for the work that was put in by this versatile and talented committee.

Diana Evans



Medical Practice Abroad

4. TRINIDAD & TOBAGO

by H. M. Collymore, Orthopaedic & Plastic Surgeon

Trinidad and Tobago is a rapidly developing country in which, from unpromising beginnings, long strides have been taken into the industrial twentieth century, but which still retains some of the stimulating challenges of a pioneer country.

It is best known in England as an exporter of sugar, oil, rum, good cricketers, the steelband and surplus labour, the last regarded somewhat ambivalently. Ideas about its geographical situation tend to be vague. Among the many effects of the recent Royal visit to the Caribbean, it is hoped that one will be the erasure from the minds of a large part of the English-speaking world, the misconception that Trinidad is a district of Jamaica. The blurring of these fine distinctions in what one must admit is a minute land-mass is understandable, yet one feels that, like certain other island races in human history, West Indians may again prove the irrelevance of size. For a people that can display the energy and sheer joy of living, manifested in Carnival and sport, may, when fully harnessed to the sober responsibilities of an independent nation, make a valuable contribution to the world. Perhaps in a shrinking world torn by racial antagonisms, it may be helpful to demonstrate how a multitude of races may live together in relative harmony. But this is by the way.

The present medical service is an out-growth of the provisions for the medical care of indentured labourers brought out from India between 1870 and 1920 to work in the sugar-cane plantations. The aim of the hospital service in those early days was understandably to turn out good District Medical Officers. It was not until 1937 that the "Resident Surgeon of the Colonial Hospital in San Fernando was not expected to be Surgeon, physician, gynaecologist, obstetrician, administrator and steward as well"[1] The period 1920-1940 saw the rapid development of curative medicine and a massive onslaught against the many tropical diseases that were responsible for chronic ill-health, mainly hookworm, malaria, and yaws. So successful has this campaign been, that a diagnosis of malaria today is a rarity, and—according to the experts—probably wrong.

The year 1940 marked the beginning of scientific medicine with the establishment of specialist departments and the growth of industrial and private medical care. Today, Trinidad with a population of 980,000 has 376 doctors, with a doctor/patient ratio approximating to 1: 3,000 as compared with Britain's 1: 1,000.[2]

This compares favourably with the majority of developing countries in the African and Asian continents, but is still far from ideal.

Hospital Services

Hospital services are mainly supplied by the Government, who are chiefly responsible for health in its curative and preventive aspects. There is no health service in the sense in which this term is understood in Great Britain, but there is an easy-going arrangement whereby anyone who is in need of hospital care may have it whether he can pay for it or not. There are two large, modern, well-equipped general hospitals, one in Port-of-Spain the capital, with 850 beds, with an adjoining maternity hospital of 160 beds, and the other in San Fernando, the second largest town, with 650 beds. In addition, there is a one hundred bed hospital in Sangre Grande in the east, and a general hospital in Scarborough in Tobago. The staffing arrangements, while a great advance over those of fifty years ago, are still somewhat Spartan. In San Fernando for example, the hospital is staffed by the Superintending Medical Officer (Specialist), 11 Consultants, 8 Registrars, 11 House Officers, 2 Interns, and 17 part-time Medical Officers. Eighteen of the full-time Medical Officers have Specialist qualifications. There are two general surgical firms, and one firm dealing with orthopaedic and plastic surgery—a happy marriage of specialties, in which the reverence for tissues characteristic of the plastic surgeon acts as a corrective to the cut-and-thrust approach often considered typical of the orthopaedic surgeon. The ear, nose, and throat firm shares a ward with the ophthalmic firm. There are two obstetrical and gynaecological firms and one roving neuro-surgical registrar. There are two general medical and one paediatric firm. A psychiatric observation ward run by a general physician channels patients to the only mental hospital in Port-of-Spain, some forty miles away. Psychiatrists from this institution run out-patient clinics in the General Hospitals. The General Hospital, Port-of-Spain has comparable staffing arrangements. There is a Chest hospital at Caura in the north, devoted largely to the care of tuberculosis.

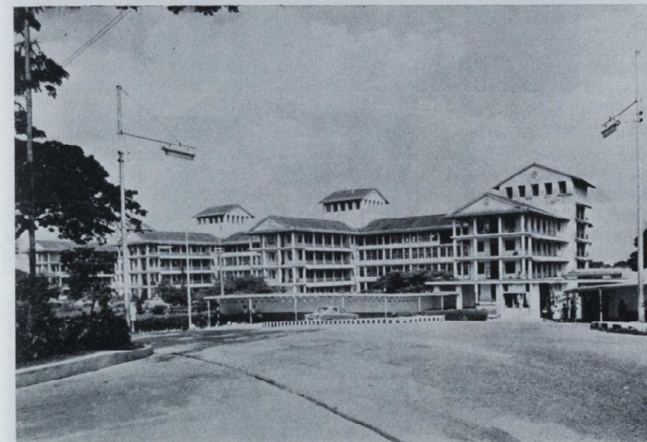
In addition, some of the oil companies such as Shell and Texaco have their own hospitals to care for some of their employees, but they still call upon the general hospitals for specialist attention. There is a new private hospital run by American Seventh Day Adventists, and a number of private nursing homes and clinics.

Medical care in the rural areas is undertaken largely by District Medical Officers, who often have under their control a small district hospital. These officers are entitled to private practice, and this useful service may be regarded as a form of subsidised general practice. In both rural and urban areas, there is of course the private general practitioner.

The majority of doctors have been trained in England, Bart's being a great favourite. North America and Scotland are next in popularity, with Southern Ireland following close behind. The influx from the University of the West Indies has increased over the past few years, and this source will probably in time provide the majority of our medical officers. It is an interesting observation that most of the doctors who elect to remain in hospital practice have qualified in the United Kingdom.

Private practice is still lucrative enough to act as a drain on the personnel of the hospital service, and the hospitals therefore tend to be chronically understaffed. The most serious shortages are in the Registrar category. The consultant may find himself with a very junior house officer or even an intern, with whom to run his firm. Care of the patients therefore demands more of the doctor than in more developed areas, and doctors tend to be chronically over-worked.

In accordance with the old colonial heritage in which the doctor was expected to be a good all-rounder, the newly qualified entrant into the hospital service is expected for the first two years to rotate around the various departments. At the end of that time, he may express a preference for a specialty to which he may, if "the exigencies of the service permit," devote himself. If he is fortunate, he may be granted a scholarship to pursue postgraduate studies abroad toward a higher qualification. The great majority of entrants, after a short stay, pass into general practice or to the district medical service, where financial prospects are better. Presumably, when general practice is saturated and the inducements of hospital practice become more appealing, there may be a tendency for more doctors to remain in the hospital service. Then, one hopes, with the advent of leisure, the academic atmosphere will flourish and more Trinidadians will write clinical papers.



Salaries

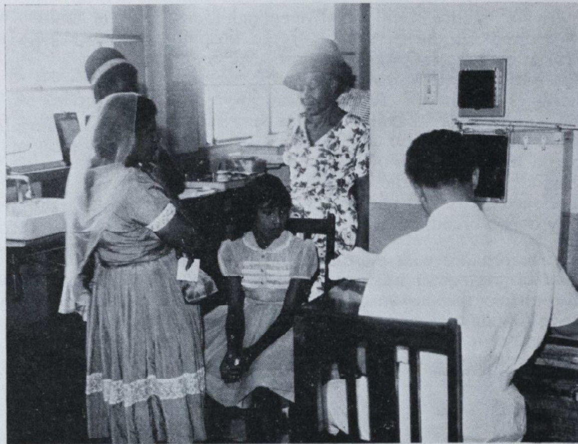
The prevailing rates of pay are: —

Consultants		
	$9,360	(£1,950)
Registrars		
	$9,120	(£1,900)
House Officers		
	$5,520-$8,640	(£1,150-£1,800)

Consultants are permitted private consulting practice away from the hospital or receive $480 (£100) a year in lieu of private practice. To the expatriate, employment is offered on a two year contract. The cost of passages for himself, wife and children under twenty years, is paid by Government. Quarters may be provided at a reasonable rent or failing this, a house allowance in accordance with Government regulations. At the conclusion of the contract, a gratuity of $180 is payable for each completed three-month period of satisfactory service, not liable to local income tax.

Ancillary Services

Most of the ancillary services are represented, but there is a chronic shortage of Physiotherapists, Almoners, Occupational Therapists, and Clinical Laboratory Staff has dwindled to danger point. There is no Speech Therapist in practice in the country. Medical library services are being slowly built up, but lack of leisure for normal use of the library withholds an important stimulus to its development. The imminent extension of the clinical undergraduate teaching functions of the Medical School of the University of the West Indies to the Port-of-Spain General Hospital will undoubtedly do much to correct these deficiencies, in that hospital at any rate.



One would have chosen a more settled time to write a medical travelogue in the hope of attracting staff for an under-doctored area. A revolution is in progress, in which the roles to be played by Government, Statutory Boards, and voluntary organizations in the provision of hospital care are yet to be determined. Revolutions tend to be upsetting, and the present conditions are not likely to attract to our hospital service the young doctor in search of an ideal teaching unit, with a holiday in the sun in exotic surroundings, thrown in for good measure. It may attract pioneer types, for if there remain few jungle frontiers to push back, there is a vast wealth of clinical material waiting to be exploited—material of which little academic use can be made at the moment because of the lack of leisure. A few doctors of the right type would help to share the load and would assist in the establishment of a sound academic tradition—probably our greatest need.

In my own field, a large number of interesting congenital deformities, especially cleft lip and palate, particularly common among the Indian poulation, provide unusual opportunities for experience in this type of surgery. Sickle cell disease is prevalent, as is to be expected in a population which is predominantly Negro, and the associated bone and joint manifestations are fairly common.

Bone and joint tuberculosis appears to be on the decline, though indications are that pulmonary tuberculosis is not yet receding as rapidly as expected. Rheumatoid arthritis, usually considered to be disease of temperate climates, is not uncommon here, and the "Anglo-Saxon disease"; osteoarthritis of the hip, is to be found from time to time. Congenital dislocation of the hip, however, is seldom seen.

Trauma has always played a large part in the Orthopaedic surgery of under-developed countries, and Trinidad is no exception. The cutlass, diverted from its primary purpose of cutting sugarcane and similar objects, plays a large role in the 'crime passionnelle', frequently with compound fractures to the limbs and other hideous injuries. This tool is also used by our versatile countrymen for digging. In the unlucky ones, the cutlass strikes a stone, the hand slips down the blade with frightful consequences; often divisions of the flexor tendons to all four fingers and possibly of the digital nerves. These injuries provide Orthopaedic Surgeons in Trinidad with an unnecessarily large amount of tendon grafting.

Traffic density is high in most areas, and road accidents absorb a considerable amount of operating room time. Prominent among them is the side-swipe accident, in which the elbow protruding from the driver's window is struck by a passing vehicle, for driving in this way is apparently the smart thing to do. Monteggia fractures from this cause are fairly frequent.

For the Registrar who is denied the scope for putting his theoretical knowledge into practice, Trinidad offers rich opportunities for clinical responsibility, surgical experience, and opportunities for that type of professional growth which comes from grappling with problems in less than ideal conditions. But it is not all struggle: there are the attractions of a warm, mild climate, and all the pleasant relaxations that a sport-loving people can afford. Trinidadians are said to be a warm-hearted people with a reputation for hospitality.

References:

1. Rostant, P. A. "Trinidad and I" (Unpublished).
2. Harnarayan, P. "Medical Manpower and the Medical Market", (1966).

NEW CONSULTANTS

talk to *Aurelius*

DAVID KNAPMAN WILLIAMS, M.B., F.R.C.S., M.R.C.O.G., Obstetric and Gynaecological surgeon is aged 38 and is a widower. Despite his name he is not a Welshman but a man of Somerset. He qualified in 1951 and after an H.S. job in Southampton he returned to do two house jobs in the Department of Obstetrics and Gynaecology at Bart's. Most of his general surgery was done on the Professorial Unit at Bristol Royal Infirmary and he has also worked at Queen Charlotte's Maternity Hospital and the Samaritan Hospital for Women. During the past six years he has been Chief Assistant and Resident Physician Accoucheur at Bart's. Although he is interested in research, particularly urinary infection and exfoliative vaginal cytology, he sees himself mainly as a clinician and a teacher. He finds that teaching occupies over ten hours each week.

The two years National Service in 1953 and 1954 were spent in Germany, one of which was in Berlin as Medical Officer to the British Military Government. Last year he returned there to study recent work on foetal anoxia.

He collects antique furniture and silver and listens to music. Although not a driver of fast cars he likes the comfort and elegance of a Rover 2000. On 28th May he flew to Boston, Massachusetts for three months' study leave. He will also be working in New York and San Francisco.

GEORGE BRYAN GILLETT, M.B., B.S., D.A., F.F.A.R.C.S., Consultant Anaesthetist, trained at Bart's, qualifying in 1956. He did not do a house job here (thus refuting the popular notion that you must do a job at Bart's), but went to Margate as House Physician and Kent and Canterbury as House Surgeon. He returned to Bart's in 1958, where he has been ever since, except for three months' study leave in Scandinavia. His appointment is wholly clinical, and he is specially interested in obstetrical anaesthesia, and resuscitation of the newborn. He thinks that Intensive Therapy Units and Recovery Rooms are most important in a modern hospital, but accepts that the geography of Bart's makes a centralised Recovery Room impractical. He would like to see a Private Wing included in the building programme. As a student he was a keen rugger and cricket player, now he contents himself with an occasional game of tennis. He is very fond of opera, particularly Italian. He and his wife live in Highgate.

RESEARCH IN GENERAL PRACTICE

Report of a Lecture by Dr. I. R. McWhinney

When, on Feb. 24th, Dr. Ian McWhinney came up from Stratford-on-Avon to lecture to final year students, he chose as his subject "Research in General Practice". Some might be surprised that there were such opportunities, but a glance into the past is convincing. At present very much more is known of the phenomena of disease than of its natural history, and yet it is very desirable to know a disease in such a way as to infer its cause and to predict its course.

Edward Jenner was not only a naturalist, who made original observations on bird migration, on the habits of the cuckoo and on hibernation in hedgehogs, but also a true general practitioner, who in the same way studied cowpox. Twenty years of patient observation intervened between the story told him by the milkmaid and his crucial experiment.

Sir James Mackenzie found when he entered general practice that the disorders he encountered were not those described in his text books, and that the significance of many symptoms was quite unknown. All the more astonishing was the unerring clinical instinct of his senior partner, which however Dr. Briggs could not put into words. Mackenzie began to keep systematic records and chance directed him to the study of the pulse. "When you put a finger on a patient's pulse today and recognise sinus arrhythmia or extra systoles or auricular fibrillation, remember that you owe it all to Mackenzie for he first differentiated these things." Mackenzie himself wrote "I watched children grow up into manhood and womanhood and observed how they bore themselves during periods of stress . . . The symptoms observed had to be compared with those in people with failing hearts, and after many years' patient labour, this prognosis was established."

Dr. William Pickles, happily still with us and of the same calibre as Gilbert White, produced from Wensleydale his classic "Epidemiology in Country Practice", not only demonstrating a fascinating method of charting his records but also contributing new observations on hepatitis and on Bornholm disease.

A moment's thought will show that we know very little about the natural history of many common conditions, e.g., ischaemic heart disease, cerebro-vascular accidents, hypertension, urinary infections, tonsillitis; yet such knowledge is of great importance both in prognosis and in treatment, e.g., in the use of anti-coagulants and in the indications for tonsillectomy. Such knowledge cannot be acquired in hospital, where the patient's stay is too brief, but only in the community where the general practitioner lives and works.

Two recent enquiries show different techniques: in the first a general practitioner, having spotted something quite unusual, alerts his colleagues through an epidemic observation unit and is soon rewarded with a large crop of cases; in the second a group of practitioners get together to survey their joint community of nearly 20,000 souls, the object being to detect early diabetics.

In June, 1959, Dr. John Alsop, then practising in Birmingham, saw a girl aged three with stomatitis and an unusual vesicular rash on the palms and soles. A virologist, Dr. T. H. Flewett, was consulted, and a red warning was sent out by the Epidemic Observation Unit of the College of General Practitioners. This is a system by which doctors are informed of unusual syndromes and asked to report cases from their own practices. The result was that 83 cases were notified, 24 of them in Birmingham—hence a detailed description of the first outbreak of hand, foot and mouth disease to be observed in this country.

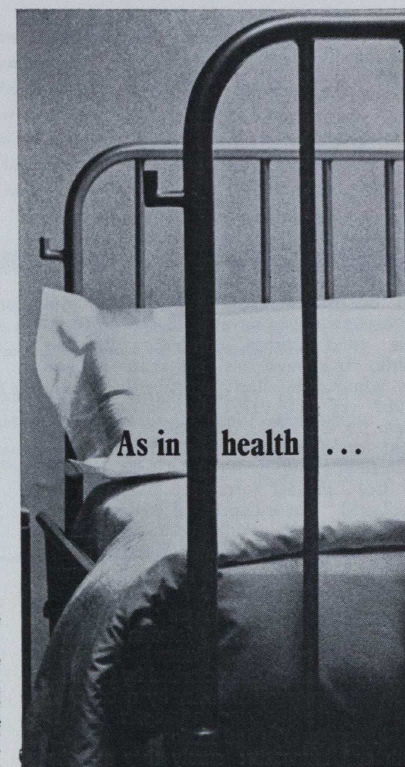
In the Birmingham diabetes survey, ten general practitioners screened their practices with "Clinistix". The 95.8% response was by far the highest yet achieved in a community diabetes survey. Of 19,412 patients screened, 119 were known diabetics, but 493 others reported glycosuria. Glucose tolerance tests were done on 465 of these, and also on 123 matched controls. Apart from the yield of undiagnosed diabetics, the study revealed that 48% of the population over the age of 50 have abnormal glucose tolerance tests, when judged by the standard accepted as normal. Thus, what began as a search for undiagnosed diabetes has unexpectedly raised most important questions about our criteria for the diagnosis of diabetes itself.

Dr. McWhinney would therefore encourage "the snapper-up of unconsidered trifles", and your reporter would encourage students to look at his book, "The Early Signs of Illness", published in 1964.

record review

From the Supraphon* lists this month I have chosen a predominantly modern fare that hails from France. However, before your natural insularity or your inherent distrust for anything that is post-Elgarian allow you to dismiss this page without reading another line, let me say at once that there is little here that is likely to give you indigestion: rather, there is much that will ingratiate the least discerning of palates.

A still summer afternoon in mythical Arcady where the sunshine and warmth casually bathe the faun as he idly plays his flute by the lazy backwaters: this is the idyllic setting of the eclogue by the Symbolist poet, Stéphane Mallarmé, that provides the inspiration of **Debussy's** *Prélude à l'après-midi d'un faune*. The expressive beauty and tonal contrasts of this work are distinctive features also to be found in the exotic and erotic ballet score of **Ravel's** *Daphnis et Chloé*, the *Second suite* of which, coupled with the Debussy and the somewhat incongruous ballet music about a popular Silesian hero called *Ondrás* by the Czech composer, **Hurnik,** receive persuasive performances by the **Czech Philharmonic Orchestra,** conducted by **Antonio Pedrotti** (Debussy and Ravel) and **Karel Ancerl** (Hurnik) on SUA10111. No doubt by design, Supraphon have also at the same time released an excellent performance of the *Second suite* from the ballet, *Bacchus and Ariadne* by the grossly under-rated **Roussel.** Its sensual lyricism reminds us at times of *Daphnis et Chloé,* but never does one fail to appreciate the very individual qualities of this evocative music. Coupled with a sympathetic account of his rarely heard *Third Symphony*, the work is played by the **Brno State Philharmonic Orchestra,** conducted by **Václav Neumann** on SUA10482. **Ravel** is represented on another recent issue: this time it is his *Piano Concerto in*



Trufood spans the dietary needs of children both in sickness and in health. Its range, in this important respect, is extensive and is the result of 40 years of specialised experience. We are glad to make special efforts—and special products—to provide wherever possible the right food for every baby however exacting his needs may be.

Minafen · Galactomin · Locasol · Edosol

TRUFOOD LTD

THE MEDICAL DEPARTMENT, THE TRUFOOD CREAMERIES, WRENBURY, NANTWICH, CHESHIRE.

TFD 113/1-6422-100

G major which is, in the composer's own words, "a concerto in the strict sense, written in the spirit of Mozart and Saint-Saëns", although it is not until the exquisitely beautiful slow movement that his claim with respect to the rococo composer, at least, is realised: the first movement unashamedly courts with the jazz idiom. **Eva Bernathova** (piano) is the soloist in a sympathetic rendering of the work on SUA10602, whilst on the reverse side another lady pianist, **Dagmar Baloghova** gives an energetic account of **Bartok's** exciting and under-rated *First Piano Concerto*. The orchestra is the **Prague Symphony Orchestra**, conducted by **Martin Turnovsky.** To end this Gallic exposition, we move back two centuries to the great French composer, **François Couperin.** The musicians' musician—he was greatly admired by Bach and Handel—is represented on SUA10361 by his attractive *Concerto for two cellos*, delightfully performed by **Paul** and **Maud Tortelier.** This, together with **Giardini's** *Tamborino* and *Gigue* that are a real treat, in fact forms the fill-up to an accomplished performance of **Hindemith's** *Cello Concerto* by Paul, with the **Czech Philharmonic Orchestra** under **Karel Ancerl.** It would be a pity to miss this record. The same is true for *Modern Chamber Music for Wind Instruments* (SUA10582), in which music by Hindemith (*Wind Septet*), Malcolm Arnold, Michal Spisak and Jean Françaix is given musicianly renderings, characterised by faultless precision and impeccable taste, by a band of players largely comprising principals of the Czech Philharmonic's wind section.

Youth and innocence: surely they are the personification of whoever it is whose soul is here enshrined. Perhaps my words will not seem so enigmatic as **Elgar's** when I tell you that I am reviewing his *Violin Concerto*, recorded this year by **Yehudi Menuhin,** with the **New Philharmonia Orchestra** under **Sir Adrian Boult** (H.M.V., ALP 2259 mono, ASD 2259 stereo, 37s. 6d.). It is 34 years since the same soloist, then a mere lad of sixteen, astounded the musical world with his performance of the work, conducted by the composer himself. Gone forever is that miracle as of the child whose heart leaps at his first sight of a rainbow; gone is that sugar-icing tone that could melt the coldest heart; (and gone, too, but say it not too loudly, that confident technique). In their place, now, is a new magic: Menuhin searching ever deeper depths; Menuhin revealing newer, subtler things, as only a mature artist can. He "sings" the work (a little too much, I fear, at the beginning of the second section of the first movement where his grossly exaggerated slides from high to low notes would cause not a few twitches amongst an operatic audience—a small point, however). His self-granted license to rhapsodise is, I feel, the very key to the work. His performance, here, (much, much better, incidentally, than some of his recent ones on the concert platform), together with Boult's exemplary account of the accompaniment, is, in a word, unique. Whether you choose this or his 1932 version (if you do not already have it) depends upon the individual. I urge you to listen to both and buy at least one of them. The answer perhaps lies in *Aquí está encerrada el alma de. . . :* but that is where we came in.

Michael Spira.

*The Supraphon records are available in mono or stereo versions and are priced 17s. 6d.

MEDICAL BOOKS

Medicine

Price's Text Book of the Practice of Medicine, edited by Sir Ronald Bodley Scott. 10th edition. pp. 1259. Published by Oxford University Press, London, 1966. Price 90s.

A new edition of 'Price' has long been overdue. It is therefore a particular pleasure to see this old favourite renovated and restored so that it can once again fulfill its original purpose of presenting a conspectus of medicine as practiced in Britain today and of providing physicians, general practitioners and students with a convenient work of reference. This is the first edition to be edited by Sir Ronald Bodley Scott and the two column layout he has introduced is a definite improvement. The selected references to review articles, which follow the various sections, provide accessible sources for those who wish to study the subject at greater depth. There are twenty-four contributors, nine of whom are making their first appearance. The aims of the original author have certainly been achieved and it is no small order today to produce a convenient work of reference covering the whole field of medicine.

The chapter on Respiratory Diseases does fall short of the overall high standard. The management of respiratory failure is not even discussed. The corticosteroid regime for status asthmaticus is inadequate for any but the mildest cases. Bronchial lavage, as a treatment in asthma, is outmoded. The recommendation that windows should be widely opened to prevent the night sweats of tuberculosis sounds like the

WHAT DOES

STAND FOR?

IT STANDS FOR security and peace of mind from the day you qualify—until the day you retire—and after.
IT STANDS FOR the provision of advice on all your professional problems . . . for legal assistance in any difficulty or proceedings of a professional nature . . . for unlimited indemnity in respect of damages and costs in the event of an adverse verdict or a settlement out of Court.

IT STANDS FOR THE MEDICAL DEFENCE UNION the oldest and largest organisation of its kind in the world. Further particulars can be obtained from

THE MEDICAL DEFENCE UNION
Tavistock House South, Tavistock Square, London, W.C.1

Secretary Dr. Philip H. Addison
Dental Secretary A. H. R. Rowe, M.D.S., F.D.S.

wind of old world medicine and few chest physicians today would recommend it. In discussing the aetiology of mesothelioma no mention is made of the most important aetiological factor known, namely asbestos.

The delay in producing a book of this size inevitably results in parts being out of date by the time of publishing. This is apparent from the absence of any mention of Lignocaine in the section on "Disorders of Cardiac Rhythm" for this is now the anti-arrhythmic drug of choice.

The statement that patients with a defective acetylation mechanism are very prone to suffer from toxic neurological abnormalities when they receive Isoniazid (p. 351) is misleading as twenty per cent of the population are slow "acetylators" and toxic neuritis is a rare complication of Isoniazid.

These are small criticisms of a book which covers the whole field of medicine in an admirable manner. It is well laid out and handsomely produced and is exceptional value for 90s. There is no book which so successfully combines a detailed study of the whole field of medicine with compact organisation into a single manageable volume.

C.W.H.H.

Psychology

Introduction to Psychology, by F. R. C. Casson. 1st edition, published by Newnes, London. Price: 10s. 6d.

This is a very good account of present day psychology clearly presented in an inexpensive paper back edition.

The coverage is wide and refers to historical development and to different aspects of psychology, and it is up to date and concisely presents recent advances on the subject.

The book is based on the viewpoints of biology, physiology, medicine and psychoanalysis in relation to psychology. The presentation is interesting both from the theoretical standpoint and also from the practical point of view in helping the understanding of human problems.

It may be confidently recommended as a useful introduction to psychology.

W. Linford Rees

Social Medicine

Medicine in Britain, by C. Allan Birch. Published by Baillière. Price 35s.

The author is to be congratulated on having produced such a book, for which I felt the need when I came to this country for the first time.

This book constitutes a full and up-to-date account of the general framework of British practice in medicine. Although the principle and practice is very much the same as in the country (India) I come from, the very concept of medicine is bound to vary from one country to another and, if that is true, I am sure this book will be very useful to those newcomers, who want to be familiar with British practice in a reasonably short time.

I am glad that the author has not forgotten to mention the doctor-patient relationship, but I think better understanding between patient and doctor will be dealt with in detail in editions to come.

A. K. Das

Penguin Reviews

Vietnam by Marvin E. Gettleman. Price 8s. 6d. *Penguin Special.*

The editor of "Vietnam", Professor Gettleman, has tried to be both fair and comprehensive in showing the origins of the present conflict and the growth of the American commitment to Vietnam. He is critical of, and faintly hostile to, U.S. policy, but this is only apparent in his selection of, and commentary on, the short bibliography. Furthermore the bibliography leans rather heavily on Communist sources and on books written by Communist sympathisers.

Professor Gettleman's anthology does show that the quagmire of Vietnam was the result of failures in French Colonial policy and failures in American Foreign policy. The root of the failure was the inability to realise that there were genuine non-communist nationalist movements, determined on independence and the implementation of a social and political revolution. First, this was directed against the French, and later, against Diem's harsh autocracy. French and U.S. policy left no middle-ground for the nationalists,—they were either with the Communists or they were traitors to their country.

Professor Gettleman has laid out his book skilfully, covering the whole period of the two Indo-China Wars. The first two sectors dealing with the general background and the Second World War are, however, too brief. The next two sections dealing with the first Indo-China War and the Geneva Convention of 1954 show how the U.S. became involved in Vietnam, but do not deal satisfactorily with the French attempt to defeat the Vietminh. This is unfortunate as there are lessons to be learned from the French attempt to defeat the insurgency by military means alone. The fifth and sixth sections are really the crux of the present controversy over U.S. policy in Vietnam. To what degree did the North Vietnamese create the insurgency as distinct from aiding it after it was started? This is not an easy question to answer, as the evidence is scanty and the Viet-Cong insist on taking all the credit for launching the insurgency. Unfortunately, Professor Gettleman does not assemble enough evidence to decide the matter one way or the other. The failure to delve more deeply into this is the biggest disappointment of the book. The last section is concerned with U.S. policy and domestic dissent. The maps at the end of the book are adequate but could well have been more detailed.

Patrick Shipton.

Inside Mr. Enderby, by Anthony Burgess. Price 4s. *Novel.*

Mr. Enderby is a poet, living squalidly alone in some seaside town, a hermit from society and life, who needs nothing except more talent. He distrusts the world outside, especially poetry critics for their false superiority, and women as a result of his stepmother, a gross and repulsive woman, whose ill-treatment of him culminated in an incestuous attack during a thunderstorm. But young Enderby managed to flee from her assault to the lavatory, thereafter regarding the closet as the centre of his poetic creativity and the only place secure from predatory females.

So he lives, between bouts of inspiration and dyspepsia, until his world is shattered by Vesta Bainbridge, a very efficient female, who soon dragoons the gullible Enderby into marriage. During their honeymoon, however, he finds Vesta assuming all the gross characteristics of his stepmother, and consequently, unable to perform as husband, he escapes home to England.

Having lost his creative spirit in this heterosexual episode, Enderby tries an overdose of aspirin, but when he sees the blubbery arms of his stepmother welcoming him to Hades, he manages to summon a rescuer. Enderby's life as poet and misogynist is concluded rather unconvincingly with a psychiatric rehabilitation, leaving him as a brain-washed barman named Hogg—his stepmother's maiden name.

This novel is essentially a study of an artistic temperament in the style of "The Horse's Mouth". It is amusing and entertaining but lacks the vision shown in Mr. Cary's book. The plot of the story, in retrospect, is rather obvious, and the metamorphosis of Vesta Bainbridge is inexplicably rapid. Nevertheless, in the character descriptions of Enderby and his stepmother, Mr. Burgess is at his best, and it is these sketches, and the amusing way in which Enderby's relations with his stepmother influences his life, that make this novel worthwhile.

E. Walsh

SPORTS NEWS

Editorial

The first competition for the Soccer championship of the world was held in 1930 when Uruguay became the first holders of the Jules Rimet trophy; the World Cup. England, which legend has it gave the game to the world, did not grace the competition with its presence until 1950 when the team was not conspicuous by its success, but by its unbelievable defeat by the U.S.A., at that time hardly one of the most feared footballing nations. This year, sixteen years later, England is host to fifteen countries who will fight out the final stages of this year's competition.

Thus for three weeks in July England will be the focus of attention for a large part of the world and in consequence the administration and organization of the Football Association will be on trial. It would be comforting to believe that all preparations were in hand and that neither money nor effort had been spared, in ensuring, as a matter of national pride, that the facilities for dealing with large numbers of football crazy visitors were completely adequate. But, one cannot fail to be alarmed at reports of primitive facilities at some of the grounds, holding the matches, and the apparent shortage of hotel and lodging space in some of the host towns.

It is difficult, if not impossible, to assess how the average English "fan" views the impending footballfest, but from the fact, that even after the draw was made earlier in the year, it was still possible to buy one of the cheap standing tickets for the final on July 30th, it appears that the British public is not carried away with enthusiasm. Wembley Stadium holds 100,000 people and even if 40,000 tickets were sold abroad, it was a little surprising to find tickets available still in Britain.

Apart from the actual administration, what of the preparations of the England team itself? This has been entrusted by the F.A. to Mr. Alf Ramsey the former manager of Ipswich Town. He has come into much criticism over his team selections and the sports journalists appear divided into two camps; those for, and those against Ramsey's methods. In particular his persistence with Stiles, Manchester United as an attacking player and his experiments of playing a forward line with no recognized wingers, have provoked much discussion.

WORLD CUP SIXTY-SIX

All is not lost however, for there still remains the Continental tour and the final training sessions for a world beating team to be produced. Ideally one would have preferred to be confident of the team by this time, and so the reasons for this apparent last-ditch preparation must be sought. In such an important international competition as this, one should be entitled to total support from all bodies controlling the sport. Has this been the case? Far from it; the Football League competition has continued this year and, in addition most of the top clubs have been involved in European club football and in consequence many of the potential stars of the team are likely to feel rather jaded at the end of such a long season. It is unfortunate that the success of British clubs in Europe this season was not anticipated, and, although the extra experience the players gained could be an argument for the merits of European participation, it is, in my view, most regrettable that the example of the champions Brazil was not followed this year. This country banned all its club teams from entering the South American club competition in an effort to bring the players together as early as possible before the final stages of the World Cup.

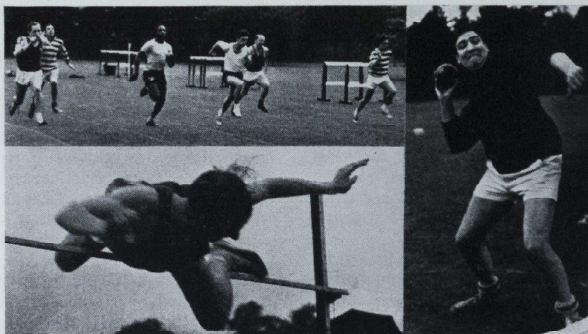
There thus appears to have been a distinct lack of co-ordination between the F.A. and the Football League, but the F.A. have, in comparison with the Scottish F.A. been most diligent. Scotland are potentially the strongest team of the home countries, but a lack of planning and haphazard team selection has consigned such players as Denis Law, Baxter, Crerand and Bremner to the grandstand.

However, England have only lost three times to other countries at home, and in the past two competitions the host country has reached the semi-final, so one cannot write off England's chances. Maybe in the final training period Mr. Ramsey will create from the wealth of talent in his "squad" and the genius of Charlton (R.) and Greaves, a team, which will indeed take on the world and beat them, Pele and Brazil included.

At present, this appears a forlorn hope and the whole planning smacks of typical English inadequacy, palliated by the equally English self-delusion "it'll be all right on the night!"

ATHLETICS CLUB

83rd ANNUAL SPORTS DAY, 25th MAY



As unfortunately now seems traditional the weather was most inclement. Overcast skies and intermittent showers appeared to dissuade many of the hospital that Chislehurst was a forbidden land, and so once more this potentially enjoyable annual event was not helped by a very poor turnout.

The competitions were however, not short of entries, and the majority of the events were not without interest. Inevitably with the number of "active" athletes in the hospital being so few the victories were disputed among these; but the competition for the minor placings was keen. In the sprints the supremacy of Scott was challenged by Breeson. The honours were shared, Breeson taking the short sprint and Scott gaining the longer one. The 440 yards was the best event of the day. Coltart defeating the holder Scott in a time of 52 secs., an excellent performance on a soggy grass track; more interest still could have been found in this event if Sutton had been able to disengage himself from the public address system. Sutton's hour was to come in the mile however, which he won comfortably and impressively.

Thompson won the three miles, Jolly predictably crushed all opposition in the shot and discus, and Jefferson reigned dominant in the long leaping events. Due to lack of support the two Blue Riband events; the Consultant's race and the Ladies race had to be withdrawn from the programme.

During the tea interval the Judo Club presented a demonstration of some of the more elementary judo fighting techniques.

At the end of the programme the prizes were presented by Mrs. I. P. Todd. The President's Cup was awarded for the second successive year to B. B. Scott, and the Coltart Cup went for the third time to the same group; this year they appeared as the Outpatients (next year they will be Midder and Gynae!)

RESULTS

100 yards—(1) Breeson; (2) Scott; (3) Freeth.
220 yards—(1) Scott; (2) Breeson; (3) Freeth.
440 yards—(1) Coltart; (2) Scott; (3) Lambert.
880 yards—(1) Coltart; (2) Wiley; (3) Lambert.
One Mile—(1) Sutton; (2) Coltart; (3) Lambert.
Three Miles—(1) Thompson; (2) Sanders; (3) Hale.
Long Jump—(1) Jefferson; (2) Sutton.
Triple Jump—(1) Jefferson; (2) Sutton; (3) Wright.
Shot—(1) Jolly; (2) McIntire; (3) Fairclough.
Discus—(1) Jolly; (2) Fairclough; (3) Jordan.
Javelin—(1) McIntire; (2) Fairclough; (3) Boatman.
Inter-Year Relay—Outpatients.
Coltart Cup—Outpatients.
President's Cup—B. B. Scott.

THE SOCCER CLUB TOUR

Bart's in Berlin

On the evening of Sunday, 29th April, members of the Soccer Club were amazed to find themselves in Berlin. Of the eleven people present there were nine regular soccer players together with roving journal photographer and sometime taxi driver, Mike Hambly, and movie camera man, man-about-town and sometime second eleven player, Don MacFarlane. The number of 1st XI players had been diminished by a number of disasters; among them one wedding, M.B. part 1, M.B. finals, a skiing accident and several large overdrafts. So this slightly weakened team faced the prospect of games against The Free University of West Berlin (27,000 students) and although nobody was pessimistic, everybody was laughing slightly hysterically in all directions.

Travelling to West Berlin by car is, in itself, quite an experience. One car, brand new at that, broke down before leaving England and was forced to race to Berlin virtually non-stop, after repairs. Our taxi nearly caused several accidents on the Autobahns, because curious drivers had to slow down to take a closer look at this mysterious and sinister vehicle. To get to West Berlin one has to pass through a fairly long stretch of East Germany and for many of us this was our first sight of those strange people, the Communists. Going through the check point from West to East Germany is a rather laborious business, designed one suspects, to discourage travellers rather than to maintain security. A taxi affords light relief at such times, for we managed to force a smile from even the most severe East German guards (or "Vopos" as they were affectionately called), though the effort of smiling was obviously an exhausting experience for some of them.

On Monday, 30th, we played our first match against the Free University; the British forces in Berlin kindly lent us two soccer players. The pitch was hard and the weather slightly humid, so it was not long before Bart's were labouring, many of us not having played a match for over a month. The Germans were clever players but Bart's held them very well and were only down 1-0 at half-time. In the second half the superior fitness of our opponents and their good ball control eventually told, and the Free University ran out winners 2-0. However, it was a close game and Bart's were unlucky not to score several times.

After the match we enjoyed the hospitality of our opponents who introduced us to beer (it must be admitted that for a few of us this introduction was somewhat late in the relationship). We encouraged them to show us how to drink beer from a large glass boot, an experience which can now be enjoyed at the College Hall bar. It is difficult to generalise about German beer, there are many different types, but on the whole they are gassy and taste more like lagers than English beers. It's effects are also rather varied and after this gathering and an evening seeing the town we lost our cine camera man for the whole of Tuesday.

Tuesday was given up to training and a visit to East Berlin. Once one has seen it, East Berlin is much as one would expect it to look. The drab buildings are all a shade of mud brown, except for the show street which is lined with new blocks faced with white tiles. There are a few new blocks of residential flats in the suburbs whose external appearance and surrounds are grim. Estates of shacks, the size of our prefabs are occasionally encountered and the inhabitants make the gardens attractive but colourless. The open squares between the

Brandenburg Gate and the old town hall, the area which used to be the hub of the city, are now deserted except for visitors, and are ideal for military parades and political demonstrations.

At the time of our visit preparations were well under way for the celebrations of the 20th anniversary of their "liberation and freedom". Flags and bunting adorned all public, and some private buildings, political advertisements and posters brightened the sidewalks. Red cannot be objected to as a colour and one wondered if this embellishment was permanent.

The people appeared as drab as their houses; bright and cheerful clothes being as unavailable as paint. The most noticeable characteristic of the people was their inability to look one in the eyes. We did not make a habit of wandering about staring at people but in a foreign country one cannot help observing their ways and mannerisms; one felt like a social outcast or someone "sent to Coventry". They did not want to be seen looking at you, but they had obviously noticed you.

We did find an elderly man who was prepared to talk about the last war and about life under Communism but the same atmosphere existed as when one talks politics to a Spaniard in Spain. He had several ideas about the reasons the Western powers had not interfered with the building of the wall. The most fascinating suggestion was that President Kennedy had agreed with Mr. Kruschev not to intervene and also, not to actively pursue the policy of uniting Germany, since the Christian Democrat Party which is Catholic would lose power if voting included those from non-Catholic East Germany. This idea is a subtle way, even if the facts and reasoning be not quite logical, of casting aspersions on several factions in the West at once and thus implying corruption in high

places. One wonders from where this fantasy emanated!

The trips behind the Iron Curtain, which we found, was also constructed from bricks, barbed wire and bullets, were illuminating, for one appreciated freedom of speech and movement in the new context. One begins to understand why Americans are such fervent anti-Communists.

From Tuesday onwards the sun shone and visits to museums and places of interest dropped off inversely with the temperature. On Wednesday afternoon we played our second match; this was against the Medical Faculty (3,000 students) on a good pitch, in bright sunshine, with a pleasant breeze. In the first half Bart's did not play as well as they had on Monday and at half-time they were trailing 2-0. However, determination right from the beginning of the second half soon wrested Bart's the initiative, and a good goal by Sutton had the effect of spurring Bart's on. Eventually, with the final whistle about ten minutes away Turner slid in a spectacular equaliser. With everyone satisfied with a draw, a friendly atmosphere developed with beer as the catalyst.

By Thursday the sun was shining so brightly that most of the party was visiting the lakes to the west or just lying lazily in the sun. For some this was mere relaxation, for others it was a necessary sequel to the activities of the previous night. Five members of the party had had the distinction of visiting a club of dubious reputation, but nonetheless, recommended by the Berlin medical students. Unable to speak the language they very quickly found themselves out of pocket and decided to get full value for money. Unfortunately this meant arriving back at the hostel long after the door had been locked, and being considerate gentlemen, they decided to sleep in the garden rather than wake anyone up. The porter, opening the door in the early morning, was astonished by this strange English behaviour. The admiration or pity maybe, at the hostel was certainly responsible for the reduced rates we were charged at the end of the week.

The last game on Friday against a stronger university team was a bewildering encounter. We lost 5-1 and at times some of us felt and indeed looked as if we were standing on our heads. At the time, it was depressing, but when the bewilderment had worn off, one could appreciate that the game was won by the Berlin team rather than lost by Bart's. It was an object lesson in good football and this was

undoubtedly the most proficient team we had played in the last year.

As far as the football goes the tour, was a great success, a depleted Bart's team played better than it had during the season and did not disgrace itself. The games were friendly and hard fought and we look forward to entertaining the Free University team at Chislehurst next year.

From other angles the tour was enjoyed by everyone; Berlin is a city which is definitely worth a visit. Historically it is interesting, but not only with reference to recent events. Its museums must be some of the finest in Europe and the people are compared by many to the Cockney, possessing a sharp wit and an optimistic outlook (though a thorough knowledge of the language is obviously essential to appreciate this). The night life and entertainments of West Berlin probably outstrip (literally) those of London. Berlin is a symbol, a city divided by a wall and, standing in the gay false neon lighted Western half of the city, one can peer into the cold, drab sinister Eastern half.

It is well summed-up by the German author, Gunther Grass, who says he prefers to live in Berlin because it is the city which is closest to reality.

A note now in tribute to those who helped us make the trip. The hospitality extended to us both en route to Berlin, and in the city itself made a strong and lasting impression. On successive evenings the flat of Inge and Uta Schmitt in Hanover was inundated by a carload of tired and hungry travellers, hypnotised by the Autobahn's endless miles. Not content with providing dinner and breakfast they had to be dissuaded from supplying us with sandwiches to see us through the Soviet Zone, before we were dispatched refreshed and rested the following morning.

Throughout the week in Berlin we were escorted by one or other member of the Eschenhagen family, who provided a service of a breadth and comprehension that would dismay the redoubtable Thomas Cook. Anything from placating irate barmen, to establishing contacts in the British Embassy fell easily within their scope. All these people we thank most sincerely.

Finally, we would like to thank the Dean for allowing us to go, Heads of Departments for releasing players and our President, Mr. J. O. Robinson, for his encouragement.

The party was composed of the following: D. MacFarlane, A. Layton-Smith, P. Turner, S. Dorrett, C. Sutton, R. Thew, H. Henning, G. Mumford, D. McGechie, M. Hambly and P. Raine. The last three named wrote this report.

CRICKET CLUB

BART'S v. UNIVERSITY OF SUSSEX. (Wed. 27th April at Chislehurst). **Match Drawn.**

A hastily assembled Bart's team began the season with an exciting match against Sussex University in ideal conditions at Chislehurst. Freshman Pete Furness hit a sparkling 34 accompanied first by Hopkins and then Savage, the latter having rightly been moved up in the batting order. A Sussex University batsman was run out in attempting to take the winning run off the last ball of the game; consequently the result was a draw.

Barts—106: (Furness 34, Hopkins 24, Savage 14).

Team: N. Griffiths (Captain), G. Hopkins, C. Grafton, P. Furness, M. Britton, P. Savage, J. Gately, G. Major, R. Wood, N. Offen, S. Baumber.

BART'S v. PUTNEY ECCENTRICS (Sun. 1st May at Chislehurst). **Match Lost.**

Barts—152: (Gately 43, Wood 41).

Putney—153 for 5.

Team: N. Griffiths, J. Gately, W. Ali, G. Major, P. Furness, D. Husband, R. Wood, C. Vartan, M. Britton, P. Savage, C. Richards.

BART'S v. CHRISHALL (Sat. 14th May at Chrishall). **Match Lost.**

A Bart's social side travelled north to enjoy some village cricket in the charming village of Chrishall. After being narrowly defeated on the field we were taken to the local Inn where we received a somewhat larger hammering on the dart-board.

Chishall—73: (Vartan 3 for 23, Griffiths 4 for 28).

Barts—71.

Team: N. Griffiths, M. Britton, G. Hopkins, G. Davies, C. Vartan, I. Paterson, J. Clarke, W. Graham, P. Bradley Watson, D. Jefferson, M. Johnson.

BART'S v. ROMANY (Sun. 15th May at Chislehurst). **Match Won.**

After missing several matches, including the Oxford tour, because of bad weather, Bart's took the field eagerly. Thanks mainly to some fine batting by Gately and a useful spell of bowling by Griffiths, the opposition was defeated quite comfortably.

Bart's—154: (Gately 70 n.o., Bostock 22).

Romany—89: (Griffiths 3 for 8).

Team: N. Griffiths, W. Ali, J. Gately, G. Hopkins, S. Thomas, D. Husband, D. Bostock, C. Vartan, C. Richards, M. Britton, I. Paterson.

HOSPITALS CUP 1st ROUND: BART'S v. KING'S COLLEGE HOSPITAL. (Tues. 17th May at Chislehurst). **Match Won.**

Bart's won the toss and elected to bat. Runs came freely and the score rapidly mounted due to some fine batting by Griffiths, Bostock, and Major, who hit 74 in an innings which included eight fours. The 200 was passed with only four wickets down, in consequence, over-confidence crept in and the last six wickets fell cheaply.

The K.C.H. batsmen were quickly and easily removed by Savage and Vartan, only Doyle, a U.H. player offered the only resistance.

Bart's inning:—

J. Gately, ct. Cox,	26
G. Hopkins, b Rance	3
N. Griffiths, b Doyle	56
D. Bostock ct. & b Doyle	56
G. Major, ct. Cox	74
C. Vartan, ct. & b Dewar	10
J. Redden, ct. Doyle	4
P. Savage, ct. Dewar	4
J. Harrison, b Dewar	6
C. Richards, ct. Dewar	2
C. Grafton, n.o.	0
Extras	11
Total	252

K.C.H. bowling:—

Doyle 3 for 63; Dewar 4 for 12.

K.C.H.:—84 all out (Doyle 26, Savage 4 for 17, Vartan 3 for 10).

BART'S v. STREATHAM WANDERERS (Sat. 21st May) **Match Drawn.**

Bart's—151 for 7 dec.: (W. Ali 21, Hopkins 30, Vartan 40 n.o.).

Streatham W.: 104 for 3.

Team: N. Griffiths, W. Ali, G. Hopkins, D. Bostock, G. Major, D. Husband, C. Vartan, T. Bucknill, P. Savage, J. Harrison, C. Grafton.

BART'S v. R.N.V.R. (Sat. 28th May at Chislehurst). **Match Lost.**

Bart's—139: (Vartan 33, Ali 27, Offen 26).

R.N.V.R.—141 for 6.

HOSPITALS CUP 2nd ROUND: BART'S v. GUY'S HOSPITAL (Tues. 31st May at Honor Oak Park). **Match Lost.**

Bart's won the toss and put Guy's into bat on a wicket that is notorious for being temperamental before lunch. It was, however, on this occasion no help at all to the bowlers and the Guy's batsmen proceeded to run riot. They declared at 4.15 p.m. and challenged Bart's to hit 274 runs in 3 hours.

Hopkins and Offen opened the batting, and after Hopkins was bowled in the third over, the rest of the side paid short visits to the wicket. Only Offen showed any resistance but eventually he was out for 28. The innings closed at about 6 p.m. with the score 84. Guy's were thus comfortable winners.

Guy's 273 for 6 dec. (Chase 31, Silk 35, Powell-Jackson 58, Appleby 74, Swift 34, Savage 2-75, Vartan 2-54.).

Bart's innings:—

G. Hopkins, b Beacham	2
N. Offen, ct. & b Clark	28
J. Gately, ct. & b Clark	12
N. Griffiths, b Beacham	3
G. Major, ct. & b Beacham	4
D. Bostock, ct. & b Darvoodbhoy	7
C. Vartan, ct. & b Clark	9
P. Savage, b Butchey	7
J. Harrison, b Butchey	6
G. Davies, b Butchey	0
C. Grafton, n.o.	0
Extras	6
Total	84

G. O. Hopkins

GOLF CLUB

ST. THOMAS'S HOSPITAL. April 6th, played at home. **Won 3½-1½.**

This match gave us a clear victory over St. Thomas's who are usually a tough side to beat. However, Mike Bowen had a very exciting match and eventually halved after missing a six foot putt on the eighteenth.

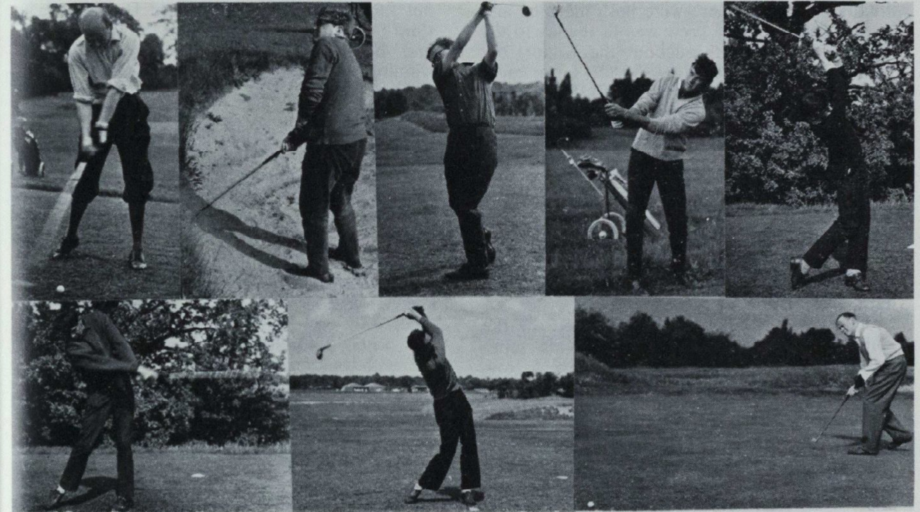
Team: R. Atkinson, M. Bowen, R. Begent, Carol Cupitt, W. Graham.

COLLEGE OF ESTATE MANAGEMENT. May 11th, played at home. **Won 4½-½.**

Bart's played well against the C.E.M. and had a better result than usual against this team.

John Sadler revenged his defeat at Maldon by winning 3 and 2. Dave Grieve, Carol Cupitt and Angus Hoppe all had convincing victories. The excitement lay with Richard Begent, however, all square at the seventeenth he felt hopeful of victory as his chip finished one inch from the hole, but his opponent sank his putt from fifteen yards to go one up. Unshaken Begent won the eighteenth to halve the match.

Team: D. Grieve, J. Sadler, R. Begent, Carol Cupitt, A. Hoppe.



STAFF MATCH. May 18th, played at Denham. **Won 11½-1½.**

What a great day the staff gave us at Denham. This year teams of ten joined combat after a lunch fit to mellow the heart of the most ruthless golfer.

The result was a delightful afternoon's golf. The top match of the day was between R. Atkinson and Mr. J. O. Robinson and the photographs show the elegance and determination involved, Atkinson triumphed on the last green. There were other tense matches; Mr. G. T. Hankey lost 2 and 1 to C. P. Vartan, but only after his ball had been removed by another player.

The undoubted star of the staff side was Dr. Pare, who won by the widest margin possible; 10 and 8. His opponent W. Goss played with more proficiency after tea in the intra-club foursome.

After tea, ninehole foursomes were played and Dr. P. F. Borrie and Mr. I. G. Williams played impeccably and in spite of sinking many long putts M. Hares and R. Begent could only manage to halve the match. This year we were without Dr. G. Graham who was unfortunately ill. He has taken a keen interest in the event for over 40 years and his absence was the only blemish on an otherwise perfect day, and we hope he will be back next year.

Results

Singles

Mr. J. O. Robinson lost 1 down to R. E. Atkinson; Prof. L. P. Garrod lost 4 and 3 to D. Grieve; Mr. G. T. Hankey lost 2 and 1 to C. P. Vartan; Dr. R. A. Kemp Harper lost 6 and 5 to J. C. Sadler; Mr. I. G. Williams lost 2 and 1 to R. H. J. Begent; Dr. P. F. Borrie lost 4 and 3 to M. Hares; Dr. W. D. Nicol lost 5 and 4 to A. Hoppe; Dr. R. A. Bowen lost 2 down to A. Hamilton; Dr. C. M. B. Pare beat by 10 and 8 W. Goss; Dr. R. F. McNab Jones lost 1 down to P. A. M. Raine.

Foursomes

Prof. L. P. Garrod and Mr. G. T. Hankey lost 1 down to C. P. Vartan and D. Grieve; Mr. I. G. Williams and Dr. P. F. Borrie halved with M. Hares and R. Begent; Dr. R. A. Kemp Harper and Dr. R. A. Bowen lost 2 and 1 to A. Hamilton and J. C. Sadler.

INTRA CLUB MATCH

P. Raine and A. Hoppe beat R. Atkinson and W. Goss by 2 holes.

R. Begent.

THE BOAT CLUB

After a two week break over Easter, the First VIII began training again in the last week of April. The keenness of the crew was shown by the fact that the first week was given over totally to rowing; there were both morning and evening outings. The crew was fit thanks to the hard work put in throughout the winter, but now we had to get used to shorter, faster races instead of the long ones we had been doing over the past few months.

Chris Hudson coached us for the two and a half weeks preceding the Bumps and with outings every evening the boat was soon moving fast. We were using a set of spade blades borrowed from the University, during this period, while awaiting a new set of our own.

UNITED HOSPITALS BUMPING RACES: 11th, 12th, 13th MAY.

This year the course was lengthened for the First Division in an effort to provide more interesting racing. The crews now have to row to Kew railway bridge. There had been no change in the order of the first three crews; St. Thomas's, St. Mary's and Bart's, for the past five or six years. Bart's entered five crews, the exceptionally keen Rugby Club provided two crews.

First VIII

Having trained as a crew for four months we were determined to start the summer by showing that we were the fastest Hospital crew on the water. As St. Thomas's were bumped on the first night by St. Mary's, before we were able to catch St. Mary's, we had only two nights to go Head. On thursday we bumped St. Thomas's after two minutes rowing. The last night resulted in a superb chase of St. Mary's and we were able to bump them just beyond the Kew Road Bridge (thanks to the lengthened course). **Thus for the first time Bart's are Head of the River and hold the Hospitals Cup which has lain in St. Thomas's for the last seven years.**

Second VIII

This was an experienced Gentlemen's crew and contained two members from the University boats. Unfortunately the rest of the crew were not fully fit and they just failed to make their third bump after a fine chase of the Westminster first boat. They must be congratulated on winning the Pennant for the highest placed Second crew.

Third VIII

Most of this crew had been together through the spring and were going very nicely by the time of the bumps. On the third night they caught St. Mary's II, which means that Bart's now have three boats amongst the first nine crews.

Rugger VIIIs

Not often do we get rugger crews which are keen enough to have practice outings before the races, but this year, both boats had been in the water beforehand. Unfortunately due to the withdrawal of the Bart's fourth VIII the first rugger boat was deprived of bumps that they could well have made. Even so they bumped St. Thomas's IV on the first night. The second rugger boat due to some misunderstanding of the rules suffered the only bump that a Bart's crew received during three most exciting days of rowing.

1st VIII

Wednesday, Rowed over; Thursday, Bumped St. Thomas's I; Friday, Bumped St. Mary's I.

2nd VIII

Wednesday, Bumped St. Mary's II; Thursday, Bumped St. Thomas's II; Friday Rowed over.

3rd VIII

Wednesday, Rowed over; Thursday, Rowed over; Friday, Bumped St. Mary's II.

4th VIII—(Rugger)

Wednesday, Bumped St. Thomas's IV; Thursday, Rowed over; Friday, Technically bumped Bart's IV (scratched).

5th VIII—(Rugger)

Wednesday, Bumped by Guy's III; Thursday, Rowed over; Friday, Rowed over.

(Crews start with $1\frac{1}{2}$ lengths of clear water between them and attempt to bump the crew directly ahead).

Information on Searle products is yours for the asking

You can obtain complete information on any of the preparations below simply by completing the coupon.

Name	Drug	Class	Indications
Aldactone-A	spironolactone B.P.	aldosterone antagonist	oedema in congestive heart failure and hepatic cirrhosis
Dramamine	dimenhydrinate B.P.	antiemetic	nausea, vomiting, vertigo
Lomotil	diphenoxylate HCL	antidiarrhoeal	all types of diarrhoea
Metrulen-M	ethynodiol diacetate with mestranol	progestational agent	menstrual disorders functional uterine bleeding
Ovulen	ethynodiol diacetate with mestranol	progestational agent	low dose oral contraception
Pro-Banthine	propantheline bromide B.P.	anticholinergic	peptic ulceration
Serenace	haloperidol	antipsychotic	acute and chronic schizophrenia, mania

Please send me Reference Manuals on:

☐ Aldactone*-A
☐ Dramamine*
☐ Lomotil*
☐ Metrulen*-M
☐ Ovulen*
☐ Pro-Banthine*
☐ Serenace*

Please tick items required.

*Trade Marks of G. D. Searle & Co.

NAME..........

ADDRESS..........

RESEARCH IN THE SERVICE OF MEDICINE Searle

G. D. Searle & Co. Ltd., High Wycombe, Bucks.

ALLOM CUP REGATTA. 14th May.

Having won the Roderick Hill Trophy last year, the First VIII this year entered the Senior event; the Allom Cup. In the heat we were drawn against St. Mary's and repeated the previous evening's rowing by beating them by a length. In the final we had to contend with St. Thomas's and Imperial College, who had beaten us in the Putney Head of the River race in March. We had a bad start but soon left St. Thomas's behind although we ourselves were trailing Imperial College by a length. About five hundred yards from home we started to come up on them and they only just beat us over the line by one-third of a length.

2nd VIII

After a bye into the final of the Clinker VIIIs due to the withdrawal of St. Thomas's they also came up against an Imperial College crew. This was the closest race of the afternoon with nothing in it all the way, but at the finish Imperial were given the verdict by three feet. This was a superb row and it is a great pity that the crew has not been able to stay together.

Coxless IVs

For this event the First VIII split into two fours. The "A" crew lost to St. Thomas's, but the "B" crew defeated the Royal Vet. College in the first round and in the semi-final they upset the form-book by beating the experienced University College crew. In the final they too were up against St. Thomas's. After the boats clashed in the first race there was a re-row and the Bart's crew lost by only a canvas, after an extremely good race, at the end of which they had rowed the course five and a half times during the day.

A combined Bart's and U.C. pair featuring H. Whitfield was beaten in the final of the Open pairs. In the Senior sculls T. O'Carroll was beaten by the eventual winner in the first round. The Junior sculls provided Bart's with their fifth final of the day; D. Davies representing the Hospital, but once more we were denied a victory.

CHISWICK REGATTA: 21st MAY

The First VIII entered the Junior-Senior eights and in the first round were drawn against Vesta and Putney Town. This was a very close race and four hundred yards from the finish the crews were still level, but Vesta just pulled away to win by $\frac{1}{4}$-length from Bart's. In the final Vesta lost by $\frac{1}{3}$-length.

TWICKENHAM REGATTA: 28th MAY

In the Junior-Senior VIIIs the First VIII won its first two races to reach the semi-final. There they came up against old rivals I.C. and lost once again. The margin was half a length and as this was being reduced at the finishing post, the crew hopes that over a longer course they might stand a chance of gaining revenge.

K. Anderson.

SAILING CLUB

The Guinness Trophy—Inter-Hospital team racing has come round again. Results so far are as follows: —First round, St. Mary's beat St. George's B; Westminster beat Royal Free; St. George's A beat St Thomas's; Bart's A beat The London.

BART'S v. THE LONDON (sailed on May 25th)

In the first race Gorrod had a good start and led at the first mark, followed by the three London boats. Miss Yendall (Bart's) discovered that her stop-watch would not work, and thus had a poor start. On the run Gorrod luffed two London boats, while the third London boat and Miss Yendall sailed through to leeward thus putting Bart's in a better overall position. At the second mark Gorrod caught a London boat on port and starboard, this left but two London boats racing. Doggett (Bart's) had to retire soon after this, but at the finish Bart's finished second and third; scoring 19 points to $18\frac{1}{4}$.

In the second race Doggett led to the first mark followed by the three London boats. A London boat hit the third mark and retired. Doggett kept the lead but on the final beat an intruder from another race baulked him and one of the London boats was able to slip into the lead. Bart's finished second, third, and fourth; scoring 21 points to $18\frac{1}{4}$ and thus winning overall by 40 points to $35\frac{1}{2}$.

In the British Universities Championships M. Freeth and D. Gorrod represented the United Hospitals; they lost to Bristol in the first round but won the repechage race to take them into the second round. Southampton, however, won this by two points.

Freeth, Gorrod and Doggett have also sailed for U.H. against Utrecht University—won, Rickmansworth sailing club—lost, and Southampton University—won.

M. O. Freeth.

THE
MEDICAL PROTECTION SOCIETY
FOUNDED 1892

MEMBERSHIP EXCEEDS 45000

Membership secures protection of professional interests by a personal advisory service and the provision of unlimited indemnity against legal costs and damages.

Senior Medical Secretary
Herbert Constable
MRCS, LRCP

THE MEDICAL PROTECTION SOCIETY
50 HALLAM STREET · LONDON · W.1
Telephone LANGHAM 9241

Dental Secretary
Frank Allott,
LDS

RUGBY CLUB

ANNUAL GENERAL MEETING

The Annual General Meeting of the Rugby Club was held on the 3rd of May. The final results of the 1st XV for the season 65/66 were, Played 29; Won 12; Drawn 2; Lost 15; For 228; Against 241.

Mr. J. W. Cope kindly consented to stand for a further year of office and was unanimously re-elected as President. The Vice-Presidents were re-elected en bloc and Dr. B. Davies was elected as a new Vice-President. Other officers were elected as follows: —

Captain .... C. A. Grafton
Vice-Captain .... K. McIntire
Hon. Secretary .... D. B. Jackson
Hon. Treasurer .... S. M. Johnson
Social Secretary ... P. Bradley-Watson
Pre-Clinical Representative: M. G. Britton.

Colours were awarded to M. G. Britton and D. B. Jackson.

Increased activity of the club in its coming Centenary season, 1966/67, is promised both on and off the field. Details of the Centenary celebrations will appear in later editions of the Journal.

RUGBY CLUB DINNER

The Rugby Club Dinner was held at Walker's Restaurant, Old Bailey, on the 3rd of May, Mr. J. W. Cope was in the chair, supported on all sides by a large number of Vice Presidents. When the after dinner festivities had subsided, and the plumbing had given up the battle, the meeting adjourned to Charterhouse. Free beer was available in the gym. where Phil Savage traditionally ended his year as Captain.

MIDDLESEX SEVENS

Two sides entered the Sunbury section of the Preliminary rounds of the competition on April 23rd. Neither side had much success; the second Seven losing to Feltham in the first round, while the first Seven lost to Old Wimbledonians in the third round. Good wins against Osterley II and Staines I in the earlier rounds had aroused hope, but lack of co-ordination prevented the impetus from being carried further.

D. B. Jackson.

25% DISCOUNT

All types and styles of Rings always in stock

Also Watches, Clocks and Wedding Rings, etc., at 10% - 20% Discount

Write for Ring Catalogue to the actual manufacturers

J. & A. JEWELLERS

63/66. HATTON GARDEN, LONDON, E.C.1
Telephone: CHAncery 4020 & 6025
Hours of business: Weekdays 9—5.30
Saturdays 9—12.30. Evenings by appointment

UNIVERSITY EXAMINATION POSTAL INSTITUTION

G. E. OATES, M.D., M.R.C.P., London

POSTAL COACHING FOR ALL MEDICAL EXAMINATIONS

Carefully designed courses under the supervision of specialist tutors. Advice on reading, guidance notes to each lesson and solutions to all test papers are provided.

PROSPECTUS AND LIST OF TUTORS on application to

Dr. G. E. OATES,
17 Red Lion Square, London, W.C.1
Telephone: HOLborn 6313

JEWELLERY AND WATCHES

20%-25% DISCOUNT TO ALL BARTS STAFF

ON OUR OWN MANUFACTURED GOODS

DIAMOND ENGAGEMENT RINGS
GOLD - Wedding and Signet Rings.
GOLD & SILVER - Cigarette cases.
Powder Boxes, Bracelets, Necklaces, Charms, Broocbes, Earclips, Links.
SILVER & E.P.N.S. - Teasets & Plate.

10%-20% DISCOUNT TO ALL BARTS STAFF

on all Branded Goods — ALL SWISS WATCHES, Clocks, Cutlery, Pens and Lighters and on Second-hand Jewellery.

GEORGES & CO.

Visit our Showrooms at:

88/90 HATTON GARDEN, E.C.1

HOL 0700 or 6431
Entrance Greville Street only.

OPEN WEEKDAYS 9.00-6.00 SATURDAYS 9.00-12.00

Special attention to orders by post or phone

ELEGANT HAIRSTYLES at

JOSEPHINE

of REGENT STREET

CITY BRANCH

ST. BARTHOLOMEW'S HOSPITAL VOUCHER FOR

20% DISCOUNT AT JOSEPHINE

TEL: CLE 0464-3
MONDAY—THURSDAY incl
30 Goswell Road, E.C.1.

Valid for JUNE 1966

CONTENTS

Vol. LXX No. 8 August 1st, 1966

Rationalising the Drug Industry ...	296
Letters to the Editor ...	297
News ...	298
Obituary: K. J. Franklin ...	299
Retirement: Miss Hilda Russell ...	302
Two Vestigial Organs and their Disease, by Peter Borrie ...	303
Yaws, a Case Report, by L. I. M. Castleden ...	307
Medicine in Literature ...	310
De Fistula in Ano, by John Arderne ...	312
Just Time for One Tiger, by Col. W. C. Spackman ...	318
Task Force, by Judy Dartington ...	321
Penguin Book Reviews ...	322
Record Reviews ...	323
Medical Book Reviews ...	325
Sports News ...	327
Boat Club ...	327
Sailing Club ...	328
Cricket Club ...	329
Athletics Club ...	330
Hockey Club ...	330
Soccer Club ...	330
Golf Club ...	331
Golfing Society ...	332
Tennis Club ...	332

THE JOURNAL STAFF

Editor: **P. E. Belchetz**
News Sub-Editor: **J. P. M. Davies**
Review Sub-Editor: **J. W. D. Baugh**
Social Sub-Editor: **Miss D. Morley Evans**
Sports Sub-Editor: **J. A. Sills**
Photographic Sub-Editor: **J. H. Casson**

Manager: **R. A. F. Whitelocke**
Assistant Managers: **J. P. D. Reckless**, **P. M. Quinn**, **C. S. B. Roch-Berry**
Charterhouse Representative: **P. Swain**
Nurses' Representative: **Miss E. Ferreira**

RATIONALISING THE DRUG INDUSTRY

The pharmaceutical explosion that we are witnessing at the present time, presents almost as many problems to the doctor as it solves. If the medical profession is to avail itself of its new resources as efficiently as it ought, then the case for a drastic reappraisal of the drug industry is very pressing indeed. A leading example of a situation which needs a thorough review, has recently been pointed out by the Association of the British Pharmaceutical Industry. It concerns the identification of medicines. The problem can be expressed in stark figures: each year the number of deaths from poisoning is about 6,000—almost exactly equal to the highly publicised death toll on the roads. There are a further 60,00-90,000 non-fatal cases. About 70 telephone calls a week are received by the London branch of the National Poisons Information Service, from doctors urgently seeking advice on how to treat patients with acute poisoning. It is estimated that about 40 per cent of the calls are for advice on poisonings due to medicines.

Central to the whole problem of rapid treatment, is quick, accurate identification of drugs. To ensure even a favourable background against which more radical measures can be made most fully effective, certain changes of approach are required of the doctor. Chief must be the shedding of a large part of the traditional secrecy which cloaks prescriptions in this country. The new generation of doctors at least, must be thankful that by and large, English has superseded Latin as the language of prescriptions. But in addition, there is a strong case for making it standard practice to write the name of the drug on the label. However, in many situations, the only information available derives from tablets or capsules. Matters are complicated when these comply with the requirements of the British Pharmacopoeia that they should not be distinctively shaped, coloured or stamped. Nor are proprietary products, with their galaxy of colours and shapes, much better, when these are dictated by sales psychology, and not pharmacology or use. Looking to the future, there are several constructive suggestions. Recently, a joint pharmaceutical industry and Pharmaceutical Society panel has investigated the use of a method of marking based on a combination of letters. Anticipating this is the "Co-tabs" system of stamping tablets with a letter/numeral combination, which has been developed by a Sussex drug firm. To cope with the existing situation, in 1962 the Ministry of Health, in a memorandum to hospital authorities, recommended that every hospital casualty department should be equipped with a "recognition panel or box containing labelled specimens of drugs". As a result, the comprehensive yet compact "Sheffield Indentification Cabinet" was invented, which allows identification from minimal variables.

It could be argued this degree of standardisation will remain a Utopian ideal, unattainable with the present kind of diversified and uncoordinated pharmaceutical industry. It may well be a candidate for nationalisation. This emotive word needs considerable support if it is to be preached to perhaps a necessarily conservative profession. It is important to remove the prejudices which all too easily attach to the idea, for it can be argued that this industry is a special case. It is said that nationalisation leads to inefficiency by removal or at least reduction of incentive. Applied to the drug industry this could mean a slackening in the research programme and a halt in the competition-bred rate of progress. The situation as we see it, is rather different. While it is true that a number of firms are engaged in a good deal of very fundamental and expensive research, much is spent in developing new, more expensive and more saleable variations of already existing preparations. The cost and inconvenience to doctors imposed by vast advertising needs no emphasis. Furthermore, the rate of scientific progress is not a matter easily affected by financial incentive, while the argument of nationalised industries' supposed parsimony can be countered by the avoidance of duplication. In this context, the doctor would be offered a smaller number but unaltered range of drugs; nomenclature and appearance could be rationalised; expense reduced. Above all, safety and efficiency could be increased.

LETTERS TO THE EDITOR

Hogarth's Writings

Sir,—I would like to record my appreciation of Hogarth's "A Long Case", in your June issue. What a relief from the tedious articles with which so many of your contemporaries are packed.

Is the author a descendant of the man we all revere as we ascend the great staircase to the Great Hall, or is he just suffering from pseudonymitis.

Yours faithfully,

NORMAN F. SMITH,
Flat 101, Lord's View,
St. John's Wood Road,
London, N.W.8.

30th June.

Hogarth is in fact a case of chronic pseudonymitis, indeed the origins lie back in the early 1930's when the same author first began contributing to the Journal under this nom-de-plume—Ed.

Eating in the Great Hall

Sir,—Now that there is a kitchen in close proximity to the Great Hall, would it not be possible, after attention to details of organisation, for a weekly lunch or dinner to be held there, attended by all clinical students and consultants? This would be something in the manner of an Oxbridge College meal. Surely in such surroundings we would not only more readily savour the essence of history which surrounds us here at Bart's but could also be informed by the Dean or his deputy concerning facts of which we may be proud—recent achievements by Bart's men, plans for the future development of the hospital, and so on.

Here, Sir, is a splendid opportunity for those set in authority to light up in us all the flame of Bart's spirit.

Yours faithfully,

ROGER CLAYTON,
Abernethian Room,
St. Bartholemew's Hospital.

18th July.

Engagements

COUPLAND—LYNE.—The engagement is announced between Terence G. Coupland and Miss Susan R. Lyne.

PHILLIPS—KENNARD.—The engagement is announced between Hugh Phillips and Miss Patricia Kennard.

Births

GRANT.—On June 27, to Mary and Dr. Bruce Grant, a son.

ROBERTSON.—On May 17, to Pamela (née Millidge) and Dr. Alistair Robertson, a daughter (Nicola Tracy).

BONNER-MORGAN.—On June 6, to Barbara (née Barnard) and Robin Bonner-Morgan, a daughter (Rebecca), sister for Sarah and Charlotte.

Deaths

GRIFFITH.—On June 18, Harold Kinder Griffith, F.R.C.S. Qualified 1912.

HARTLEY.—On June 27, Lady Lucy Hartley, widow of Sir Percival Horton-Smith Hartley, formerly Consultant Physician to the Hospital.

TANDY.—On June 3, Surgeon Lieutenant William Robert Tandy, R.N., M.B., B.S., D.Obst.R.C.O.G., aged 26. Qualified 1963.

Announcement

The Medical News is again running a Student's Essay Prize this year, the subject being "The Hippocratic Oath, and how far is it applicable today?" Prizes as before will be £50, £25, and £10 respectively for the three adjudged winners. The closing date for entries is 30th November, 1966, and entry forms and rules are obtainable from the Editor, Medical News, 2 Bentinck Street, London, W.1.

Change of Address

Dr. and Mrs. G. F. Abercrombie to Walton Gorse, Mogador Lane, Lower Kingswood, Surrey.

Appointments

University of London

Dr. D. A. Willoughby has been appointed Reader in Experimental Pathology in respect of his post at St. Bartholomew's Hospital Medical College.

Royal College of Surgeons

Dr. C. F. Harris has been elected to the Honorary Fellowship of the College.

Birthday Honours List

The following honours were awarded in the Birthday Honours List:

Richard Horace BARRETT, M.R.C.S., L.R.C.P., D.T.M. & H., D.P.H., Senior Medical Officer, Ministry of Health. *O.B.E. (Civil)*

Trevor Cory BEARD, M.B., B.Chir., D.Obst.R.C.O.G., Secretary, Tasmanian Hydatids Eradication Council. *O.B.E. (Civil)*

Douglas Vernon HUBBLE, M.D., F.R.C.P., Professor of Paediatrics and Child Health, and Dean, Faculty of Medicine, University of Birmingham. *C.B.E. (Civil)*

Hugh Vivian MORGAN, M.B., F.R.C.P., Professor of Medicine, University of Khartoum, Sudan. *C.B.E. (Civil)*

Edward Tenney Casswell SPOONER, M.D., F.R.C.P., Dean of the London School of Hygiene and Tropical Medicine. *C.M.G.*

Gervas Charles WELLS-COLE, F.R.C.S., J.P., lately Chairman, Lincoln No. 1, Hospital Management Committee. *C.B.E. (Civil)*

Erratum

We regret that the photographs of figs. 5 and 6 of Carcinoma of the Stomach Under the Age of Thirty by W. J. Hanbury, in the July Clinical Supplement, should have appeared in the reverse order.

August Duty Calendar

Sat. & Sun., 6th & 7th.
Mr. Badenoch
Dr. Hayward
Mr. Manning
Dr. Bowen
Mr. Cope

Sat. & Sun., 13th & 14th.
Mr. Tuckwell
Dr. Oswald
Mr. Aston
Mr. Ellis
Mr. McNab Jones

Sat. & Sun., 20th & 21st.
Prof. Taylor
Prof. Scowen
Mr. Burrows
Dr. Ballantine
Mr. Dowie

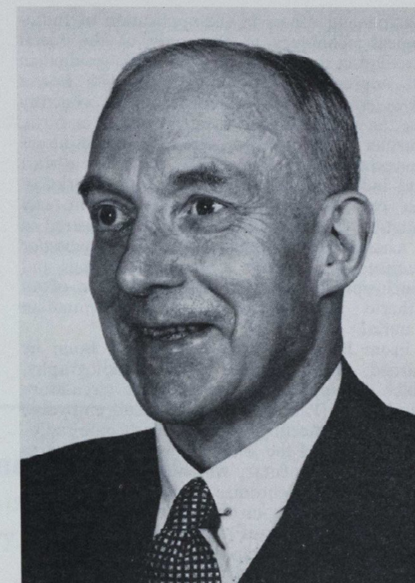
Sat. & Sun., 27th & 28th.
Mr. Hunt
Sir Ronald Bodley Scott
Mr. Aston
Dr. Jackson
Mr. Fuller

Physician Accoucheur for August is Mr. John Howkins

Obituary

Kenneth James Franklin

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



Kenneth James Franklin, Professor Emeritus of Physiology in the University of London, died in his old Hospital, St. Bartholomew's, on May 8th, 1966, aged 68. Failing health had compelled his premature retirement in 1958 from the Chair of Physiology in the Medical College of the Hospital. Born in London on November 25th, 1897, Franklin received his early education at Christ's Hospital, whence he gained in 1915 an Open Scholarship in Classics to Hertford College, Oxford. Before taking up this Scholarship in 1919 he saw service abroad in World War I as an officer in the Royal Artillery. By 1921 he had graduated at Oxford with first class honours in physiology, and while completing his anatomical studies acted as Demonstrator of Physiology (1921-22) under Sir Charles Sherrington, whose influence upon the young Franklin was a formative factor in his scientific development. The deep friendship which rapidly grew between these two remained unbroken until Sherrington's death.

Proceeding to Bart's for his clinical training, Franklin was again fortunate in coming under the aegis of Professor (Sir) Charles Lovatt Evans, who proved a further formative influence. For while engaged in clinical business Franklin found time to act as Demonstrator of Physiology under Lovatt Evans and as Tutor in Physiology at Brasenose College, Oxford, an achievement testifying both to his innate ability and to his industry.

The year 1924 saw Franklin, M.A., M.B., B.Ch., and elected a Fellow of Oriel College, Oxford. Thus began his long and cherished association with that College, which was to afford him such immense gratification and to prove so advantageous to his future academic career: he held this Fellowship until his departure from Oxford in 1947 for the Chair of Physiology in St. Bartholomew's Hospital Medical College, and, after his enforced retirement therefrom through ill-health, Oriel elected him into an Emeritus Fellowship.

Franklin served Oriel as Tutor in Physiology and as Librarian (1931-47), finding in such congenial office scope for the deployment of his talents in physiology and in medical history, the two subjects to which he devoted his scientific life. At Oxford University he held the office of Dean or Acting Dean of the Medical School from 1934 to 1945.

In 1924 Franklin became Demonstrator of Pharmacology under Professor J. A. Gunn and turned his attention to the somewhat neglected physiology and pharmacology of the venous system: his work resulted in a notable output of scientific papers and culminated in the publication of his classic and encyclopaedic *Monograph on Veins* (1937). Additionally he found time for the tenure of a Radcliffe Travelling Scholarship (1925) and for a sojourn in the University of Michigan (1926) as Assistant Professor of Physiology. He proceeded D.M. in 1927 and acquired the M.R.C.P. in 1934.

In 1935 Franklin was appointed Assistant Director of the newly created Nuffield Institute for Medical Research in Oxford, a post he held until 1947. During this period he did his best scientific work, collaborating with Sir Joseph Barcroft, A. E. Barclay and D. H.

Barron and others in the application of radiological techniques to the study of the foetal circulation in the sheep. This work resulted in an impressive joint monograph, *The Foetal Circulation* (1944), which accounted cogently for the changes in the vascular system at birth. Further it directed Franklin's particular attention to the morphology of the mammalian heart and induced him to re-examine the works of the classical writers on cardiac form and function. The results of this work appeared in a characteristic monograph, *Cardiovascular Studies* (1948), which represented findings and conclusions based upon the examination of an hitherto unparalleled range of mammalian material.

From Professor Robert Janker of Bonn he learned the technique of ciné radiography, which he applied to the study of circulatory physiology. (Past students will recall enjoyable end-of-term meetings when Janker's ciné radiographic films of the joints were demonstrated to a running commentary which attempted unsuccessfully to synchronize with the particular pictures appearing on the screen).

The Oxford team (Franklin, J. Trueta, A. E. Barclay, P. Daniel and M. M. L. Prichard) next gave attention to the problem of renal failure in the 'crush syndrome' and announced (*Lancet*, 1946) their discovery of a vascular shunt in the renal cortex. Basing their novel and controversial interpretations of the vascular architecture of this cortex upon radiographic and latex-injection evidence, the team summarized their findings in *Studies of the Renal Circulation*, which appeared in 1947.

In that year Franklin left Oxford to succeed Professor Hamilton Hartridge in the Chair of Physiology at St. Bartholomew's Hospital Medical College, which he occupied for eleven fruitful years until progressive ill-health counselled retirement. He found the department little more than a shambles as a result of enemy action and he applied himself with his customary quiet vigour to its resuscitation. Despite the limitations imposed by wartime devastation, undergraduate teaching was reorganized, staff and research assistants were assembled and research was prosecuted as before into the dynamics of the circulatory system and into its history. By the time of his regretted retirement, the prestige of his department stood high and he himself had the satisfaction of occupying its new and somewhat sybaritic premises, by then replacing the old. Known affectionately at Bart's, as at Oxford, as 'K.J.', his engaging personality made itself manifest throughout the various levels of the preclinical school and the Medical College. His Honours school of physiology flourished and never lacked applicants. His published output took henceforth the shape of translations of the works of those pioneer physiologists who had laid the foundations of our modern knowledge of the cardiovascular system. He had earlier (1947) produced a facsimile translation of the *De Venarum Ostiolis* of Fabricius and of the *Tractatus de Corde* of Richard Lower, and for the 1957 tercentenary of William Harvey he prepared a new translation of the *De Motu Cordis*, the admittedly definitive version. In 1958 he reproduced and translated the text of Harvey's correspondence with Riolan under the title *De Circulatione Sanguinis*. His biographical *Joseph Barcroft, 1872-1947* had appeared in 1953. His eminence in his subject was by now widely recognized and honours devolved upon him. Already F.R.C.P. (1940), he became D.Sc. of London University (1949) and during 1951-52 accepted an invitation to act as Visiting Professor in Physiology in the University of Illinois. In 1955 he was elected F.R.S.

After his retirement from the Bart's Chair in 1958 he was elected Emeritus Professor of Physiology in the University of London, an Honorary Fellow of the Society of Apothecaries (1961) and F.R.C.O.G. (1963). But even enforced retirement saw no diminution of his linguistic and historical researches and, having written *William Harvey, Englishman* (1961), he undertook the tremendous labour of newly translating the *De Generatione Animalium*, a work upon which death found him still engaged.

Franklin's scientific work rested essentially upon a faculty for acute observation and comparison of natural phenomena and upon a discriminating application of modern technology to the solution of traditional problems. Eschewing biochemistry and complicated experimentation, he based his physiological work upon morphology, employing histological, radiographical and a certain limited experimental technique in the functional interpretation of anatomical data. Fundamentally a morphologist, he realized that structure reflected function and he never departed from a secure anatomical base. For long a member of the Anatomical Society and a frequent contributor to its deliberations, he counted anatomists among his closest friends. The demands he made upon them for information could at times be ruthless in their intensity and persistence, but the satisfaction of such demands, although frequently involving no inconsiderable expenditure of time

and labour, could never be refused, and was invariably accorded most generous acknowledgment.

Franklin's physiological researches enlarged both knowledge and concepts of circulatory dynamics: his erudition, based upon wide and accurate linguistic proficiency and sound classical knowledge, reinforced by meticulous methods of procedure, rendered him an authoritative interpreter of the pioneer treatises on cardiovascular physiology, and enhanced the literature of medical history by the addition of original, attractive and wholly dependable translations.

His lovable personality, his invariable kindliness, generosity and quiet sense of humour endeared him to colleagues and students alike. The intensity of his continuous labours absorbed all his energies, leaving little time for the cultivation of hobbies or for the development of his talents as a draughtsman. Throughout he enjoyed the companionship and support of a beloved and understanding wife.

Franklin's capacity for sustained industry and indefatigability of purpose remain an exemplar to the young scientist, whilst his own life and work bore eloquent testimony to the fruitful combination of science and scholarship.

For Oxford and Bart's Franklin retained an abiding filial affection, and both are saddened by his passing.

A. J. E. C.

Kenneth James Franklin

(1897-1966)

and the History of Medicine

Although I did not meet "K.J." (as he was known to a host of friends) until he came to Bart's in 1947, I had known of his historical writings for many years. Delighted at his appointment, I soon became acquainted with him and was always warmly welcomed to within a few days of his death. His learning was concealed by a quiet, unobtrusive manner, but is revealed in the output of scholarly papers, books and translations which stand to his credit. He was not just a research worker dabbling in history; he would have excelled as a full-time historian devoting his entire energies to the subject.

In 1932 appeared a facsimile of Richard Lower's *De corde* with an introduction and translation by K. J. Franklin. This was published in R. T. Gunther's *Early Science in Oxford* series, and the translation was made at the suggestion of John Fulton, who also encouraged "K.J." to translate the *De venarum ostiolis* of Hieronymus Fabricius. This latter was dedicated to Fulton, and was published under the auspices of the History of Science Society in 1933. In the same year appeared *A short history of physiology*, which went into a second edition in 1949. "K.J." wrote several papers on the history of physiology, and contributed papers to the *Proceedings of the Royal Society of Medicine*, including "Valves in veins: an historical survey", (1927); "The work of Richard Lower", (1931); and "King Charles I and William Harvey", (1961). *Annals of Science* carries several of his important studies, including "A short history of the International Congresses of Physiologists", occupying over one hundred pages (1938); "An introduction to the earlier history of phlebitis" (1939); "Some textual changes in successive editions of Richard Lower's *Tractatus de corde*, [etc.]", (1939); and "Jean Mery (1645-1722) and his ideas on the foetal blood flow", (1945).

A full-scale, well-documented biography of Sir Joseph Barcroft was prepared by "K.J.", and appeared as *Joseph Barcroft, 1872-1947*, in 1953. This monumental study should be read by all physiologists, and by all potential biographers.

Without doubt the name of K. J. Franklin will always be associated with that of William Harvey. As a translator "K.J." excelled, and had already had the experience of translating Lower and Fabricius when he tackled Harvey's published writings. *De motu cordis* was published in 1957, to be followed a year later by *De circulatione sanguinis*. Both are also available with other Harvey material in Everyman's

Library (No. 262). These translations are faithful reflections of Harvey's thoughts and words, and can be understood even by laymen interested in the subject. After his premature retirement "K.J." decided to translate Harvey's *De generatione,* and laboured under extreme physical difficulties for some years. As the sections were typed the carbon copies were sent to me for safety. They reach Exercise 45, and it seems doubtful if a successor will be found capable of completing the task.

Kenneth J. Franklin received several honours, including election as F.R.S., F.R.C.O.G., and Fellowship of the Faculty of the History of Medicine at the Society of Apothecaries. He was particularly proud of the Osler Medal awarded to him in 1965 by the University of Oxford, a fitting honour for one so keenly interested in subjects so dear to the heart of Sir William Osler. This medal, with several others, was bequeathed to the Medical College Library by "K.J." The title-page of the first edition of his *short history of physiology* bears the following quotation: "He who calls what has vanished back again into being enjoys a bliss like that of creating". Such must be enjoyed by many medical historians, among them being several Bart's men of the past, including Sir Norman Moore and Sir D'Arcy Power. They are now joined by Kenneth James Franklin, scholar, physiologist and friend to all interested in Bart's, Oxford and the history of medicine.

J.L.T.

Retirement

Miss Hilda Russell, M.B.E.

The Bush Telegraph tells us that someone called "Jane" is no longer guarding the Royal and Ancient Hospital throughout the hours of darkness!

Miss Hilda Russell retired on April 10th, 1966 after 36 years at Bart's. She entered the P.T.S. in December 1930, was the Gold Medallist in April 1934, did her Midwifery training at Queen Charlotte's Hospital, and returned as a Night Sister in 1935, later to become Sister Colston in 1936.

In 1940 Miss Russell went to Hill End where she was in charge of the Plastic Unit nursing team for 11 years.

In 1951 she returned to the City as Night Superintendent, the first person to be appointed to this new post, and she remained on night duty until her retirement.

During the War Hilda Russell gave herself unstintingly to the care of the men and women victims of fire, blast, and bomb, who were sent to the Plastic Unit—personally supervising dressings and treatment and often staying on duty until late at night when the pressure of work was at its height. She had 70 beds in her ward, and this was heavy nursing.

She became intensely interested and skilled in the treatment of burns, and many of us have had reason to be grateful for her knowledge and advice.

Since her return as Night Superintendent she has not only continued to care tremendously about the patients' welfare, but has set a high example of service to the many junior Sisters who have worked with her—they have every reason to be grateful to her.

Hilda Russell has the combined gifts of a good brain, a ready wit, and a keen sense of humour—add to these her high principles, her integrity, her love of old and young, her devotion to Bart's, and it is not hard to realize how greatly she will be missed.

Her friends and colleagues wish her many happy years of retirement—we know she will not be idle!

E.C.H.

Two Vestigial Organs *and their Disease*

by Peter Borrie

The body abounds in vestigial and functionless structures, some of which are frequently responsible for disease. It appears that the skin is no exception, as is demonstrated by an examination of the hair and its appendage the sebaceous gland, which together form a common structure, the pilo-sebaceous apparatus. This also is made apparent by a study of the pathogenesis of the disease acne vulgaris.

The Hair

Hair serves many functions in lower animals, mainly of a protective nature; guarding against physical injury, extremes of temperature, immersion in water and solar radiation, to catalogue only a few. In man, however, it serves no natural function whatsoever. In spite of this, vast sums of money are spent in the control of its shape and colour, and numerous patients of both sexes attend hospital because they have either too much or too little. From a socio-economic point of view this latter fact seems surprising, since one of the few people to earn as much fame and fortune as a Beatle is Mr. Brynner. Nevertheless, it is thus necessary for doctors to know something about this organ, which is not only vestigial but also dead in that portion which appears above the surface of the skin.

The hair-follicles are formed between the second and fifth month of foetal life as epidermal downgrowths. The number of follicles is the same in both sexes, and all races, and no new ones are subsequently formed. It must follow, therefore, that the wide range of hair patterns observed in health and disease depends on the type of hair present in each follicle at the time of examination. There are three types of hair, lanugo, vellus and terminal. Lanugo hair is soft, fine and silky, and is only present prenatally, being shed in the seventh or eighth month of intra-uterine life. Vellus hair is the soft, fine hair which can be found all over the body throughout life, with the exception of the palms and soles. Terminal hair is the longer, coarser and usually pigmented hair found on the scalp, male beard, axillae, pubis, etc. Each hair follicle is capable of forming all three types of hair, transition from vellus to terminal being seen, for example, at puberty in the axilla and on the pubis, while transition from terminal to vellus is seen on the scalp and elsewhere in old age.

Each hair follicle undergoes recurring cycles of activity and rest throughout life. In most animals these cycles are synchronized, so that a considerable loss of hair occurs at regular intervals, a phenomenon referred to as moulting. In man and the guinea-pig (sic), however, follicular activity is dysynchronous, the number of growing hairs present at any one time being fairly constant. The three stages of the hair cycle are referred to as anagen (active growth), catagen (regression) and telogen (rest), and are accompanied by anatomical changes in the hair follicle which are easily recognizable on microscopical examination (*Fig.* 1). This sequence of change is invariable and irreversible.

The average human scalp contains approximately 100,000 hair follicles and in a young adult about 90% of these are in anagen at any one time. The 10% which are in telogen account for the continual slight hair fall, which is seen to occur on combing, brushing and

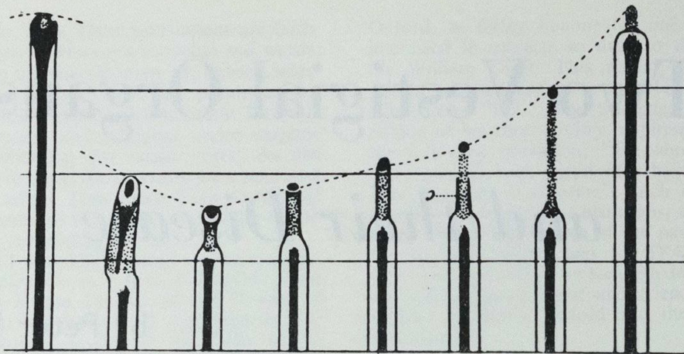


Fig. 1 The hair cycle, showing catagen on the left, through telogen to anagen on the right.

washing and which may amount to as much as 50 hairs a day in perfect health. On the scalp, anagen varies in duration from one to six years, the average being about three. Telogen always lasts about three months. The rate at which scalp hair grows is remarkably constant in all humans, about 0.33 mm. a day. Thus the length to which any individual can grow his or her hair depends upon the duration of anagen and this remains constant throughout life. This is why the average person cannot grow his hair much longer than a foot, while those in whom anagen only lasts a year can barely manage five inches. The all-time record seems to belong to Rapunzel, who let down her hair from her tower of imprisonment to assist her lover in. In other areas of the body the rate of growth varies from 0.1 mm. on the trunk and limbs, to 0.38 mm. on the beard, but there is also considerable individual variation. The diameter and pigmentation of the terminal hairs tends to increase with age and this is most obvious on the face and limbs of women. This trend, however, is in no way affected by manual removal, and shaving, or any other method of epilation, does not lead to hirsutism.

In any one individual the hair pattern is constantly changing. Genetic constitution and the process of ageing affect the capacity of the individual hair-follicle to react to endrocrine changes associated with normal somatic growth, sexual maturation and senescence. The transition from vellus to terminal hair on the face, axillae and pubis at puberty is self-evident. Not so well-recognized, however, is the reverse process occuring at the frontal hair margin in 80% of girls and nearly 100% of boys at adolescence, leading to a frontal recession which produces the characteristic reshaping of the facial outline, but which must not be confused with a commencing male-pattern baldness. In this latter condition, which affects both men and women, and which in exceptional cases can begin before the age of 20, transition from terminal to vellus hair also occurs, a transition which, when fully established, is, alas, permanent, in spite of the protests of the trichologists. By the age of 50 about 60% of white men show some evidence of this process and the condition is by no means uncommon, though seldom as severe, in women. With advancing years the number of follicles is also progressively reduced, both on the scalp and elsewhere.

The Sebaceous Gland

The sebaceous gland develops from the hair follicle as a bud about the seventeenth week of intra-uterine life. At birth it is quite large and multilobulated, although smaller than after puberty. Some time after birth it undergoes a great reduction in size and throughout the pre-pubertal period it is minute, being represented by no more than a tiny outpocketing of undifferentiated epidermal cells ordinarily devoid of sebum. Marked enlargement accompanied by increase in activity occurs at puberty. This continues virtually unchanged for the rest of life in the male, though in the female there is a considerable drop in activity with senescence. The stimulating factor at puberty and throughout active life is androgen, derived mainly from the testes in men and the adrenals in women, although there is some evidence that, with regard to the latter, some may originate in the ovaries. In eunuchs and pre-pubertal castrates the sebaceous glands remain minute and inactive throughout life. While androgens increase the activity of the sebaceous gland, oestrogens suppress it. The mode of action of the latter remains unknown, however, although it is certain that the hormone must be given systemically and has no effect when applied locally. As yet there is no evidence to suggest that the pituitary plays any part in the control of the human sebaceous gland by way of a sebotropic hormone, although such a substance has been demonstrated in the rat.

As in its genesis and throughout its functioning existence, the sebaceous gland is no more than an adjunct of the hair, it is extremely doubtful if it ever had any function apart from increasing the hair's efficiency. In animals and birds it prevents over-wetting, increases buoyancy and adds to the natural insulation afforded by the hair. The effect of removing tar from sea-birds by the use of detergents is well known. Exactly the same thing happens when the preen gland of ducks is removed, the plumage becoming soiled, dull and rough. When the birds are put into cold water their temperature promptly falls.

Such functions can hardly be thought necessary to ensure the efficiency of the few whisps of hair left to man. This has not, however, prevented an impressive list of activities being accorded to the human sebaceous gland. The thin emulsified film of fat which it is supposed to secrete onto the surface of the skin has been regarded as our first line of defence in that it is antiseptic, interferes with the absorption of toxic substances, exerts a buffering action, lubricates the horny layer so preventing chapping and cracking, and controls hydration. And while it is resting from all these exertions it is supposed also to provide the precursor to Vitamin D. Recent experiments have shown, however, that all these functions are adequately performed by a skin from which the sebum has been completely extracted. Further, those members of the human race who have the healthiest and most beautiful skins have the smallest and least active sebaceous glands; namely children below the age of puberty.

But the reputation that the human sebaceous gland was given in health was nothing to that which it assumed in disease. The common scaling erythematous condition of the scalp, face and centre of the chest and back, now known as seborrhoeic dermatitis, was so-called by the Austrian Hebra 100 years ago this year because he thought the apparent greasiness of the scales was due to absorbed sebum. This suggestion was never wholly accepted by the French, in whose country the term seborrhoeic dermatitis is rarely used. Elsewhere, however, the idea was eagerly accepted until one outspoken sceptic suggested that the term seborrhoeic dermatitis began to signify little more than "your guess is as good as mine". Finally, in the thirties of this century the thesis was taken to its logical conclusion with the concept of the seborrhoeic diathesis, a condition in which the increased flow of sebum caused harmless saprophytic organisms such as the staphylococcus albus to become pathogenic, leading to seborrhoeic dermatitis. Associated with this was caries and gingivitis, naso-pharyngeal catarrh, a yellowish crust on the lips referred to rather charmingly as the "seborrhoeic scum", flatulence, and acidity of the urine.

While this aetiological concept has gone the way of focal sepsis and chronic intestinal stasis; and the greasiness of the scales has been shown to be due to serum and not sebum, the term seborrhoeic dermatitis can still be usefully employed as a label for certain scaling disorders, just as we still use the term malaria even though we no longer believe that disease to be caused by bad air.

The Disease

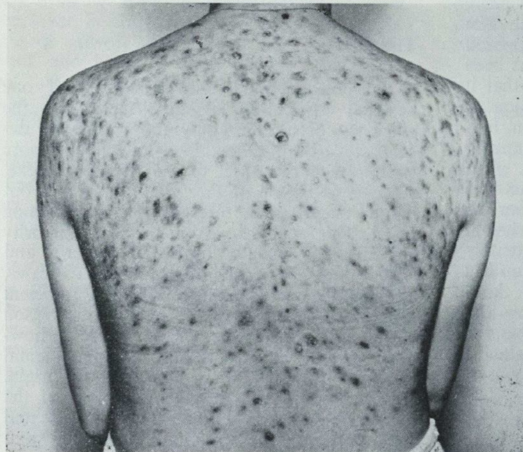
This ineffectual minuet composed of one vestigial structure solemnly increasing the efficiency of another only too frequently degenerates into something altogether more sinister with the onset of the disease of acne. Acne is a disease of the sebaceous gland, but it only occurs in the presence of a functioning gland. This explains why in the great majority of cases the malady begins at puberty and why it does not occur in pre-pubertal castrates, although it may be induced in them by sufficient injections of testosterone. For the same reason oestrogens suppress the disease. There is, however, nothing to suggest that the fundamental cause of the disease is hormonal in origin, only its onset. All the other functions of the sex hormones are normal, secondary sexual characteristics, menstruation, pregnancy and

childbirth all proceed in the usual manner, and the urinary ketosteroids and other hormonal metabolites are present in normal concentrations.

The basic abnormality in acne is a hyperplasia of the epidermal horny layer which lines the upper third of the hair follicle. As a result of this, sebum can no longer escape from the gland onto the surface of the skin. This alone, however, would not matter unduly were it not for the highly irritant properties of sebum. When normal sebum is injected intradermally it causes an inflammatory reaction which can proceed to pustulation. In acne the retained sebum escapes from the blocked gland into the surrounding dermis. When it seeps out slowly and superficially, small papulo-pustules are formed. If it escapes more rapidly in the mid-dermis nodular lesions reminiscent of small boils result, but when a whole gland bursts into the lower reaches of the skin, large fluctuant cysts result.

The cause of the original hyperplasia of the horny layer is still unknown. One attractive theory is that there is a physical or chemical alteration in the sebum itself which irritates the living cells of the sebaceous duct and upper third of the hair follicle causing them to proliferate. In this way the disease would be self-perpetuating, an appearance which it all too often gives to both patient and dermatologist. A combined research programme on the part of the Skin and Biochemical departments of this hospital is at present testing this theory. Another unanswered question is why the disease ever clears up, since treatment is only suppressive.

It is probable that the hair also plays a part in the dynamics of acne, though a somewhat negative one. The largest and most active sebaceous glands are on the scalp. While these are responsible for greasy hair, a common complaint of adolescence, they are not involved in acne. This may be because their orifices are kept patent by the thick, strong terminal hairs which the parent follicle produces. Acne in fact is commonest on the forehead and cheeks, back and chest, areas where the sebaceous glands are large, massive and multilobular, but where the hairs are small, inconspicuous and vellus. There is, however, one exception to this rule, and this concerns the follicles of the beard region. Here, that part of the hair follicle above the sebaceous duct is divided into two partitions, one containing the hair and the other acting as a prolongation of the sebaceous duct up to the surface of the skin. Clearly, therefore, the hair cannot, under these circumstances, maintain the patency of the sebaceous duct. In fact, when such follicles are affected by acne, the proliferation of the horny layer is confined to that portion of the follicle acting as the sebaceous duct and spares that containing the hair.



Acne in its milder forms deserves no more bombastic title than adolescent spots and requires little if any treatment. On the other hand the widespread, deep pustulo-cystic type (*Fig.* 2) causes considerable physical discomfort, continual emotional and psychological disturbance and gross permanent scarring. In this guise it has been referred to, without undue exaggeration, as the adolescent tragedy, and is another reminder that structures which, as a result of evolution, have become redundant for the maintenance of health are still all too capable of causing disease.

Fig. 2
Acne vulgaris, the adolescent tragedy

Yaws

by L. I. M. Castleden

Yaws is a disease most commonly seen in the negro races of tropical Africa. It occurs also in the East and West Indies, Ceylon, the Pacific Islands, Papua and the Malay States and has recently been prevalent in parts of Kenya, Tanganyika and Uganda. Low-lying damp tropical areas favour its spread which does not occur so readily in hill districts and apparently not at all in temperate climates. Increased facilities for world travel and immigration make it likely that the disease will be seen more frequently in this country than in the past, particularly among out-patients as in the following case: —

H.P.C. W.J., an African aged 43, employed as a porter by British Railways came to out-patients at the Central Middlesex Hospital on 6.9.65 complaining of a tender swelling on the outer side of the right leg below the knee for two weeks. There had been no injury and he was otherwise well.

P.H. 1958. An episode of diarrhoea and dyspepsia with rapid recovery. 1963. Backache attributed to disc degeneration of mild degree. Blood W.R. was found to be positive and he was referred to the V.D. clinic where he seems to have attended irregularly. 1964. Brief recurrence of backache. Haemorrhoids injected. 1965, March. He had a fibrous nodule excised from his left hypothenar eminence at the site where he thought some glass had been embedded. Histology showed subcutaneous tissue with non-specific acute and chronic inflammatory tissue around a central organising blood clot. Pigment-laden macrophages were present among the inflammatory cells but no giant cells. No foreign body was identified. There was no history of past venereal infection or of skin rashes of any kind.

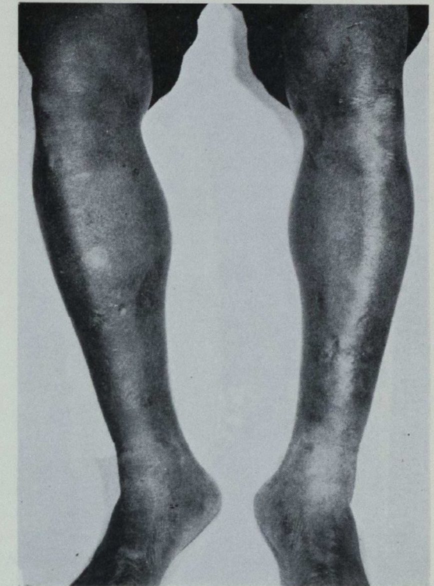


Fig. 1.

O.E. A well built slightly obese negro who looked well. There were numerous scars of healed ulcers on both shins which the patient attributed to cycling accidents. Both tibiae showed a "sabre" deformity and there was a moderately tender elastic swelling of the upper third of the right fibula. (fig 1).

No abnormality in the heart or lungs, B.P. 120/80. The liver and spleen were both just palpable. The C.N.S. was normal. It was thought initially that the condition was probably a syphilitic periostitis. Blood Wasserman and Meineicke reactions were strongly positive.

X-rays revealed sclerotic changes with cortical thickening in the upper ends of both tibae and sclerotic changes in the proximal ends of both ulnae. (fig. 2). The bones of the skull, chest pelvis and hands were normal radiologically. From the appearance and distribution of the bone lesions the radiologist's opinion was that they were due to yaws.

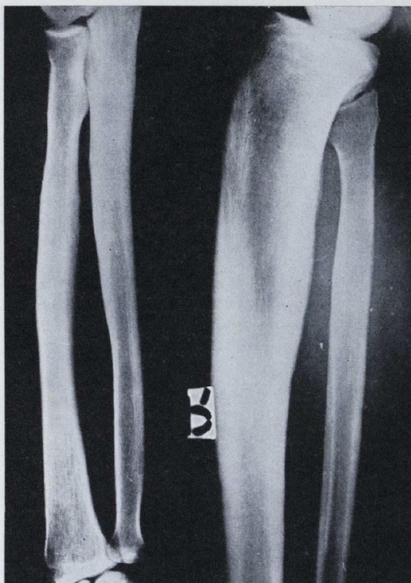


Fig. 2. The Patient's right tibia and fibula and right forearm.

Yaws is a contagious disease contracted by a direct inoculation of the Treponema Pertenue through a breach of skin surface, hence the primary lesion is usually on the extremities particularly the legs. It has been postulated that the infection may be spread by flies, by infected clothing or from floor dust, as well as by direct contact. Children are frequently infected by direct inoculation from the secondary skin lesions of adults. The lesions of yaws tend to appear in three stages with intervals of remission between. Because this does not always obtain, Hackett, who has made an extensive study of the condition, proposed a classification into early and late stages only. His monograph on the nomenclature and classification of yaws lesions contains many excellent photographs (1). In order to differentiate between yaws and syphilis as much as possible, however, it seems best to keep to the traditional description of primary, secondary and tertiary lesions.

Following inoculation there is an indefinite incubation period of three to five weeks or longer before the primary lesion appears in the form of a painless epidermal papule or granuloma the centre of which becomes necrotic. The discharge teems with spironemes and regional lymph nodes are enlarged. There may be mild constitutional symptoms such as slight fever and rheumatic pains. After persisting for three or four weeks the primary lesion heals spontaneously, as does the syphilitic chancre, and may leave no scar if there has been no secondary infection. About this time the blood Wasserman becomes positive and the patient is seroreactive to all the serological tests for syphilis. The history of a primary lesion is frequently absent in cases seen in the later stages. There then follows an interval of several months in which there is no clinical evidence of disease.

In the secondary stage, which in the untreated disease may last for years with intervals of spontaneous healing and relapse, rashes are the prominent feature. As in syphilis these may be pleomorphic and highly infective condylomata occur in both diseases so that effective differentiation is difficult but may be helped by the fact that, in contrast to syphilitic rashes, those of yaws itch and are not so symmetrically disposed. The characteristic skin lesion of this stage is the yaw which is pathognomic and is ushered in by patches of light coloured furfuracious desquamation in which minute papules appear. These papules enlarge and coalesce, pushing up from the Rete Malpeghii through the horny epidermis. The lesion splits in radiating lines from the centre and a crust forms. Removal of the crust reveals a red rounded fungating swelling, oozing a pale serum rich in spironemes, the appearance of which has given to the disease its alternative name Framboesia (= raspberry). The yaw is painless and after remaining stationary for two weeks or more shrivels and heals, leaving a discolouration or depigmentation of the skin but little or no scar. Yaws are usually multiple, occur on any part of the skin and like the condylomata which are found in the flexures and on moist areas of skin in the secondary stage, are highly infective.

Five to ten years or more after the primary lesion, those of the tertiary stage occur. Rashes can appear again and the yaw now tends to break down, producing ulcers which may be extensive and deep, persisting for years and healing with disabling cicatricial contracture if near joints. Hyperkeratosis of the palms and soles with cracks and fissures may be seen, and a yaw may form beneath the thickened skin of the sole producing a very painful condition, the "crab yaw". Periostitis, which accounts for

Yaws	Syphilis
Primary Stage	*Primary Stage*
Extragenital	Usually genital
Never congenital	May be congenital
Secondary Stage	*Secondary Stage*
Typical yaw pathognomonic	Seldom imitates framboesia
Mucosae not affected	Mucosae may be affected
Itching common	Rashes do not itch
Alopecia unknown	Alopecia may occur
Eyes unaffected	Iritis, Choroiditis and retinitis
Tertiary Stage	*Tertiary Stage*
Visceral lesions absent	Visceral lesions occur
Blood vessels not affected	Endarteritis obliterans
Constitutional disturbance slight	Attacks constitution
C.N.S. never affected	C.N.S. liable to infection
W.R. in C.S.F. always negative	W.R. in C.S.F. may be positive
Crab yaws very painful	Perforating ulcer in Tabes painless
Gummata in skin and bone only	Gummata in any tissue
Fibrous nodules	No fibrous nodules

Table showing some contrasts between Yaws and Syphilis.

the "sabre" shape of the tibia, osteitis and gummatous osteitis with a liability to spontaneous fracture, characteristically only attack the tibia and ulna in yaws although the bones of the hands, particularly the phalanges, may be affected. There is a fortunately rare gummatous osteitis of the palate nasal bones and maxillae called "gangosa" which causes considerable disfigurement. Gummata may form in the subcutaneous tissue, break down and ulcerate, leaving scars similar to those after the gummatous ulceration of syphilis, but in contrast to syphilis, gummata are not recorded as occuring in other tissues. Firm fibrous nodules, which may attain to a considerable size and are frequently bilaterally symmetrical, may be found attached to the ends of long bones or in the subcutaneous tissue near joints. They are persistent and disfiguring but not disabling. Rare tertiary lesions are synovitis, epiphysitis and tenosynovitis. It is said that ganglion formation may be due to the yaws infection but that when it it so caused a rash is present at the time of the appearance of the ganglion. As in the secondary stage remissions and relapses occur in the untreated case and this probably accounted for the periostitis of the fibula in this case.

Yaws is a member of a group of diseases caused by treponemes, the best known of which is syphilis. Betel is probably juvenile syphilis in Arab children; like yaws is affects chiefly the skin and bones but can also cause mucosal lesions. In Pinta, a rare disease of the tropical areas of the American continent, there are skin lesions only. These diseases may be related and an interesting discussion of this possibility, together with a history of yaws, possibly the oldest of the four, as well as a full description of their morbid anatomy and clinical features, is to be found in Manson's Tropical Diseases (2). All members of the group respond equally well to the treatment developed for syphilis, penicillin nowadays being the treatment of choice.

Yaws is most unlikely to spread in the temperate climate of this country. The primary lesions will therefore rarely be seen but the disease may be encountered in its secondary or tertiary stages in people who have contracted it before entry and probably had insufficient or no treatment. The problem is always to differentiate between syphilis and yaws, particularly if the patient presents lesions which are common to both and indistinguishable, such as rashes, condylomata, hyperkeratosis, periostitis, osteitis or gummata. Points of difference which may be helpful are summarised in the table.

Because the case here reported showed only the late lesions of osteitis, periostitis and healed skin ulceration with a recent exacerbation of periostitis, all common to both diseases, it could well be argued that the diagnosis of yaws was not established, that of syphilis being equally tenable. Examination of his C.S.F. might have been helpful and should of course have been done but he refused several requests that he should come into hospital for further tests and it was even difficult to persuade him to attend regularly as an out-patient for treatment. The facts that he must have had his complaint for some time to produce the degree of bone change found and yet had no evidence of visceral lesions, that the bones affected were those usually attacked in yaws, all others being normal, and that he had had what was most probably a fibrous nodule of the disease excised, make the diagnosis of yaws likely to be the correct one.

My thanks are due to Dr. F. Pygott for X-raying the patient, for help in the interpretation of the films and permission to use those from which fig. 2. was made. Also to Mr. A. G. Booker of the photographic department for help in preparing the illustrations.

References

1. HACKETT, C. J. An International Nomenclature of Yaws Lesions. World Health Organisation. Geneva. 1957. Monograph Series No. 36.
2. MANSON-BAHR. Manson's Tropical Diseases. 15th Edition. 1960. 561-582.

Medicine in Literature

an extract from "*THE DIVIDED SELF*" by R. D. Laing

Marie, aged twenty, had been a college student for one year without passing any of her examinations. She arrived to sit an exam either several days too early or too late. If she ever turned up on time or while the exam was still in progress, it seemed more or less by accident, and she could not be bothered to answer questions. In her second year, she stopped attending classes altogether, and appeared to be doing nothing at all. It was extraordinarily difficult to find out any concrete facts of this girl's life. She came to me at the suggestion of someone else. I set a regular time for her to see me twice a week. It was never possible to predict when she might arrive. To say she was unpunctual would be a vast understatement. The definitive time for an interview was a point in time which served only vaguely to orientate her. She would turn up on a Saturday morning for an interview on Thursday afternoon or she would phone at 5 p.m. to say she had just awakened and so could not manage her interview at four o'clock but would it be suitable if she came along in an hour or so. She missed five consecutive sessions without giving notice, and arrived punctually for the sixth without comment and continued where she had left off before this break.

She was a pale, thin, wan creature with unkempt straight hair. She dressed in an indeterminately vague and odd way. She was extraordinarily elusive and secretive about herself. As far as I could gather, not a single one among the many people with whom she came into fleeting contact ever knew how she spent her life. Her home was outside London but since going to college she had taken digs in town and changed her digs frequently. Her parents never knew where she was staying; she would call on them at odd moments and pass the time of day as though she was a casual acquaintance of the family. She was in fact the only child. She walked swiftly and silently, almost on tiptoe. Her speech was soft and distinct, but listless, far-away, still and stilted without any animation. She preferred not to speak about herself but of topics such as politics and economics. She treated me with apparent indifference. Usually she made it clear to me that she regarded me as no more than a further one of her numerous casual acquaintances, on whom she dropped to have a chat. She once told me, however, that I was a fascinating person; but that my nature was vicious and dirty. She did not betray any desire or expectation to get anything from me and it was never completely clear what she did feel that she derived from me.

When she felt herself to be so indifferent to me she could not understand why she travelled considerable distances in order to see me.

One would have thought that the outlook in this girl's case was pretty hopeless, as she presented unequivocally the clinical psychiatric picture of dementia praecox or schizophrenia simplex.

However, one day she arrived punctually and amazingly transformed. For the first time in my experience of her she was dressed with at least ordinary care and without that disturbingly odd appearance in dress and manner that is so characteristic of this type of person but so difficult to define. Her movements and her expression had, unmistakably, *life* in them. She began the session by saying that she realized that she had been cutting herself off from any real relationship with other people, that she was scared by the way she had been living, but, apart from that, she knew in herself that this wasn't the right way to live. Obviously something very decisive had happened. According to her, and I see no reason to doubt this, it had arisen out of going to see a film. She had gone every day for a week to see the film *La Strada*. This is an Italian film about a man and a girl. The man is an itinerant strong man who travels from town to town performing his act, which consists in bursting by chest expansion a chain fastened round him. He acquires a girl from her parents to act as his assistant. He is strong, cruel, dirty, and vicious. He treats the girl as dirt. When he chooses, he rapes her, beats her, abandons her. He seems to be without conscience or remorse: he accords her no recognition as a person, shows not the slightest gratitude when she tries to please him or when she is loyal to him. He makes it clear to her that there is nothing that she can do for him that someone else couldn't do better. She cannot see what use her life is since it has been given over to this man, and to him she is worthless and useless. Although in her sadness and desolation there is no persistent bitterness, yet she is in despair that she is of no significance. She makes friends with a tight-rope walker in a circus. She laments to him her insignificance. However, when this funambulist asks her to come away with him she refuses, saying that if she does so the man will have nobody to put up with him. The funambulist picks up a pebble and says that he can't believe that she is *absolutely* useless since she must be worth at least as much as the pebble, and the pebble at least exists. Moreover, he points out that she must also have some use though she does not know it, since she knows that she is the only person whom this man does not drive away from him. Much of the charm of the film derives from this girl. She is utterly without guile or deception. Every shade of feeling shows itself simply and immediately through every action. When the strong man kills the funambulist before her eyes, and evades justice rather than confess his crime, she becomes silent except to whimper, 'The fool is sick, the fool is sick.' She does nothing and eats nothing. When she seems not to be getting any better the man abandons her asleep beside a wintry road, leaving her to chance.

This patient identified herself with the girl and at the same time she saw herself in contrast to this girl. The strong man with his viciousness, indifference, and cruelty embodied her fantasy of her father and to some extent her fantasy of me. But what struck her most forcibly was that, though so despairing and unhappy, this girl did not cut herself from life, no matter how terrible it was. She never became an agent of her own destruction. Nor did she try to distort her simplicity. The girl was not specifically religious; she seemed not to have had, any more than Marie, a faith in a Being whom she could call God; yet, although her faith was nameless, her way of living was somehow an affirmation of life rather than a negation of it. Marie saw all this in horrified contrast to her own way of living her life. For she felt she had been denying herself access to the freshness and forgivingness of creation. Even the girl in the film could laugh at circus clowns, be thrilled by a tight-rope walker, find comfort in a song, and be worth no less than a pebble.

From the "objective", clinical psychiatric point of view, one would say that there was an arrest in the progressive schizophrenic deterioration probably on an organic basis. From the existential point of view one could say that she had stopped trying to murder herself.

De Fistula in Ano

by

John Arderne

(1370)

This passage appears in a long work sonorously entitled "Treatises of Fistulae in Ano and of fistulae in other parts of the body and of apostemes making fistulae, and of haemorrhoids and of clysters, also of certain ointments powders and oils." It was published by the Early English Text Society in 1910 and was edited by a notable surgeon and medical historian Sir D'Arcy Power who is described by the Society as Surgeon to and lecturer on Surgery at St. Bartholomew's Hospital.

John Arderne was essentially an operating surgeon whose practice lay among the nobility, the wealthy landowners and the higher clergy. He issued his writings in the form of separate treatises which appeared in 1376 and 1377. What is known of his life is not much and comes from these writings. He says he is seventy, and has for many years practised at Newark and has recently come to London. He travelled a great deal since he mentions his operations in places as far apart as Algeciras in south Spain, Antwerp, and Bergerac in Acquitaine. He seems to have taken part, as an army surgeon, in the French campaigns of the time, which under the leadership of the Black Prince culminated in the battle of Crecy. Curiously his work is the only contemporary source for the romantic episode by which the Black Prince acquired his heraldic design, taking the three black plumes from the blind King of Bohemia who had died in the course of the battle. The passage translated from his work is funny and serious too. It is one of the very few statements of medical ethics which have come down to us from the middle ages.

the qualities required in a good surgeon

translated from the Middle-English by Paul Swain

JOHN ARDERNE (b. 1307)
Operation for anal fistula. Preliminary probing
(B.M. MS Sloane 2002, fol. 24v.)

Piety and Charity

The man who wants to do well in this craft is well advised always to give God His due first place in all operations and always to ask for His help from the heart as well as from the mouth. At times he should be charitable to poor men out of his income so that they may get for him the good grace of the Holy Ghost.

Modesty and Wariness

He should never be convicted of rash or boastful talk; in fact he ought to abstain from talking too much; most especially when he is among important people, and he should have some wily answers to any questions he may be asked, so that he is never caught out by anything he may have said. If his actions are often found to differ from his promises or what he said, he will lose respect and will blemish his own good reputation. As some poet said and to the point: "Let your works surpass your words; reputation is diminished by boasting:—Vincat opus verbum, minuit iactantia famam."

Gravity and carefulness in the company he keeps

A surgeon should not be laughing or playing the fool over much. As much as possible without damaging trade, he should avoid the company of charlatans and dishonest people. He ought to be continually occupied by aspects of his craft—always reading, studying, writing or praying; the constant reference to books does credit to a surgeon. Why? Because not only will he be seen doing this but he will also be wiser at the craft.

He should be sober and not gluttonous

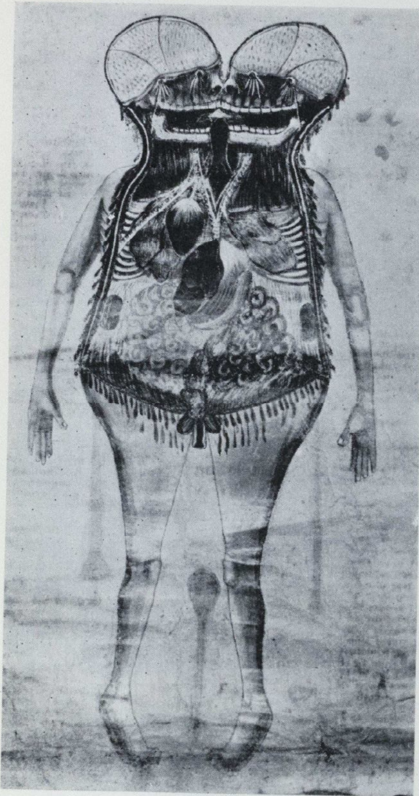
More important than all this, it will be profitable to him if he is always found sober. Drunkenness destroys all skill and reduces it to nothing; as some wise man said "Ebrietas frangit quicquid sapientia tangit:- drunkenness smashes whatever wisdom touches." He ought to be content with the food and drink available in strange places of work and should take these things in moderation. For as a wise man said: "Sicut ad omne quod est mensuram ponere prodest sic sine mensura desperit omne quod est: —just as it proves profitable to apply moderation to everything; so without moderation eveything is destroyed."

Not cynical

The surgeon should not be too cynical about anybody. On that subject there is the saying: "Deridus aliis non inderisus abibit: —He who pours scorn on other men shall not go away unscorned."

He should be courteous and should not be jealous of other sugeons

If somebody talks to him about any surgeon, he should neither denigrate nor praise him too much—nor should he recommend the surgeon but should answer with courteous circumspection as follows: "I don't actually know very much about his work, but I know nothing and I've heard nothing which implies that his work is other than good and honest." Thus the reputation and the mutual gratitude of all the parties involved increases and multiplies that of his own. After all the honour is really to be found in those who do the honouring and not actually in those who are honoured.



De Arte Phisicali et de Cirurgia of Master John Arderne, Surgeon of Newark dated 1412

Continent

He should not be too attentive (or at least not over openly) to the lady or the daughters or any other attractive women of the houses of important men. He should not try to kiss them, nor should he touch secretly or openly their breasts or their hands or their genitals, so that he doesn't run into indignation of the master of the house or any of his people.

Friendly to servants

As far as he can he should annoy no servant, rather he should earn their affection and their good will.

Chaste

He should abstain from debauchery in all places—as much in words as deeds, for if he keeps his debaucheries to secret places sometime in the open the dishonour of his evil practices will catch up with him. There is a saying about this: "Pede super colles pedes ubi pedere nolles:—Fart on the hills and you will fart where you don't want to." And it is said elsewhere: "Obscene language corrupts good manners."

He should be easy of address, being neither too rough nor too familiar

When sick men, or anyone close to them comes to the surgeon to ask for advice, he shouldn't be rude or too familiar but with an easy manner should follow the style of the questioner, being deferent to some and forthright to others. As the wise men have it: "Too much familiarity breeds contempt."

He ought not to be too ready to undertake a case and ought always to see it before giving advice

As well as this it may also be expedient or the business in hand may make it necessary to have some plausible excuses to avoid having to comply with their requests thus avoiding any difficulties or the displeasure of some important personage or friend. He can pretend to be hurt or to be sick or to any other convenient reason by which he is likely to be excused. And if he wants to undertake the request of anyone he ought to draw up an agreement about the operation and settle it beforehand. The surgeon would be well advised never to give any definite opinion in whatever case until he has first seen the illness and how it is going for himself. When he has seen it and has made his tests and if it seems likely after he has done these things that it is possible to heal the sick man; even so, he should utter dire warnings to the patient of the dangers to come if the cure is deferred.

Advice to the surgeon about fees and behaviour. The surgeon ought to have a clear understanding about the fee before operating

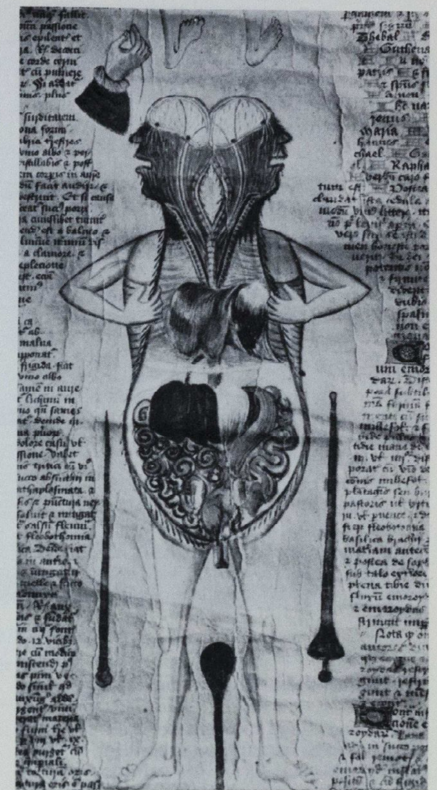
If the patient is observed to be following the course of treatment conscientiously then the surgeon should ask very clearly for a large or a small fee according to the income bracket of the patient; but beware of asking too little for a fee, because asking for too little is not only extremely bad for the market but also underrates the value of the operation.

The cost of an operation

Thus for the cure of a fistula in the anus, when it is curable, the surgeon should ask competently for one hundred marks from an important and rich personage, or forty pounds with garments and expenses in the form of an annuity for life of a yearly one hundred shillings. From men of lesser stature he should ask for forty pounds or forty marks without expenses. He should never take less than one hundred shillings. Never in my life did I accept less than one hundred shillings for the cure of that disease. Of course other men can do what they think is better or more expedient.

Prognosis as regards the duration of the cure and the reason for this

If the patients, or their friends or servants, should ask how long he anticipates it will take the case to heal, the surgeon should always promise double the time he expects it to last; for example if the surgeon expects the patient to heal in twenty weeks—and this is the average length of a cure—he should add as many again to his estimate. Better the estimate be of increased length than the cure. The prolonging of a cure gives the patient cause for despair when the best hope for his health lies in the patient's trust for his surgeon. If the patient considers or wonders or asks why he was given such a long estimate for the time it would take him to heal since he has been cured in half the time, the surgeon should answer that this was because the patient was so courageous and had commendably endured the vicious pains, or that he was of a good complexion and his skin was therefore well able to heal. He can also invent other reasons which are pleasant to the patient for patients are delighted with phrases like these.



De Arte Phisicali et de Cirurgia of Master John Arderne, Surgeon of Newark dated 1412

The surgeon should be dressed soberly

A surgeon should be dressed soberly in the clothes and the other garments of his trade. He should not model himself on the manners or the clothing of the acting profession. He ought to imitate in the way he dresses and in his bearing the manners of the clerks. Why?—because any man discreetly dressed in the clothes of a clerk will be accepted as a person who may dine at the tables of gentlemen.

Personal cleanliness

The surgeon should also have clean hands and well shaped nails from which all the filth and blackness have been removed.

The cultivation of silence and tact

He should be well mannered when dining with important people, and should not anger either by his words or actions the guests sitting next to him. He ought to hear a good deal but say precious little. As a wise man used to say: "It is more suitable to use the ears than the tongue."—and elsewhere, "If you had kept your peace you would have been taken for a philosopher." And if the surgeon must speak then he should keep the words short and be fair and reasonable, avoiding swearing as much as he can.

The surgeon should not tell lies

He should be careful that he is never caught mouthing duplicities for if his few words are found to be true then none will doubt his deeds.

He should have a stock of comforting sayings

A young surgeon ought to learn up some good proverbs relevant to his craft for comforting his patients. Or if his patients complain that their medicines are bitter or acid or anything else, then the surgeon should speak like this to the patient; "It is narrated in the last lesson of the matins of the nativity of our Lord, that our Lord Jesus Christ came into this world for the wellbeing of mankind in the guise of a good and wise surgeon. And when he came to a sick man he showed him medicines; some were innocuous, others were nasty, and he said to the sick man; "If you want to be made whole you must take this one as well as that one." In another place there is a different story, in the gospel of the sons of Zebedee, where their mother asked saying; "Lord, say that my two sons will sit in your kingdom, the one on your right hand side and the other on your left." And Jesus answering said; "You do not know what you ask." Then he said to the sons of Zebedee; "Can you drink from the chalice from which I must drink?" They said to him: "We can.", as if he had said to them; "If your soul or your mind longs for something that delights it, then first you must drink a draught of sorrow or agony. Thus out of this bitterly confectioned drink comes the joy of succour."

The surgeon should encourage the patient to be courageous

It is more important than this that the patient should be comforted by encouraging him to be courageous in his pains. For courage gives a man enough strength and hardiness to suffer sharp and agonising experiences; and it is a great virtue and a great happiness. For as Boethius said De disciplina scholarium; "He is not worthy of the dagger's point of sweetness who cannot be smeared with the grief of bitterness." Why?—because a powerful medicine is the answer to a powerful disease. And a wise man said about this particular subject: "Let no treatment seem painful or grievous which is responsible for a healing effect." In another place there is the saying: "Happy or blessed be the day that confers happy times."

The effect of the mind on the body

There is another proverb: "The man whose soul is not at rest can never have his body at rest. I will endure lesser irritations to avoid suffering anything more grievous." It is a good sign if agonising pains are endured by a courageous man, while a man who is weak of courage is not on the path to recovery. Why?—because in fact in all my life I have seen very few people who labour under this weakness healed of any sickness. Therefore it is advisable for wise men never to meddle with any of these. Why?—because as the wise man said; "Everything is a strain for a man deficient in courage because they are always convinced that dangers are close to them, they are always frightened, they endure nothing, they are always unstable and unwise." Because of this a poet said of them: "Quominus nil pacior paciendi me tenet horror: Although I am not suffering I am gripped by the ugliness of suffering."

JOHN ARDERNE (b. 1307) Operational procedure

(B.M. Ms Sloane 56, fol. 44)

The surgeon should have a stock of funny stories

It can also be a help if a surgeon can tell some good or true stories that can make the patient laugh as well as some from the Bible and from other tragedies, and any others for they cost nothing while they produce or induce a light heart in the patient or the sick man.

The surgeon should most strictly keep his own counsel about the patient

The surgeon should never reveal in an unguarded moment his own counsel about his patients, no more to women than to men, nor should he denigrate one opinion at the expense of another so that he is guilty of breaking counsel, although he may have good cause. For if someone keeps close another man's counsel then that man will place more trust in him.

Conclusion

Certainly, many things should be observed by a surgeon—apart from those things which have been said, there are many which cannot be noted down here because they would fill too much space. But it is not to be doubted that if the aforementioned principles are properly practised they will give a smooth path to the user to achieve the heights of reputation and of profit. And as Cato said: "Virtutem primam puta esse compescere linguam—You would do well to believe that the foremost virtue is to hold your tongue."

Illustrations by courtesy of the Wellcome Trustees

just time for one TIGER

by Col. W. C. Spackman

In its time the old I.M.S. was undoubtedly the finest Medical Service in the world, providing as it did unrivalled opportunities for professional practice and research under the most varied geographical conditions and amid a great diversity of peoples. In addition, for some of us the call of the great jungles added a spice of adventure for many short periods of leave, for "home leave" to England was only obtainable every four or five years. Big game hunting, with rifle or camera, always attracted me and I took every opportunity of indulging in it. The villagers were much plagued by panthers and tigers killing their goats and cattle, and would invoke one's aid in getting rid of these dangerous marauders.

In the spring of 1945, with the War just ending, I had come down to Bombay from my up-country appointment hoping to secure a passage to England on retirement but knowing that there was a fantastically long list ahead of me. There was however a method known as "pier-jumping" which involved hanging around the offices of the Shipping Companies hoping for an unexpected cancellation at short notice, perhaps only a few hours ahead, with everything all packed and ready. As I was not without some influence in these circles I was soon lucky enough to be offered one Wednesday a berth on a steamer due to sail at 10 a.m. on the following Tuesday. At the same time I received a telegram from one of our dear friends the Maharajah of P. a small but delightful state in Rajputana—"Sorry you are leaving India come and say farewell chance of a tiger". We had spent many short holidays as his guests in his picturesque and sporting State and admired the patriarchal manner in which he managed his remote and simple subjects, by whom he was loved and respected in spite of, or because of, a certain informality in his methods of administration which sometimes perplexed the British Political Agent for that part of India.

I wired back gladly accepting, caught the overnight Frontier Mail and was met next morning at Rutlam Junction by His Highness's car which after a two-hour run across the parched countryside (the monsoon rains were still two months away) brought me to the Palace where he received me with all his customary courtesy and charm. "Bill", he said, " you cannot leave India without one of my tigers". I explained the situation about my ship. It was now Thursday afternoon and the return Frontier Mail on Monday evening would get to Bombay too late for me to catch the boat on Tuesday if it sailed on time. Luckily I had met the skipper just before I left Bombay who told me the tide would prevent him sailing till the afternoon, but the sailings were under close military control and he could only hold up the sailing for me for a very short time. I therefore ought to catch the train from Rutlam on the Sunday evening.

"My people shall tie up six young buffaloes in all the most likely places in my jungles and by mid-day each day the runners should be in to say if there has been a kill".

Tigers do not kill to order. Next day, and the next, we waited anxiously as the runners came in with negative tidings even from the furthest spots. The Maharajah was much cast down. "Durbar Sahib", I said, "don't worry. All these years I have had so much fine sport here, but of course if I did get a tiger I should value it more than the others". For though I had shot many panthers in his State I had never got a tiger there.

Sunday morning came. I should have to leave that afternoon to be sure of catching my steamer when about noon a perspiring runner came in, almost the last, when we had nearly given up hope, to announce that one of the most distant tie-ups had been killed! The tiger kills one night but only takes a taste or two, coming back unless disturbed for a full meal the next night when the carcase has acquired a bit of extra flavour!

The runner was handsomely rewarded and I decided that the temptation was too great. I must stay over and risk my precious (and expensive) passage.

The kill was about fifteen miles away by a rough motorable track to a very beautiful rocky gorge beside a river. At that time of year the river was low, with large pools among the huge rocks and scrubby trees of the river. The *machan* (hide-out) was in a medium-sized tree with the river gleaming about ten yards on my left looking upstream, and the dead buffalo, rather high by now, tied firmly to a small tree stump close underneath on the same up-stream side. We had crossed the river by conveniently arranged stones just below a large pool that shone invitingly in the light of the full moon now rising above the steep gorge-side. As the young shikari and I climbed up the rope ladder, about an hour before dark, and settled into the comfortable *machan*, provided even with a chamber pot, my thoughts went back nearly twenty years to the bare and prickly, ant-infested branch from which I had shot my first tiger. He had emerged, a huge black form in the moon-light, and started to carry off the dead buffalo before I could get my sights on him and had dropped it when my shikari switched on a torch, disappearing into the thick grass, growling and grumbling, only to shew himself just enough for me to shoot. I knew I had incapacitated him as he remained roaring and thrashing hidden in the deep grass. Meanwhile I felt the armies of large and vicious ants climbing up my shorts and I had to choose between being severely bitten without cessation or remedy and of descending to face a wounded, dying or dead tiger! I couldn't stand the ants but luckily when in the darkness I tripped over the tiger I found he was dead!

On the present occasion, I put the shikari to watch down stream, from which direction local opinion thought the tiger would return, if he condescended to come back for his meal, whilst I watched the kill and revelled in the entrancing view up the gorge between the huge boulders and thick scrub of the river bed, with glimpses of the silvery river glinting through. Except for the faint constant shrilling of the tree crickets, utter silence prevailed; one felt that even to shift one's position would awake an echo, whilst to clear one's throat might be heard a mile off.

Time slipped by in this dramatic setting, one hour, two hours, the famous "panther light" had long since given way to full night though the moon was now blazing overhead. Suddenly a far-off monkey started cursing and then was silent: the signal to redouble our attention. Minutes later, yes, a dark shadow, a fleeting glimpse, moving about a hundred yards up-stream promptly to disappear again among the other shadows. I held my very breath, for this could only be the tiger! Sure enough, a minute or so later he re-appeared, much nearer and unmistakeable, a great black form cautiously and silently picking his way among the black and broken landscape. He was looking and nosing for his kill, for it had been dragged from its original position to a spot a few yards nearer the *machan* to provide a safer shot in the night.

I gently nudged the shikari with my elbow, indicating that the tiger was below us and he eased himself across the soft mattress to gaze down beside me at the fascinating sight of the great beast tugging fiercely at the carcase, quite oblivious of our presence so close above him. I would gladly have spent a long time watching his efforts, but I feared he might with his great strength succeed in breaking the rope and making off with the body before I could get a safe shot, as had so nearly cost me my first tiger below that ghastly ant-infested tree! Cautiously I raised my 450-400 double barreled rifle till the white bead of the fore-sight was squarely upon him. Then, at a pre-arranged and practised sign the shikari switched on his powerful torch aimed exactly at the tiger. If this is not done accurately, the hunter sees nothing and the beast is lost. It was the young shikari's first tiger and he was trembling with excitement, but he made no mistake. The tiger looked up in surprise as at a shooting star and I instantly adjusted my aim more exactly on his shoulder. The silence of the jungle was shattered by a terrific bang, a blood-curdling roar, and the tiger gave two or three tremendous wild plunges and disappeared among the boulders! Then silence settled down once more as the thundering echoes of my shot reverberating from the high crags above finally died away in the far distances.

I was certain I had made no mistake but shining our torch from the *machan* revealed only the dead buffalo. What to do next? Obviously, wait in the *machan* till morning. But it is fun, and much more exciting, to break the rules. My young shikari impetuously proposed to descend the rope ladder at once and alone, but I managed to restrain both of us for about five minutes. I then climbed down with my rifle at the ready, followed by the

boy. A short search by the dead buffalo revealed a tell-tale small lump of soft warm flesh, a clear indication of a solid hit. With great caution we followed the indistinct plunging tracks for fifty yards, peeping in the black recesses and shadows for our tiger, sheer madness of course. Then I called it off and sent the boy back across the river to fetch the rest of the party from the village a mile away, whilst I remained by the kill.

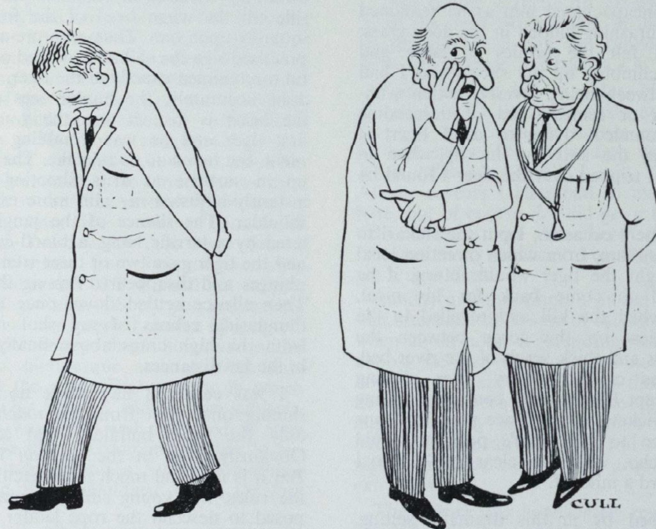
The tropic night was soft and warm, the day had been hot, the jungle track dusty; the river pool gleamed invitingly in the brilliant moonlight. The fatal thing about temptation is that it is such fun to give way to it! I took off my clothes and waded breast-deep into the water, as quietly as possible and with my rifle ready in my hands. How soothing and refreshing the cool clear river water felt, how utterly peaceful and seiene the scene!

After a time I sat on a great flat rock at the edge of the pool to dry off in the soft night air, marvelling again at the unbroken stillness of the remote valley, till at last I heard sounds of the party coming noisily up from the village. I dressed again, and we all continued the search with torches and rifles, but with little enthusiasm and scarcely further than I had done, and with the same negative result.

At dawn we returned to the scene from the village where we had spent the remainder of the night, the search party augmented by a few men and many boys from the village. Soon, a frantic shriek from a small naked urchin, more adventurous than the rest: "Bagh! Bagh!" General consternation and a cautious reconnaisance of the spot pointed out by the excited *chhokra*.

Mortally wounded animals often go to water, and there was the great beast, dead, half in and half out of the very pool where I had taken my midnight bathe!

Sufficient to add that I caught the night mail which reached Bombay in time next day for me to board my steamer just an hour before she sailed. Few can have had such a wonderful memory to treasure of what was (barring that night in the train) their last night in India.



" HE'S UP BEFORE THE B.M.A. ON SEDITION CHARGES FOR SUGGESTING THE INCLUSION OF SOME PAPERS ON MEDICAL SUBJECTS AT NEXT YEARS ANNUAL MEETING "

Task Force

A Review of a Social Action Group— Its Aims and Methods

by

JUDY DARTINGTON

One of the greatest disadvantages of our industrial society is that the family unit is breaking up. In rural areas one family may live in the same house and village for generations. The son works with the father, gradually taking over greater responsibility. The father will either work until the day he dies, or retire to live quietly within the family circle, becoming more and more a spectator of life. He is accepted by the rest of his household, respected, and looked after until he dies.

In a town there is a very different way of life. A man will marry and bring up a family who in turn will marry and move out of the house or often the district. The original couple are left with a sudden gap in their lives when their last child leaves home. Such a time can be a real crisis for a woman, who having been needed and relied upon for years suddenly finds that she no longer has the responsibility of a family. For her husband the crisis comes when he retires. He is presented with a certificate for fifty years service and left to his own ends. Often he has had to work very hard since he was fourteen and has not had time to spend on anything other than keeping alive. So he is left at sixty-five with very few resources, no longer able to give his wife weekly housekeeping money, and bored because he has nothing to do. Then his wife dies. He is left in his London flat. His children are in Harlow New Town and can only visit him once a fortnight. Bored and lonely, he waits to die.

Task Force is trying to do something about this tremendous social problem. Some years ago, Anthony Steen, a young barrister, started visiting old people in Stepney. He realised that young people were eager to help and enjoyed doing so. He obtained the support of various city friends, a youth club and other people he chatted up in coffee bars. This scheme grew until in 1964 it was obvious that some formal organisation was needed, and Task Force Ltd. was formed. There are now seven Task Force clearing houses which operate in different London boroughs, and work closely with the Local Authorities and statutory organisations, schools, colleges, youth clubs, and tap any source of young volunteers. Names are referred to the Task Force office by Welfare depts., N.A.B., P.H.D., G.P.'s, etc. They are mostly old people needing help of some kind, either regular visiting, odd jobs, or redecoration. The circumstances are then assessed by one of the full-time staff (there are two or three in each office) and the names are passed on to Task Force volunteers in the area who report back at intervals.

Task Force is financed by local boroughs, the Ministry of Education, the London County Council, private trusts and foundations, and industry. The boroughs where Task Force is now operating are: Camden, Islington, Westminster, Kensington, Hammersmith, Wandsworth and Lewisham.

Anyone who would be interested in decorating over a weekend, or regularly visiting an old person, should contact Judy Dartington, c/o Journal Office

Penguin Reviews

LAND OF LOST YOUTH

Le Grand Meaulnes (The Lost Domain), by Henri Alban Alain-Fournier. Price 4s. 6d. *Modern Classic.*

Alain-Fournier was a French writer who lived at the turn of this century. His only novel, 'Le Grand Meaulnes', was written at the age of twenty-six, two years before he was killed in 1914. It tells the story of an adolescent hero's search for the 'Lost Domain', which he had previously inadvertently discovered and lost, and of the many adventures involved in this search.

This is a Romantic novel, with heroes and heroines, plots and counterplots. But its Romanticism is neither of the melodramatic nor Hollywood varieties: it is a purist's Romanticism, childlike in its innocence. It has many of the features of a fairy-tale, with 'dei ex machina' solving crucial parts of the search.

For the writer, this 'Lost Domain' does not represent material affluence: it has more spiritual qualities, or, as the hero, Meaulnes, says ". . . when I discovered this nameless domain, I was at some peak of perfection, of purity, to which I shall never again attain".

The charm of this novel lies in its youthful sincerity, its complete lack of cynicism, and the nearly Utopian nature of its romance. Three such qualities make it a very readable book.

David Baugh.

SAFETY FIRST

Accident Black Spot, by Michael Austin. Price 5s. *Pelican Original.*

Mr. Michael Austin takes the first twenty pages of his book to define the problem of road safety—a useful and logical approach which is maintained throughout the book.

He makes the statement that road safety can be bought at a price but that at present we do not seem to want to pay this price. This is proved during the book to be true. Roads, vehicles, road user training etc. are all covered in detail, with suggestions for improvement. Even the psychological aspect of driving is reviewed.

Not only does the book help to give one a clear picture of road safety, but also gives advice which is useful to the road user as a person. His description of the common types of road accidents, with their causes and how to prevent them was, I thought, particularly helpful.

Unfortunately, this book will no doubt be hidden away on a library shelf along with other constructive works on road safety, never to be read by those who are in a position to make marked improvements in road safety.

Colin Roch-Berry.

A GENERATION'S PORTRAIT

Lermontov: A Hero of Our Time. Price 4s. 6d. *Penguin Classic.*

"The Hero of Our Time," wrote Lermontov, "is certainly a portrait, but not of a single man. It is a portrait of our whole generation in their ultimate development."

In 1841, at twenty-six years of age, Lermontov was shot in a duel in Pyatigorsk. He had, however, already established himself as one of Russia's finest poets, probably second only to Pushkin. One year before his death, he completed his only novel: a scathing attack on the degeneracies of life at that time. Written in brilliant prose, it was the first Russian novel to employ a psychological approach to the character of its hero.

Pechovin is not a conventional hero, and although a romantic figure of the Byronic type, he possesses all those vices which erupt from a repressed and apathetic society.

The novel is constructed of five fascinating short stories, each a complete unit adding a different facet to Pechovin's complex personality. The first, concerning Pechovin's abduction and destruction of Bela, is told by an old soldier Maximych, next is a more composite account of the hero given by the author. Thus introduced Pechovin then describes himself in three tales taken from his Journal. His motivation and philosophy now become apparent. He describes society as having excavated away his nobler qualities, leaving him a moral cripple. Life is unable to cater for his superior intellect. The extreme boredom enveloping him can be relieved only fleetingly by his petty, meaningless escapades and seductions.

Pechovin's relationships are never wholly satisfying; he is energetic, restless, sarcastic and cruel, enjoying the destruction of his fellow beings (for it kindles in him a sense of superiority and power). He is not however heartless, for at other times he is capable of deep sympathy, regret and remorse.

Paul Foot's excellent translation leaves nothing to be desired—an extremely readable version of a superb novel.

J. Gawler.

---

record reviews

The wide choice of Dvorak's works presently available on gramophone records owes much to the Czech label, Supraphon, whose latest releases are featured monthly in these columns. One more addition to the formidable list has just appeared: it is **DVORAK's** *Symphony No. 7 in D minor, Op. 70* (No. 2 in the old numbering), played by the **Czech Philharmonic Orchestra,** conducted by **Zdenek Kosler.** (SUA 10647). Surely the composer's greatest symphony—even the "New World" must yield to it—its purity of design allows it to be ranked with Schubert's C major Symphony and even, possibly, the four symphonies of Brahms. Yet for a composer noted for an abundance of youthful capriciousness, exceeded perhaps only by Berlioz, it is a masterpiece that is somewhat out of character. Of all his symphonies, it is the least Bohemian, this national trait being clearly sacrificed for its classical architecture, both in terms of its form and its technical working out of the thematic material. The warm, spontaneous interpretation here is reminiscent of a less well recorded performance by the same orchestra under Ancerl—no mean compliment.

Supraphon seem to be concentrating on extending their range of another composer, too. Following the recent release of *Prelude a l'apres-midi d'un faune* (reviewed last month) they have now issued **DEBUSSY's** *3 Nocturnes* and *La Mer*, played by the **Czech Philharmonic Orchestra,** this time under **Jean Fournet** (SUA10575). This sensible and attractive coupling shows the conductor to be a most sympathetic interpreter. Not the least enterprising thing to do with this record is the quadrilingual sleeve-notes which give us a generous account of the music's programme, drawing largely on the poetical lines that the composer himself wrote.

An unusual coupling is **SCHUBERT's** *Arpeggione Sonata in A minor* and **STRAVINSKY's** *Suite Italienne* (SUA10610), both for cello and piano. The arpeggione is a now extinct instrument that looked somewhat like a cello, but had six strings instead of four and was fretted like a guitar. The sonata has since been transcribed for cello, the most popular arrangement being that by Pierre Fournier. About this the sleeve-notes tell us: "In contrast with many others it duly respects the composer's manuscript and, thanks to this unmistakeable advantage, it presents many difficult problems of interpretation." (*sic.*) This somewhat lightweight work is nevertheless very beautiful and lyrical, being rather like a *lied* written not for a voice but an instrument. The Suite Italienne is a suite of music by the eighteenth-century composer, Pergolesi, "brought up-to-date", as it were, and given the typical, and at times humourous, Stravinsky treatment. The performances, by **Sasa Vectomov** (cello) and **Vladimir Topinka** (piano), are pleasant, although the cellist's hard tone may not suit all tastes.

Perhaps you will criticize what may seem to be my obesession with records' sleeve-notes, but as long as record companies continue to print them, I shall read them. Forgive me, therefore, if I indulge myself and have a field day with the last record. To dispense with the sundries, it is **BRAHMS'** *Clarinet Quintet in B minor, Op. 115* and **MOZART's** *Duo for violin and viola in G major, K.423*, played by the **Smetana Quartet** and **Vladimir Riha** (clarinet) (SUA10677). Let me say at once that the performances are superb. The suave efficient playing in the Smetana is a delight, although for sheer depth and nuances it hardly competes with de Peyer and the Melos Ensemble. This, coupled with a musicianly performance of the Mozart Duo (a most appealing work) is a record which, at the price, is well worth having. And now for those sleeve-notes. "Listening to this work (the Quintet) one cannot help being reminded of another significant composition of this type, the Clarinet Quintet in A major, one of Wolfgang Amadeus Mozart's mature works." Why? Because each is scored for clarinet and string quartet? "Both Quintets have much in common in respect, especially, of the solution of tonal relationship between the clarinet and the string ensemble"—very profound, I'm sure, but what on earth does it mean?—"with distinct traces of the concertante virtuosity of the predominant wind instrument." Certainly in the Mozart, but it is precisely *not* so in the Brahms! Then comes this staggering piece of news: "Musical content, however, is different." And to think, someone was actually paid to write that nonsense! Even a politician could have done better.

Michael Spira

Supraphon records are available in mono or stereo, and are priced 17s. 6d.

MEDICAL BOOKS

Cardiology

A Guide to Cardiology, by Leonard and Galea Published by E. & S. Livingstone. Second edition. 291 pages. Price £1 15s. 0d.

Today in England and Wales, more than one person out of three dies of Cardiovascular disease. Techniques in cardiology have improved rapidly since the second world war, and rightly, cardiology is becoming increasingly important in Western medicine.

'A Guide to Cardiology' clearly sets out the clinical features, diagnosis and treatment of the commoner conditions for General Practitioners, House Physicians and students. It is intended for the bookshelf rather than a white coat pocket.

Therapeutics is the forte of this book. It presents a galaxy of drugs with a full, detailed discussion of their uses. Drugs for hypertension and arrhythmias, and also Morphia are particularly well presented. But the indications for anti-coagulants after myocardial infarction are not as specific here, as for example in Weitzman's academic synopsis, but this is small criticism of an otherwise excellent account.

The descriptions of clinical signs and histories are methodical and clear. Electrocardiographs are explained with the aid of nearly forty selected tracings. The chapter on history-taking gives an interesting account of cardiac neurosis, forgotten in some textbooks, and draws attention particularly to the differential diagnosis of chest pain and dyspnoea. There is a responsible, and all too short, chapter about rehabilitation, and here and there a few notes on surgical operations and advanced diagnostic techniques. However, there is no mention of McCallum, Ebstein or Concato even though we are informed that Sf is an abbreviation for Svedberg Flotation units of the ultracentrifuge!

"Be sure of it, give me the ocular proof", Othello ushers in the chapter on Thyrotoxicosis, and Hamlet warns us about "The Fatness of these Pursy times" at the beginning of ischaemic heart disease. This is a readable book, and gives facts clearly and simply. As common conditions occur most commonly these are presented first, but not before the two chapters on taking a case history and the physical examination. Perhaps, as this is a general book, the authors decided not to include vascular disease or rarer incurable congenital defects.

This second edition has been extensively rewritten, giving more information on electrocardiographs and cardiac catheterisation than its predecessor. The first edition is well recognised for filling the need for a comprehensive, brief and explicit cardiological 'Baedeker'. Now, this is a practical book filled with information intended rather more for the practitioner than the specialist. The emphasis is placed squarely on the medical aspects of diagnosis, management and treatment, with less space devoted to the refined techniques of advanced treatment.

P. M. Quinn

Electrocardiography, by S. G. Owen. Published by the English Universities Press Ltd. Price 40s.

The introduction of teaching machines has led to the development of special teaching programmes in which the student proceeds to the next step by selecting the correct answer to a question at the end of each section. There is no doubt that this is a useful method when there are few teachers available or when the student's span of attention is particularly short. The random selection of answers to the questions at the end of each section may lead to some spurious success, and allowance must be made for this in the construction of the programme. The publication of the teaching programmes in book form, of course, allows the student to follow the same course without needing the teaching machine. However, the bizarre arrangement of the subject matter makes it difficult to use such a book in other ways.

The present work gives an excellent review of conventional electrocardiography and is well illustrated. As usual in this subject there are minor points which might be challenged. However, the text has been extensively revised following experience with the original programme, and the detailed index is helpful for reference purposes. The book is an aid to arbitrary interpretation rather than to understanding of the electrocardiogram, and there is only a superficial attempt to consider the fundamental concepts on which electrocardiography is based.

It is doubtful whether electrocardiography should be learnt as an academic subject in this way. It is better considered in relation to the other aspects of heart disease, and for this purpose a more conventional textbook is to be preferred.

N .A. J. Hamer

Spatiocardiography Textbook and Atlas, by Vilem Laufberger, M.D. Published by H. K. Lewis & Co. Ltd. Price 50s.

Spatiocardiography is a new technique devised by the author of this textbook, by which he can obtain a photographic recording, representing the direction of the electrical forces of excitation of the heart in three dimensions. The theory is of considerable interest, and probably this method does offer some advantages over the conventional vectorcardiogram which records only the electrical changes in two planes in any one tracing. However the spatiocardiogram equipment is complex, and the labour involved in obtaining each record is enormous.

This book cannot be recommended to the undergraduate student, for the theory is not readily grasped and, even should he take time to understand it, will not greatly help him in the interpretation of the usual electrocardiogram obtained in clinical medicine. The postgraduate, who is particularly interested in cardiological research, may well obtain considerable useful information and references from this highly specialised work.

J. S. Fleming

Medicine

Textbook of Medical Treatment, edited by Sir Derrick Dunlop and Stanley Alstead. 10th edition. Published by E. & S. Livingstone, Ltd. Price 70s.

At the rate at which medicine is changing it is extremely difficult to find in any one volume, a complete and up-to-date account of medical treatment, which is why the tenth edition of this book is so welcome.

There are over 30 contributions, mostly from Glasgow and Edinburgh, and all from Scotland, which results in a uniformity of opinion on treatment. This has the potential disadvantage of presenting only one point of view on controversial matters, but fortunately the authors have taken care to discuss the circumstances under which the value of any treatment may be doubtful. For example, a balanced account of the uses of anticoagulants in myocardial infarction is given.

The value of this book lies in the detail with which the various treatments are described. In fact it is really a textbook on medical management rather than just treatment. What is needed by the newly qualified house physician, and the doctor treating a disease he has not encountered for some time, is a detailed account of exactly what to do. He will find it here.

Because of this comprehensive description of the management of patients some space is usefully devoted to the diagnosis and pathogenesis of disease. There are also valuable sections on diagnostic procedures, such as lumbar puncture, various forms of paracentesis, blood transfusion, etc., the principles of prescribing, and a long list of the official and proprietary names of drugs. Although it is essentially orientated to diseases encountered in this country there is a small section on common tropical diseases.

This book is essential for any medical library, and invaluable to house physicians, family doctors and general physicians, and any medical student who has 70s. to spare.

The only disadvantage in buying now is that one hopes it will be replaced by the eleventh edition in two years time.

G. Hamilton Fairley

Neuroanatomy

Clinical Neuroanatomy and Neurophysiology by A. J. Gatz. 3rd Edition. Published by Blackwell. Price 28s.

Originally this book was written by Dr. Manter, but Prof. Gatz from the Anatomy Department, Medical College of Georgia has undertaken the revision of the text for the 3rd edition. Essentially the aim has been to present a concise account of structure and function in the various parts of the nervous system for medical students, and to knit this pattern of knowledge into an understanding of the protein presentations of neurological disorders. The text is generally clear but the supporting illustrations, presented in black and white line drawings, vary greatly in quality of production and clarity. Invariably any short text commences to simplify and abbreviate facts, and to do this without sacrificing an understanding of principle requires considerable skill. As a result, in this work one is immediately precipitated into a description of the voluntary motor pathway without any previous consideration of the concept of a neurone or its function. It would seem that this approach invites confusion and uncertainty in a subject which the pre-clinical student often finds embarrassingly difficult already. The clinical student, however, should find the rapid review of the brain, spinal cord and the various tracts useful, but the actual clinical disorders are dealt with so quickly that he would have to turn to more mature accounts if an adequate standard is to be achieved. The student, whose interests have been stimulated sufficiently to require extra-curricular reading, has not even a brief reference to acknowledged authors and their works to turn to and this omission in any undergraduate text is questionable. It is also regretable that, in spite of the author's claim that brevity of text was deliberately designed to allow time for discussion, no attempt has been made to incorporate and integrate against the background of previous knowledge results from recent studies on the structure and function of the nervous system, which illuminate certain aspects of neurological disorders.

J. A. Clarke.

Obstetrics

Obstetrics by Ten Teachers, edited by S. G. Clayton, Donald Fraser and T. L. T. Lewis 11th Edition. Published by Edward Arnold. Price 65s.

The eleventh edition of "Obstetrics" by Ten Teachers has been revised and re-written under the direction of Professor Clayton with so impressive a result that it is now a serious competitor for first place with "Queen Charlotte's".

Not only has much new material been added but there has been a shift in emphasis away from the mechanical problems of labour. Modern advances in the physiology of pregnancy and labour have been included and the sections on the medical complications of pregnancy, pre-eclamptic toxaemia, and abnormal uterine action are particularly well done.

Readers who were surprised to find abortion not described in the companion volume "Diseases of Women" will find the appropriate chapter here. The text is so lucidly, almost beautifully written that it is difficult to fault—except perhaps to remark that nowadays a woman wears not "corsets" but "a corset".

This is a book which can be highly recommended.

David Williams

SPORTS NEWS

The 1st VIII

Walton Regatta 4th June

After Twickenham the first VIII moved up to Walton and went out there every evening under the coaching of Cyril Spreadbury.

The crew were entered for the junior-senior eight and in the first round beat Twickenham R.C. by $1\frac{1}{2}$ lengths. In the second round they beat Emanuel School by $\frac{1}{2}$ length holding off a strong finish from the school crew.

The semi-final opponents were Radley School, the crew took the lead in the first minute but lost it for the next two minutes. Although, the crew took the boat home strongly past the enclosures they could not pull back the few feet that gave Radley the victory. In the final Radley beat King's School Canterbury by $1\frac{1}{2}$ lengths.

Reading Regatta 11th June

Junior-Senior Eights

Racing three abreast we drew Winchester and Reading R.C. in the first round. The first was against us and after the first minute we were down one length to both our opponents. Then we slowly overtook Reading and came up on Winchester. Once again we managed a good finish and beat Winchester by a canvas.

In the final we raced Barclay's Bank and Nottingham Brittania. Being drawn in the station as in the previous race, we expected to be down after the first minute, but we knew that we would be able to get back to level terms. This was in fact the pattern of the race and in the final stages we drew ahead of both crews and won comfortably by $1\frac{1}{2}$ lengths.

This is the first major Regatta that Bart's has won since 1955.

Marlow Regatta 18th June

Junior—Senior Eights

In the first round we beat Kingston G.S. and Cheltenham College by a length. Hampton G.S. and Brooks School, U.S.A., were our semi-final opponents. Hampton led from the start and we never made up the length deficit although we just managed to beat the Americans into third place. In the final Hampton beat Emanuel School

Henley Royal Regatta

On 20th June the 1st VIII moved to Henley. We stayed in a private house in Maidenhead so that we could have several outings each day. On arrival at Henley we found to our surprise that we were to row in an eliminating race on the next Saturday against Jesus College, Cambridge. As there were twenty-six entries for the Ladies' Plate this year it meant that ten crews had to be eliminated to prune the entries down to sixteen, the maximum number of crews allowed for the Ladies' Plate. The Stewards had obviously not taken into account the Club's performances this season as they had put us against one of the three best crews. This was extremely infuriating but we got down to training under the guidance of David Dunn.

We had two outings each day and definitely improved during the week. Unfortunately Gerald Libby tore a muscle in the first day of practice and D. Davies had to replace him at bow.

Throughout the week there was a strong head-wind but we were able to beat several crews in small stretches of rowing on the course. By Friday we had improved our start considerably and were able to stride well after the first minute. We had also developed a "jump ten" whereby we were able to put the rating up by 8 pips anywhere over the course.

At 10.30 on the Saturday morning we raced Jesus. At the start we went ahead but then they began to pick up, they went ahead, pulled away and we were never able to get back with them although the crew rowed an extremely good race. We were defeated by 2¾ lengths but we did not get a real idea of how well we had done until the morning's racing was completed and we found that only Queen's and Jesus had beaten our time. This meant that out of the twenty crews racing for places in the Regatta we had recorded the third fastest time.

This was, of course, extremely annoying and upsetting especially when we saw in the following week that we could have beaten some of the six crews which had been excused the Qualifying competition. Jesus, as it turned out, reached the final and so it is reasonable to suggest that we could well have reached the semi-finals.

It was encouraging to see that the Press recognised our misfortune and we hope that the powers that be will be giving us a fair deal when we return to Henley next year. The crew had been training very hard for six months and this unfortunate non-recognition of form came as quite a disappointment to us all.

Crew: Bow G. W. Libby, 2. P. A. B. Cheetham, 3. B. G. M. Lamberty, 4. J. K. Anderson, 5. P. C. Cobb, 6. J. D. C. Martin, 7. B. D. Cutler, Stroke, R. H. S. Bentall, Cox, P. R. F. Smyth, Substitute D. M. Davies.

J. K. Anderson

SAILING CLUB

8th June **Guinness Trophy** first round v. **Charing Cross Hospital.**

This match involved the second team and was sailed in two heats. In the first race, Bart's were as bad as usual and at the first mark Charing Cross boats held the first three positions. During the next reach however, the three Bart's boats all managed to overtake the third place Cross boat, and were soon sitting behind one another. Williams took him to windward and Freeth went to leeward. At the first mark, with the five leading boats bunched together, Williams and Chapman crept through to windward again, while Freeth came through to leeward and led the fleet on a broad reach. Freeth then found himself becalmed, but Chapman and Williams passed him to finish in first and second places which, with Freeth's third place, gave Bart's maximum points 24¼ to the Cross' 15.

Chapman and Williams led from the start in the second race with the Cross boats in the next three places and Freeth becalmed on the starting line. Bart's gained 21¼ points to 18 in this heat and thus gained total victory by 45½ points to 33.

The team would like to pay tribute to the timekeeping and starting of Mr. J. Winner.

11th June, **The Hospital v. The College**

This was the first such contest held, and it is hoped to make the event an annual occasion. Two teams from each side took part.

Results, Round one, Race one.

College I: D. Gorrod, G. Doggett, M. Williams, 45½ points, beat Hospital II: M. Bowker, D. Jackson, R. Winter, 33 points.

Gorrod led from start to finish with the other College boats coming in 2nd and 6th. Although the sun was pleasantly hot, there was a rather light wind and the race was ended after one lap.

Race Two:

College II: A. Newman, P. Coburn, R. Chapman: 40½ points, beat Hospital I: M. Freeth, A. O'Kane: 37 points.

The final was thus between the two College teams. The first team came in 1st, 3rd and 5th and so won by 45½ points to 31.

The all-Hospital losers final saw the senior team triumph by 43½ to 35.

23rd June; **Club Regatta,** held at the Welsh Harp.

We were pleased to have one of our Vice-Commodores, Prof. J. P. Quilliam, and his wife along to support; Mrs. Quilliam kindly presented the trophies at the end of the day's racing. In this context we are indebted to Mr. M. A. Birnstingl, Dr. A. B. Anderson, and Prof. Quilliam for their kindness in donating trophies.

The conditions were not ideal, but nonetheless exciting: wind gusting force 5 and heavy rain squalls, and in the three races for the Commodores' cup (with the best two results to count) Ann Yendell emerged victorious, beating Malcolm Freeth by one point.

In the first race, while lying in fifth position, S. Copeland crewed by J.W-Bell, found a strong gust too much for him, and capsized. Freeth was leading from Yendell at the leeward mark, when Chapman touched Williams and had to return home. At the end of the first lap Freeth had to retire after a port and starboard incident, and Yendell went on to win followed by Williams.

Eley took an early lead in the second race from Freeth, while Chapman and Yendell contested third place. On the second beat Eley was unfortunate to find a wind shift and was passed by three boats, Freeth winning, followed by Yendell.

Conditions eased for the third race, J. Shaw took an early lead and was never caught. Williams retired while in second place allowing Yendell to finish second.

Thus: —1st Ann Yendell, a first and a second 2¾ points.

2nd Malcolm Freeth, a first and a third; 3¾ points.

3rd Tony Eley, a third and a fourth; 7 point.

The Ladies' race was sailed in the late afternoon and was won convincingly by Miss Yendell after Pat Benison had made a perfect start, and had led for the first two laps, only to be passed on the run. Heather Andrews was third.

1st Ann Yendell, 2nd Pat Benison, 3rd Heather Andrews. In the Single-handed race only two people set their sails early enough to catch the start. Eley crossed the start line, first followed by Shaw and Williams, but Shaw came through on the beat to snatch first place at the finish.

1st John Shaw, 2nd Tony Eley, 3rd Michael Williams.

On this occasion also, the trophy for the Hospital v. College was presented.

CRICKET CLUB

5th June; v. **Parkfield, at Chislehurst; match won**

Parkfield won the toss and put Bart's into bat. This seemed to be a strange decision, as the wicket appeared to be ideal for batting and suggested that Parkfield lacked confidence in their batting.

Some fine strokeplay by Thomas and Major took the Bart's score to three figures and Griffiths was able to declare at tea with 169 runs on the board. The Parkfield side offered little resistance and Griffiths and Savage, aided by some excellent fielding, soon ran through the batting.

Bart's: 169-6 dec., (S. Thomas 63; Major 32; D. Husband 26; H. Phillips 20).

Parkfield: 74 (P. Savage 3 for 30; Griffiths 4 for 14).

11th June; v. O. Tauntonians, at Chislehurst; match lost.

Bart's again batted first on another fine Chislehurst wicket. Ali, Griffiths and Hopkins had little trouble collecting runs and Bart's declared, perhaps rather generously with 158 runs on the board. O. Tauntonians, despite some good bowling by Vartan passed the Bart's total with ten minutes to spare.

Bart's: 158-7 dec. (W. Ali 39; N. Griffiths 36; G. Hopkins 31 not out).
O. Tauntonians: 160-5 (C. Vartan 3 for 47).

19th June; v. Blackheath, at Chislehurst; match drawn.

After a morning's torrential rain the start was delayed until 2.30 p.m. Blackheath batted first and Vartan and Savage each took an early wicket. Olton, a Kent player, then took command and hit a fine 52 before being removed by Griffiths.

Blackheath declared at tea leaving Bart's to make 157, but after a good start the Bart's middle order batting collapsed and the tail had to fight out a draw.

Blackheath: 156-8 dec. (Vartan 5 for 43).
Bart's: 122 for 9 (W. Ali 42).

ATHLETICS CLUB

A small Bart's team of six athletes went to the United Hospitals Championships at Motspur Park on 4th June. Under these circumstances the team did well to finish fourth in the overall placings.

Much of the credit for this success must go to Brian Scott who won both the 120 yards high hurdles and the 440 yards low hurdles. John Coltart, defending his half-mile title was forced to set the pace for the rest of the field and was just beaten in the final dash for the tape. Chris Sutton was third in the 440 yards and sixth in the triple jump, while Tony Breeson came in fifth in a very fast 220 yards trial. It was perhaps unfortunate that these finals were held in the afternoon after the morning after the Barbecue Ball.

In other matches this season the team has suffered from a shortage of athletes especially in the field events, and the longer distances. Hence the results have not been very impressive.

However the club finished the season in good style; with the assistance of a few athletes from Queen Mary College, a team from the University of East Anglia was beaten decisively, John Coltart winning both the 440 and 880 yards in fine style.

C.M. Sutton.

HOCKEY CLUB

At the recent A.G.M. the following officers were elected:

Captain: A. J. Barclay.
Hon. Secretary: P. R. Jordan.
Fixture Secretary: G. Benke.
Financial Secretary: P. Curry.
Social Secretary: N. Houghton.

Other resolutions passed at the meeting were:

1. That an Annual Dinner be held.
2. That there be an Easter tour, as well as the traditional Autumn tour to Cambridge.
3. Adoption of a Club Tie.

The Club Tie; subsequent to the resolution made at the A.G.M., a club tie design has been submitted and approved.

The tie order has been placed in the capable hands of J. Hobbs & Co. It is hoped that the tie will make its appearance at the beginning of the Autumn term.

The design; the background colour is royal blue with narrow diagonal stripes in the College colours of black and white. Between the stripes are alternate crests and crossed sticks, also in black and white.

SOCCER CLUB

At the Annual General Meeting held on June 28th the following elections were made:

Captain: C. M. Sutton.
Secretary: S. Dorrett.
Treasurer: R. J. Thew.
Social Secretary: P. Turner.

Mr. J. O. Robinson was re-elected as President.

IT STANDS FOR **security and peace of mind from the day you qualify—until the day you retire—and after.**

IT STANDS FOR **the provision of advice on all your professional problems . . . . for legal assistance in any difficulty or proceedings of a professional nature . . . . for unlimited indemnity in respect of damages and costs in the event of an adverse verdict or a settlement out of Court.**

IT STANDS FOR THE MEDICAL DEFENCE UNION **the oldest and largest organisation of its kind in the world. Further particulars can be obtained from**

THE MEDICAL DEFENCE UNION
Tavistock House South Tavistock Square London W C 1

Secretary: Dr. Philip H. Addison
Dental Secretary: A. H. R. Rowe, M.D.S., F.D.S.

MEDICAL CORRESPONDENCE COLLEGE

Are you preparing for a MEDICAL OR SURGICAL EXAMINATION ?

Do you wish to coach in any branch of Medicine or Surgery ?

* The activities of the Medical Correspondence College cover many departments of Medical, Surgical, and Dental tuition.
* Desultory reading is wasteful for examination purposes.
* The secret of success at examinations is to concentrate on essentials.
* First attempt success at examinations is the sole aim of our courses.
* Concentration on the exact requirements is assured by our courses.
* The courses of the College in every subject are always in progress.

Write to The Secretary (MD) 19, Welbeck Street, London, W.1., to see if we have a course for your examination.

BRANDED CARPETS
Wiltons · Axminsters
Tufted · Orientals
UP to 30% DISCOUNT

- All makes available with full Manufacturers Guarantees.
- NO IMPERFECT GOODS SOLD
- Expert fitting service available most areas
- Free Delivery U.K.

Write stating requirements or for introduction to showrooms in most main cities.

£100,000 Carpets on display
at our London Showrooms
Open 9.30 to 5.30 Mon. to Fri. 9.00 to 12 noon Sats.

DODSON-BULL CARPET Co
Showrooms : 2-4, Little Britain, London, E.C.1.
Telephone: MONarch 7171 (10 lines)
Offices: 37a, Aldersgate St., London, E.C.1.

Information on Searle products is yours for the asking

You can obtain complete information on any of the preparations below simply by completing the coupon.

Name	Drug	Class	Indications
Aldactone-A	spironolactone B.P.	aldosterone antagonist	oedema in congestive heart failure and hepatic cirrhosis
Dramamine	dimenhydrinate B.P.	antiemetic	nausea, vomiting, vertigo
Lomotil	diphenoxylate HCL	antidiarrhoeal	all types of diarrhoea
Metrulen-M	ethynodiol diacetate with mestranol	progestational agent	menstrual disorders functional uterine bleeding
Ovulen	ethynodiol diacetate with mestranol	progestational agent	low dose oral contraception
Pro-Banthine	propantheline bromide B.P.	anticholinergic	peptic ulceration
Serenace	haloperidol	antipsychotic	acute and chronic schizophrenia, mania

Please send me Reference Manuals on:

Aldactone*-A
Dramamine*
Lomotil*
Metrulen*-M
Ovulen*
Pro-Banthine*
Serenace*

Please tick items required.

*Trade Marks of G. D. Searle & Co.

NAME............................
ADDRESS............................

RESEARCH IN THE SERVICE OF MEDICINE Searle

G. D. Searle & Co. Ltd., High Wycombe, Bucks.

GOLF CLUB

May 23rd: **University Championships.**

Bart's sent a team of five to this meeting at the beautiful wooded Ashridge Course. High winds pushed up all the scores, and although our team did not finish in the first three, their position was no disgrace.

May 25th: **Hospitals Cup,** second round v. **The London Hospital; won $3\frac{1}{2}$—$1\frac{1}{2}$.**

This match was played at the famous 6140 yard Royal Blackheath Club. Bart's, tempered by their Cup final defeat by Guy's two months before, were nevertheless quietly confident.

Mike Bowen had a very tight game, he came to the tee of the 400 yards 17th all square. His five iron to the green was close enough to give him an easy four whilst his opponent was short for two. A fine chip gave the London man half and they stood on the 18th tee all square. Bowen's ball lay on a gravel path for two while his opponent was on the green. Unperturbed he chipped, and holed his putt to halve the match.

David Grieve came to the final hole one down. Desperate measures being indicated he drove straight for the bunkers lying at 200 yards in a direct line for the green. His ball just failed to clear the last trap and he lost the hole to his opponent's safer tactics. John Sadler came from behind and was faced with a six foot putt on the 18th green to win the match. With his customary apparent lack of emotion, he strode up and banged the ball into the cup. Dick Atkinson gave less cause for concern, he was clearly superior to his opponent, and won 3 and 2. Richard Begent built up a four hole lead by the turn, then saw it evaporate to one before a steady par on the 17th gave him victory. This win puts the Bart's in the semi-final.

Team: M. Bowen $\frac{1}{2}$, D. Grieve lost 2 down J. Sadler won 1 up, R. Atkinson won 3 and 2, R. Begent won 2 and 1.

June Fixtures

This is the star month in the golfing calendar with some of our most enjoyable fixtures and a tour. On June 1st we played against the Royal Dental Hospital and St. George's combined team at Highgate, and we won $3\frac{1}{2}$—$1\frac{1}{2}$.

Team: R. Begent, J. Sadler, M. Hares, A. Hoppe, N. Packer.

June 5th saw us in action against Tandridge Golf Club, whose beautiful 6346 yards course is set among rolling mixed woodlands near Oxford, and has views which are unsurpassed by any other club near London. The match is played in foursomes and before lunch Bart's had little success, winning only one of the four matches, but after a superb lunch and fortified by Kummel, fortunes changed. Dr. Borrie and Mr. Robinson had to fight all the way to secure their half, Charlie Vartan and Angus Hoppe won by one hole but Dick Atkinson and Mike Bowen were overwhelmed by their opponents birdies and lost. The final result was a win for Tandridge by 5-3.

Team: Dr. P. F. Borrie, Mr. J. O. Robinson, M. Bowen, R. Atkinson, J. Sadler, C. Vartan, R. Begent, A. Hope.

June 8th saw Bart's defeat a depleted St. Mary's team 5-2, Nick Packer and Angus Hoppe played particularly well, the latter winning by a massive margin, as usual.

On June 10th we set off on road to Sheffield, City of Hospitality, on the annual tour. On the 11th we were due to play against the University at the Hallamshire Golf Club, but due to the enshrouding mist, we could only fit in nine holes of foursomes before lunch. After the meal this testing course produced some fine golf in the singles from Angus Hoppe, who won 9 and 7. Mike Bowen also had a good win while John Eadler and Richard Begent both took their opponents to the 19th hole before losing. The match was lost $3\frac{1}{2}$—$5\frac{1}{2}$.

The next day there was still mist about when we played Abbeydale Golf Club. Our opponents would know the course in the dark and told us which club to play, and in which direction to hit until the weather cleared. The morning's foursomes saw us 2-1 down and in the afternoon singles, both John Sadler and Angus Hoppe played very coolly to halve. Mike Bowen ran up against a scratch opponent whose steadiness was such that a birdie was needed to have any chance of winning a hole, and Richard Begent struggled back to be one down at the 18th which he halved to lose the match. Although the result was a 6-3 defeat six of the matches were decided in the last green. Not only did we play good golf in Sheffield but wherever we went we met such openheartedness and generosity that a tour to Sheffield is now irreplaceable in our fixture list.

After this energetic weekend we took on Trinity Hall Cambridge. Dick Atkinson had some stamina left and fought his opponent to a half while Nick Packer and Richard Begent both won. The match was lost $2\frac{1}{2}$-$3\frac{1}{2}$.

Team: M. Bowen, R. Atkinson, J. Sadler, R. Begent, A. Hoppe, N. Packer.

ST. BARTHOLOMEW'S HOSPITAL GOLFING SOCIETY

The Thirty-second Summer Meeting was held at Sunningdale Golf Club on 8th June, 1966.

Twenty-nine Members attended and we were fortunate in having a perfect day, and were able to play on the two courses. The competitions were held in the afternoon on the Old Course, under the Stapleford method of scoring.

Gordon Watson Cup

Winner:

N. W. Smyth—Handicap 20, Points 20.

Runner-up:

J. O. Robinson—Handicap 16, Points 35.

J. Wilson—Handicap 11, Points 35.

Gillies Trophy

Winner:

H. Bevan Jones—Handicap 6, Points 32.

Corbett Cup

Winner:

L. P. Garrod—Handicap 18, Points 34.

Sealed Holes

Winner:

B. C. Hale—Handicap 24, Points 10.

The Corbett Cup, which is awarded to the player with the maximum score and handicap over 18, was in fact won by N. W. Smyth, but, as it is a rule of the Society that no player may receive more than one award at a meeting, the prize was given to Professor Garrod, who had been the Runner-up at last year's meeting.

After tea, several members played informal foursomes whilst others drank and ate at the Wheatsheaf Hotel.

The next Autumn Meeting will be held at Porters Park Golf Club on the 6th October, and it is hoped that as many members as possible will turn out on this afternoon.

J. O. Robinson (Secretary)

TENNIS CLUB

Despite several cancellations, June has been a full month for the Tennis Club with the Cambridge tour, a further round of the Hospitals' Cuip, the Singles Competition and a fair sprinkling of friendly matches.

We started off on June 1st with a close match against St. George's which we just won 5-4. On June 4th, the day after the Barbecue Ball the whole team were complaining of the effects of the previous night's revelries, but we managed to beat the Middlesex Hospital 9-0; this is either a compliment to our stamina or a reflection on the ability of our opponents. Warmed by this success we went off to play Charing Cross in the second round of the Hospitals' Cup, and this we won narrowly 5-4, to challenge St. Mary's for a place in the final.

Next day we left for the annual tour to Cambridge, with a team of Setchell, Ireland, Garrard, Ussher, Johnson and Wenger. May Week, glorious sunshine, punting, riverside drinking and some good tennis, could not fail to make the tour its usual success. We beat Caius 7-2, lost 7½-1½ to Pembroke and beat an under-strength Clare team.

When we played The London Hospital on June 15th we only fielded five players, but as half their team were anxious for a five o'clock finish, it mattered little and we just played some informal games. On June 22nd we played Wanstead Lakeside Club who proved far too strong for our team which was weakened by holidays. Although we lost 8½—½ Edelsten and Setchell being responsible for the fraction, it was a pleasure to play against such experienced players.

The Bart's Singles Competition was begun on June 25th, interrupted by rain and completed on the 29th. Disappointingly there were only nine entrants. Davies thoroughly upset the applecart by defeating the second seed Savage in three tense sets; he then went on to lose in the semi-final to Setchell 5-7, 0-6. Newcomer Ussher, seeded number one, beat Garrard 6-2, 6-3 and then beat Ireland in the semi-final 6-2, 6-3. In a final of patchy tennis Ussher's athletic play was too much for Setchell, who went down 4-6, 5-7.

M. E. Setchell.

CONTENTS

Vol. LXX No. 9 September 1st, 1966

On Medical Education ... 334
Letters to the Editor ... 335
News ... 336
Treatment of Epistaxis, by R. F. McNab Jones ... 337
When Water Turns to Wine, A Case of Acute Porphyria, by A. J. M. Brodribb ... 340
Cartoon, by Cull ... 342
Intermittent Positive Pressure Nebulization, by D. W. Bethune ... 343
Modern Sculpture in Battersea, by Gill Nickell ... 347
Interrelationship of Physical and Psychological Factors in Asthma and Allergy, by W. Linford Rees ... 350
Aspects of Medical Education: 1. Report of the Royal Free "Teach-In" by R. Colby 355
2. A View of the British and U.S. Systems of Medical Education by B. M. Swope, I. L. Humphrey and W. R. Sullivan ... 357
3. Study Abroad, by Philip B. Wood ... 358
Record Reviews, by Michael Spira ... 360
Aspects ... 361
Medical Book Reviews ... 362
Sports News: Editorial ... 364
Cricket Club ... 364
Golf Club ... 366
Canoe Club ... 367
Judo Club ... 367
Ladies Squash Club ... 367
Rifle Club ... 368
Tennis Club ... 369
Ladies Tennis Club ... 369
Badminton Club ... 369

THE JOURNAL STAFF

Editor: **P. E. Belchetz**
News Sub-Editor: **J. P. M. Davies**
Review Sub-Editor: **J. W. D. Baugh**
Social Sub-Editor: **Miss D. Morley Evans**
Sports Sub-Editor: **J. A. Sills**
Photographic Sub-Editor: **J. H. Casson**
Manager: **R. A. F. Whitelocke**
Assistant Managers: **J. P. D. Reckless**, **P. M. Quinn**, **C. S. B. Roch-Berry**
Charterhouse Representative: **P. Swain**
Nurses' Representatives: **Miss E. Ferreira**, **Miss P. M. Kilshaw**