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SAINT BARTHOLOMEW'S HOSPITAL JOURNAL

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Editorial

The World Psychiatric Association is holding an international symposium on schizophrenia in Russia in October. One of the speakers will be Professor Georgy Morozov, head of the Serbsky Institute in Moscow. One wonders if he will be discussing the diagnosis of a new variety of schizophrenia which is apparently becoming prevalent in Russia, and which requires prolonged treatment. I refer to the Soviet practice of certifying political dissenters as schizophrenic and locking them up in asylums until their "illness" is cured and they can be discharged as loyal members of society. Prof. F. A. Jenner, and, among others, Mr. Bernard Levin, writing in the *Times* recently, have drawn our attention to several horrifying examples of this new variety of psychiatric treatment. Vladimir Bukovsky has been confined in asylums several times for dissident opinions which have proved very refractory to treatment. He has managed to speak to Western journalists and has described the Soviet treatment for dissidence. He claims that methods used include continuous sedation, unethical administration of drugs, interrogations, and even physical torture. Daniil Lunts, who also works at the notorious Serbsky Institute, is quoted as saying, "When I say a man is schizophrenic, he is schizophrenic, just as, if I say an ashtray is schizophrenic, it is schizophrenic."

It is not difficult to see that a policy of consigning dissidents to mental hospitals would be much more acceptable to Soviet leaders today than the old show trials, which only attracted adverse publicity. The new policy does, of course, require the co-operation of psychiatrists. It follows that many of the appeals of friends of these dissidents have been directed to Western psychiatrists. Their reaction for the most part does not do them much credit. In 1971, forty-four British psychiatrists signed a letter of protest. Eighty psychiatrists have signed telegrams supporting the defence of Kiev psychiatrist Gluzman, and the National Association for Mental Health in Britain has also protested. But the American and German Psychiatric Associations have failed to respond to these appeals. Mr. Levin particularly criticised the World Psychiatric Association for failing to publicise this abuse of medicine. Dr. Denis Leigh, the secretary of the W.P.A., has apparently refused to meet a group in this country concerned about such abuses, and he has directed complaints about specific cases to the Soviet Society of Psychiatrists. Dr. Leigh has said that no member association has formally raised the matter with the W.P.A., and that even if they did, the W.P.A. would probably not be able to discuss such matters. Although the matter may not have been formally raised at W.P.A. meetings, it is not for want of trying. Russian psychiatric reports making the diagnosis of schizophrenia on the basis of dissenting opinions have been sent to Dr. Leigh for distribution to the W.P.A. Congress, but were ignored. Attempts to distribute

documents to W.P.A. delegates last November were prohibited by the W.P.A. representatives.

Dr. Leigh has recently been made an honorary member of the leading Soviet neurological society.

There must always be some doubt about the effectiveness of actions to show disapproval of states whose policies appear unacceptable. The French nuclear tests, though deserving of criticism, are unlikely to be influenced by a few ladies throwing their perfume down the sink. However, the influence of the world's psychiatrists would undoubtedly be felt in Moscow, and if enquiries verified these disturbing reports, to continue to countenance such abuses would bring shame on psychiatrists of all countries. This matter must be officially investigated by the World Psychiatric Association and dealt with accordingly.

ANNOUNCEMENTS

Our congratulations go to Sir John Hunt on his recent elevation to the peerage. He has adopted the title Lord Hunt of Fawley.

Engagements

GIBSON—OSWALD—The engagement was announced between Dr. John A. Gibson and Sarah M. Oswald.

KLABER—HOUGHTON—The engagement was announced between Dr. Michael R. Klaber and Dr. Mary C. V. Houghton.

SADLER—WILLIAMS—The engagement was announced between Dr. Johnathan C. Sadler and Miss Rosalie M. Williams.

Deaths

CARTER—On May 27th, 1973, Christoper Leslie Carter M.R.C.S., L.R.C.P. Qualified 1930.

COYTE—On May 25th, 1973, Ralph Coyte, O.B.E., T.D., M.B.B.S., F.R.C.S. Qualified 1917.

Change of Address

JOHN B. DAWSON, M.A., F.R.C.P., University of Health Service, South Dakota State University, Brooking—S. Dakota 57006, USA.

Appointments

Dr. R. N. T. Thin has been elected a Fellow of the Royal College of Physicians of Edinburgh.

Sir Ronald Bodley Scott has been appointed Chairman of the Medicines Commission.

Births

On May 8th, a daughter CHARLOTTE to JANETTE and Dr. T. BOULTON.

On June 10th, to Dr. and Mrs. T. STEPHENSON, a daughter HARRIET.

The Ian Howat prize, in memory of a former Bart's student killed in a plane crash in 1968, has been awarded to J. E. Sanderson.

Dr. Arthur Ernest Mourant, of London, England, an authority on blood group systems, will receive the 1973 Karl Landsteiner Memorial Award presented by the American Association of Blood Banks.

Since 1965, Dr. Mourant has served as Director of the Medical Research Council's Serological Population Genetics Laboratory in London. He is honorary senior lecturer in hematology at St. Bartholomew's Hospital, an appointment he has held since 1966. From 1946 until 1965, Dr. Mourant held the position of Director of the Blood Group Reference Laboratory, the central serological laboratory of the British transfusion services.

Dr. Mourant discovered the anti-e (anti hr") antibody of the Rhesus blood group system, and also the Lewis blood groups. He worked on the development and application of the antiglobulin test (Coombs) and aided in the discovery of the Kell blood group system and various antigens in the MN, Rh, Duffy and Kidd blood group systems.

The Karl Landsteiner Award annually honours a person internationally renowned for his contributions in immunohematology. Karl Landsteiner discovered the ABO blood group system in 1900, for which he was awarded the Nobel Prize in 1930. Dr. Landsteiner's discoveries created the basis for blood transfusions in man.

LETTERS

Wareham, Devon.

Dear Sir,

So, attitudes to the Conjoint at Bart's "seem to be characterised more by ambivalence and inconsistency than by commonsense". There has always been a tendency to make the man with Conjoint diplomas an inferior "doctor", although he with the university M.B. holds this title purely by courtesy. The only true holder of the title is the M.D. of a university, (is the holder of the M.R.C.P. so entitled?).

No doubt the university graduate can look down from his pedestal on the hundreds of non-doctors with Conjoint diplomas—in the shadows lurk the holders (shame) of the Licentiate of the Society of Apothecaries and even those rare birds—the Licentiates of the Apothecaries Hall, Dublin.

For myself, a Conjoint man who calls himself "doctor" by courtesy I must say I found my examinations no easy road to a place in the medical register, nor indeed to high rank in the army, which had I been younger might have even been higher.

So may I make a plea for tolerance.

Yours faithfully,
C. CORFIELD, Col. (Rtd.)
M.R.C.S.(Eng), L.R.C.P.(Lond.) 1940.
And proud of it!

Editor's Note

There are indeed many worthy and excellent members of the medical profession—perhaps particularly of Col. Corfield's generation—who do not hold the university degree. Indeed there are several members of the senior staff at this hospital who hold "only" the Conjoint diplomas.

Recent debate centres about the nature of Conjoint at the moment, and should not be taken as a reflection on the qualification to practice of any doctor.

It is nonetheless true that the status of the examination has been brought into question in the last year or two, and its validity as a selection technique has been debated for some time. It is also true that applicants for Bart's housejobs are required to hold a university degree, and that the clinical course is specifically designed for those taking that examination.

I hope that Col. Corfield and any who share his views (or qualifications!) find this brief summary satisfactory.

Abernethian Room,
July 3rd, 1973.

Dear Sir,

Thank you for your editorial in this July issue of the *Journal*, you have raised a number of important points.

It must be appreciated that discussions at curricula committee meetings can only centre around teaching methods in the present system; "free collective bargaining for time" is a manifestation of this. This is an inefficient and out of date method of curricula design. For one thing ideas on methods tend to go round in full circle over the years, so the college and staff take the path of least resistance and the course hardly changes. Surely the best thing to do is to prove which methods are best in each circumstance. Examinations are not used to assess the course at Bart's, they only assess the student in some obscure way.

How can we show that fewer student numbers are best? How can we show that lectures, ward rounds, and audio-visual aides are valuable? Indeed how can we show that the content of the courses are relevant to doctor training? We have picked up ideas (and unfortunately the jargon that goes with them) that could help solve these problems and change the methods of curricula design. Like all good ideas the concept is simplicity itself; define what one wants the student to be able to do at the end of a course, and then one is in a position to talk about teaching methods and time allocation.

This suggestion that the courses could be defined in such a way, and this linked to what "an undifferentiated normoblast physician" should be able to do, what he should know and what his attitudes should be, has met with a wide response from the staff. The most vociferous response is from those who are defending *laissez-faire* in medical education.

In your column you say that students themselves don't know what they want and have no experience of the alternatives. This is not surprising as learning is a personal experience and the best ways depend on the individual. Ideas on teaching methods will therefore be very subjective. I say we should reduce the subjective element and be a bit more scientific and find out which methods are best. One can only do that if one has a clear idea as to what you expect the outcome of the teaching to be. Nobody has any idea what changes they should expect in a learner after a two month firm, so one cannot possibly assess the value of being on the firm at all. In fact many people do very well despite their absence.

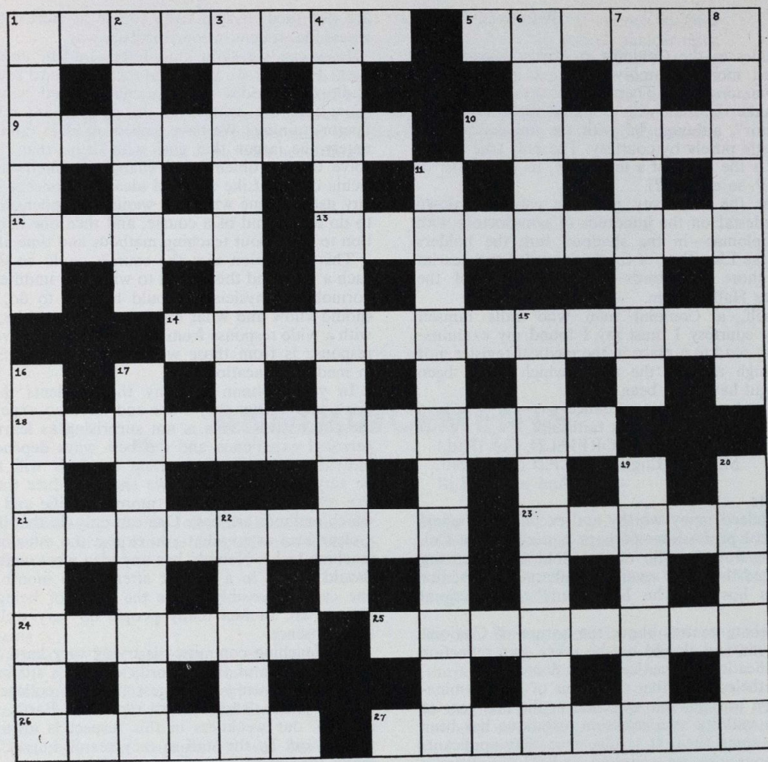
The teaching committee is trying very hard to represent the views of the majority of Bart's students. You are wrong when you suggest that the college expects two or three students to represent Bart's students opinion, our weakness in this respect is always being pointed out by the staff as they search hurriedly for as many conflicting opinions as possible.

The teaching committee meetings are open to all. Our last one on July 2nd was well publicised, and it was pleasing to us that many of the suggestions were familiar to us and we had been representing those views in the past. The danger is that the students attending these meetings tend to be more enthusiastic on teaching than the majority of students. The coffee table talkers and the authors of Bart's *Journal* editorials were noted for their absence. These meetings must be attended by those who are usually labelled apathetic, so we shall be having refreshments at all future meetings.

I believe that it is very difficult to talk about "student involvement", time allocation, lectures and ward rounds unless we know what you expect to achieve at the end of all this in terms that can be assessed. I am certain that if the course was defined in terms of objectives large gaps in our education would become apparent and personal bias would be considerably reduced.

Yours etc.,
GERARD BULGER.
Chairman Teaching Committee

JOURNAL CROSSWORD - No. 6 by DOGSBODY



ACROSS

1. Girl's fit of seclusion (8)
5. A lamp's out of vital fluid (6)
9. Our readers of French in pranks (8)
10. Indoor park? (6)
12. Mates fall out through letting it off (6)
13. Direction to choose colour about returned one (2-7)
15. Punishment because cement has its wrong ingredients (12)
18. Soak the foreign chase . . . N.H. of course (12)
21. Dad's in a French regular ending and out of favour (9)
23. Drain damage . . . at the lowest point (5)
24. No way out of the attack? (6)
25. Most obvious scourge to have lain in (8)
26. Latin, but after anaesthetic, spoke commonly (6)
27. Vessel and public transport take in all the curriculum (8)

DOWN

1. Muse is in wrongful handling (6)
2. Retune sexlessly (6)
3. Cooks the joint in such a vessel (9)
4. Rented tely is repaired with concern (12)
6. Meadows point rental (5)
7. Surprised to find he was in front from the outset (8)
8. Tale of poor cipher in the stake (8)
11. Quietly after the fairy takes her friend round the outside (12)
15. Imperative entails little change about the South East (9)
16. Supposing a mixed drink follows as I am Latin (8)
17. Breathes freely about 18 heights (8)
19. Usual-ly ending a word of our time (6)
20. Free the deserter among the foreign soldiers (6)
22. The stage is of the wrong shape (5)

Solution on Page 264.

JOURNAL CHRISTMAS CARD 1973

This year's Christmas Card is a colour print of Smithfield Market. (shown in black and white below.) A special 850th anniversary commemorative envelope is available **while stocks last.**

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St. Bartholomew's Hospital, West Smithfield, London E.C.1.

DR. GEORGE ELLIS - An Appreciation

George Ellis was born in New Zealand—he still travels on that country's passport. Nine days later his father, who had connections with a shipping line, was allowed to take the family with him on a voyage which rounded Cape Horn.

George followed the standard process of maturation, preparatory school and Bradfield leading to his entry to our medical college on October 1st, 1925. During the succeeding years it is fair to claim that he amassed a larger collection of friends than anyone in common acquaintance, and an exceptional gregariousness has characterised a life which age has not withered nor custom staled its infinite variety.

After graduation he rapidly progressed to become Senior Resident, a post then always occupied by an anaesthetist and equivalent to a chief assistant today. The appointment being part-time, he became consultant to nine other hospitals.

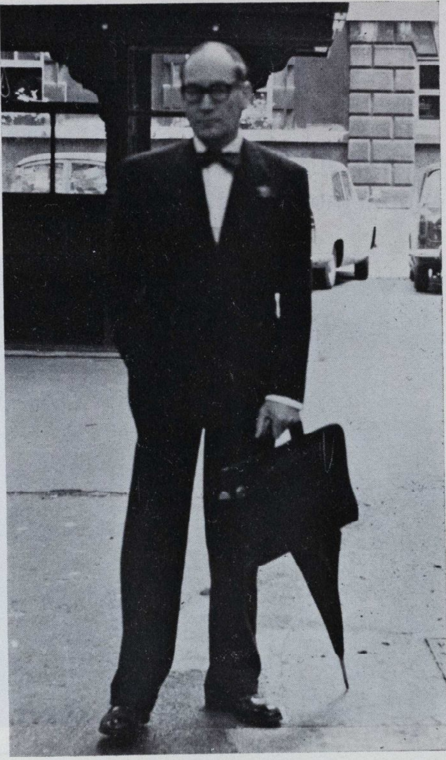
Claimed by the Army in 1939, he served throughout the duration of the war, ending as a lieutenant-colonel and Adviser in Anesthetics to India Command. He was appointed whole-time consultant at Bart's in 1949, where he has remained until his retirement this year after the full span of service.

A personal recollection of his undergraduate teaching happily remains. Tutorials were held in Room 1A in R.S.Q. where we were seated in comfortable chairs and offered cigarettes before the start. Instruction was simple, comprehensive and exact in that what he taught could be verified in the operating theatre. His imperturbability was somewhat alarming. On one occasion he left me with Sir William Girling Ball, then Dean, and the man whose foresight gave us Charterhouse Square. This formidable figure was engaged in removing a gall-bladder. My own concern was whether the level of anaesthesia were too deep, and I asked Henry Dossett, doyen of threatre orderlies, to fetch George. After what seemed an unconscionable interval the maestro appeared. I put my question. He answered "Dear boy, it is virtually impossible to kill anyone with ether". Whereupon he equally quietly retired.

His extracurricular activities in the hospital have been numerous but perhaps the Presidency of the Wine Committee over a long period was the most enjoyable. Outside, he had indulged many inteests. His love of music led to the purchase of a box at the Royal Albert Hall. This was open to all his friends, and members of his own department, medical and nursing staff and theatre technicians enjoyed his generosity for over 20 years.

He has ever been a perfect host and in earlier days did the cooking himself. His friends have memories of exceptional hospitality at his homes in Curzon Street, Beauchamp Place, Holland Park and in the Warden's flat in Charterhouse Square. His entertaining continues unabated.

A keen interest in cars from the earliest years led to ownership of many interesting specimens. A 1927 Rolls Royce of huge proportions leaves a mixed memory in the mind of the writer. George bought it in the post-war years when tyres were in very short supply. On a trip to Pangbourne a curious lateral play in the rear suspension produced an occasional skipping movement and it was a relief when George pulled into a service station. While he and the attendant added vast quantities of petrol, water and oil the passenger was instructed to inflate the tyres. When asked what pressures were needed the unnerving reply was "forty all round, but fifty in the bad one". As the latter was not only devoid of tread but having frayed sidewalls resembling a grass skirt, the remainder of the journey was even more hair-raising. But it passed uneventfully. The Rolls gave way, *inter alia,* to a B.M.W. 328 cabriolet, a Jensen (rudely dubbed The Yellow Taxi), a Jowett Javelin, and finally a Lotus Elan soon followed by another. Although George is now without a car, one wonders how long the fever will lie dormant.



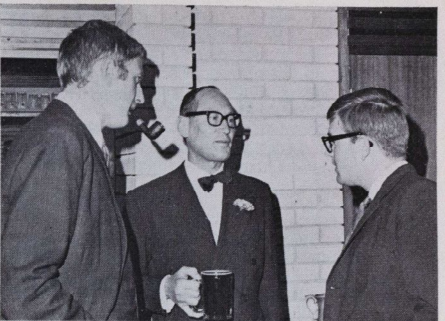
The photograph referred to in the text.

A member of 12 different masonic institutions including four Craft Lodges, he now enjoys the distinction of being a Past Senior Grand Deacon.

He loves water, if not as a beverage, and an early morning swim in the R.A.C. baths is a daily ritual. An occasion is remembered of him standing immobile, gazing intently at the water of the playing fountain in the Square. The opportunity was too good to miss. Hiding behind a shelter I seized my camera, made a rapid calculation and prepared to shoot. Unfortunately he suddenly turned and walked towards me, but the blurred imperfect result gives some impression of an Edwardian elegance.

Books have been a lasting joy and at one time he collected a handsome library freely open to all his friends. When he moved to smaller premises the cellection was largely sold. But the infection was only temporarily arrested: he is now collecting first editions of Kipling.

George was an easy choice as chairman of the organising committee of the 4th World Congress of Anesthesiologists held in London in 1968. Here his light hand on the reins coupled with the capacity to attract the devotion of colleagues made the event an outstanding success. In later years the Royal Society of Medicine, of whose Proceedings he had previously been senior editor, selected him to produce a booklet concerning metrication as applied to medical and scientific publications. His flair as chairman presiding over a committee comprising over 100 editors led to the rapid production of "Units, Symbols and Abbreviations". This has enjoyed wide acclaim and a revised booklet is already in the press.



As a final gesture, in this our 850th Anniversary year he acted as chairman of the Bartholomew Fair Committee. The enormous attendance at that event is testimony to his efforts in making it a success.

He has loved the Hospital since the day he entered, and retained his idiosyncratic character throughout. As one distinguished surgeon put it "he's more Bart's than Bart's".

Gaudeamus igitur

1973 PRIZE LIST

Pre-clinical Prizes

Junior Scholarships in Chemistry, Physics and Biology. Awarded to: P. J. Rainford, Miss Susan Lack.

Junior Scholarship in Anatomy and Physiology. Awarded to: J. Sutton.

Senior Scholarships in Anatomy, Physiology and Biochemistry. Awarded to: P. G. Bouloux, Miss J. A. Glading.

Foster Prize. Awarded to: P. G. Bouloux.

Harvey Prize in Physiology. Awarded to: Miss S. E. Grantham.

Herbert Paterson Medal in Physiology. Awarded to: J. D. Watson.

Herbert Paterson Medal in Biochemistry. Awarded to: S. A. Iverson.

Treasurer's Prize. Awarded to: G. R. Glover.

Clinical Prizes

Brackenbury Scholarship in Medicine. Awarded to: J. E. Sanderson.

Brackenbury Scholarship in Surgery. Not Awarded.

Matthews Duncan Gold Medal and Prize in Obstetric Medicine. Awarded to: W. B. Campbell (and Gold Medal).

Sir George Burrows Prize in Pathology. Awarded to: J. E. Sanderson.

Skynner Prize in Child Health. Awarded to: Mrs. I. M. Waterson. Prox. Acc. I. D. Young.

Willett Medal in Operative Surgery. Awarded to: P. Jakeman. Prox. Acc. J. H. Tweedie.

Walsham Prize in Surgical Pathology. Awarded to: I. D. Young.

Roxburgh Prize in Dermatology. Awarded to: Mrs. J. M. Cook.

Weitzman Memorial Prize in Cardiology. Awarded to: J. E. Sanderson.

Sydney Scott Prize in Otorhinolaryngology. Awarded to: Mr. R. J. Cook.

Ernest Withers Scholarship in Ophthalmology. Awarded to: J. Watkins, R. J. Abbott.

Wix Prize. Awarded to: R. Peppiatt.

Ian Howat Prize. Awarded to: J. E. Sanderson.

HOUSE POSTS

An appraisal of the new selection system.
By ALLAN HOUSE and MICHAEL JOHNSON

The new selection system for house posts was described by John Watkins in the June 1973 *Journal*. Quotations from his article are printed in italics.

It is accepted that the pre-registration year should be a logical extension of medical school education. It is at this stage that the newly-qualified graduate cuts back on his medical education and starts learning how to be a doctor.

The teaching hospitals more than most have approached this ideal of a continuing education, hence the axiom that education and advancement of one's career go hand-in-hand with a house post at one's teaching hospital. The natural product is the tradition of a student working in his own hospital. As a consequence, applications have always exceeded jobs, the good jobs have attracted the most applicants and the good students have secured the plum jobs. It was to ensure that as many students as possible benefited from this system that Mr. Hill, as sub-Dean in 1971, said that preference for House posts would be given to those who had not previously worked at Bart's.

In view of the importance attached to these jobs, and inevitable competition, the process of selection is clearly of interest. Traditionally, the key figure has been the consultant. After all, the applications are made for his job, and he decides which of the candidates he would like to work for him. Some, inevitably, become renowned for idiosyncrasies; it becomes common knowledge that Sir Algernon Worthless always has Australian Presbyterian wing-forwards; and some have their jobs promised away long before applications are invited. (One enterprising student told all his contemporaries that he'd got a particular job sewn up, and as a result was the only applicant.) Knowledge of this sort and of the competition for a particular job has influenced many a student's decision. (For more detailed account see the *Journal*, April 1971, p115.)

However, times have changed. For a number of reasons, Bart's house posts are not in demand as much as they were and, with the exception of some of the medical jobs, supply now exceeds demand to an embarrassing degree. Thus the sine qua non of the old system —competition for jobs—has disappeared. What is to be done? Either discover why the popularity of jobs is waning and remedy the situation, or encourage the student to apply for jobs that he does not really want, for example by offering the bait of a better second job. It seems that the latter has proved a less taxing task for the Sub Dean's office to tackle.

This interpretation goes some way towards clarifying the new house job scheme which has, up to now, caused some confusion.

"Graduates wanting Bart's or circuit jobs will be graded by the Sub Dean. 'in order of merit'. In the future, such grading will be determined by a very rigorous system of continuous assessment, as well as by firm grades, examination results, honours passes, prizes, etc".

Continuous assessment and student grading thus form the basis for an order of merit, or grand roll of honour. Whatever criteria are used, it is difficult to see the value of this list, since different jobs require different qualities; for example, some jobs require and attract much more academic individuals than others.

But what of the methods used to assess students for this order of merit? Continuous assessment and firm grades have always been nebulous and unsatisfactory. Most consultants admit that they cannot get to know all students, and even registrars can be misled—extrovert, noisy students will be better judged than quiet, retiring ones. The significance of examination results we have discussed elsewhere (Bart's *Journal* February 1973). Indeed, the exams set at the end of some of the second year courses are more appropriate to primary school than university. The remaining academic valuation—honours passes and prizes, is inapplicable to the majority.

An important new feature of the system is that extra curricular activities and responsibilities will rate as a criterion for grading. Speculation regarding the exact nature of grading of extra curricular activities is widespread and, since no official definition has been given, we can only surmise: is a 2nd XV rugby player equivalent to a 2nd fiddle in the orchestra? Does the Editor of the *Journal* contribute more to Bart's than the Chairman of the Wine Committee? At a recent meeting with the students, the Sub Dean explained that he is not thinking about extra curricular activities outside Bart's, e.g. local politics, the theatre, bird-watching. The Editor of the *Journal* confidently expects a flood of reports from sports and other clubs and, for a small consideration, he will print participators' names in bold type.

An accumulation of academic reports and notes about extra curricular activities is, presumably, to be kept in each student's file. A few years ago, students at many universities throughout the country protested very strongly about systems of confidential files which then existed. Most universities realised the unfairness and dangers of such sytems and abandoned them. Nursing schools similarly have stopped confidential work reports and now assess nurses on the basis of reports by ward sisters, which have to be read and signed by the nurse concerned. How long can Bart's medical students be kept in the dark about assessments which could prejudice the first vital steps in their career?

Speculation is also rife as to whether the merit list will be published. If not, then it is of no value to the students on it. If so, then what of those unfortunates on the distal end? Should they abandon hope of a Bart's job, or should they apply, secure in the knowledge that they may be;

"appointed to any unfilled posts, if all their selections have been taken, provided the job has not been listed as one the candidate does not want."

It would be a foolhardy man, who, finding himself near the bottom of the list, listed a series of jobs that he was not prepared to do.

Oxbridge students, who already have a lot of difficulty arranging their studies to fit in with Bart's, and who are less likely to be involved in Bart's extra curricular activities because of the shorter time they spend here, are placed in an almost impossible situation by the restriction of house post appointments. Either they must apply in July and compete with students a year ahead of them, or they must wait six months after qualifying before starting their pre-registration year. Oxbridge students will inevitably be diverted to more amenable medical schools in London.

"The Committee of Physicians and Surgeons will then meet and allocate the jobs to the candidates in the order that they appear on the Sub Dean's list."

It was assumed in the past that Consultants could form an accurate opinion of the merit of students applying for their jobs. After all, if they make a mistake, it is they who lose out! One wonders how many Consultants will take kindly to the idea of being told who their housemen are to be.

"Consultant staff will retain the right to veto a candidate for their job, but must explain their objection to the Joint Committee."

Explanation of vetoes is likely to prove difficult as the chances are they will have no idea who the prospective candidate is.

"The time may come when, as at the other teaching hospitals, the best applicants will be encouraged to apply outside Bart's, the weaker candidates staying on as Bart's housemen."

It seems unlikely that either consultants, or prize-winning students, will take kindly to the suggestion that multiple failure at finals will entitle you to the most interesting and educative job that Bart's has to offer.

"One undisputed fact is that a system which barely manages to fill all the posts, let alone select an appropriate house officer for every job, is badly in need of change."

At least the new scheme cannot be criticised for not being a change. But no attempt is being made to change the current unbelievable 30-40 per cent. initial failure rate at finals. Of course, if there are only sixty-six jobs available, and if preference is to be given to those already working on the Bart's circuit, a greater success rate would overload the scheme. What of the apparent reversal of Mr. Hill's policy of giving preference to those students who have not worked on the Bart's circuit? Presumably, the intention is to make students less inclined to "go away" for more rewarding jobs, lest they will not get back later. A more desirable alternative would be to improve the nature of the jobs that students are currently unwilling to do.

AN ALTERNATIVE

We are proposing a scheme that we feel would be more acceptable to both consultants and students. Several medical schools in Britain and eslewhere appoint housemen by a process of matching of student and consultant preferences. Initially the student expresses a choice of about six jobs. Each consultant is then sent a list of those students who have applied for his job, together with some indication of their academic achievements. (The nature of this information depends on the type of assessments used.) The consultant then places the applicants in order of his preference. A computer is used to match the options and provisional placements are published. On the basis of this, the students have the right to withdraw their applications and reapply, and a second matching is made. All this can be done even before finals results are published. After the results are known, a third run on the computer can eliminate the failed students and allocate any vacant jobs.

The unacceptable situation of consultants not knowing who the applicants are is avoided by suggesting that every student goes to talk to the consultant and his firm before applying—and photos can then be sent with the applications.

There are several features which we feel are of vital importance to any selection scheme. There is no point in making applications more than six months before finals, but students should be placed as soon as possible after finals. With the matching scheme, provisional results could be known *before* finals, and fixed within days of M.B. results being published.

The students should be able to find out who else is applying for a particular job, and modify their final application accordingly.

There should be good information about jobs. The Sub-Dean is preparing this and soon should have a lot of details about all jobs. It is also quite in order to ring up or visit the houseman currently doing the job you are interested in. At the moment, it seems to be an almost essential prerequisite to "do the locum" for the job you want. Although this is good experience, it is to be hoped that its importance will diminish.

Finally, it is to be hoped that most, if not all, students should have an opportunity to work at Bart's. Therefore, preference should be given, as before, to those who have not yet worked at Bart's. Each job should be independent; not conditional on having previously worked in any particular job.

Mr. Fuller will be writing a more detailed account of the new scheme in a forthcoming *Journal*. We felt, however, that the time has come for an open general meeting between students and staff to fully discuss the new house posts scheme, systems of continuous assessment, and the continuing high failure rate in both Finals and 2nd. M.B.

The Retirement of Dr. J. W. Aldren Turner

The *Journal* is sorry to announce the retirement of Dr. J. W. Aldren Turner as Chairman of the Publication Committee after six years in that office. To mark the occasion a small party was held for past and present members of the Journal staff who had worked during Dr. Aldren Turner's term of office.

Present

Miss Mary Hickish—a past Editor—made a presentation of an 850th commemorative plate on behalf of those present. With his first and last editors there, Dr. Aldren Turner must have felt a certain sense of *déjà vu*, especially with the next day's meeting bringing up those perennial favourites, offset litho and the Christmas Card!

Scintillating gathering

Among those present were current editors Michael Johnson and Allan House. The party moved with a swing, and Mr. Vandenburg in particular seemed to be under the impression that the Journal made 10 per cent commission on all wine drunk. It was well into the small hours before the last guests made the noble gesture of offering to clear up before their departure. At this stage our reporter made his excuses and left.

Thanks

We would like to thank Dr. Aldren Turner for his invaluable help over the years, and to wish him well in the future. We hope he will remain in close contact with the *Journal*—where surely his finest achievement was his last, the Christmas Card chosen by July! It should not be forgotten that the occasion also marked the start of what, we are sure, will be a long and successful association with Dr. P. Borrie, who has kindly agreed to become the new Chairman. A.H.

Top right: The Presentation.

Bottom right: The new Chairman.

The Editor of the *Journal* was particularly delighted to be invited to the reception given by the Governors of Sutton's Hospital in Charterhouse to mark Bart's 850th year. The Governors and Brothers are renowned for their hospitality, and an opportunity to visit the beautiful buildings should never be missed.

One cannot fail to be impressed by the history of the foundation at Charterhouse, dating from 1371, and linked with Elizabeth I, James I, the Ridolfi plot, Wesley, Lovelace and Thackeray to name, as they say, but a few. It's an impressive list, but the present Brothers are just as colourful and all the Bart's guests must have enjoyed the excellent company and refreshments.

On their behalf, we would like to express our gratitude to the Governors.

CROSSWORD SOLUTION

Across	Down
1. Monastic	1. Misuse
5. Plasma	2. Neuter
9. Students	3. Steamship
10. Garage	4. Interestedly
12. Steam	6. Lease
13. Re-elected	7. Startled
15. Chastisement	8. Anecdote
18. Steeplechase	11. Peripherally
21. Unpopular	15. Essential
23. Nadir	16. Assuming
24. Inroad	17. Respires
25. Plainest	19. Adverb
26. Gassed	20. Gratis
27. Syllabus	22. Phase

VIEW DAY SERMON

A sermon preached in St. Bartholomew's the Great, Smithfield on View Day, Wednesday, May 9th, 1973, being the 850th Anniversary of the foundation of St. Bartholomew's Hospital.

By the Reverend J. ROBINSON, M.TH., B.D., Canon Residentary of Canterbury Cathedral.

On most days when I am about to leave the cathedral at Canterbury after service, before going through the door, I look up to the window above it. It is very famous and very beautiful. The panel in it always seems to be a warning against growing old: it is a picture of Methuselah. There he sits, old, tired, bent, head in hand, looking as though he feels every year of a long life. I look up at him and I think, "Thank goodness I shall not live to be 969 years old as he was reported to have been". It is possible to live too long; to live until life degenerates into mere existence, and each day becomes a burden to be borne rather than an excitement, a challenge, a joy.

But today my philosophising has had to be reconsidered. I have joined with you all on View Day on the 850th Anniversary of the foundation of Bart's, and I have found, as all of you will have found, an institution vibrant with life and energy. There are no signs of stiffening of the joints or hardening of the arteries. There is no over-pre-occupation with the past to the detriment of the present and the future. Bart's doesn't just exist. It is alive. And this particular combination of age and youthfulness, held together in harmony is something which is particularly valuable to us today. Today we find it difficult to balance the two. We tend to have a love-hate relationship with the past.

On the one hand we reverence the past. We care for what it has given to us, buildings and so on, as no other generation has ever done. Our reverence is so great that if a builder was to dump a pile of stones in the road in preparation for a repair job in an ancient city he could return in a week's time to find a preservation order placed on it. On the other hand there is in many people an impatience with the past: the laws, customs and morals by which people have lived. Many are impatient to sweep all these away. Our generation, they say, has no need to learn from the past. We will strike out for ourselves and find our own way of life. The ambivalence is found even in our education. In the arts discipline, literature and the like, age means wisdom: in the sciences it mean obsolescence and we have not yet found any satisfactory way of studying both arts and sciences together. In our dilemma and uncertainty an institution such as Bart's, which has a long distinguished past in which it takes pride, and yet looks forward to the future, has much to teach and much to give to all of us.

To what then in the past does Bart's look back? In what in the past does it take pride? Surely in an ideal. Over 850 years many things have changed; the pattern of community, the buildings, and medical practice most of all. If Rahere were to return today, he would find much to mystify and amaze him. But one thing he would recognise, acknowledge and delight in: the constancy of the ideal. When he had his vision in St. Bartholomew's Church on the island in the Tiber long ago, he accepted an ideal which you also have accepted, cherished and maintained. It is the ideal of service to God by ministering to the needs of his children. That he would recognise, and in your dedication to his ideal, he would surely rejoice.

It is this ideal which provides the continuity in the long history of the past. More than that, the ideal can be the link between past and future, holding them together in creative tension rather than letting them fall into that destructive opposition which seems to be the danger today.

May I illustrate? One of the greatest of these areas of tension between past and present lies in the use of that power which new and increasing knowledge is putting into our hands. This is applicable to many fields, and very clearly and obviously to medicine. New knowledge means new power and with new power, new responsibilities and new dilemmas. And the availability of knowledge, almost its universality, means more and more people have to make decisions rather than just waiting for an order from someone in superior authority. Nor is the situation made easier by the fact that the new knowledge has made issues so complex that the old simple rules at times, and those the most difficult times, seem inadequate.

What is to be done? Clearly the new knowledge must be mastered, the new techniques must be learned. Nothing cures professional incompetence. But in the problems that arise in using new knowledge, does not the old ideal help? To serve God by ministering to the needs of his children: that is an ideal not a rule or a law. Of course, ideals must be embodied in rules, laws, customs if they are to be of practical use. And certainly the only valid reason for questioning rules, laws and customs is that for some reason, defective definition, or changed circumstances or the like, they no longer adequately express the ideal. So in this time of new knowledge, of change, of questioning and doubting, of uncertainty about so much of what we have received from the past, Rahere's ideal can be the link that binds past to present and future. It can ensure that whatever the future holds the value of the past will be in it.

That is a sentiment with which I am sure you will all agree, but it carries an implication which, before I end, I would like to underline. It is this. Any ideal to be effective must have content and force. It must bear down upon the lives and consciences of those who hold it. Now Rahere's ideal is solidly centred on God, and this is important, and not just for reasons of piety. All people have value: all are to be served, even when they are most unattractive—and in a hospital people can be unattractive—because they are God's children, because there is in each one of us something of the divine spark. Now sit lightly to divinity and some part of our humanity disappears. In the end it is God who saves us from becoming factory fodder, or cannon fodder, or any other kind of fodder. When we choose to forget or ignore divinity, then humanity is likely to be the first casualty. For this reason, too, Rahere's ideal is a good one for the world that is coming. Hold on to God, and you need not fear for humanity.

And that I am sure is what Bart's will do in the many years of its future, which, please God, will be even more glorious than its past.

WILLIAM SHARPEY (1802-1880)

THE WIX PRIZE ESSAY—1973, PART 1

By R. PEPPIATT

I am grateful to the staff of the various libraries that have given me so much assistance and access to original papers; in particular my thanks are due to the staff at the Wellcome Institute of the History of Medicine, and to Mr. Charles Marmoy, the Thane Librarian at University College, London.

I also acknowledge considerable help from Prof. G. H. Bell (Dept. of Physiology, University of Dundee), the Editor of the Arbroath Herald, the Librarian of the Arbroath Public Library, and the Librarian of St. Bartholomew's Hospital Medical School.

Introduction

The phrase "Father of Modern Physiology" has been used to describe William Sharpey. Born at Arbroath, Scotland, he was educated at Edinburgh University, and travelled widely to the major European centres of medical research. He was effectively the first Professor of Physiology in Great Britain—at University College, London—and was responsible for establishing the autonomy of that subject. Sharpey's greatest achievements were as a teacher of anatomy, physiology and histology, and as an organiser of scientific affairs, both at University College and at the Royal Society where he was secretary for nineteen years.

Background and Student Days

In 1794, Henry Sharpy (as he spelt it), an English shipowner, moved his home from Folkestone, Kent to the small eastcoast resort of Arbroath in Forfarshire, Scotland. Here he married Mary Balfour, a native of Arbroath and sister of David Balfour (provost and leading citizen of Arbroath in the closing years of the eighteenth century). Sharpy died in 1801, leaving Mary a widow with four children, and William Sharpey was born his posthumous son on April 1st, 1802, five months after his father's death. William Stirling, in his book "Apostles of Physiology" remarks: "The little town of Arbroath rejoices in being the birthplace of William Sharpey and Charles Smart Roy. I well recollect Sharpey stating that he had the same natal day as Harvey and Bismark-viz April 1st".

Apparently the first few hours of his life were precarious, the midwife declaring that the efforts to ensure his being kept alive were useless as, in her opinion although the child did live "he would be sure to prove an idiot".

As soon as he could toddle, William was sent to a local "dame school", as was the practice among the middle classes of that period. From there he progressed to the Hill School—the Arbroath Public School and forerunner of the "Arbroath Academy". The rector, at that time a Mr. Kirkland, had a high reputation for the efficiency of his teaching, which no doubt had its effect on Sharpey.

While William was still young, Mrs. Sharpey married Dr. William Arrott, a medical practitioner of Arbroath. The latter clearly influenced him because William decided to study his stepfather's profession. At the early age of fifteen he entered Edinburgh University to read Greek and Natural Philosophy in the Faculty of Arts, but after a year he changed to study Medicine at the University and its extra-academical school.

Since Sharpey's later brilliance was as a teacher, a word about *his* teachers may be enlightening. In the extra-academical school, Dr. John Barclay, well known for his energy as a writer and teacher on anatomy, was outshone only by his successor, Robert Knox. Dr John Murray was his chief instructor in chemistry and of whom Sharpey always spoke in the warmest terms. Other fine teachers to whom Sharpey must have been subjected were James Gregory and John Playfair. Unfortunately Sharpey's response to such men is almost unknown. (None of his biographers knew him during his student days: even Allen Thomson did not know him before 1831, and James Syme does not mention Sharpey as a student.)

In 1819 he was elected to the Medical Society of Edinburgh and in 1821, aged nineteen, he obtained the diploma of membership of the Royal College of Surgeons of Edinburgh. In that year he came to London to spend a few months at the celebrated Joshua Brooke's private school of anatomy in Blenheim Street. In the Autumn he embarked upon the first of many trips to the continent which were to have a profound influence on his career. From London he proceeded to Paris where he remained for nearly a year studying medicine and surgery in the Parisian hospitals.

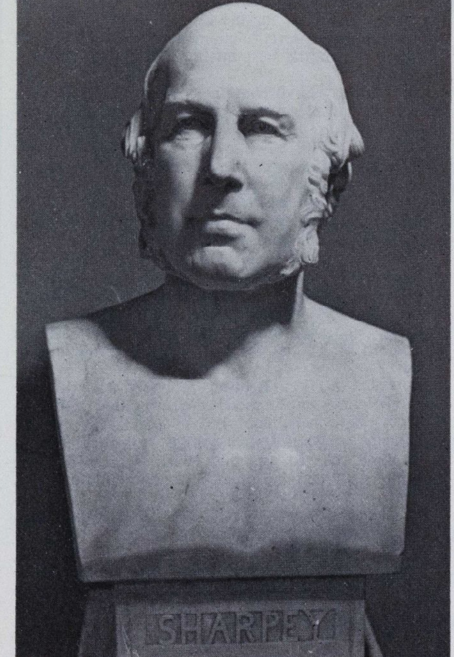
He was taught clinical surgery by the famed Dupuytren (founder of the Société Anatomique, and leading surgeon of France) in the Hotel Dieu, and Operative Surgery by Lisfranc. In Paris he had the companionship of Dr. Robert Willis, and here he met James Syme who was to become a life-long friend. Incidentally it was Syme who invented a method of waterproofing cloth, and divulged it to a colleague by the name of Macintosh . . .

In August, 1823, Sharpey took the degree of Doctor of Medicine in the University of Edinburgh, with his printed inaugural thesis De Ventriculi Carcinomate Bib.1. which was dedicated to William Arrott and Robert Knox. In his biography of Knox, Henry Lonsdale states that "Knox had a number of graduation theses, probationary essays, and poetical effusions of students dedicated to him. The present Dr. Sharpey though not a pupil of the Doctor's, acknowledged his regard for the great teacher in this way". As Taylor points out, both Knox and Sharpey were in Paris at the same time, and it is a matter of speculation what effect the "great teacher" had on him.

Once again he travelled to Paris to complete his studies in medicine and surgery at the "Jardine de Plantes" from the end of 1823 to the Summer of the following year. For the next three years William joined his step-father in practice in Arbroath. He did this, no doubt, partly to repay Dr. Arrott and his mother for their generous support during his student days, and partly to see if medical practice was an agreeable career.

Near the end of 1826, however, Sharpey found Arbroath and private practice too confining, and the lure of Europe and further study too great. In the autumn of 1827, therefore, he set off on his travels "knapsack on back and staff in hand". He spent several months "devoted to general culture", proceeding by way of Paris (including a visit to the Hotel Dieu no doubt), Geneva, Rome, Naples, Florence and Genoa. For a time he resumed the study of anatomy under Panizza in Pavia, and in the spring of 1828 he turned his direction northwards, including in his itinerary Bologna, Padua (where Harvey's old professor Fabricius is buried), and Venice, passing into Austria he spent the summer in Vienna before reaching northern Germany. At Heidleberg he met Tiedemann, the distinguished German anatomist and physiologist. By August, after a year's travel, Sharpey reached Berlin, where he saw as his main object the study of anatomy. For nine months, under the guidance of Professor Rudolphi (a Swedish Naturalist) he "gave the whole of his time with the closest application to the minute and full dissection of the human body—the only way, as he himself expressed it, in which anyone could obtain the knowledge necessary to be a competant teacher in the subject".

These two years of travel were to form the foundation of Sharpey's later success, both as a teacher and physiologist, but also as a man of great wit with a large fund of anecdote from which to draw.



Bust of William Sharpey.

Postgraduate Years (1826-36)

Having surveyed the progress in anatomy and physiology with particular reference to microscopic techniques, in the major centres of learning in Europe, and experienced the great teachers of these subjects, Sharpey established himself in Edinburgh in1829 and engaged in research into histology. The following year, in order to be eligible to teach medical subjects, he obtained his fellowship of the Royal College of Surgeons of Edinburgh, presenting his probationary essay entitled "On the Pathology and Treatments of False Joints (after fracture)". Dated October, 1830, it has the following dedication:

"To James Syme Esq. Surgeon. This essay is inscribed as a tribute of friendship by the author."

Also in that year, Sharpey had his first paper published: "On a peculiar motion excited in fluids by the surfaces of certain animals".

The following year he travelled again to Berlin, this time to collect specimens for the series of lectures he was shortly to deliver.

From 1831 till 1836, Sharpey was a successful extramural teacher of anatomy in Edinburgh. Much meticulous and painstaking preparation had preceeded this long anticipated opportunity. During these years he struck up an intimate friendship with Dr. Allen Thomson who taught physiology (and eventually wrote Sharpey's obituary in Proceedings of the Royal Society).

To all accounts Sharpey's success as a lecturer was remarkable. The rapid growth of his classes is shown in a M.S. in Sharpey's own hand (in the Sharpey-Schafer Papers):—

	No. of Students	
Year	*Lectures*	*Practical Anatomy*
1831-32	22	
1832-33	53	39
1833-34	62	68
1834-35	72	87
1835-36	71	88

Thomson writes: "We may regard his great success as complete in point of number, while his reputation as a teacher and man of science had advanced in still greater degree, so that he had now come to be generally known both in the seat of his labours and at a distance as one of the most judicious, learned and accurate investigators and teachers of his favourite science."

In many respects these five years were the most original of Sharpey's life, for during this period the greater part of his pubilshed work appeared. He took an active part in the proceedings of a meeting of the British Association in 1834, and in the same year was elected a Fellow of the Royal Society of Edinburgh.

As a footnote to Sharpey's association with Edinburgh University, many years later (in 1859) that institution awarded him the honorary degree of LL.D.

Controversy in London

From 1836 till 1874 William Sharpey occupied the chair of Anatomy and Physiology at University College, London. The appointment was, to say the least, controversial, and it will be considered in detail.

Sharpey's reasons for accepting a chair in London are clear. He would enjoy better facilities and the

promise of more money. London was unequalled for its professional stimulation, with its density of hospitals and scientific societies. He would also welcome the challenge of occupying what was effectively the first chair of Physiology in the country. Finally, the death of his mother in June 1836 must have lessened his desire to remain in Scotland, (although he remained a regular visitor to Arbroath).

Equally obvious are University College's motives for considering Sharpey's candidacy. As well as his extensive knowledge of anatomy and physiology, he was familiar with the European literature of the time. By 1836 eight of his most original papers and essays had been published, which was an impressive collection at his age. His skill as a teacher was earning him a great reputation, and we read in the obituary for Richard Quain in the Lancet:—

"Shortly after Liston's arrival in London the fame of Dr. Sharpey at that time an extramural teacher of physiology in Edinburgh (Mr. Syme lecturing on anatomy) having reached London, Mr. Quain paid a visit to the northern capital and attended Dr. Sharpey's lectures incognito for the purpose of ascertaining whether reports of his excellence were correct". The date of his visit is unrecorded.

After the resignation of Jones Quain (for the circumstances of which, see later) on July 16th, 1836, the senate received a four-fold plan from the Dean of the medical faculty on July 23rd, the essence of which was the creation of two chairs of equal rank, both with the title Professor of Anatomy and Physiology. A week later it was presented to a council meeting which, in due course, forwarded to Senate applications from 14 candidates.

Richard Quain's role in the proceedings raises many questions. For instance, why did he apply (late) for the same vacancy that he encouraged Sharpey to contest? Why did Quain's brother resign in the first place? What was the relationship between Quain and the other major contestant, Grant? To quote from the University College Council Minutes, "Quain was regarded as a first-rate teacher of Anatomy; his class during the last session had been the largest anatomical class in the Empire." A popular and well qualified man, Quain had very good claims to the vacant chair, but the following untidily written letter in his hand shows he was instrumental in securing Sharpey's application:-

My dear Sir *In much haste for post.*

I spoke to you of a vacancy in our School of Midicine occasioned by the resigation of Dr. Quain—if you continue to think an appointment with us desirable, I suggest the prudence of your making an application within a week or so. I am strongly of opinion it would be to your advantage to come to town within a week or ten days *or a little more—the sooner the better—. The exact nature of the office, the probable emoluments and all your particulars could best be known by your personal application here.—you may get a substitute for your Demonstrations or give them twice a day—or return to finish them after a short delay.*

I am Dear Sir
Very truly yours
R. Quain
23 Keppel Street,
London.

do not omit testimonials etc., if to be easily had.

The envelope, dated Saturday, July 16th 1836, had on it a note:

"Excuse the address, I know not your residence. Write to say if you will come and when."

and was addressed to:

Dr. Sharpey,
Lecturer on Anatomy, etc.,
Edinburgh.

We may deduce that Quain unofficially had prior knowledge of the creation of two chairs—the plan was announced to senate a week after he wrote to Sharpey—and that Quain felt that he himself was likely to succeed to one of the vacancies, and very much wanted Sharpey's expertise in Physiology in the other chair. Although it was a foregone conclusion that Quain would get one chair, it appears that he applied for the vacancy in case the plan for splitting the chair was not adhered to, and then withdrew his candidacy once he was certain of Sharpey's appointment. That council demanded an explanation of his conduct is not surprising, but such was his influence and reputation, no retribution followed, although it did take council a further two months to appoint him. Twelve years later a writer in the Lancet maintained "it is the settled belief of the profession that Dr. Jones Quain retired in disgust . . . His own brother reaped the benefit of his ejection . . . Mr. Quain's position is peculiar and suspicious". Thus Sharpey's appointment was not the only time Richard Quain's integrity was publicly questioned (see later for the Cooper Syme affair).

The committee were "unanimously and decidedly of the opinion that the best qualified candidate was Dr. Sharpey".

The Lancet was vitreous in its reaction talking of a "vicious system of government" and a "radically defective constitution". The editor proceeded in the same article:—

"The appointment of Dr. *Grant* to the Chair of Physiology and the introduction of Mr. *Quain* to the Chair of Anatomy would, we are convinced, in the absence of public competition, have given the most unequivocal satisfaction to the profession".

. . . Here we have Dr. Grant, who is beyond all dispute, one of the most highly gifted physiologists in Europe, and one whose reputation has extended everywhere, made, *by his own colleagues,* to give a place to a Dr. Sharpey, who has not the felicity of being known out of Edinburgh! Oh wise and prudent professors!"

Professor A. T. Thomson redressed the Lancet: "Some strictures on the mode of electing this gentleman (Sharpey) have been published in one of the medical periodicals . . . conceive it proper to mention that the method adopted was that which is usual on such occasions . . . that the opinion of the committee . . . was unanimous . . . "

An ironical footnote to the whole affair is that when Grant was on his death-bed in 1874, the year Sharpey retired from his appointment, it was the latter who, realising Grant was dying intestate convinced him to bequeath his vast collection of books to University College. To this Sharpey added his own, the whole being compiled by Sharpey's own hand, and being known as the Sharpey-Grant Collection.

To be continued.

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BREECH DELIVERY

Dr. Evans qualified in 1947 and worked as a House Surgeon at Bart's. He is now in practice in Rhodesia.

There are few obstetricians who do not heave a sigh of relief, yet, feel a sense of achievement, after completing a successful breech delivery; this is certainly my experience.

The overall foetal mortality in breech presentation approaches 20 per cent. In the best equipped obstetrical units, the figure is almost 5 per cent. This presentation therefore is to be regarded with respect. However, one Potter of Buffalo, aimed to deliver all his cases by the breech, performing version to that presentation when necessary. The story is told that when one of his relatives was in strong labour with the head already well down in the pelvis, he would not be persuaded to allow a normal vertex delivery, but summoned an anaesthetist . . . to get her deep!

Perhaps more than in any branch of medicine, obstetrics is learnt the hard way. I learnt this when doing a resident surgical job, in the provinces, in 1947. In this post, duties included being 'on' for obstetrics at interval weekends. In the early hours of the morning a primigravid breech was sent into hospital by the district midwife, as a delay in the second stage of labour. She was a well built young girl. The large breech was visible on the perineum. By dint of vocal encouragement and the resurgence of bearing down contractions, the breech moved. Difficulty was encountered with extended arms, but much more, with the extended, after-coming, head. The result was a moribund baby and an ugly perineal tear. This unhappy story was completed, when, five days later, the perineum wound broke down. This shattering experience provided me with a resolve, not only to learn how to deliver a breech, but to learn the essentials of practical obstetrics. This was achieved a year or two later as a junior resident at the Jessop hospital for Women.

Consider the primigravid breech with extended legs, having reached the second stage of labour. She is placed in the lithotomy position and is encouraged to push. The breech will show at the perineum. The perineum is infiltrated with local anaesthetic solution, preferably of one per cent strength, of the solution of choice. A pudendal block may be preferred, at this stage. As the breech advances, the anterior buttock and the anus come into view. At this moment utmost cooperation with the patient, is essential. She is told that her maximum effort is required. Once the painless incision in her perineum has been made, her baby will be born, by her own voluntary pushing efforts. I time the episiotomy, at the stage when the posterior buttock has appeared. Then, with the next contraction, the breech descends and rises upwards. The extended legs may require the gentlest of flexing and the arms may require the lightest of flicks to bring them down. Usually the minimum of interference is required. This lack of active interference helps to prevent the after-coming head from extending. Flexing of the head is encouraged by allowing the delivered trunk to hang passively for at least a minute, which itself always seems to be a long and tense interval. When the nape of the neck can be seen and felt, the after-coming head is well and truly in the pelvis. It can then be safely delivered by one's method of choice.

The application of Wrigleys forceps affords a slow controlled delivery: Jaw flexion and shoulder traction may be preferred. I favour the Burns manoeuvre where traction on the extended trunk flexes and delivers the head under the sub-pubic angle. The essential points are; a timed episiotomy, minimum interference, patience, and the avoidance of force at all stages. This planned management in most instances is easy, provided one is dealing with a generous gynaecoid pelvis. Unfortunately the rare case does occur, when, in spite of the apparent safe clinical conditions for breech delivery being present, there is difficulty and much consternation, in deliverance of the head. I met this situation very recently. The baby was small, but the head comparatively large. The arms were fully extended. The Lovset manoeuvre delivered the arms easily; the head descended into the pelvis, to such degree that its mouth was visible and could be sucked out. The head was *just* difficult to deliver. Fortunately the overwhelming desire to use force was resisted.

The baby was limp at birth, but soon cried and gave no further cause for alarm, but one just wonders what the future mental acumen will be. Should there be any clinical doubt, an X-ray pelvimetry performed late in pregnancy, may sway one's judgment to perform an elective lower segment Caesarean Section. It is also wise in all cases of persistent breech presentation, in late pregnancy, to arrange a straight X-ray of the mother's abdomen, to exclude any abnormality of the foetus.

Fairly recently I had to perform an emergency section for obstructed labour. The patient was expecting her second baby. Her first was a normal delivery. In this second pregnancy at about 36 weeks, the breech presented. An easy external version was performed. Two weeks later she went into spontaneous labour. The head which had been quite free became fixed at the onset of the second stage of labour. After one hour, the foetal heart became faint and its rhythm most variable. Lower segment Caesarean Section was performed. At operation a partially engaged hydrocephalic head was present. There was also spina bifida and a meningo-myelocoele. The baby did not survive. It is interesting to observe in this mis-diagnosed case that there was little liquor amnei present.

I well remember a case of breech presentation with associated hydrocephalus, and spina bifida, which I included in my book for the membership of the Royal College of Obstetricians and Gynaecologists in 1954 She was a primipara who first attended the antenatal clinic at about 36 weeks maturity. A straight X-ray of her abdomen showed the abnormalities present: She went into spontaneous labour two weeks later. Labour proceeded into the second stage, when progress halted. She was then anaesthetized with intravenous pentothal. The spina bifida opening was isolated between lumber two and lumber three spines. A stiff rubber catheter was introduced into this opening. By using firm pressure the catheter ascended into the foramen magnum. As cerebro-spinal fluid began to flow in quantity, the foetal trunk descended. Finally, the collapsed, after-coming head, entered the pelvis, and was easy delivered. The total volume of cerebro-spinal fluid measured was 21 ounces. Bilateral talipes were also present. In spite of the congenital abnormalities hydramnios was not present in this case.

A further interesting, if not traumatic, case is worth recording. She was a multipara. She was an emergency admission from the district. Attempts had been made to deliver the after-coming head, first without and secondly with a general anaesthetic. She arrived undelivered, in a state of shock. Examination under a further light anaesthetic revealed the hitherto unsuspected hydrocephalic head. It's easy delivery was effected by scissor puncture. However, of sinister significance, was a tear in the lower uterine segment. At laparotomy, massive broad ligament haematomata were present which extended up the posterior abdominal wall, almost to the diaphragm. With the help of many pints of transfused blood during hysterectomy, the patient did survive.

The performance of version in breech presentation requires some thought.

In the multiparous patient, a breech presentation in the third trimester is not uncommon. Spontaneous version may occur before term. External version is usually easy to perform when this has not happened. I find performing external version in the primipara usually difficult. The presence of extended legs and little liquor amnei are probably the causes. In latter years, I have not favoured general anaesthesia for breech version.

The following cases illustrate the possible consequence of external cephalic version.

The first concerns a grande multipara in late pregnancy. Her own doctor had performed an external version in the local cottage hospital at late evening time. The version was a painful procedure. Some vaginal bleeding followed. The foetal heart disappeared and the patient became shocked. An S.O.S. was sent to the hospital in the Fen country, where I was locum tenans for the obstetrician who was on holiday. The distance to travel was about 15 miles. The road was narrow, winding and bounded by dykes. It was dark and foggy. The hospital pathologist appreciated the situation and let me have four pints of stored group O Negative blood. Fortunately the experienced, duty anaesthetist who accompanied me, knew the route well. The elderly grande multipara, in question, was found to be pale and shocked. Her abdomen was large, tense and very tender. The foetal heart was not audible. Blood transfusion was well under way when I performed laparotomy. The uterus was intact. On opening the lower segments, the uterus was found to contain a great deal of old and fresh blood. The placenta was lying quite free within its cavity. The dead, nine pounds twelve ounce baby was delivered through the lower segment. Recovery of the mother was uneventful.

The second case concerned with version in breech presentation was in Salisbury three years ago. The patient was a primipara of 22 years of age. At about 34 weeks the head presented. Two weeks later the presentation was a breech. A fairly easy external version was performed. The foetal heart remained good and strong. She went into spontaneous labour two weeks later. I saw her two hours after its commencement. The head was well down in the pelvis, but I could hear not foetal heart sounds. She admitted that foetal movements had not been felt at about the time labour had started. She delivered normally three hours later. The baby male was dead. The umbilical cord was 33 inches long. A true knot was present. My conclusion was that the spontaneous turn from a vertex to a breech, then the subsequent external version performed, created the knot in the long umbilical cord. With this history, an elective Caesarean Section should have been seriously considered before term. On a happier note, the patient became pregnant, shortly afterwards, and I delivered her quite uneventfully at term. The baby boy weighed eight pounds.

I finish by mentioning two cases which occurred last year, 1972. The first one concerned a 38-year-old multipara. She had previously delivered normally, three boys. The last confinement was five years ago. She wished to be sterilized after this confinement. At 28 weeks she had a breech presentation. Attempts at external version, made at 32, 34 and 38 weeks gestation were not successful. At 40 weeks a lower segment Caesarean Section was performed. The baby was a healthy girl weighing seven pounds, 14 ounces. Before closing the abdomen sterilization was performed. My grounds for this management were the patient's age, the years which had elapsed since her last delivery, and the persistent breech presentation.

My second and final case, I well recall, concerned a primigravida of 25 years. 10 years previously she underwent cardiac surgery. As a girl she had rheumatic fever. The operation was intended to correct a stenosed mitral valve; but in fact a patent interventricular septum was discovered and was closed. The mitral valve did not warrant surgical repair. The outcome of this operation was to improve her health enormously. Unfortunately in her first pregnancy, she had a persistent breech presentation. As her heart remained functionally good, and as she had a generous, gynecoid pelvis, I was inclined to allow labour to start spontaneously and await vaginal delivery. She came into labour at 41 weeks gestation. Although her first stage lasted over 24 hours, she delivered with the minimum of assistance after 20 minutes in the second stage. The baby girl weighed seven pounds four ounces. The patient's heart stood up perfectly to the stress of this labour.

Obstetrics has benefited from the application of scientific knowledge over the past 20 years and will continue to do so, with obvious advantage to mankind. More recently, the closer monitoring of the foetus, in labour, with scalp blood sampling, and the use of a cardiotochograph would be of particular value in the management of breech delivery. I find difficulty in understanding and assimilating the wealth and volume of recently published work and research on Obstetrics, generally. It is hoped that this short paper of simple clinical experience will be of interest and possibly of value to the obstetrician who may be practising out of reach of sophsticated centres; he will inevitably be faced with breech presentation.

BART'S NEWS AND VIEWS

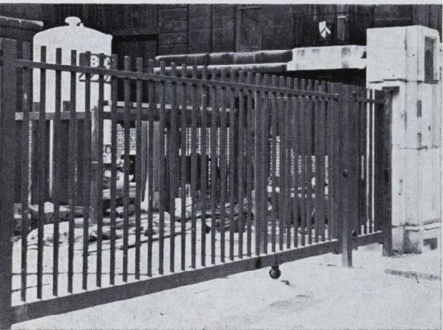
The Publications Committee in 1907

Dreadful stories are told of the Publication Committee: stories of innocent little articles laid out upon its table and shamefully mutilated; of verses torn to pieces foot by foot, buried in dark recesses for years, and finally cast into the flames: of *jeues d'ésprit* ruthlessly massacred in anti-semitic fury; of harmless, necessary lectures clipped and hacked about by wanton office boys, and then exposed to the public gaze, disfigured beyond recognition.

In the interests of justice we print herewith the counterfeit presentment of this odious tribunal. Thus only shall we convince those who have doubted the fact of its existence. Furthermore, by these means we may assist the tradesmen of this city in the recovery of their just dues.

The Publication Committee can be bribed to publish almost anything. A small box of cigars or a bottle of whisky will secure the admission of a short sentimental poem, legibly written, and not more than fifteen stanzas in length. A barrel of oysters (during the winter months), carriage paid to the Editor's palace, and accompanied by a stamped addressed envelope for the return or the shells, is usually sufficient to ensure the immediate publication of a clinical lecture, printed in Greek and English, side by side, with marginal notes and a dedication.

DESIGN AWARD

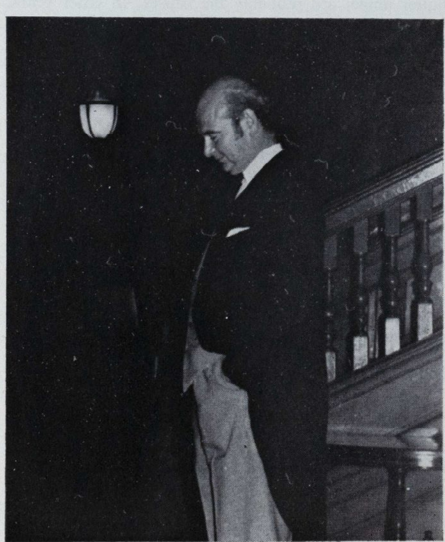


The New Gate.

No longer need Bart's be ashamed of the edifice on King Edward Street. Visitors and staff entering from this side of the Hospital are now faced with an imposing new gate. A structure of unparalleled parallelism, its solid purity remains unsullied by even a suggestion of a curve. No pretentious decoration detracts from the simple power of this gargantuan barrier. What a mind! What a visionary must have conceived it! How symbolic it is of the hospital it defends, its classical lines running straight to heaven without a suspicion of deviation.

It is indeed a truly formidable prospect, to which we have no hesitation in awarding the *Journal's* Wottaneisaw award for 1973.

CANDID CAMERA



98-99-100. I'm coming to look for you now!

THE ORIGIN OF WARD NAMES part 3

COMPILED BY NELLIE J. M. KERLING

Pitcairn Ward
Dr. William Pitcairn was a Physician of the Hospital from 1749 to 1780. He was well-known in his generation. He was a member of the Royal College of Physicians of which he became President in 1775. A few years after he retired from the Hospital he was elected its Treasurer, a function he held until his death in 1791. During his Treasurership he lived in what is now called the James Gibbs' House. His nephew David Pitcairn was also a Physician and he worked in this Hospital from 1780 to 1793.

Radcliffe Ward
Dr. John Radcliffe who died on November 1st, 1914, left a grant of £500 a year to this Hospital for the improvement of the patients' diet. This enabled the Governors to increase the daily bread ration for each patient from 10 ounces a day to 12 ounces and the daily meat ration from 6 ounces a day to 8 ounces. Radcliffe was elected a Governor in September 1690 but his main interest was in Oxford and its University. Because of his large grants the Oxford Infirmary was established and the Radcliffe Library was built and endowed.

Rahere Ward
This Ward as everyone knows, is named after the Founder of whom comparatively little is known. A man of low birth, according to the author of a book written in the late 12th century, telling the history of the foundation of St. Bartholomew's Church and Priory in Smithfield. There is no indication in this history that Rahere was ever the King's jester as sometimes is thought. We are only told that he frequented the Court of King Henry I (1100-1135) where he tried to flatter important people in order to obtain their favour. What this favour was we are not told but it is not impossible that he wanted to be a Canon of St. Paul's, a position often given to those who were high in the Royal favour. If this is true he must have been in Holy Orders even though it may have been a minor order. Perhaps he was a young chaplain attached to the household of one of the King's courtiers. The name Rahere—a most unusual one—appears among the list of Canons of St. Paul's between 1115 and 1121. These Canons were often worldly prelates and it is not surprising that the author of the history of St. Bartholomew's Priory, himself one of the brethren, spoke with contempt of Rahere's sinful life in London. The story of his journey to Rome, his illness, his vow and vision of St. Bartholomew need not be repeated here. For 20 years Rahere worked as a Prior of his foundation. He died in 1143 and was buried next to the High Altar of his church.

In 1123 the Bishop of London consecrated a piece of land on the East side of Smithfield and here Rahere built the church and priory for Austin Canons dedicated to St. Bartholomew with a Hospital House.

Rees-Mogg Ward
Mrs. Rees-Mogg of Clifford Manor, Stafford-on-Avon, was elected a Governor in 1929 after she had given to the Hospital £300 in three yearly instalments. In the same year she paid £1,024 for platinum needles to be used in the Hospital and in 1930 she gave a gift of £10,000 to name and pay for a Ward.

Sandhurst Ward
William Mansfield, 1st Viscount Sandhurst, Privy Councillor and Lord Chamberlain, was treasurer of the Hospital from November 1901 to his death in 1921. He had to deal with special conditions caused by the first World War and after 1918 he concentrated on plans for better accommodation for nurses. Shortly before he died Queen Mary laid the foundation stone of what we now know as Queen Mary's Nurses' Home. His portrait by Tennyson Cole hangs in the Clerk's room.

Smithfield Ward
To commemorate the 800th Anniversary of the Hospital in 1923 a special collection was held in Smithfield Market to show the appreciation for Bart's, shared by everyone connected with the market. £10,000 was needed to name and endow a Ward and as £10,043 was collected the Governors decided to change the Ward known as John into Smithfield which name was again given to one of the new Wards in the George V Block "thereby commemorating the generosity of the Smithfield Market traders to the charitable work of this Hospital from its earliest years".

Dr. S. J. Hadfield has kindly pointed out that the new Surgical block was in use by 1930, and the new Medical block opened in 1937. The actual wards bearing particular names have also been changed.—Editor.

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BOOK REVIEWS

A TEXTBOOK FOR MIDWIVES—MAYES' MIDWIFERY. Eighth Edition by Rosemary E. Bailey, Published by Bailliere Tindall at £2.50.

Though written for midwives this revised Obstetric Textbook is well suited to medical students, the text is clear and concise, the black and white illustrations are relevant and numerous.

All aspects of midwifery are discussed. The first six chapters dealing with the family and society are well written and give us an insight into the patient as a member of a family and of society as a whole, it makes salutary reading.

The information is accurate and up to date, though not in great detail, and it is clear that Miss Bailey is speaking to her fellow midwives throughout; there is logical progress from Anatomy to Neonatal conditions and the book's layout makes reference easy.

H. CHAMPION.

OBSTETRICS by E. Stewart Taylor, Price £5.

There is at present a need among medical students for a text book of obstetrics which is cheap, concise and yet fully covers the subject. This ideal is not achieved by this publication, or indeed will be by any. This book is not cheap (£5 for a soft back) or concise, but it does fully cover the subject. Its merits are that it has many excellent illustrations, and the clear and sensible subdivisions make it eminently suitable for use prior to examinations.

I would recommend several chapters for those who are starting obstetrics, as they cover some aspects which are often difficult to comprehend. There is a good account of the physiology of labour, and the chapter on normal labour has excellent diagrams and widely covers mechanisms of labour.

This book will equip the Student for his finals, and should it be used will ensure success.

PSYCHIATRY
By Anderson and Trethowan

The majority of students learning psychiatry at Bart's read during their three month course one of the short introductory textbooks by Professors Linford Rees and Stafford-Clark. Of the other books designed as a summary for beginners most are shorter, and the only one commonly available that is longer is "Psychiatry" by Anderson and Trethowan in the Concise Medical Textbook series. One assumes that it is its rather greater length that prevents wider use, and I regret this for I found it a clear and helpful guide to a subject that is, for the newcomer, a bewildering mixture of differing schools of thought and unfamiliar terminology.

The format is traditional, with initial chapters of introduction and on psychopathology, the psychiatric examination, classification, and aetiology. There follow accounts of the prinicpal mental disorders, child psychiatry, mental subnormality, and final sections on treatment and social and legal aspects of mental illness. The introductory chapters are especially useful in providing the key to the underlying principles of clinical psychiatry, and in particular the chapter on psychopathology is to be recommended to every student whether he reads the rest of the book or not. If there is a weakness it is that this format has not allowed the integration of treatment with each topic. This is an important weakness however—one would not think much of a 360 page Surgery book that ended with a 30 page chapter entitled "Operations"!

Any book of this length is bound to be less than comprehensive, but I did notice an absence of any discussion of the basic principles of psychology, and I felt that only one page on biochemistry was a little meagre for a book written in 1972. I would not however describe either omission as catastrophic. The general approach is stimulating without being controversial, and a genuine attempt is made to integrate different approaches to the understanding of mental illness.

Here then is a well written, clearly set out book that I feel deserves to be more widely read by students new to psychiatry than it has been in the past.

A.H.

RECENT PAPERS BY BART'S ALUMNI

To ensure that your papers are recorded here, please send reprints to the Librarian. Although we look thrugh the journals received in the library it is not always possible to identify Bart's personnel, and contributions to other periodicals will not be seen unless reprints are received.

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

BART'S SPORT

CRICKET CLUB

Following the successes of May and June, results in July were extremely disappointing. Several games were cancelled because of a shortage of players and in those games that were played the batting failed miserably on several occasions.

July 1st. **Bart's v Rover '64 at Chislehurst;** Bart's lost by 6 wickets.
Scores: Bart's 68, Rover '64 70 for 4 (Dudgeon 2-42, Davies 1-4).

July 7th. **Bart's v Nomads at Chislehurst;** Bart's lost by 7 wickets.
Scores: Bart's 78 (Husbands 29); Nomads 79 for 3 (Husbands 1-21, Findlay-Shirras 1-28).

July 8th. **Bart's v The President's XI at Chislehurst;** Bart's lost by 25 runs.
Scores:

PRESIDENT'S XI

Leach b N. Findlay-Shirras	7
Thomas l.b.w. b Munro	30
Whitworth c Capper b Munro	47
Baker c Capper b Fenn	44
Fairhurst, P., b Munro	29
Fleming run out	2
Fairhurst, N., c Munro b Fenn	0
Lawther, J., l.b.w. b Fenn	0
Nixon b Fenn	0
Shepherd not out	3
McIntyre b Fenn	6
Extras	11
Total	179

Bowling: N. Findlay-Shirras 9-1-41-1; Cooper 6-1-30-0; Husbands 14-5-38-0; Munro 10-1-43-3; Fenn 6.4-1-17-5.

BART'S

Cooper c P. Fairhurst b Whitworth	0
Fenn c Whitworth b Fleming	3
Reid b Fleming	7
Findlay-Shirras, N., l.b.w. b Whitworth	77
Capper c Baker b P. Fairhurst	18
Findaly-Shirras, D., b Baker	2
Davies c Baker b Whitworth	15
Bird b Baker	0
Ramsay b Whitworth	11
Husbands l.b.w. b Whitworth	3
Munro not out	0
Extras	18
Total	154

Bowling: Whitworth 15.3-6-21-5; Fleming 8-1-21-2; McIntyre 3-1-14-0; Baker 13-0-62-2; P. Fairhurst 4-2-15-1.

Because of injury, Professor Lawther was unable to lead his side against the Hospital. However, he had brought several useful players together and his side eventually won quite comfortably against yet another weak Hospital team.

Following the early dismissal of Leach, Thomas and Whitworth scored freely until the former was trapped l.b.w. by Munro at 66. Baker gave Whitworth good support and this pair took the score to 104 before Whitworth was caught behind the wicket for 47. Baker and P .Fairhurst scored steadily and at 162 for 3 a large total seemed likely. However, Munro was reintroduced into the attack and bowled Fairhurst with his first ball; Fleming was run out and then Fenn blasted out the last five batsmen for only 15 runs.

The modest total of 179 should have been within easy reach on a placid pitch but the Bart's innings started disastrously with three wickets falling for 16. A fine innings by N. Findlay-Shirras, supported by Capper and Davies, enabled a respectable total to be attained, but the innings closed 26 runs short of the required score. Whitworth bowled steadily for his five wickets and Baker held two excellent catches.

July 10th. **Bart's v St. Thomas's Hospital at Cobham, U.H. Cup 2nd Round;** Bart's won by 7 wickets.
Scores:

ST. THOMAS'S

Young c Firmin b Fenn	26
Mabey c Cooper, P., b Rowland	13
Cooper, J., b Findlay-Shirras	10
Beach c Cooper, P. b Findlay-Shirras	2
Grummit c Rowland b Cooper, P.	9
Marigold c Munro b Cooper, P.	6
Potter c Firmin b Cooper, P.	18
Grant b Findlay-Shirras	0
MacIntyre b Findlay-Shirras	0
Capper not out	0
Eason c Rowland b Cooper, P.	0
Extras	1
Total (41.2 overs)	86

Bowling: Findlay-Shirras 16-3-28-4; Rowland 11-2-24-1; Cooper, P. 9.2-4-15-4; Fenn 5-2-17-1.

BART'S

Cooper, P. c Beach b Cooper, J.	23
Muir c MacIntyre b Davies, P.	29
Firmin c & b Cooper, J.	27
Rowland not out	1
Capper	0
Extras	7
Total (25.1 overs) 3 for	87

Findlay-Shirras, Reid Davies A., Flather, Fenn and Munro did not bat.

Accurate bowling by Findlay-Shirras, Cooper, Rowland and Fenn restricted the Thomas's batsmen, and in an effort to boost the scoring-rate wickets fell at regular intervals. Some excellent slip-catches were taken, six batsmen being caught at slip or behind the wicket. The total of 86 looked easy enough, and so it proved; Cooper started as though he was going to win the match by himself, hitting two sixes in his 23. Sensible innings by Muir and Firmin virtually saw Bart's to victory, the eventual winning margin being 7 wickets.

July 18th. **Bart's v Guy's at Chislehurst, U.H. Cup Semi-Final;** Bart's lost by 61 runs.
Scores:
Guy's 219-7 in 55 overs (Findlay-Shirras 2-74, Cooper 3-45, Joshi 1-13).
Bart's 158 in 44.5 overs (Muir 48, Firmin 45, Reid 24).

Bart's did reasonably well in restricting Guy's to 219-7 in their allotted 55 overs. Muir and Firmin then gave Bart's a good start, taking the score to 90-1 at a rate of four an over. After the dismissal of Firmin however, the rest of the Bart's innings disintegrated before some innocuous slow and medium-paced bowling; only Reid offered further resistance.

Bart's Cricket Club will not be successful until more players of the required standard who are prepared to play regularly come forward.

ST. BARTHOLOMEW'S HOSPITAL GOLFING SOCIETY

The Society held its 39th Summer Meeting at the Berkshire Golf Club on Wednesday, June 27th. The President and 32 members played.

The Gordon Watson Cup (Hcp.) was won by A. Dosseter with 37 points.

The Gillies Trophy (scratch) was won by T. Coltart with 30 points.

The Corbett Trophy (Hcp. 18 or more) was won by J. Jailler with 29 points.

The Autumn Meeting will be held at the West Herts Golf Club on Wednesday, October 10th, 1973.

The Society is open to those who have qualified at or worked at Bart's. New Members are always welcome and should contact one of the Honorary Secretaries.

I. KELSEY FRY, J. FISON,
Hon. Secretaries.

TENNIS CLUB

In 1973, the first VI failed narrowly in their bid to repeat their triple victory of 1972. The University of London Inter-Collegiate Cup and the Inter-Hospital League Championship were retained, but, unfortunately, the Inter-Hospital Cup was lost for the first time since 1969.

The U.L. Cup

Won in 1972 for the first time in the history of Bart's tennis, the U.L. Cup, a knock-out competition involving all the 20 or so London colleges and hospitals, stays at Bart's for a second consecutive year.

As holders and No. 1 seeds, Bart's had the advantage of choice of venue in each of the matches. Naturally, having at Chislehurst the best grass courts of any of the London colleges, all our matches were played at home.

The first VI had a relatively easy passage to the final where they met Mary's Hospital. Mary's had trounced the favourites, Imperial College, in the semi-final which meant that Bart's had to play them in both the U.L. Cup and U.H. Cup Finals.

The U.L. Cup was played at Chislehurst on Sunday, July 1st. Only doubles are played in the competition, each pair playing in turn the three pairs of the opposition. After the first round of doubles, Mary's were two matches to one up, Bart's levelled the score at three matches all after the second round, and in the final round, Bart's came through convincing winners, taking the last three doubles to make the score 6-3.

Particular mention should be made of the Bart's first pair, Nick Perry and Jim Smallwood, who came through the day unbeaten, and of the Bart's third pair, Tony Dale and John Wellingham, who played such brilliant tennis to beat the Mary's first pair in the last match of the day.

U.L. Cup Final results:

I N. Perry and J. Smallwood v Mary's I Won 2-6, 6-4, 6-2; v Mary's II Won 6-1, 6-0; v Mary's III Won 6-0, 6-0.

II P. Mortimer and D. Stewart v Mary's I Lost 5-7, 2-6; v Mary's II Lost 2-6, 6-4, 5-7; v Mary's III Won 6-0, 7-5.

III T. Dale and J. Wellingham v Mary's I Won 6-2, 4-6, 6-1; v Mary's II Lost 3-6, 0-6; v Mary's III Won 6-2, 6-4.

On their way to the final, Bart's beat Westfield College, Queen Mary College, and the London Business School.

The U.H. Cup

With the U.L. Cup safely returned to Bart's, for a second year, the first VI went to the Mary's ground at Teddington on Tuesday, July 3rd to endeavour to retain the U.H. Cup for the fourth consecutive year.

Playing away always makes winning more difficult, but it was made doubly difficult by the addition of J. P. R. Williams, a past Junior Champion of Great Britain, to the Mary's side. Unfortunately, it turned out to be an unlucky day for the 1st VI, and they succumbed rather easily to a 5-1 defeat.

U.H. Cup Final results:

I N. Perry and J. Smallwood v Mary's I Lost 4-6, 7-9; v Mary's III Lost 4-6, 5-7.

II P. Mortimer and D. Stewart v Mary's I Lost 4-6, 4-6; v Mary's II Won 6-4, 6-4.

III T. Dale and J. Wellingham v Mary's II Lost 3-6, 0-6; v Mary's III Lost 1-6, 6-3, 1-6.

On their way to the final, Bart's beat the Royal Free and St. Thomas's.

U.L. League Championship

The League Championship was inaugurated only a few years ago to provide some competitive singles play between the hospitals. Bart's have two teams in the competition, the 1st VI in division I, and the 2nd VI in division II. The first VI play all seven other hospitals in their group, and, as in any other league system, it is the team which has accumulated the most rubbers, i.e. won matches, at the end of the season that wins.

The players from which the 1st VI was chosen were:

Nick Perry	John Howell
James Smallwood	John Cooper
Peter Mortimer	Hugh Simpson
David Stewart	Rick Thomas
Tony Dale	Tony Taylor
John Wellingham	Steven Grainger

As the season drew to a close, the two leading contenders for the title appeared to be Bart's and the Royal Free, as these were the only two sides to remain unbeaten. The final result hinged on the last match of the season between these two, and Bart's came through winners by 5½ rubbers to 3½ in a rain-interrupted match at Chislehurst.

League Results: **Division I**

v	Westminster I	WON	6-3
v	Guy's I	WON	9-0
v	Mary's I	WON	7-2
v	U.C.H. I	WON	5-4
v	Thomas's I	WON	7-2
v	George's I	WON	6-3
v	Royal Free I	WON	5½-3½

Overall winners: Bart's 45½ rubbers.
Runners-up: Royal Free 42 rubbers.

2nd VI
The 2nd VI competed in the League for the first time this year. Unfortunately only two matches of the scheduled five were played. This was because rained-off matches were never rearranged.

The results were: v Mary's II Won 6-3; v Middlesex I Lost 1-8; v London I, Charing Cross I, and Royal Vets. I not played.

Making up the 2nd VI were: Rex Dove, David Price, Josh Derodra, Peter Fowler, Andy Smith, Peter Donaldson, Rick Coleman, Tim Packer.

Mixed Tennis
It is was hoped to get some mixed tennis off the ground this year and five mixed matches were arranged. Unfortunately, they all seemed to fall at a time when a 1st VI Men's or Ladies' match was on, and so a truly representative mixed side was never possible.

As a result, the three mixed matches played were lost disastrously.

v	Royal Academy of Music (Two pairs)	Lost	2½-1½
v	City University	Lost	1-8
v	Royal Holloway College	Lost	0-9

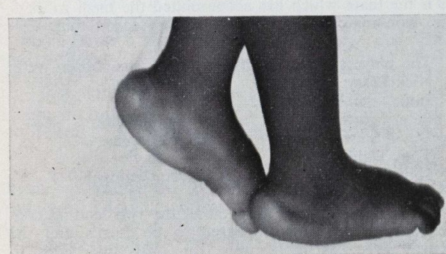
NOTES FROM AFRICA

By ALLAN HOUSE and JULIAN ALLEN

It is not at all uncommon for Bart's students to spend some time in Africa. The type of hospital they work in varies almost as much as its locality, but they have in common the variety and quality of clinical work seen. It is possible to see, in the space of a few weeks, almost the whole range of medical afflictions to which a "developing" country is prey, be they specific to that country or of a more universal nature. The enormous catchment areas of many hospitals means that even statistically quite uncommon conditions are likely to be seen and that more "ordinary" pathology may reach gross proportions before the travel or expense of going to hospital is considered worthwhile.

Clinically, histories are often scanty, investigations are limited or non-existent, and treatment is restricted to a few drugs such as antibiotics, and non-specialist surgery. Obstetrics and Paediatrics form the bulk of the work; Burkitt's Lymphoma is not that common!

Presented here are a few clinical sketches from the experiences of two students, one who spent three months in Nigeria, and one who spent a similar length of time in Uganda.

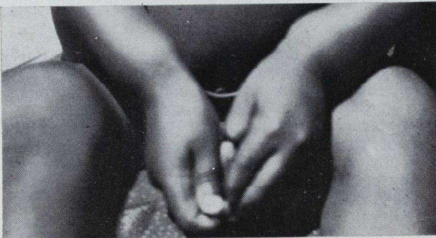


This picture illustrates an observation made on routine examination of a Nigerian infant.

Discussion
Rocker-bottom feet are a characteristic part of Edward's syndrome, Trisomy 18. Phenotypic variations are often difficult to spot if one is inexperienced in examining the Negro races. Associated features are:

1. Prominent occiput with receding chin.
2. Short sternum, producing a shield-shaped chest.
3. Flexion deformity of fingers with ulnar deviation of index fingers.
4. Mental retardation.

This two year old child had fractured his femur nine months previously. Two weeks before the picture was taken, he had suddenly become unable to walk and had not walked since.



Discussion
The characteristic X-ray changes of rickets were seen at the wrist. In the part of Nigeria where this picture was taken, ill or deformed children are often kept inside by their parents, and this child had probably not been in the sunlight since his accident. One of the most difficult parts of the history to obtain from an African is the time-scale; quite likely to be inaccurate in this case.

Treatment was as for rickets in this country.

A TOUCH OF MADNESS

Some of you will have read a sketchy sailing report in last month's *Journal* about the Three Rivers Race, held on the Norfolk Broads in June. As one of the competitors in the race, I feel it my duty to correct some of the wilder assertions of that account, and to elaborate some of the details that were so carefully left out. I admire our correspondent's delicacy and taste, but this has no bearing on the truth—you must be told!

If you remember, the young man suggested that after faultless starts, close on 100 boats proceeded in moderate winds on the 50 mile course, obeying the racing rules, being considerate and sober, raising and lowering masts with considerable precision as they passed under the bridges, to arrive home in the early hours of the next morning to congratulate each other over a mug of hot cocoa. O perfidious youth, it was nothing like that at all, was it?

To start with, the wind at the start was almost non-existent, so that a long slow drift with the tide meant that 200 sweating souls were in close approximation for a long time. I distinctly heard someone swear as he was rammed rather expensively by a smaller boat, whose crew had surreptitiously but very powerfully pushed her along the bank into the middle of the river. Hardly had I recovered from this when I had to take avoiding action, as the crew on a large cruiser were emptying beer cans, and hurling them at overtaking boats. You can see, Gentle Reader, how the moral tone of the competitors deteriorated, with hiccupping rife and people rushing off through the reeds as they found that alcohol is a potent diuretic; this was at four o'clock on a Saturday afternoon—more than 12 hours of hard drinking lay in front of most of them.

It was about this time that we found that the label off our second bottle of Port was floating around our knees. This bottle had been stowed about 12 inches above the bilges, and meant that one of us had nearly half an hour's baling in front of him. Fortunately the crew still had a sense of humour at this stage, and didn't mind.

Unobtrusive television cameras were there, and we have yet to see what they thought worth recording. I hope they omit the bit when the mast was dropped rapidly from a great height onto my head, but at the same time I shall be disappointed if they cut the section where the crew of the other Bart's boat, laughing gaily at my plight, found themselves almost under the six foot bridge with their 15 foot mast still upright.

As the evening wore on, navigation became more difficult. One can normally ignore empty bottles of rum, sherry and port floating in one's path, but empty but half-submerged beer barrels pose a different problem. As my companion was in love again that month, he wasn't an awful lot of use in spotting these obstacles, as he was sitting in the middle of the boat, watching water pour in through the self-baler he had trodden on, while he was considering, and discussing, whether the sonnet was an acceptable verse-form for an "Ode to my Beloved".

So on to night-fall, with an increase in the wind strength and a narrowing of the deep-water channel in one of the broads. One of the cruisers had incurred our wrath—I think they were cooking chips in burnt fat, and were giving us their dirty wind. We fortunately knew the broad better than they did, and after a short tacking match we left them stranded fairly high up on a mud bank. That's when they lost their sense of fun, but we opened another bottle to celebrate.

Shortly after this I was confronted by a medical emergency; the crew was becoming restless, nervous, irritable and jumpy. A brief history elicited the fact that it was 14 hours since he had last emptied his bladder, and my own recollection was sufficient to establish that he must be in a fairly considerable positive fluid balance. What could we do? Fortunately the wind strengthened still more, and a combination of the increased sound of running water and his anxiety over the way I was helming was sufficient to trigger him off, and a few minutes later all was sweetness and light.

Our night in a small, waterlogged, and extremely uncomfortable open boat was made considerably more enjoyable shortly after midnight when we heard the characteristic 'reeling' of a Grasshopper Warbler (Locustella naevia (L)). After I had given a brief description of this fascinating thinly-distributed summer migrant, there was a brief pause, and then the crew remarked that if it wasn't an albatross sitting on the mast, then it was certainly a vulture. He didn't get his next port ration, but he seemed to think that it was worth it.

Dawn cracked quietly that morning, but as the darkness left us, so did the wind. At three o'clock in the morning we had only two miles to go to the finish, but with an opposing tide and no wind it was three and a half hours before we made it. This was the tedious part of the race: the sight of the other Bart's boat coming round the corner 10 minutes behind, while one's companion shivers so hard that the boat loses even what forward movement she had, is not the way to cement good and friendly relations.

Imagine therefore, Gentle Reader, our relief at eventually crossing the finishing line in front of the one boat we were really racing against, and being able to land at last. Do you remember in last month's report it was suggested that we drank a steaming mugful of cocoa? Do you really really believe that after a cold sleepless night, and with a car with an inside that looked like a wine cellar, we would apologise to each other for all the harsh things said with a mug of cocoa in our hands?

If you watch BBC television on the evening of Tuesday, September 4th you will see a programme called *A touch of madness*. This is the filmed version of the race we entered, and though we have not seen it, the title suggests a degree of authenticity. We all enjoyed the weekend, we think that it made us better people, and we shall probably never do it again. I think you will agree that my version of the race is more likely than the one in last month's journal; you would certainly be forgiven for not realising that we were describing the same event.

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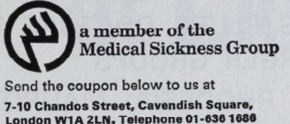

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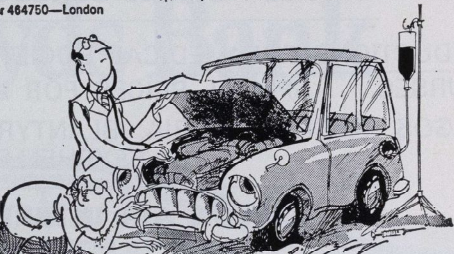

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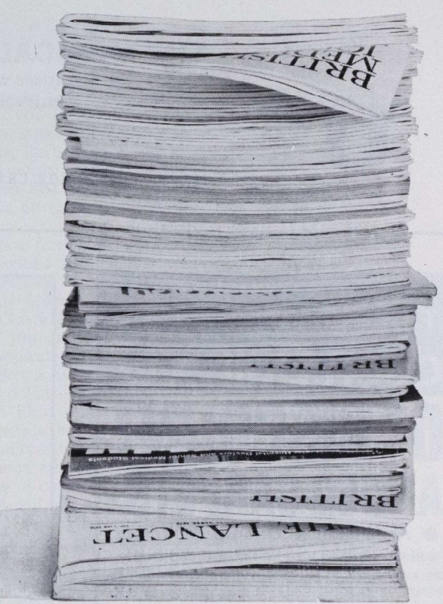

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SAINT BARTHOLOMEW'S HOSPITAL JOURNAL

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Editorial

Medicine has two distinct yet quite inseparable aspects. It is a science, based on proven fact, careful observation and objectivity, and it is a practice, an acquired skill with unteachable (or at least untaught) facets—experience, intuition, a humane and personal approach. Perhaps the two sides are best represented—at least in theory—by the G.P. and the laboratory worker, with the hospital doctor lying somewhere in between. It is obvious that each side should be firmly based in the characteristics of the other, but all too often it is the "unacceptable face" that commends itself to adoption.

The slipping away of medicine from science is perhaps more profound but less obvious. What could be more scientific than the 36 track auto-analysed computerised ongoing diagnostic process of Medicine in the Seventies? And yet this is but a veneer over the true picture of Medical Science—a mixture of personality cult, internal politics, and prestige projects. Get-rich-quick has been replaced by write-a-paper-quick. Name a syndrome and you are made for life. An average postgraduate library will stock up to 50 periodicals—few read but worth their weight in Merit Awards. A sincere research worker is likely to find himself abused by those seeking self-advancement, frustrated by political in-fighting and astounded at the extent to which personalities rather than ideas dominate science. Of course it is an old problem, but one that the Americans have brought up to date and exported most successfully. Naturally personality-worship is a most useful self-perpetuating system. I write a paper in London and my colleagues in Manchester quote it; in return I quote their papers—and of course my own. In this way we keep ourselves "in touch with current opinion" and ensure that our names are always well to the fore. Too bad about the waste of money and man-power, the overcentralisation of resources, the useless work done and the important questions unanswered as a result of this stifling elitism.

How much of the scientific explosion of the Modern Age has rubbed off on the noble Medical Practitioner? To judge by a recent survey he has at least learned the skills of scientific detachment, and of what we are pleased to call polypharmacy. Close personal knowledge and the meticulous observation that is its prerequisite are being replaced by batteries of diagnostic tests and the referral letter. The patient who cannot be treated by "science"—the dying, the "insane", the social problem, is regarded almost as unworthy of the doctor's attention.

It is my opinion that a universally available free Health Service is the ultimate form of protection against such degradation. Monetary considerations—business management techniques, cost efficiency studies, even private practice—have little or no place in humane medicine, scientific or practical. A free service is one of the principal reasons why those of integrity and vocation are still attracted to Medicine, and it is in such people that hope lies for a future that is not laid out on the lines here described. Let us hope that if Bart's cannot produce doctors to pass examinations or make great discoveries, it will still attract by its name those of sufficient principle and integrity to support such a service.

LETTERS TO THE EDITOR
AUGUST EDITORIAL

Sir,

I have been a regular reader of the *Journal* for 55 years, and I continue to enjoy its contents, with the single exception of the Editorial, which often seems to be the product of an immature mind. Mercifully it has not hitherto been as offensive as that in your August issue. I am now in no position to judge whether the "Christian minority" at Bart's is "vociferous", or even whether they are in fact a minority, or whether the advertising of the Christian Union is "strident". But I am confident that the ministrations of the Chaplains are not as unwelcome as you suggest.

Bart's is a religious foundation, and was a religious house in the strictest sense for over 400 years. In modern times some of its most distinguished servants and large numbers of others, notably among the nursing staff, have been inspired by the same beliefs. Its good traditions have their roots deep in history and are ultimately of religious origin. To deride all this in the contemptuous language of your editorial is in the worst possible taste, and will give deep offence to many people. I am sorry for anyone with a mind so barren and insensitive as to have been able to write such a thing.

Yours faithfully,
LAWRENCE P. GARROD.
August 24th, 1973.

Dear Editor,

Yes, of course no patient wants a visit from someone with whom he has to argue and with whose views "he may in fact violently disagree". Present-day religious leaders are only too much aware of this fact and I do not think for a moment that they approach a patient, wishing to argue about the value and meaning of Christianity or urging him to take Communion. It is not true that the Vicar and Curate of St. Bartholomew the Less obtain confidential details of treatment, on the contrary they do not even wish to know details of a patient's illness unless in exceptional cases when Sister thinks they should know a particular detail.

Life does not only consist of physical experiences and it often is a welcome therapy to make patients see their illness in perspective, to point out to them that they can still be of value in the world and to help them to accept unavoidable events and facts. A "friendly chat" by a student may be pleasant but often a patient wants something more. A wise religious leader with an open mind can be a great support based on much experience, even for those who in daily life are not practising religion.

Yours faithfully,
NELLIE KERLING,
Archivist.
August 16th, 1973.

Dear Sir,

I read your comments, or the comments on your comments. Don't, dear old thing, worry about us patients falling under any spell, religious or political. This isn't a religious movement so please don't grasp straws. The average Englishman is a booze, woman and banger man. Give him these, he'll forget any indoctrination, religious or political he may have been subjected to in hospital.

Let's face it, a commie Utopia, a Socialist or Tory currant cake is far more tedious and disturbing to one's enjoyment than any dithering old Chaplain who at least puts in an appearance and who will try and move heaven and earth for one on the dubious impression of a convert.

Please do not misunderstand me. I know, like the ministry, doctors are dedicated; at least some are in spite of groups, practices and the appointment system. In fact doctors today affect cures some of them without seeing one,

However, best wishes,
Faithfully,
Signature illegible.

Dear Sir,

Regarding the article on "Bible-Punchers" at St. Bartholomew's Hospital; as a voluntary worker on a ward in another London Teaching Hospital, I can see both sides of the position.

Perhaps we are lucky in having understanding Chaplains and visiting clergy of all kinds, so there are no "violent disagreements" from uninvited clergy—surely the nursing staff would not tolerate this situation!

I can indeed assure the Editor of the *Journal* that he is so right in saying that some comfort is gained from the patients talking to those whose interest is not solely professional, even to asking a voluntary worker to pray for them before major surgery, and often it is the patient who is not "actively religious" who wants the comfort!

Yours sincerely,
LOUISE BARNES (Mrs.).

Editor's Note:

I have received several replies to the August Editorial—expressing essentially similar views to those published here. Perhaps I might make the following points, not so much in answer to criticism as for the sake of clarification:

—I do not pretend to speak for a majority, or even a large minority, of patients. I wish to point out merely that there are those who do receive unwelcome visits.

—The chaplains have ready access to the Nurses Kardex, which contains a diagnosis and reports on progress in each case.

—I must suppose that those who will find the piece offensive will do so because it challenges their beliefs. In tone and style I attempted deliberately to make it moderate and inoffensive, and I feel I succeeded better in this than some of those who felt moved to reply.—A.H.

Sir,

An article in the *Evening News* towards the end of August gave some prominence to an editorial which appeared in the Students' Journal of the Royal Hospital of St. Bartholomew. The leader criticised "Bible punchers" in the hospital, then went on to say: "Both chaplains and the Christian minority among the working body impinge more upon the daily lives of those around them than their importance justifies." But the editorial did concede that: "Since St. Bart's was founded by a monk, it has always been, at least in name, religiously oriented."

Surely this must be the most glaring understatement ever made in the history of this famous teaching hospital. Did the writer pause to consider, that, had it not been for the religious beliefs of Rahere, the founder, this hospital would never have been? Did he, or she, realise that the Royal Hospital of St. Bartholomew through the centuries has thrived and grown only because of the religious beliefs of the founder's successors?

The criticism refers to the chaplain, let us look at his work. The Hospitaller pursues his calling with a humble sincerity of purpose which is a bright light in the present-day world of selfish endeavour. He is in charge of the religious side of the hospital administration, and would never intrude into the private life of a patient. Neither would he ever attempt to invade the seclusion of the world of medicine. Yet, the leader has the impertinence to advise him on the care of souls! St. Bartholomew the Less is the parish church of the hospital, the Hospitaller is in office to care for the souls of his parishioners, and these parishioners are the staff and patients.

Let us look for a moment at that place where it all began.

On the Isola Tiberina the "monk" Rahere recovered from his bout of malaria in the Hospital of St. Giovanni di Dio which stands today, with its Church of St. Bartolomeo, on the same site where once stood the Temple of Aesculapius founded in the 3rd century B.C. Here, Rahere found his inspiration to build his Church and Hospital. The church was to care for sick souls, the hospital the care of sick bodies.

Homer refers to Aesculapius as the "blameless physician", the descendants of the god of medicine formed a priesthood which treated the knowledge of medicine as a sacred secret. In recent years many secrets of medicine have been revealed, through the dedicated efforts of physicians and surgeons at Bart's, to those who have been trained there.

Religion and medicine go hand-in-hand. Let the students apply themselves diligently to the study of medicinal care of sick bodies, and leave the care of sick souls to the Hospitaller. In this way, the long record of devoted achievement which is the history of this hospital will be maintained. Whatever the editorial was intended to do, I am fully convinced that, to the average medical man or woman, of all hospitals in the world the Royal Hospital of St. Bartholomew is, because of its religious foundation, the most inspiring.

Yours sincerely,
TOM WINYARD.

Dear Sir,

While it may be inadvisable to comment on the singularly ill-informed Editorial in the August *Journal* lest it be accorded greater importance than it deserves, yet it is impossible to allow the suggestion that the Chaplain may be an unwelcome visitor to the wards to pass without attempting to state an opposite and correct opinion.

It is of the utmost importance for students to learn that the proper treatment of a patient involves care not only for his body but also for his soul; and the thoughtful and observant student will also learn that in performing his full duty to his patients a medical man often needs the co-operation of a Minister of Religion, whether a Hospital Chaplain or a Parish priest.

This does not mean that the Minister needs to be given any confidential information about the patient's disease or medical history. Indeed his visit involves sympathetic listening rather than telling the patient what to believe or what to do, though such advice may be asked for later—and it should be remembered that so often a patient does ask the Chaplain to come and see him again.

It is vital therefore that Students of St. Bartholomew's Hospital should not be led by this Editorial into thinking that care for the body is all that matters, and that the assistance of a Minister of Religion is of no value, and may even be resented by folk who are ill.

Yours faithfully,
PROFESSOR SIR JAMES PATERSON ROSS.

UP WOMEN!

Dear Sir,

Katherine Venables was accurate in assessing her article as prejudiced and exaggerated in places. I would add that her assumptions are also arrogant.

I find it odd that she should consider herself over-qualified for nursing. As an ex-Bart's nurse I know many working nurses who had the educational requirements for University entrance, but who chose to enter the nursing profession. Has Miss Venables higher qualifications than the three or four "A" levels needed for entrance to the second M.B. course?

"Intelligent girls are brought up . . . to follow a career . . . to marry *and* to have children." To whom do they expect to entrust the care of their babies and tiny children while they are away working in "prestigious fields"? To unliberated, poorly educated servants, or to even less liberated grandmothers? Or do they envisage States crèches with row upon row of unloved babies indoctrinated from an early age to conform to the mores of a soul-less society?

Yours faithfully,
MARGARET HOUSE (Mrs.).

Dear Sir,

A considerable portion of the August number is devoted to the Teaching Committee. I wonder whether perhaps we should not set up a Learning Committee! In her opening sentence Miss Watkins asks for a "professional" in medical education at Bart's! A University Professor is appointed to head a department as indeed a professional teacher to engage in research and to further the knowledge of his subject. The Principal of any college of education should be the person who guides policy as well as being the senior administrator. Unfortunately the position of the Dean at St. Bartholomew's Hospital Medical College has always been a fairly subordinate one in relation to teaching programmes in that the College is only a small part of the University whose Boards of Studies lay down the rules for education. It might interest the present generation of students to know that some 12 years ago in reply to an enquiry from the University for suggestions on the curriculum, this Medical College recommended that 2nd M.B. should be reduced to three terms from its existing content of five terms and this would have been sufficient for an examination to be passed satisfying the G.M.C. requirements before students took up their clinical posts. It was agreed by this Medical College and recommended to the University that the teaching of basic science, anatomy, physiology and pharmacology should then continue throughout the clinical period. However, when this radical proposition was chewed over at University level there was very severe opposition by the professorial departments in basic science that had vested interests in the continuation of the existing curriculum. At the end of the period of gestation twin options were born and the Medical College was offered the choice of continuing a five term 2nd M.B. or going on to six terms. In spite of a warning that this would mean that Bart's students did an extra six months before they qualified, this Medical College adopted the six term policy. It has seemed to many of us that since this happened there has been a persistent deterioration in the enthusiasm of the clinical students in their early months in the hospital. Reference is made by Miss Watkins to the fact that students can fail their **final** M.B. only to pass a very few months later, but it is even more ridiculous that so many people fail their 2nd M.B. only to pass a few **weeks** later.

Regrettably this Medical College in common with others, is now set on a course of symbiosis in the pre-clinical period which has been dictated by professional medical educationists whose main objective seemed to bring up medical students in a multi-faculty institution so that they might obtain some intellectual stimulus from association with other disciplines. This ideal is being pursued by building an expensive new "medical" complex at Queen Mary College which will undoubtedly ensure the continued segregation of the medical faculty! Methods of teaching can do very little to improve the present situation. The student has too much to learn in the time provided and he comes to his clinical course perhaps a little disillusioned by what has after all been a science curriculum unrelated to the care of the sick. A reduction in the number of students and a closer association with individual teachers will enable the good learners to benefit from the good teachers and perhaps something should be done to eliminate at an earlier stage both those who don't want to learn and those who don't want to teach.

Yours sincerely,
D. F. ELLISON NASH.

GENGHIS KHAN WRITES

Dear Sir,

I find it particularly sad to see the standard of journalism in your Great Organ sinking to the level where, as in the August edition, an entirely fictitious article concerned with an organisation called Wineco, has been attributed to me.

Where will it end, I ask myself? Will the need for actually interviewing people for your articles cease? Surely, all that is needed now is for you to write these articles without ever moving from your office, and attribute them to other people, i.e., The Pope, Henry VII, Jack The Ripper, to name but a few. The mind boggles, Sir!

Surely "Bart's News and Views" would become more colourful if perhaps you had articles on Student Affairs written by such notables. This would then ensure that your column would continue to bear as much relevance to Bart's Affairs, as it does at the moment.

I have refrained from contacting my legal advisers, Messrs. Sue Grabbit & Runne (well known in concentric circles), on the understanding that I receive a grovelling apology from you, written in not less than 10,000 words on the back of a postage stamp.

Yours semi-sincerely,
BOB JONES,
Chairman, Wine Committee.

BART'S ORCHESTRA

The hospital orchestra will recommence rehearsal on Tuesday, October 2nd. Anybody interested, of whatever musical standard is most welcome to join. Rehearsals are in Gloucester Hall at 7 p.m. every Tuesday. Conductor—Mr. J. Lumley.

STOP PRESS!

The opposing teams in the President's Match which was played on July 1st (report last month). Front row the President's XI, l. to r.: P. Fairhurst, Macintyre, N. Fairhurst, Leach, Baker, Thomas (Captain), Professor P. J. Lawther (President), Whitworth, J. Lawther, Shepherd, Nixon, Fleming. Back row the Hospital team, l. to r.: Husbands, Fenn, Bird, Capper, Cooper, Ramsay, D. Findlay-Shirras, N. Findlay-Shirras, Reid, Davies (Captain), Munro.

FORTHCOMING EVENTS

October 17th. Barbican Orchestra. A concert to include Mozart Clarinet Concerto, Beethoven Symphony No. 2 in D.

ANNOUNCEMENTS

Engagement

GOSS—LAUGHLIN—The engagement is announced between Dr. William H. Goss and Miss Sarah Laughlin.

Deaths

CHOPRA—On June 13th, 1973, Sir Ram Nath Chopra, M.D., F.R.C.P., Sc.D.Cantab. Qualified 1908.

GREER—On April 19th, 1973, Henry Little Hardy Greer, M.B., B.S., F.R.C.S.Ed., F.R.C.O.G., D.P.H. Qualified 1913.

HOGG—On August 5th, 1973, Sir Cecil Hogg, M.A., M.R.C.S., L.R.C.P., F.R.C.S. Qualified 1925.

OLIVER—On July 7th, 1973, Joseph Edward Oliver, M.A., M.B., B.Chir., F.R.C.S. Qualified 1943.

PATON—On August 8th, 1973, Dr. Robert Young Paton. Qualified 1920.

Appointments

Dr. E. Mary Cooke has been appointed Professor of clinical microbiology at the University of Leeds.

Dr. C. M. Fletcher has been made Professor of clinical Epidemiology at Royal Postgraduate Medical School.

H. W. S. Harris has been made Professor of Anatomy at Royal Free Hospital School of Medicine.

Correction

Mr. N. Roles has been appointed Consultant Orthopaedic and Traumatic Surgeon to the WESTMINSTER WINDSOR group of hospitals, and not Westminster as stated in the August *Journal*.

Births

Wir freuen uns uber INGA MALVE geboren am 8 August 1973. Peter und Maria Kaschner, 8702 Rimpar, Hintere Bachgasse 11.

TEA PARTY AND OTHER THINGS

Gerard Bulger

The Tea Party for first year students and their teachers held in the Great Hall was successful, despite the short notice and other faux-pas committed by the Teaching Committee in recent weeks. At the beginning of the party it looked as if the staff were going to out-number the students, as Consultants, Registrars and Chris Lynch came in to attack the delicious sandwiches. However, the party soon got under way and everyone talked shop until long after there was no more tea left. Many ideas were discussed, most of them heard before by both staff and students at the party because most of those who attended had already shown interest in teaching and being taught. Some of the ideas were:—

More living-in in first year.

There should be "senior", i.e., third year, medicine and surgery posts.

More encouragement and help for clerkships at other hospitals.

Three students at a time should be given bleeps on the firm.

Surgery lectures should be abandoned.

Some students find communicating with staff very difficult, and some staff find students not forthcoming on the wards.

We were hoping that working parties would be set up to work at specific problems, so that words could be put into action; one working party is to be set up to make A-V programmes in Pathology (interested in joining?).

There is still considerable emotion shown in discussions about Medical education as we all tend to have THE answer to the problems at Bart's. There is a tendency to talk *at* each other rather than to listen and talk to each other. Emotion and little attempt at a "scientific" approach to teaching at Bart's; that is why I am bent on objectives. State in assessable terms exactly what the student should do at the end of a course (even the "art" of being a doctor can be so defined) and then one can discuss what teaching is required and assess the best teaching methods. The only constant being that the student should achieve the objectives; everything else could then be variable to suit the teachers and students. The trouble is that objectives are another emotional subject! No matter, the Tea Party was a success and I would like to thank all those who attended and thank the Hospital for financing it. I hope it will be followed by similar events in the future.

ROTE

The slippery Chairman of the Teaching Committee claimed he had nothing to do with this new publication that circulated the Hospital; but I am not disowning it completely as I want ROTE to work. I want ROTE to be a forum for sensible discussion, in English, on matters concerning teaching at Bart's. We are hoping for literary contributions from both staff and students in the New Improved, less "strident", ROTE. It is not intended to be any competition for the *Journal*! The Teaching Committee now involves many people and is no longer the one-man show or little clique show that it was in the past; ROTE represents the change.

Pre-Clinical

A new curriculum is being drawn up to incorporate the new subjects that are to be examined at 2nd M.B. These are Pathology, Sociology, Psychiatry, Statistics, Biometry and Biophysics. Already Pathology is starting this year on pre-clinical, and a Psychiatry lecture course has been there for some time. The Teaching Committee were pleased to have representation on the Board of Studies. We made the point that redistributing the teaching hours between the departments to make way for the new subjects was not enough; there must be a corresponding reduction of content of the "core" (i.e., Anatomy, Biochemistry and Physiology) subjects. The total workload on the students must not be increased; it is too much at present. A curriculum is to be submitted for one year based on "collective bargaining for time". New curricula would then be worked out using working parties to define the objectives of the entire course, and working parties to define the content of

each subject. The latter group would be made up of. say, Biochemists and Clinical Chemical Pathologists to define the content of the Biochemistry course, and similarly groups for the other subjects. This is only a proposal at present but it is real progress.

Clinical
Mr. Fuller's New Revised Curriculum was accepted at the Clinical Curriculum Committee (*syn.* Time Table Committee) and will be put to the College Committee very soon. The Committee had no choice but to accept it as the proposals had to go to the University in three weeks. A masterly *fait accompli*, beautifully well executed. There was agreement that to arrive at a time table without knowing what is to go into the modules, or indeed without knowing what the aims of the course are, is not a good thing. The aim of Mr. Fuller's proposals is to reduce student numbers on the firms, so sheer hysteria broke out, followed by stunned silence as the Dean revealed that under the New Health Board's arrangements the total number of beds in medicine and surgery for students at Bart's and Hackney could be the same as we have at Bart's now. "We've been tooting at windmills," commented Prof. Lawther. Bed number is not the only factor that should be considered; one bed per student is quite adequate if there is a different patient in it every day. What about out-patient teaching? Isn't student/staff ratio just as important? Perhaps Bart's students will have to go even further afield than was envisaged when Mr. Fuller's ideas were first mooted. Anyway, what are the aims and objectives of the course? Mr. Fuller's proposals will be implemented; they are only a framework and many modifications and filling-in can be done before it is implemented in 1976. Details of the proposals are in Paul Taylor's article in the July *Journal*.

1st Year Clinical
Many students have expressed concern about the small print content of this year's Multiple Choice papers in Medicine and Surgery. The questions are not related to the ward situations or the teaching in the first year; there were hardly any questions on diagnosis and management. I believe that the end of year exams. should assess the course as well as the student. The exams. should assess the students' ability to achieve the objectives of the 1st year; that cannot be done at the moment as nobody knows what the objectives are. Everyone to my knowledge believes that the new 1st year Clinical type exams. are a good concept. They were spoilt by the bad administration and short notice given to both staff and students. They should be held over a longer period.

Student Teaching Committees have been asking for better organisation of the course for years; but this must not be confused with a call for more spoon feeding and formal teaching, that is definitely NOT our aim. Teaching can be flexible; once one knows where one is going.

MASON SCOTT CLUBROOM

The last two days of August saw the opening of The Royal and Ancient's *Social Club*. This was the climax of many months' work by a motley collection of Consultants, Governors, porters, technicians, caterers and nurses that made up Peter Cull's Committee. In an exclusive interview Mr. Cull (A-V. Dept.) explained to me the importance of the work of the Social Club at Bart's. It will enable everyone directly and indirectly involved in patient care to come together in a convivial atmosphere, improving communications in its broadest sense, between all the echelons.

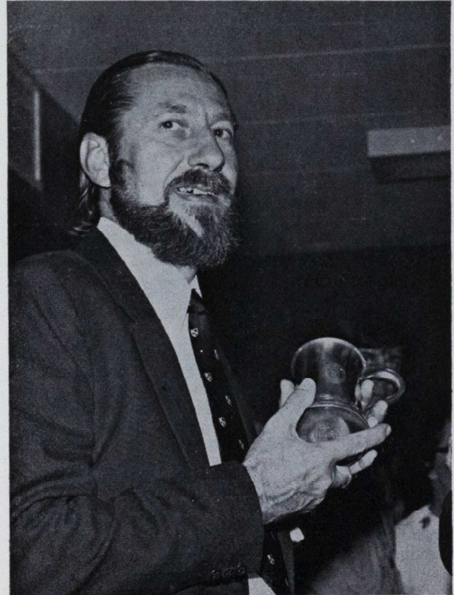
On the opening night Charles Whitbread drew the first pint of his own brew from the newly furnished Mason Scott clubroom. Whitbreads had donated a large sum of money to the Rahere association in memory of their late director, personal manager and Governor of this hospital, Capt. Mason Scott. The Governors donated the old red room of the Lay-Staff canteen where this money was well spent in equipping the Social Club with an excellent bar and clubroom.

Membership is open to everyone; so far there are over 400 members, but this is still a small proportion of the total hospital population. Membership is £2.60 a year. Anybody who is interested should contact Mrs. Yeao, Queen Mary Nurses' Home.

There is no relationship between the Students' Union and the new club at present, partly because most of the Union is somewhere in darkest Africa. In the meantime all those clubs that are not associated to the S.U. would benefit considerably by coming to some arrangement with the Social Club.

Let's wish the Social Club every success!

G. B.



Mr. P. Cull at the Club's opening.

L. to R. Mr. C. Whitbread, Miss S. Hales, Mr. E. Burbridge, Hon. Mrs. Mason Scott.

JOURNAL BOOK REVIEWS - INDEX 1971 - 1973

PART I MEDICAL BOOKS (Nurses)

1 A general Textbook in Nursing
Pearce
(Faber) £3.00
1972 No. 6

2 Anaesthetics for Nurses
Hobkirk
(Balliere-Tindall Cassell) £0.90p
1971 No. 7

3 Do-it-yourself Revision for Nurses
Hall/Isaacs
(Balliere & Tindall) £0.60p
1972 No. 6

4 Essentials of Pharmacology in Clinical Nursing
Douglas
(Butterworth) £4.00
1971 No. 8

5 Essential Anatomy
Joseph
(Medical & Technical Publishing)
1972 No. 3

6 Medicine for Nurses 11th Edn.
Sears/Gordon/Winwood
(Arnold) £2.25
1971 No. 8

7 Materia Medica for Nurses
Sears/Winwood
(Arnold) £2.00
1972 No. 2

8 Medical Nursing: Medical Aid Series—8th Edn.
Houghton/Chapman
(Balliere Tindall) £0.90p
1972 No. 5

9 Pharmacology for Nurses 5th Edn.
Trounce
(Churchill) £1.20

10 Pharmacology for Nurses
Bailey
(Balliere Tindall Cassell) £0.90p
1972 No. 4

11 Renal Nursing
Uldall
(Blackwell Scientific Publishing) £1.25
1972 No. 9

12 Textbook of Orthopaedic Nursing
Roaj/Hodgkinson

(Blackwell Scientific Publishing) £3.00
1971 No. 7

PART II NON-MEDICAL BOOKS

1 A Stitch in Time
Lathen
(Penguin) £0.30p
1971 No. 5

2 Bruno's Dream
Murdoch
(Penguin) £0.35p
1971 No. 5

3 Bandits
Hosbaum
(Pelican) £0.40p
1973 No. 1

4 Cancer Ward
Solzhenitsyn
(Penguin) £0.50p
1971 No. 7

5 Crying Drums
Gregory
(Allen-Unwin) £2.95
1972 No. 12

6 Doctor in Chains
Moreton/Baker £1.35
1971 No. 1

7 Fifty Years of Communism
Hudson
(Pelican) £0.30p
1971 No. 7

8 Family Story: The Drages of Hatfield
Drage
(Stellar Press) £2.25
1971 No. 5

9 God's Englishmen
Hill
(Pelican) £0.45p
1972 No. 7

10 Japanese Cookery
Martin
(Penguin) £0.40p
1972 No. 7

11 Knots
Laing
(Tavistock) £1.50
1971 No. 4

12 Penguin Modern Poets 16
(Penguin) £0.25p
1971 No. 1

13 Penguin Modern Stories 6
(Penguin)
1971 No. 2

14 Papa Doc
Dederick/Burt
(Penguin) £0.50p
1972 No. 7

15 Red Riddance
Ogden Nash/Dentish £1.60
1971 No. 11

16 Russian Folk Medicine
Kornennoff £0.35p
1972 No. 12

17 Seventh Day
(Penguin) £0.50p
1971 No. 10

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(East Island Publishers) £1.00
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CLINICAL PHARMACOLOGY (REVIEW)

The copyright of Clinical Pharmacology crystallizes the average clinical student's main difficulty at examination time ("no part of this publication may be reproduced, stored in a retrieval system or transmitted in any form").

This problem of transfer of information is so often seen in small "pocket guides" where the reader is bombarded with pages of closely packed facts and colourless descriptions.

Paul Turner and Alan Richen's Clinical Pharmacology does not suffer from this serious drawback and provides a most readable account of general pharmacological principles carefully related to clinical situations. Particularly good chapters are those on neuropharmacology and antimicrobial drugs. The text, on the whole, is clear and only the most hallowed myths are passed on, e.g. that hepatic encephalopathy may be precipitated by narcotic and analgesic drugs which depress the CNS. Other criticisms tend to reflect the vacillations and uncertainty of current therapeutic trends such as the use of steroids on an "as necessary" basis and the management of asthma.

However this is an excellent book and is strongly recommended for clinical students.

BART'S NEWS AND VIEWS

We extend a warm welcome to all the new students starting their pre-clinical or clinical courses. Gone are the days when the newcomer was left to discover for himself the Anatomy and Physiology of the huge organism which is Bart's. Now, he is swamped by a flood of advice about where to buy books, which stethoscope is best, which lectures to avoid, how to tell a Consultant, what to tell a grey belt, and so on. This well-intentioned advice, coming as it does from a wide variety of sources, from Uncle George, who was here in '23, to that nice chap, with a twinkle in his eye, who said that people wearing pink-and-white ties belonged to a Left-wing political action group, is often unnecessary and may be misleading. So, here is the advice of the *Journal*. Pay no heed to advice. Find out for yourself. In the congenial atmosphere of the hospital, you will find very few people who are not willing to talk to you. Dr. Oswald has been known to take his students on tours of the boiler rooms and telephone exchange. Mr. Harvey Ross once took his firm to visit the Barber-Surgeons Hall. Bart's is worth exploring, and your interest will be appreciated.

THEY ROTE IT THEMSELVES

From the fecund loins of the teaching committee has sprung a publication called ROTE. (O.E.D.: *by rote;* by the mere exercise of memory without proper understanding of, or reflection upon, the matter in question.) It is to be hoped that any student who feels sufficiently strongly about a matter to be motivated to write about it, will express his views in the *Journal*. However, the Editors are more sensible than most of the limitations imposed by the printing schedule of the *Journal*. Material submitted to the *Journal* must wait for a period of at least a month before being read. We acknowledge, therefore, that there is a place for a cheaply and quickly produced magazine covering topical and transient events and issues. Perhaps Rote may become such. To encourage such a development, we are exerting maximum restraint and refraining from criticism.

TIME AND CHANGE

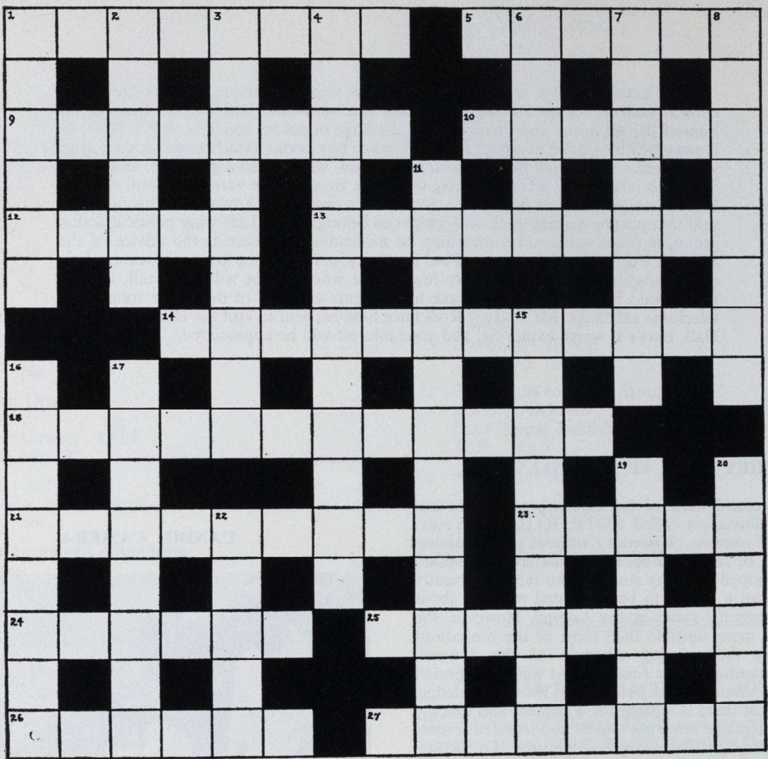
Medical students are renowned neither for their poverty nor for their conscientious attendance at the courses provided for their instruction. It is nonetheless true that for some clinical students, parts of the course are just too expensive in time and money to be worthwhile attending. Students at Hackney, St. Leonards or some such, are going to find a desultory 1½-2 hour ward round or tutorial poor recompense for a return journey that has taken an equal length of time and cost anything up to 50p. They are even less likely to be encouraged if the occasional journey meets with an unannounced cancellation.

Lifts are not always easy to obtain. It is a point to be borne in mind by the programme planners, and by those students who express the wish to have more parts of the course held away from Bart's.

CANDID CAMERA

"First time I've been bowled by a dog, I must say . . ."

JOURNAL CROSSWORD - No. 7 by DOGSBODY



ACROSS

1. Store game level so to speak (3, 5)
5. Backward schoolboys may make this mistake (4-2)
9. Sam and his substitute get confused by a sudden attack (8)
10. Go over the track for a record (6)
12. Cube thrown to the French about a parting shot (5)
13. Due at Number Ten, I sweat (9)
14. Fifty-one change about "She sells sea shells" e.g. (12)
18. Canful to suit variations? Yes (12)
21. Navel unit . . . of H-combinations! (9)
23. Twenty sound vocalists (5)
24. I rid a novice of Iris (6)
25. Craft's in disorder due to some clot (8)
26. Point taken in umbrage (6)
27. Radio-active carrier of soot-pies (8)

DOWN

1. Partitional plates broken (6)
2. Being congested, returns to dig a ten (6)
3. Gender to put up rent; one of six (9)
4. Scattered dimes instead? (12)
6. Some metamorphosis . . . some regular variations (5)
7. Ban, giving birth to Op. 1 (8)
8. Titivating about nine up have P.G. Tips (8)
11. Steps under in trouble but overlooks (12)
15. Connecting as any tenant can show (9)
16. Amid rising din, you sound very loud, pouring out (8)
17. Lucid pie is minced . . . D.D.T. perhaps? (8)
19. To step back for extreme protection (6)
20. More than a turning point (6)
22. A few are sick to some purpose (5)

Solution on Page 304.

WILLIAM SHARPEY (1802-1880)

THE WIX PRIZE ESSAY—1973, PART 2—TEACHER AND PUPILS

By R. PEPPIAT

There is one reason above all others to account for the fame of this man, whose bibliography is remarkable only for its paucity. That reason is his true greatness as a teacher. We shall therefore consider in some detail his lecturing methods, the content of his lectures, and the relations with his pupils.

As well as his obvious natural endowments, namely tenacious memory, fastidious nature, genial disposition, he was a tireless worker and had set his career on a firm foundation. Godlee writes, "What modern physiologist would dream of spending so long in perfecting himself in medicine and surgery before settling down to teach his own speciality."

Schafer gives us the most vivid description we have of the Master at work. Having dismissed Grant as that "worthy Dry-as-dust," he continues:—

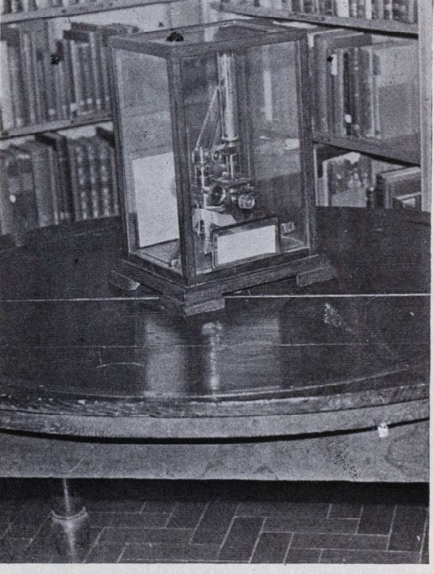
"Sharpey was the antithesis of Grant—a man of robust intellect and sound common sense; not a great speaker and writer as was Huxley, but nevertheless a great teacher—one who knew how to impress the facts which he taught upon the minds of his hearers. In person he was large and stoutly built, reminding one of an enlarged edition of Mr. Pickwick, and he had a habit when lecturing of keeping his left arm rigidly to his side or somewhat behind him, which was also suggestive of that genial creation."

His organised mind allowed him to lecture without notes except "very short jottings on small slips of paper." Schafer's assertion that Sharpey made only sparing use of practical demonstrations is mollified by Lister's enthusiastic reference to his experiment of showing the effect of sectioning the cervical sympathetic nerves upon the circulation. Schafer delights in recounting how his teacher, in the absence of a blackened drum, illustrated how a tracing may be obtained by means of his "old rumpled chimney-pot hat."

The most significant advance he made in the teaching of physiology was the introduction of the microscope into the undergraduate curriculum. In 1862 Sharpey himself recollected "that five and twenty years ago I was among the very few medical teachers in this country who exhibited objects to students with the microscope." Initially he had at his disposal but one microscope. Using his ingenuity he overcame the problem by designing an oval table with a circular metal rail on which the microscope could rotate, being pivoted at the centre, thus enabling many students to benefit from its use.*

Later, when more instruments were available, Sharpey used to set them upon tables in one of the museum windows for the students to file past. "Lord, what a wild rush there was to get a good place in the queue." Schafer recalls how on one occasion, "the effect of vis-a-tergo was manifesting itself too far forward for the safety of the instruments," and Sharpey retorted that his students were "no better than a lot of country bumpkins!"

We have two main sources of information regarding the subject matter of his lectures, namely his five introductory lectures on Anatomy and Physiology printed in the *Lancet* in 1840, and secondly the lecture notes of his former pupils. In chronological order the latter are,



* The table and microscope are at present in the Librarian's Office, Thane Library, University College, London.

firstly by John Phillips Potter which consist of (apparently) verbatim notes of Sharpey's lectures on General Anatomy and on the anatomy and physiology of Digestion, dated 1836-37, i.e., Sharpey's first session. These are illustrated by meticulous pen-and-ink drawings.

Secondly, there is the anonymous collection entitled, 'Epitome of Physiology. Dr. Sharpey 1937-38.' Next, for 1840-41 comes Edward Ballard's MS. Those made in 1849-50 by Joseph Lister are the most interesting, partly because some additional notes are dated 1852 showing that Lister must have attended at least part of the lecture course at least twice. Lastly, we have the notes of Professor Thane for Sharpey's thirty-first session, 1867-68.

These sources show that although Sharpey has been described as the first professor of physiology, the bulk of his teaching was concerned with anatomy and histology—"the science of the anatomy of tissues."

One ingredient of lecturing that students relish more than any, is relevant information fresh from the laboratory bench. This Sharpey knew well, and he made liberal use of this spice, emphasising again the dedication of his intellectual energy to education. In the Lister MS., for instance, there are references to a series of experiments which Sharpey was involved in at the time in elucidating how the sperm fertilises the ovum.

In spite of all this, Sharpey was humble enough in his fiftieth year, to take the remarkable step of attending, with all the other students, a course of Chemistry lectures given by Mr. Graham.

What do we know of the relationship of Sharpey to his students? His reputation gathered audiences of between one hundred and three hundred and fifty. Notwithstanding these numbers he took a keen personal interest in each member of his class, knew every face and "could always put the right name to it, and on suitable occasions asked us about our home surroundings and never forgot any detail we might communicate." Schafer continues:—

> "He never pandered to popularity but yet was the most popular of our teachers, mainly because we had in him a friend who was interested in us and desirous of our welfare."

His students marked their appreciation by giving Sharpey the loudest applause of all at the annual prize-giving.

It was through his many distinguished pupils that his influence spread, and we shall now briefly consider the more famous of these.

Joseph Jackson Lister, father of Joseph Lister, pioneered the achromatic lens, and Wrench notes "it is scarcely likely that such a man (Sharpey) would not be interested in the son of him who had shown himself to be the 'pillar and source of all the microscopy of his age'." Joseph Lister went to University College in 1844 at the age of seventeen and soon became one of Sharpey's favourite pupils. He wrote later that Wharton-Jones and Sharpey exercised the greatest influence over his earlier years. In the Third Huxley Lecture which he delivered in 1900, Lister remarked:—

> "As a student at University College I was greatly attracted by Dr. Sharpey's lectures which inspired me with a love of physiology that has never left me."

When Lister had completed his studies in London, it was Sharpey who arranged for Lister to be James Syme's House-Surgeon in Edinburgh. (Syme later became Lister's father-in-law.) Sharpey continued to shape Lister's career by introducing him to Kolliker, and by constantly advising him on points of science. Lister, the first to use the term 'inhibitory' in English physiology, acknowledges that he did it on the advice of my "old friend Dr. Sharpey." In a series of eight letters Lister wrote to his teacher between 1857 and 1864, his dependence upon Sharpey's advice is obvious. For instance, Sharpey criticises his use of the word 'paralysis' with respect to movement of granules and cilia during inflamation of frog skin, and suggests the word 'arrestment' might be substituted.

In a letter to Schafer (dated 1875) Sharpey expresses his warm feelings towards Lister:—

> ". . . I am pleased to hear of honours shown in Germany to my excellent friend and former pupil Lister—although it would seem that the welcome by the 'zepzigers' was characterised by rather exhuberant joviality."

Much of Schafer's appreciation of Sharpey has already been mentioned. Edward A. Schafer changed his name to Edward Sharpey-Schafer partly because his son—John Sharpey Schafer—was killed in the first World War, and partly to honour his "old teacher and master in Physiology—the best friend I ever had."

Sir Michael Foster, another famous and 'favourite' pupil of Sharpey's, directed the laboratory of Physiology at Cambridge from 1869-1903. Like Sharpey he initially studied classics, and also spent much time travelling in Europe. Two years before his death Sharpey was accompanied by Foster on his final continental voyage. Bearing in mind Sharpey's profound effect on him, the following is one of the most intriguing statements that Foster made. Bearing in mind that he was primarily a teacher rather than researcher—like Sharpey—this is what he wrote to Schafer in 1876:—

> "For heaven's sake—don't do too much lecturing—it destroys a man as I know. I have been *driven* to lecturing from my youth upward—you are not *obliged* to—Don't do it—give all your energy to research . . . take warning by me who have been writing and teaching until all the juice has gone out of me and *I am worth nothing more.*"

Did Foster believe that teaching 'destroyed' Sharpey?

The other great centre of physiology, Oxford, was established in 1887 by John S. Burdon Sanderson, a student much influenced by Sharpey at University College but not actually one of his pupils, who eventually succeeded Sharpey in London. He wrote:—

> "If I or any of the men I have mentioned, were to ask to what circumstances the unquestionable productiveness of the University College School in scientific men is due, all would I think unhesitatingly attribute it all to the influence of one man, Dr. Sharpey."

James Blake was described as the "gold rush physician of California" by Professor Chauncey Leake. Little known today, he was a brilliant student at University College. He studied chemistry under Graham and then came under the spell of Sharpey. Through him Blake developed a profound interest in the cardiovascular system, and in 1838 he was one of the first to study the effects of intravascular injections of various chemicals including nicotine, morphine and strychnine. He was the first to measure their circulation time.

Sharpey the Physiologist

The science of Physiology was born in the early eighteenth century in Boerhaave's laboratories in Leyden (1668-1738). Other famous names associated with its early development are John Hunter (1728-1793) in London, and Albrecht v. Haller (1708-1777) of Göttingen. At the dawn of the nineteenth century Francois X. Bichat's theory (1771-1802) of a 'vital force' was commonly accepted. During the early nineteenth century three European centres of physiological research profoundly influenced future progress. In Paris Francois Magendie (1783-1855) and his successor Claude Bernard (1813-1878) formulated many general principles, together with Rudolphi (1771-1831) in Berlin, and a number of workers in northern Italy, notably Panizza (1785-1867) in Pavia.

By virtue of his extensive travels Sharpey was influenced by all three of these centres. In his 'Evolution of Anatomy,' Singer writes of the history of English Medicine:—

> "From Harvey's time onward the tradition of Padua has never departed from our own medical schools. . . . Sharpey's own copies of Vesalius, of Fallopius, of Columbus, of Spigelius, of Harvey, and of many other Paduan anatomists lie open before me as I write. They bear upon them the evidence of Sharpey's vivid consciousness of the antiquity and dignity of the line from which he is descended."

He goes on to describe Sharpey as "the last of the English Paduans," and points out that at University College, by uniting Anatomy, Physiology and Histology (and Comparative Anatomy and Embryology) he returned to the "great Paduan's tradition as it existed from Vesalius to Harvey." George Haines, writing on "German influences upon English Education and Science," emphasises on the other hand, the effect of Heidelberg and Berlin on Sharpey's teachings.

Carl Wiggers is not alone in comparing Sharpey with his contemporary Johannes Müller (1801-58) who founded the Berlin school. They were both responsible for the rapid growth of Physiology in their respective countries by virtue of their prowess of teaching and inspiration of their pupils.

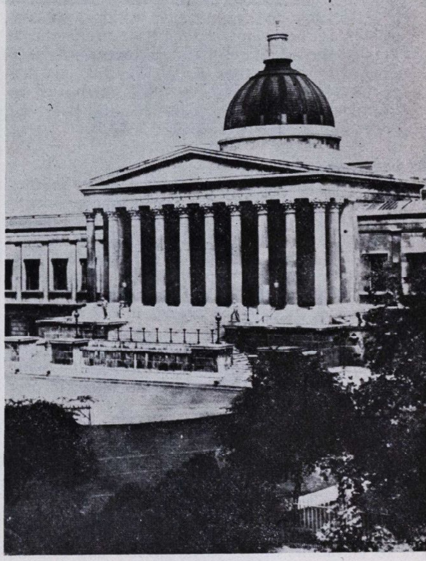
The growth of the biological sciences was prolific during the nineteenth century, in particular during 1840-70, a period which saw the publication of the cream of Claude Bernard's work, Darwin's "The Origins of the Species," as well as Virchow's "Cellular Pathology" and much of Helmholz's and Pasteur's work. It was during these thirty years that Sharpey was at the height of his career and was able to digest a comment on these fundamental developments. Sharpey, as we shall see was dedicated to establishing physiology as a science, and to eliminating concepts not based strictly upon the scientific principles of observation and deduction.

From his early days he was totally opposed to the theory of Vitalism, as was his Edinburgh colleague Allen Thomson, as well as Magendie and Weber. Surprisingly men such as Liebig and Müller proclaimed themselves vitalists, although their views were modified by time.

A notable situation in which the vital theory was invoked was that of the circulation of blood. In spite of Harvey's influential works, many physiologists still accepted Stephen Hale's theory that blood corpuscles on passing through the lungs and coming into contact with the air "aquired greater degrees of elastic vibrations." Müller conditionally accepted the theory but stated that "observers have failed to detect a vital act in it (blood)" . . . but he continues "blood must be regarded as endowed with life for its actions cannot be comprehended from chemical and physical laws . . . it is attracted by living organs which are acted upon by vital stimuli"—and goes on to deny that the heart acts as a pump for the body's blood.

Sharpey, as early as 1831, refuted these ideas. In a paper he stated he was unable to substantiate the observations of "spontaneous motions of blood corpuscles" as recorded by Treviranus *et al*, and explained a similar report by Czermak concerning blood in certain cold-blooded animals by invoking ciliary motion. In his first lecture course at University College Sharpey said, "When, in physiology, we say that any phenomenon takes place from vitality or life, it is generally only another way of saying we know little or nothing about it," which was a paraphrase of Magendie's statement: "Vital force is tautology, not explanation."

Another variant of the same argument as upheld by Müller and by Alison, was that there existed a vital attraction between the linings of capillaries and the blood corpuscles. Sharpey showed experimentally that the heart was easily capable of generating pressure sufficient to drive blood from the arterial to the venous side of the circulation, and taught what are now regarded as the basics of haemodynamics.



University College. A detail from a lantern slide by Mr. Orson Wood and believed to be the oldest photograph in the possession of the College.

Sharpey strongly denounced another vitalist concept —that of 'spontaneous generation.' He explained the observation of animals arising out of certain muds that had been boiled, by showing that boiling did not destroy the eggs which then hatched.

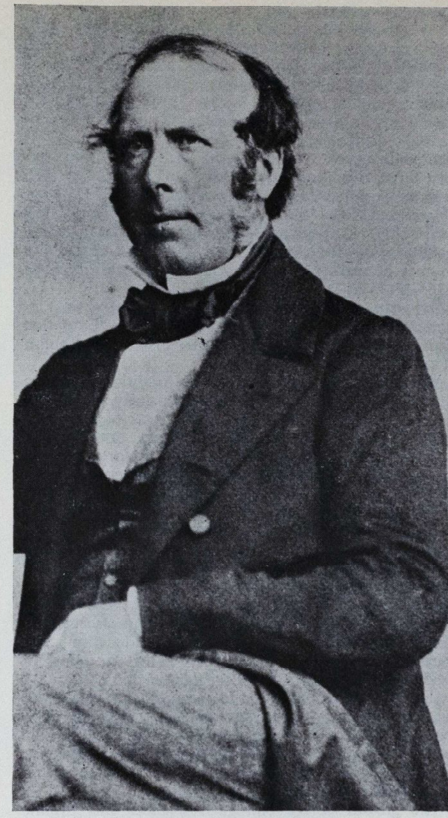
Coupled with his extension of the use of the microscope in teaching, one of the greatest advances Sharpey made was the firm establishment of the 'cell theory.' In his address in 1862 he commented:—

"The cell-theory of animal growth and development on its promulation by Schwann in 1839, was received and adapted with eagerness amounting almost to enthusiasm. . . . The cell-theory, modified as it has been and still undergoing modification, remains one of the most fertile ideas in modern physiology."

Comparing the development of physiology to that of chemistry, he stated that one of the most significant steps that had been made was the "general recognition of the importance of exact numerical determination, whether as to time, space or quantity." He quoted Sir John Herschel: "Precision is the very soul of science," and remembered the service Lavoisier rendered to chemistry by the introduction of quantitative measurements.

He ended his address to the B.M.A. on a topical note. Much resistance from religious authorities had been raised against Charles Darwin's famous work. Sharpey was determined to prevent such reactionary ideas restricting progress in the biological sciences:—

"Faint as some may deem the prospect of success of Mr. Darwin's great attempt, let none condemn its tendency. Should it ever be shown that the wonderful adaptation and harmonious working, so conspicuous in the living creation, have been brought about by the operation of natural causes, originally ordained by the Author of the Universe, and acting through countless ages of time, surely such an issue could but tend to enlighten and exalt our conceptions of creative wisdom."



Original Works

It is astounding that, apart from his two theses, Sharpey only published what amounted to seven original scientific papers, and nearly all of these before his London appointment. At that stage his bibliography was respectable for a 34-year-old who had invested so much time in travel, and indeed his examiners at University College were impressed, particularly by his researches into Ciliary Motion. Even in the context of the middle of the 19th century, when papers were assembled with less ease and haste than in the latter half of the 20th century, we find that Sharpey's contemporaries were far more productive. For instance Müller was the author of over 200 papers in all.

Two questions present themselves. Firstly did he continue his researches after leaving Edinburgh, and if so, why did he not publish his results? There is no doubt that he was capable of continuing highly original thought, and that facilities were available for him. On coming to London he was faced with the choice of either devoting his time and energies to teaching, and later to the affairs of the Royal Society and London University, or to the laboratory. Three factors, I suspect, influenced his eventual decision. Firstly, he was unmarried, but his pupils describe him as a very warm and humane man, and therefore I suspect he would occupy his spare time in the company of other people rather than isolate himself in the laboratory. Secondly, it was only in the 1850's and 1860's that anaesthesia was introduced for animal experiments, and as we shall see later, Sharpey was reviled by the pain and cruelty that such experiments incurred; thus one major field of physiological investigation was removed from him. Thirdly, practically all accounts of Sharpey that we have, emphasise his remarkable memory and wide and detailed knowledge of European scientific literature, but only as a footnote are his abilities in research mentioned. May I speculate that Sharpey found his prodigious nature talents more suited to the administrative and educational aspects of his subject rather than original investigation?

Having said this, we do have evidence that he did carry out a modest amount of research himself, often to substantiate other's results. Some we find recorded in his lecture courses, and also in footnotes to large text books.

The two theses are entirely clinical, but not lacking in wit, as the last paragraph of his probationary essay shows:—

"Guy de Chauvalier, in speaking of a certain philosopher who was said to have died in consequence of an operation of this sort, says he thinks the philosopher 'would have displayed more philosophy in living quietly with his lame leg, than in having his callus scraped, and then dying in the greatest torture, merely because he could not make his mind up to die a cripple'."

In terms of originality his works on Ciliary action are the most important. In the first of these "On a peculiar motion excited in Fluids by the surfaces of certain Animals," Sharpey described some fascinating experiments. After cutting off a piece of a tadpole's gill and noticing that the 'blood globules' moved rapidly along its surface, he found that nearly the whole of the tadpole's surface exhibited this property. The next paper in fact an extended letter to the editor of the Journal—called "Remarks on a supposed spontaneous motion of the blood", enabled Sharpey to refute a vitalist theory by invoking his own favourite discovery, ciliary motion.

In 1835 he published an "Account of the discovery by Purkinje and Valentin of Ciliary Motion "in reptiles and warm-blooded animals; with remarks and additional experiments". Consisting mainly of translated material Sharpey added details of his own findings which confirm and expand their results. In his introduction to that paper, Sharpey admitted for the first time (in print) that his discoveries in the 1830 paper were preceded by earlier workers, but maintained that he was the first successfully to interpret the observations. Of similar character was his 1833 publications entitled "An account of Professor Ehrenberg's more recent researches of the Infusoria". which made no pretence to be original. Lastly, his article on Cilia in Todd's Cyclopaedia is authoritative and lengthy, and contains references to his own experiments. His 'footnote' on "Structure of the Decidua" in Müller's "Elements of Physiology" in fact consists of eight pages of small print, and is in quantity and quality equivalent to a scientific paper.

He was joint editor, with Richard Quain, of Jones Quain's "Elements of Anatomy" for four editions, and much of its histology stems from Sharpey's pen, being well illustrated by Maclise. Kölliker, as well as paying tribute to his contributions to histology, was responsible for the association of Sharpey's name with the perforating fibres of bone. In spite of Sharpey's modesty in renouncing this discovery in favour of Troja (a Neopolitan surgeon) they are still referred to as the 'Perforating Fibres of Sharpey'.

Sharpey exhibited his wide interests by publishing in 'Brain' a paper entitled "The Re-education of the adult brain". This paper was written in 1824, but not published until two years before Sharpey's death.

The remainder of his publications consist of papers of minor scientific interest, and several of his addresses and lectures (see bibliography). The B.M.A. address in 1862 is a well informed critical survey of the past and future prospects of physiology.

To be continued.

Acknowledgement: All figures for this article are from the originals in the Wellcome Institute of the History of Medicine, by courtesy of the Trustees.

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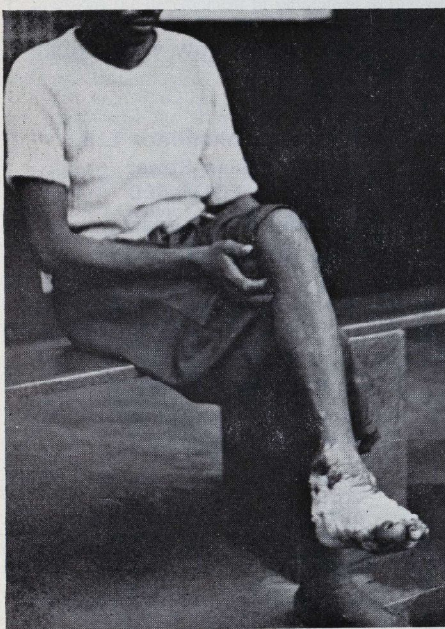
NOTES FROM AFRICA

By ALLAN HOUSE and JULIAN ALLEN

The patient walked into a mission hospital in Uganda, his foot wrapped in a filthy rag and swarming with flies. He had been treated in Kampala about six months previously, but could not afford to stay.

O.E. The small muscles of the foot were clearly visible, and partially destroyed. There was no sensation in the lower leg. There were a number of firm nodules, especially on the anterior surface of the lower leg.



Discussion

This is a Kaposi Sarcoma of the nodular type. The nodules are haemangeiomata cum lymphangeiomata; sarcomatous change only occurs in a proportion of cases. Lesions are usually found elsewhere—liver, lungs and abdominal viscera—although there was no clinical evidence of this. Ulceration and secondary infection have occurred.

Treatment may be by radiotherapy or cytotoxic drugs (Actinomycin D). Neither was of course available, and radical surgery could not be entertained, considering the nature of the hospital and the likelihood of abdominal lesions. Dressing and treatment of the secondary infection were all that could be offered.

The tumour is extremely rare outside Central and East Africa.

This child was brought to a mission hospital in Uganda by its mother for treatment of a sore on the skin of the left inguinal region.

Discussion

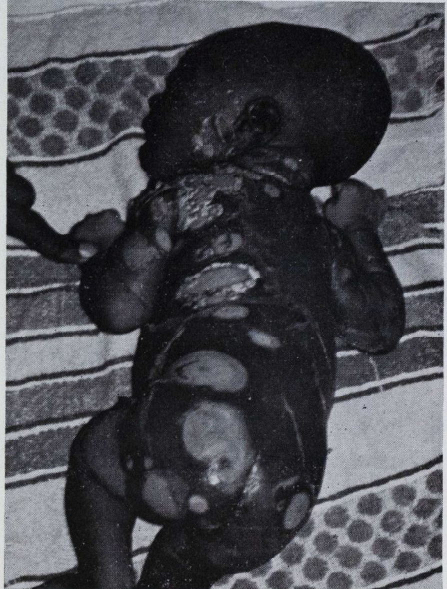
The child was seen on superficial examination to be suffering from Kwashiorkor. The features are:

1. Reddish-brown scanty hair.
2. Generalised rather patchy skin depigmentation.
3. Oedema, which is hypoproteinaemic. To the inexperienced such children have a deceptively plump appearance that does not suggest malnutrition.
4. Susceptibility to infection and poor wound healing are secondary to generalised protein deficiency.

Although classically taught as being due to deficiency of protein in the diet recent research at Makerere University suggests that aminoacid imbalance may be an important factor. A frequent precipitating factor is infection such as measles. Often, children have to compete for food at the table with the rest of the family, including adults, as soon as they are weaned, and this is a danger period.

In most cases, restoration of an adequate diet and education of the mother is adequate treatment. Intragastric milk may be necessary early on, and in severe cases, intravenous alimentation is required. Mortality untreated is 30-40 per cent, and about 10 per cent with treatment.

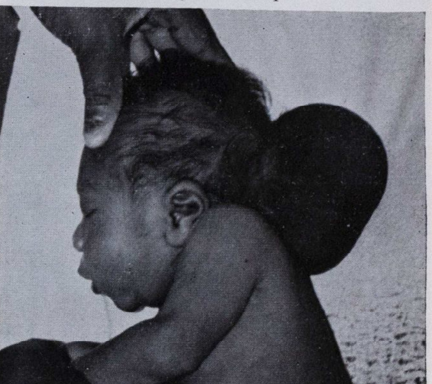
A twelve day old Nigerian child. A bullous lesion had first appeared on the back three days previously. There was one episode of vomiting, but no fever. The lesions were confined principally to the dorsum with a few small patches on the face and one large one on the chest.



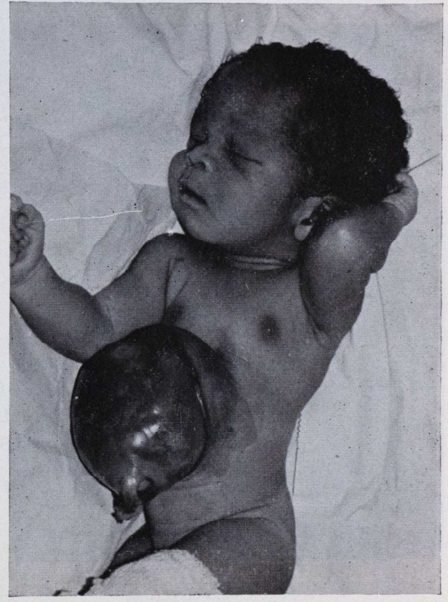
Discussion

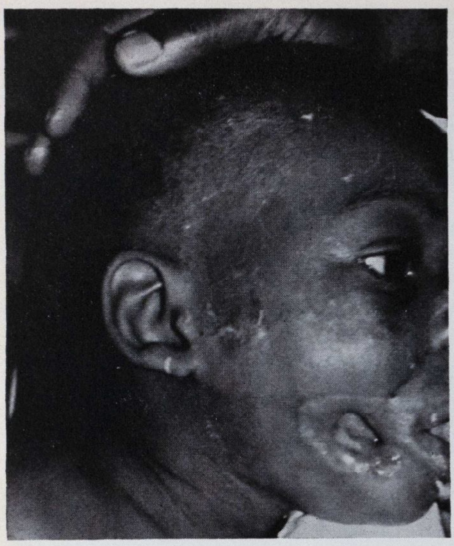
This is a case of Pemphigus neonatorum. Staphylococcus was grown from the raw lesions on the buttocks. In the severe neonatal form, the condition resembles exfoliative dermatitis, and is a life-threatening disease. Treatment is with penicillin and analgesics (resistant Staph. are largely unknown). The use of steroids is debatable. Some authorities say that, since Staph. cannot be grown from all lesions, the condition is a reaction to infection which should be suppressed with steroids. The question does not arise in most parts of Africa, where steroids are too expensive, and not widely available.

Photograph taken four days after birth. This is a large occipital encephalocele. The child died one month later without operation having been attempted.



Photograph taken the day after birth. Immediate surgical replacement of a lesion this size might well produce fatal respiratory embarrassment. In this case, 5 per cent. mercurichrome was painted daily on the protusion to promote epithelialisation, and the child did well. An alternative method is to sew a Silastic bag to the margins of the defect, and reduce its size by regular small amounts until the omphalocele is completely reduced.



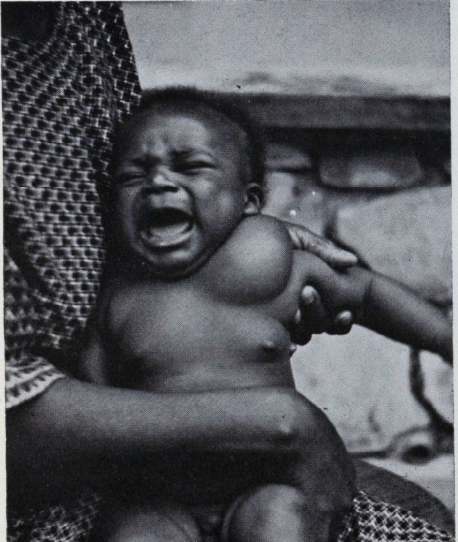


A two year old boy. The ulcer measured 5 cm by 5 cm, and the exposed incisors were dark grey. The maxillary bone was necrotic and there was a sequestrum. The mandible appeared intact.

Discussion

Cancrum oris is a late complication of dental sepsis and oral infection with the organisms, Fusiformis fusiformis or Borellia vincenti. It is rarely seen outside the underdeveloped countries, and malnutrition probably plays an important role by reducing immunological resistance. Lowered standards of oral hygiene are also a factor. The defect often persists, and fibrosis secondary to inflammation may be extremely disfiguring and even prevent the victim from eating.

This child was treated with surgery to remove the sequestrum, and dental extraction. Penicillin was administered i.m. The defect was still large, although granulating near the edges, after three and a half months.



A large Cystic Hygroma.

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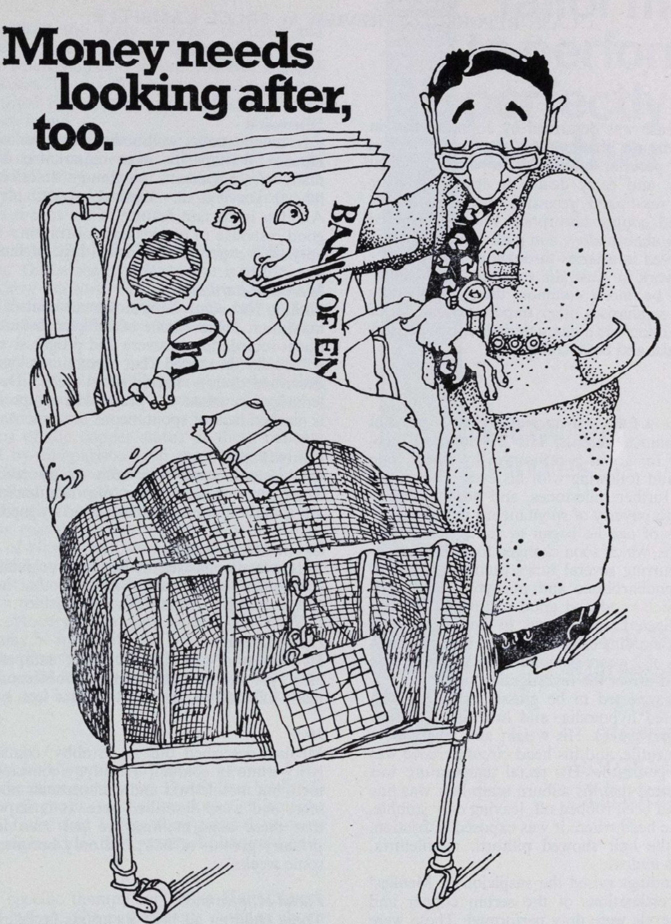

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KINKY HAIR DISEASE (Menke's Syndrome)

A CASE REPORT AND REVIEW by BRUCE CAMPBELL

Kinky Hair Disease was described by John Menkes in 1962, as a syndrome characterised by severe mental retardation and peculiar hair, with impaired physical growth, seizures, and early death. It appeared to be inherited as a sex-linked recessive disorder. Subsequently, impaired copper absorption was incriminated as the underlying abnormality; and pathological changes have been observed in arteries throughout the body.

More recent work in Australia suggests that Menkes' Syndrome may be more common than is generally realised. It also emphasises other important features of the disease, which include a characteristic facial appearance, hypothermia, and bony changes.

Case Report

C.S. was born as a full-term normal delivery—the son of non-consanguinous parents. His development proceeded normally for about two months, by which time he was smiling and following with his eyes. Thereafter, he achieved no further milestones, and became floppy and lethargic, with poverty of spontaneous movement.

At six months of age he began to suffer generalised clonic convulsions, which soon changed to massive myoclonic jerks, occurring several times each day. He was treated with phenobarbitone and phenytoin, and later with ACTH, which produced good control of the fits. Although investigated and shown to have a grossly abnormal E.E.G. no diagnosis was made, and in March 1973, at the age of 2 years 4 months, he was admitted to Great Ormond Street for investigation.

There he was reported to be grossly retarded, with marked generalised hypotonia, and little head control or spontaneous movement. His weight and length were on the tenth percentile, and his head circumference was below the third percentile. His rectal temperature was 36.5°C. It was noted that his auburn scalp hair was fine and silky, and had been rubbed off, leaving only stubble, at the sides of the head where it was exposed to friction. Microscopy of the hair showed pilitorti, monilethrix, and trichorrhexis nodosa.

The clinical findings raised the suspicion of Menkes' Syndrome, and estimations of the serum copper and caeruloplasmin levels were duly performed. These were both low, and further studies showed the patient's copper absorption to be impaired. Kinky Hair Disease was diagnosed, and he was started on intramuscular injections of copper disodium EDTA to see if any beneficial effect could be obtained. A caeruloplasmin estimation some weeks later showed a significant rise, and when seen in Outpatients at the end of July his mother reported definite clinical improvement. The child's head control was much better, he was smiling quite frequently, and hairs had begun to grow on his limbs, where they had previously been quite absent. At this time his characteristic facial appearance was noted. His copper therapy is being continued.

Discussion

C.S. demonstrates well several features of Kinky Hair Disease. Perhaps his most remarkable dissimilarity to many of the patients previously described is his prolonged survival in relatively good physical health. Another important feature of the case is the apparently good response to copper administration: there is as yet very little experience with this type of therapy.

Mental Retardation

Smiling and some degree of head control is usually the maximum achievement of affected infants, and subsequent retardation is severe and progressive. Muscle tone is usually increased, but sometimes (as in the case described here), flaccidity is seen. Drowsiness and lethargy are often the presenting symptoms, and there is marked lack of spontaneous movement.

Convulsions

Convulsions have been seen in all recognised cases. These most often take the form of myoclonic jerks, and are usually quite easily controlled by medication.

Growth Retardation

This was emphasised in Menkes' original account, but subsequent experience, including that with C.S. has shown that it is not always remarkable.

Hypothermia

Hypothermia and instability of temperature control have proved persistent and troublesome features in many affected babies, but were not seen here.

Hair

Menkes described this as "stubby, coarse, scanty and ivory-white in colour." Histology constantly shows pili-torti, but monilethrix and trichorrhexis nodosa are often seen, and were described here. It is important to note that these abnormalities are not seen in the infant's primary growth of hair, but only become evident after some weeks.

Facial Appearance

These children all bear a curious facial resemblance to one another. The face is pale and shows lack of expressive movement. The eyebrows tend to be horizontal with a twisted appearance, and the cheeks are pudgy.

Bony Changes

Wormian bones are frequently found in the posterior part of the sagittal, and sometimes in the lambdoid-sutures, as early as six weeks of age.

There is often broadening of the epiphyses, and lateral spurs may form, which can fragment and fracture: these changes are commonest in the ribs and femora, but were not noted in this case. Some patients develop osteoporosis.

Septicaemia

This is common, and is a frequent cause of death.

Pathology

Arteries throughout the body become tortuous and elongated: the lumen may become irregular and occlusion can occur. Microscopically the arterial wall is found to vary in thickness. There is fragmentation of the elastic tissue, and intimal hyperplasia within which irregular elastic fibres are found.

In the brain changes include diffuse neuronal damage, with gliosis and cystic degeneration. This picture is similar to that seen following vascular insufficiency, and the arterial abnormalities described may therefore be responsible.

Heterozygotes

No reliable test is available for the detection of heterozygous carriers. Occasionally parents' hair is brittle, and a proportion show pili torti. Fibroblasts from biopsy of these individuals show metachromasia on culture (see below). Their serum copper levels are normal.

Pathogenesis

The changes in hair, arteries and bones, together with the metachromasia of cultured fibroblasts suggested that Menkes' Syndrome might be an "heritable disorder of connective tissue".

Investigations of the copper status of these patients was prompted by comparison with the changes in the wool and arteries of copper deficient sheep. It was found that their intestinal absorption of copper was impaired, although copper given intravenously was bound in the normal way as caeruloplasmin. Copper is essential in the formation of elastin, and probably of collagen and hair. The arterial and hair changes may therefore be the direct result of copper deficiency, whilst the brain damage follows the arterial pathology. Copper is also a component of cytochrome oxidase, and its deficiency in this situation may be involved.

Infants with dietary copper deficiency show bone changes like those of Kinky Hair Disease, but they also exhibit anaemia and neutropoenia which are not seen in that condition.

Incidence

A recent study in Victoria, Australian, estimated the frequency of the disease as 1 in 35,000 live births. It suggested that diagnosis was often thwarted because many of the infants died before their normal primary hair had been replaced by the growth of abnormal hair.

Treatment

Experience in specific therapy for Kinky Hair Disease is very limited indeed. The pathogenesis outlined above suggested a possible role for parenteral copper therapy, and this was employed in the case described. After only three months some improvement seemed to have taken place. If cases could be detected in the early weeks of life, immediate and prolonged copper administration might perhaps help to prevent the progress of mental retardation. This is as yet quite hypothetical.

Acknowledgment

I would like to thank Dr. J. N. Montgomery of Plymouth General Hospital for permission to publish his case.

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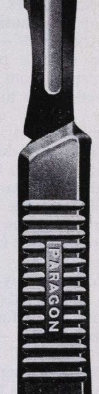

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BARGAIN WAGNER

The concept of bargain Wagner records, even 10 years ago seemed impossible, but such have been the advances in record retailing that even an outstanding new issue is now marketed at bargain price. Any short summary on Wagner's life or ideas is wasted here but a few words on one or two of the operas may be in place. Suffice it to say that Wagner became a legend in his time, having the Feistspielhaus at Bayreuth built specifically for the productions of his operas—this still flourishes today, Wagnerites pilgrimaging from all over the world to the old wooden seated, uncomfortable theatre, which still produces only Wagner. In many ways the musical concept of grand opera of vast proportions had started with Meyerbeer (Les Hugenots) in Paris where Wagner undoubtedly must have experienced this theatre-opera.

Many records produced give orchestral "bits" of Wagner operas—this is reasonable if one considers that the prelude to Act 1 of "The Mastersingers" is of symphonic stature. Sometimes, in this author's opinion, this is taken too far, i.e., the Good Friday music in "Parsifal" without voice. One nonagenarian conductor has even reorchestrated bits such as Siegfried's "Rhine Journey"—despite this, if Stowkowski had wanted to, he could have become a great Wagner opera conductor. Rienzi was Wagner's first success and the overture is full of Meyerbeer and Parisien convention—yet is distinctively Wagner; so is his early Faust overture. These two works as well as stirring performances of the Act 1 Lohengrin prelude and Mastersingers prelude and the Flying Dutchman overture come from Szell and the Cleveland Orchestra in excellent sound (CBS 61263, £1.49).

Full Wagner operas occupy at least three records and most take five, in consequence the bargain choice is not wide. Excerpt records run the great disadvantage that Wagner's music is harder to "highlight" than almost anyone elses'—"bleeding chunks" giving little idea of the music's power. Two exceptions exist. In one, excerpts from "Das Rhinegold"—the prelude (all 2½ hours long) to the Nibelung's ring, are conducted by the grossly underrated German conductor Rudolf Kempe. Many would have enjoyed a complete Kempe ring as they demonstrated in the pre Solti Covent Garden days. On this record Ferdinand Frantz is a distinguished Wotan and Benno Kusche a superbly black Alberich—the curse is included as is the Rainbow Bridge entrance into Valhalla. Excellent stereo sound—a remarkable bargain (CFP 109, 84p). I think those who have already invested in a complete Ring may find much to enjoy in this cheap addition.

The second exception is something even more remarkable. This offers the last 64 minutes of the ring (Gotterdammerung)—or more correctly, here, "The Twilight of the Gods" because this is taken from the first ever complete Ring in English. Over the past three years the Sadlers Wells Opera has mounted this project under the inspired direction of Reginald Goodall. Mr. Goodall is a retiring and shy man who tends to shun the public praise which has recently fallen on his shoulders. Perhaps this shyness accounts for his lying dormant on the Covent Garden staff for so long—he did conduct the first ever Peter Grimes in 1945 and also a German "Ring" in 1956 but little has emerged since then, although many who saw the latter stated that his ring had the stature of Walter or Furtwangler. He occasionally appears to conduct a Bruckner No. 7 or No. 8 in the concert halls. He has built up an English cast, all whom are now world famous either at Bayreuth or even, at the Metropolitan in New York. Alberto Remedios is the Siegfried and Rita Hunter Brunhilde (both studied in Liverpool) and Norman Bailey is the Gunther (in the other operas he is Wotan/The Wanderer). This excerpt was recorded in St. Giles, Cripplegate, on the last two days of last year: the sound is marvellous, the singing radiant—every word can be heard without even needing to follow the text. The direction is inspired and the odd momentary orchestral fluffs do not diminish the achievement of Unicorn Records in producing this marvellous offering. Siegfried's Funeral March really sounds like a funeral march with Sadlers Wells' Opera Orchestra sounding world class. For £2.86 this set should convert many to Wagner: it is a set that has given me immense pleasure (UNS 245-246). It should help EMI who have, I gather, recorded Goodall's Siegfried from the two current cycles at the Coliseum—I hope their pricing is equally sane.

ALLEGRO.

BOOK REVIEW

CONCISE MEDICAL DICTIONARY. William A. R. Thomson. Churchill Livingstone £1.50.

The language of medicine is derived from many sources, often illogical, and undoubtedly confusing. Many students find difficulty with the vast expansion of their working vocabulary which occurs when they start in clinical medicine. Most of them quickly pick up enough of the basic Latin and Greek roots to cope with this, but some feel the need for a medical dictionary which fits into the pocket of a white coat. The purchase of a medical dictionary is, surely, to be encouraged in the hope that the future generations of doctors may use medical terms with some precision or even elegance. We have all shed tears for the overworked houseman, scribbling the notes before snatching a few minutes sleep, but our lacrimation is to no avail if the notes are then incomprehensible to his colleagues.

The author of this little dictionary is a past Editor of the *Practitioner*. He has aimed to include the majority of words that appear in day-to-day medical usage. To reduce the size of the book, he has omitted lengthy descriptions of derivations, and excluded most eponyms and abbreviations. The result is a useful little book which includes all the medical terms a student is likely to have difficulty with, together with a few pearls, e.g. LATRINE . . . a privy. But then, as Charles Chaplin said in Limelight, "The meaning of anything is usually another word for the same thing."

For this quotation I am indebted to the frontispiece of an invaluable little book called *Medical Terms, Their Origin and Construction*, by Ffrangcon Roberts. If every student read this book, and learned something about the meaning of the words we use every day, the dictionary reviewed above might be superfluous.

M.J.

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Editorial

It has become almost a sacred custom for the Editor of the *Journal* to plead at least once a year for contributions from the student body. There is a large store of cliches from which to draw; "Student apathy", which we occasionally borrow from Students' Union reports, "The *Journal* depends on your contributions", and so on. It is undoubtedly true that, in these days when a proportion of the clinical course is spent at other hospitals, when many students live at some distance from Bart's, when many are involved in activities which are outside the Hospital, and, most importantly, when the facilities for social and intellectual diversion are so bad, the *Journal* will reflect the poverty of Bart's student life. However, it remains our firm conviction that the activities of Bart's students, past and present, are of interest, and we intend to publish more reports on Bart's clubs and student affairs, and the doings of the Students' Union.

At the same time, we are hoping to devote more attention to the happenings outside the Royal and Ancient, even perhaps at some other medical schools in London! In a fairly short time, Bart's Medical College will be at least partly combined with the London, and the days of Bart's isolationism may well be numbered. The other medical schools in London (and to a greater degree outside London), have markedly differing atmospheres, and a comparison would be by no means always in Bart's favour.

The objects of the *Journal* have changed considerably since the first number was published in October 1893. However there was one object, quoted in the first Editorial that we would not eschew: "To promote and extend the feeling of *esprit de corps* among students, past and present, in their work, amusements, and matters of interest to them in daily life."

ANNOUNCEMENTS

Births

NEWMAN-TAYLOR—On September 13th, 1973, to Gillian (née Crick) and Dr. Anthony Newman-Taylor, a son, Luke Nicholas.

MASON—On October 11th, 1973, to Dr. Jane (SADLER) and Dr. Andrew Mason, three daughters, Faith Joanna, Jemma Jane and Clare Amy, sisters for Tom.

Deaths

D'SILVA—On August 20th, 1973, Professor John Leonard D'Silva, Ph.D., D.Sc., M.B.B.S., F.R.C.P. Qualified 1942.

SELBOURNE—On August 21st, 1973, Hugh Armand Hugh Selbourne, M.D., M.B.B.S., M.R.C.P., M.R.C.S. Qualified 1927.

GOLDHILL—We regret to announce that B. J. Goldhill, who was a student at Bart's from 1961 until 1972, was recently killed in a road accident.

Engagements

KITCHENER—ADAM—The engagement is announced between Dr. Peter G. Kitchener and Miss Janet Margaret Adam.

CARROLL—DINWIDDIE—The engagement is announced between Dr. John Carroll and Miss Janet F. Dinwiddie.

Appointments

Mr. C. Keith Vartan has been appointed to the Chair of Obstetrics and Gynaecology at the University of Riyadh, Saudi Arabia.

Miss Jennifer Angell-James, M.B., B.S., Ph.D., and Dr. P. G. Withrington, Ph.D., have been appointed Senior Lecturers in Physiology as from from October 1st, 1973.

LETTERS

September 14th, 1973.

Dear Sir,

During the duty weekend of September 7th to 9th inclusive, the following 19 surgical cases were admitted over the three days; five obstructions, four head injuries, three cases of acute appendicitis, two haematemeses (both requiring surgery), two renal colics, one abdominal laceration, one cellulitis of the leg and one urinary tract infection.

Only four of the 19 dressers on the Green Firm were seen during the entire weekend, and none of the admissions were clerked by a dresser. Yet the students complain that there is not enough clinical material at Bart's, that their clerking is not related to patient care and that they are isolated from health care ("Rote", August 1973). Of course they are isolated from health care, one has to go into the hospital, sometimes at awkward hours, to care for patients. The day has not yet come when patients can be taken to students. The four students who did attend, played a full and useful part in caring not only for the patients admitted, but also for the numerous other patients seen in the Accident and Emergency Department, and I trust benefited and learnt from their experiences.

I believe that some students are so rarely seen in the hospital, that unless they complained about the teaching they would be totally unknown. The consultants, registrars and housemen at Bart's are perfectly prepared to teach students, but the students must be prepared to attend the hospital at times when the patient, the best teaching aid of all, is ill. If this occurs more often, the students will not only learn but also be able to partake in patient care, about which they talk so much.

Yours faithfully,

O. J. A. GILMORE, F.R.C.S.

October 1st, 1973.

Dear Sir,

I was interested to read a letter from Mr. Gerard Bulger in your September issue.

Since coming to St. Bartholomew's I have been interested in the discussion that is constantly taking place about the teaching methods here, and I was sorry that I was unable to attend the tea party held last month.

There is one point in Mr. Bulger's letter which I think bears repetition and emphasis. This is the definition of aims. If we are to get the curriculum right and the teaching methods right, then we must clearly define our aims. Is the aim to produce at the end of five years a person who is ready to go into general practice? No, that is not an aim. The aim is to prepare the student for further training, either towards specialist work or towards general practice. This divergent aim I think is the crux of the problem. The training requirements for general practice are no longer similar to the requirements for specialist practice. I think this difficulty must be grasped, and some attempt made to resolve the problem it poses.

Yours sincerely,

DAVID CARO, F.R.C.S.,
Consultant in Charge,
Accident & Emergency Dept.

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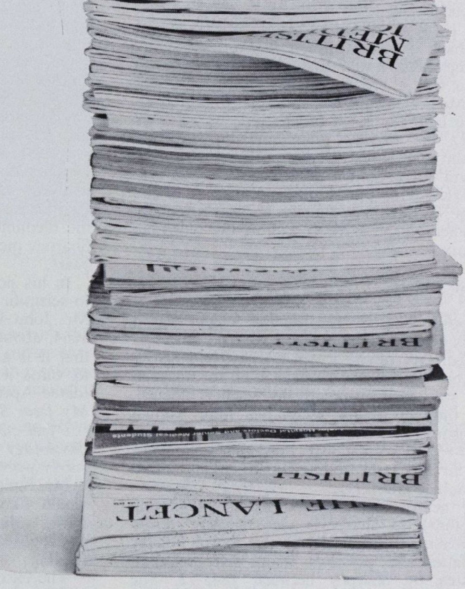

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WILLIAM SHARPEY (1802-1880)

THE WIX PRIZE ESSAY—1973 PART 3.

By R. PEPPIATT

Organiser of Scientific Affairs

There can be few men in medical circles with influence to match that of Sharpey during the middle decades of the nineteenth century. As well as his deep involvement in the administration of University College and the Royal Society, he held office in many important scientific institutions. He was a founder member of both the Physiological Club (the first meeting was on 31st March, 1876, at 49 Queen Anne Street) and of the Philosophical Society (formed in April 1847 by forty-seven members of the Royal Society). Later in his career he was a crown nominee to the General Council for Medical Education and Registration from 1861 till 1876 (and for much of this time he acted as its Treasurer), the Royal Commission on Scientific Education, and the Royal Commission on Scientific Instruction and Advancement of Science. He was also one of the Trustees of the Hunterian Museum of the Royal College of Surgeons. Finally he was for many years a member of the B.M.A. and of the Scientific Grants Committee.

At the Royal Society

Aged thirty-seven Sharpey became F.R.S. and was a member of its Council from 1844. In 1853 he was elected Junior Secretary of the Royal Society, and Senior Secretary a year later, a post he held in all for nineteen years (to be succeeded eventually by Michael Foster). During this time his fellow secretaries were Samuel Hunter Christie (1853-54) and Sir George Gabriel Stokes (1854-85). Two eminent Presidents whom he served were Sir Benjamin Collins Brodie (1858-61) and Sir Edward Sabine (1861-71).

There are nearly four hundred letters of varying interest pertaining to Sharpey's secretaryship, mostly now at University College and at the Royal Society itself. The latter also possesses about sixty referees' reports written by Sharpey between 1843-72. The majority of the correspondence are letters concerned with the day-to-day business of the Society, written to him by his fellow officers named above.

These communications show the high esteem that Sharpey was held by his colleagues. For instance, after the death of his father, Sir B. C. Brodie Junior wrote to Sharpey:

"He had a very great regard for you, and your kind attention to him especially during the last two calamitous years will be remembered by me."

(For a few years previously Brodie's letters had been written by a relative because his writing was becoming progressively illegible.)

For Squire Sprigge to describe Sharpey in his book "Life and Times of Thomas Wakely", as the "profound physiologist and autocrat of the elections of the Royal Society", Sharpey must indeed have been an influential personality. In his "official" obituary in Proc. Roy. Soc. we read:

"All who attended the Society are well aware of the strong and steady interest which Dr. Sharpey took in all its affairs, and of the great amount of anxious care and judicious labour which he devoted to the promotion of its welfare."

Of much scientific interest are the many referees' reports Sharpey wrote on papers presented for publication. They demonstrate the clarity and depth of logical thought, and breadth of scientific knowledge that he commanded. For instance, Sharpey criticised Augustus Waller's manuscript describing "Wallerian Degeneration of nerves", the author apparently being unaware of similar work published earlier by three German authors (Nasse, Gunther and Schoen). Through the medium of the Royal Society, T. H. Huxley and Sharpey met and were on terms of friendship for many years.

In his position as Secretary, Sharpey was subjected to scientific stimulation outside his own wide fields. A Mr. John Kelly wrote in a letter dated August 18th, 1864, about a coin of circa 1702 that, "it is my belief that it is a Queen Ann farthing", and asked Sharpey to value it! Another letter from a Mr. E. A. Smith (dated April 11th, 1863) commences:

My Dear Sir,

I feel curtailed to ask if we cannot do anything for physiology by these balloon ascents. The subject is surely worthy of the expenditure of a little money. . . .

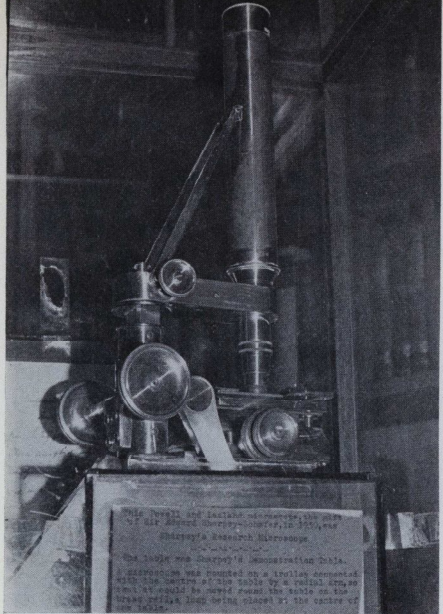
Mr. Smith proceeds to outline some experiments he would like to carry out, including measurements of pulse, volume of air inspired each minute, sampling and subsequent analysis of expired air, as well as readings of air pressure and temperature.

The letters written by Sir Frederick Pollock, F.R.S., distinguished lawyer, M.P., and later Attorney General, are distinctly amusing, a character lacking from the rest of the correspondence. One such letter, dated May 21st, 1854, half-past four a.m. (most of his letters were written in the small hours!) describes the new quarters of the Royal Society:

"The entire suite of apartments is quite worthy of the Royal Soc.—it is the first meeting I have attended since the removal to W (from the unseemly initials WC). . . ."

Ten years later Pollock writes:

"I am an inveterate scribbler. I have a 'cacoethes scribendi' which almost amounts to an 'ink diahoroea'—for which there is no cure but indulgence."



Sharpey's Microscope. Presented to University College, London, by Sir Edward Sharpey-Schafer.

Holding public office for so long, it was inevitable that he should be involved in controversy. In its earlier days, the *Lancet* was clearly anti-establishment and enjoyed periodic attacks upon the scientific hierarchy, including the Royal Society.

A Dr. R. Lee was expected to receive the Royal Society's Gold Medal for his work on "Nervous Ganglia of the Uterus" published in 1841, after many years of work, but in fact the medal was awarded to a Mr. Beck, apparently on the basis of one dissection (one of his referees being Dr. Sharpey). The *Lancet* remembered that Sharpey had at the time opposed Lee's findings and then, the journal suggested, arranged for Mr. Beck to carry out his work in Sharpey's own dissecting rooms, and guided the resulting paper through. The *Lancet* was openly hostile:

"As far as Dr. Sharpey was concerned, seeing the part he had taken in promoting Mr. Beck's labours, it was little better than passing a medal from his right hand to his left. It is indeed most unaccountable that a man of Dr. Sharpey's high character and reputation should ever have mixed himself up with such proceedings."

The seemingly hard done by Dr. Lee then stated his case in the columns of the same journal which provoked Sharpey to defend his good name against the "scandalous accusation", which he was well able to do.

At University College and London University

The bare facts are as follows: Sharpey was Professor of Anatomy and Physiology for thirty-eight years from August 1836 till May 1874, and then Emeritus Professor for six years until his death. He was a member of the Senate of the University of London and Fellow from 1864-80; from 1840 when the University obtained its charter to grant degrees, he was appointed one of the examiners in anatomy and physiology, a post he held for twenty-three years until he moved into the Senate. He was also examiner in these subjects at the Royal Veterinary College.

William Sharpey, like a number of his colleagues, had journeyed from the Scottish capital to University College. This trend was responsible for sarcasm both in Edinburgh and London. Take, for example, an extract from the contemporary poem "Celsus", in the collection "Nugae Canorae Medicae". The poet discusses London with Celsus—a reincarnation of that "fine old Roman doctor":

Look at their Schools of Physic: when they need
A new Professor to instruct their youth,
Do they confide in those of Cockney breed?
Come now, be honest, Celsus, own the truth.
Soon as a Chair is vacant, London's down
Smack upon Edinburgh like a harpy,
Take Edward Turner, William Fergusson,
Poor Robert Liston, honest William Sharpey.
Then there's their hospitals: in point of size
I own at once that there they beat us quite;—
St. George's, St. Bartholomew's, and Guys,
Would put our small infirmary out of sight.
But if you search the whole of London town,
Where is the hospital so richly fee'd
That has salmon fishing of its own,
As we have got, my boy, upon the Tweed?

Hale Bellot talks of the decline of the medical school at University College between 1840 and 1860. In part at least this was due to the continuation of the domestic quarrels which plagued its inception. The most notorious of these was the "Cooper-Syme" affair. Itself a symbol of deeper ills affecting the medical faculty, the saga is worth recounting in detail for its own sake.

Samuel Cooper, who had been Professor of Systematic Surgery since 1831, announced unexpectedly on April 6th, 1848, at the end of his lecture course that he intended to resign:

"This determination was forced upon me nearly three months since—not entirely by considerations of my health nor by an inability to continue these lectures had only the same degree of assistance been conceded to me which was allowed in Mr. Liston's lifetime. . . . Suffice it to say, that my resolution was founded upon the impossibility of any agreement between me and two of my colleagues (the two who almost rule the medical end of this institution) on certain points affecting the claims of gentlemen brought up at this school, not to be forgotten in the distribution of its patronage; and also involving, as it appears to me and a large body of the profession, the character of the College itself."

By word of explanation, Robert Liston in his capacity as Professor of Clinical Surgery, had assisted Cooper with his lecture course for many years, because of Cooper's ill health. Liston himself fell ill, was forced to retire and died on December 7th, 1847. Council

received a request from Cooper on November 18th that his son-in-law, Mr. Thomas Morton, be allowed to give him the help that his health demanded. That our friend Sharpey had alternative long-term plans was implicit in his successful motion put to the Council, allowing Mr. Morton to assist Mr. Cooper "for the present session, with the usual intimation to Mr. Morton that such employment will not constitute any claim to preference on future occasions". The plan, proposed by Quain and seconded by Graham, but in all probability inspired by Sharpey, was presented and passed at a Council meeting on December 17th:

"Resolved unanimously that in order to fill up in the manner most conducive to the interests of the College and Hospital, the vacancy in the Chair of Clinical Surgery caused by the lamented death of Mr. Liston, it would be highly expedient to secure, if possible, the services of Mr. Syme, Regius Professor of Clinical Surgery in the University of Edinburgh. . . . The Senate feel assured that no one so well fitted for the office as Mr. Syme can be brought forward by the ordinary plan of advertisement."

Sharpey's anticipation of this turn of events was clear when he read a letter to Council the next day (December 18th) from his friend James Syme, dated December 4th, which affirmed Syme's willingness to accept office if asked to do so.

Not surprisingly, on January 8th, 1848, Syme was duly appointed. From these minutes, it is clear the proceedings were devoid of illegality, but the news heralded a fresh uproar particularly in the editorial columns of the *Lancet*. On January 8th, 1848, after describing the great promise of University College at its conception as a "splendid temple devoted to science and literature" the article casts aspersions of mismanagement.

"The College and Hospital have been woefully *misgoverned* . . . eccentric wheels which do not admit of any harmonies and regular action."

Turning directly to the matter in hand, the writer points out that for fifteen years the College had announced that its prizewinning surgeons were bettered by none—"entitled to receive the highest rewards and distinctions which the College could bestow", and yet:

. . . *"there is not one English Surgeon qualified to be a professor of Clinical Surgery in the College, and a practitioner of surgery in the hospital. Consequently in the absence of all qualified men in London and the rest of England, they have sent to Edinburgh, and imported from* Scotland *a gentleman named SYME, whom, be it observed, we do not censure for what has occured . . .".*

At that time Syme was forty-nine and at the height of his international reputation as a fine surgeon. The *Lancet's* editor's bias and impertinence is reminiscent of the episode twelve years earlier of Sharpey's own appointment:

"When Scotsmen *have any good offices to give away, do* they *send to London? No indeed!"*

This unedifying discussion which dragged on in the *Lancet's* correspondence columns was exacerbated by Cooper's resignation three months later.

The screw turned tighter, when after only five months in London, the unhappy Scotsman Syme announced on May 7th at the distribution of the prizes he:

"witnessed a most painful scene in the contumelious treatment of two gentlemen standing me in the relation of colleagues. One of these was a very old friend (namely Sharpey) for whom I entertained the greatest respect and most sincere regard who has devoted no ordinary talents, with no ordinary energy, during the best years of his life, to the services of a school in his zeal for which he declined a chair of anatomy yielding more than double the emolument of that which he now occupies besides being in other respects more advantageous."

Syme tendered his resignation. Apart from Sharpey's humiliation mentioned above, Syme had good reasons for leaving London. Firstly, Cooper had been allowed to choose his own assistant for the course in progress, and secondly, after Cooper's resignation, Council requested that Syme undertake his teaching duties as well as his own—which would severely interfere with his practice as a surgeon.

Sir Richard Quain (1816-1898). T. Oldham Barlow after a painting by D. Maclise.
By courtesy of the Wellcome Trustees.

Subsequently, Richard Quain was appointed in Syme's place as "Special Professor of Clinical Surgery" with a salary of £150, which was found by forfeiting from Sharpey an endowment for that amount who in turn received the same sum from lecturing, with Quain's permission on Descriptive Anatomy.

Much currency was made out of the apparent situation that because London medical schools were "closed shops", if a man could not obtain an appointment at his own school he would find it impossible to find a post anywhere else. Hence University College was being unfair to its graduates by appointing "foreigners" to its chairs. The college's predicament was defended in the *Medical Gazette*:

". . . we infer that the professor (Cooper) objects to the 'plan of sending for strangers to fill up the professional offices of the college'. . . . Our opinion, which is confirmed by a statement in Prof. Sharpey's letter, is that the Council of University College does not overlook the claims of the alumni in the manner here alleged. . . . "

The article continues to defend the few exceptions to this rule by stating that because University College is a young college there are not the number of well-qualified men to call on. The journal sides with Sharpey and blames Cooper for trying to promote his son-in-law.

To return to our satirical poet, he castigates Celsus for describing London as "the greatest place on earth":

"None of your gammon! That's been tried already;
Go tell your London notion now to Syme;
Ask his opinion, and experto credo,
You'll get the truth out of him."

This whole episode is a good example of the damaging publicity given to personal animosity in those days. Let Godlee have the last word:

"Students of medical history of the first half of the nineteenth century cannot fail to be struck by the acrimony with which discussions were carried out, on the amount of jealousy which they excited, and the personal element which was constantly introduced."

LATER YEARS

Although his failing sight and declining health in general were mainly responsible for his retirement from University College and the Royal Society, Sharpey remained active in mind and spirits. During his last decade he occupied a central role in the debate about experimentation on animals.

The Antivivesection Movement

The new atmosphere of humanitarianism in the nineteenth century, based on evangelical piety and faith, was the cause of many great social reforms, including the abolition of slavery, the Factory Acts and the humane treatment of animals. Interestingly these reforms were directed at animal experimentation, which in those days was exclusively Physiology, ignoring blood sports, agriculture and industry. The reasons for this anomaly are theological, economic and sociological.

Sharpey's attitudes were alluded to when Burdon Sanderson saw fit to dedicate the above Handbook to his colleague:

"Dear Dr. Sharpey,

To you, who have been these many years the friend of physiologists throughout the world . . . we desire to dedicate this attempt to promote the study of our science.

Accept it as a token of our personal regard as well as of the high value we set on your life long labours.

Your devoted friends,
MICHAEL FOSTER
J. BURDON SANDERSON
T. LAUDER BRUNTON
E. KLEIN"

Let Sharpey himself summarise the legislative situation at that time (in a letter he wrote to Schafer dated May 21st, 1875):

"There is still much clamour and agitation about vivesection. Two Bills have been introduced into Parliament in order to prevent the abuse of vivesection—one by Lord Henniker in the Lords, the other by Playfair in the Commons. The first would enforce very restrictive and vexatious regulations: Playfair's is less meddlesome but unreasonably restrictive and I am satisfied its restrictions would be quite ineffective for their purpose—indeed it would be impracticable to obtain a conviction under its provisions. . . . I don't believe that either Bill will go on. A year's more reflection would be very salutary—and if there must be legislation it should be dealt with by the Government in consultation with men of science."

Sharpey was proved correct: both Bills were withdrawn, and a Royal Commission was set up under Chairmanship of Viscount Cardwell. To this Sharpey was a major contributor. He stated that experiments on living animals were "absolutely necessary for the progress of the science of physiology", and argued his point by quoting the works of Harvey, Hales, and Bell. "Physiology", he continued, "was one of the great foundations of all rational medicine, . . . operating impalpably on the mind of the practising physician". He thought that experiments *were* necessary for good teaching, and were justified if anaesthesia was used and the experiment carried out by a competent teacher. He disagreed with those (including Foster) who believed curare to be a useful anaesthetic.

Sharpey's deepest thoughts and emotions were unleashed when he spoke of Magendi's experimental demonstrations which he witnessed on his first visit to the Continent:

". . . when I was a very young man studying in Paris I went to the first of a series of lectures which Magendi gave upon experimental physiology, and I was so utterly repelled by what I witnessed that I never went back again.

. . . Magendi made incisions into the skin of rabbits and of other creatures to show that the skin is sensitive . . . he put the animals to death finally in a very painful way. . . . he substituted a pig's bladder for the stomach of a dog he had cut out and then filled the bladder with water, and induced vomiting by injecting an emetic into the veins. . . . "

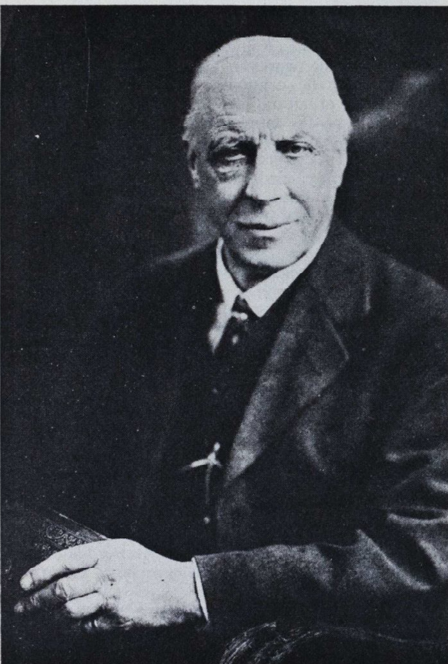
These early experiences had a vivid impression on young Sharpey. His abhorrence emphasises his humane character and explains why he did no work on animals himself.

After the Report of the Royal Commission, two further Bills were introduced. Holt's Bill had an early death, but the other, introduced by Lord Carnarvon, was successful and received the Royal Assent on August 15th, 1876, Sharpey objected to clause 5, which stated that the experiment "must be absolutely necessary for the advancement of medicine and the alleviation of Human Suffering", because of the educational need of demonstrations. Via the Parliamentary Committee of the B.M.A., Sharpey was instrumental in inserting additional clauses, one permitting the use of dogs and cats on special certification, and the other whereby written assent of the Secretary of State was necessary before prosecution could be instigated.

The threat of legislation interfering with the progress of physiology in England resulted in a common mouthpiece for physiologists being formed, namely the Physiological Society. On March 31st, 1876, eighteen scientists, including Sharpey, began discussions on its formation,

and five weeks later the constitution was formed with thirty-six founder members, including honorary members—Charles Darwin and William Sharpey.

In 1869, Sharpey's friends and former pupils showed their regard and esteem for him by establishing a permanent memorial to him, in the form of an endowment for a "Sharpey Memorial Scholarship" in Physiology at University College. In 1872 he gave over his large library (including Grant's collection) to the college, and bequeathed £800 to increase the above endowment. Also "an excellent bust" by W. H. Thorneycroft and a full length oil-painting by John Prescott Knight, R.A., were installed there.



Sir Edward Sharpey-Schafer (1850-1935).

From about 1870 he became increasingly blind from bilateral cataract, and for his last two years at college, Burdon Sanderson gave two-fifths of his lectures on experimental physiology, and eventually succeeded him in the redefined Jodrell Professorship of Physiology.

The Gladstone government accorded Sharpey an annual pension of £150 on his retirement. This, together with his modest investments in the Arbroath and Forfar Railway Co. (which he had held since at least 1845) enabled him to live his last years in the style to which he was accustomed.

From the multitude of letters he wrote to Schafer, it appears he travelled often between London, Barnet, Grantown, Hastings and Arbroath. Occasionally he wrote of himself, commenting on his deteriorating sight.

April 24th, '73, from University College.

" . . . I had a consultation with Streatfield last week. He speaks hopefully of an operation next week" . . .

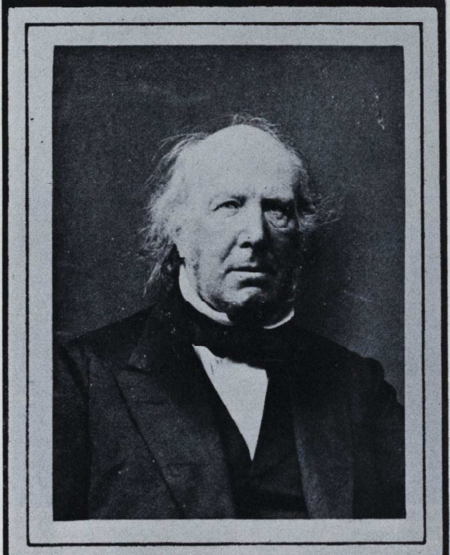
April 30th, '73, from University College.

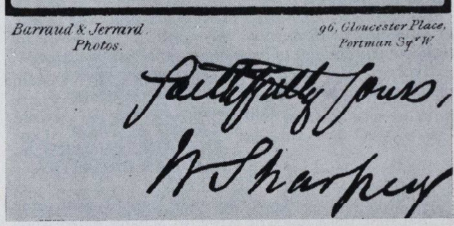
" . . . Saturday week, the 10th May has been fixed for my operation. I shall have both my eyes bandaged up for a week. If all goes well I shall be able to see distinctly by the time you come back."

In spite of his optimism, the operation (performed by Mr. Streatfield of University College) was only a partial success.

September 1st, '73, from Dundee.

"With a small lens I got from Swifts the day before I left London—2 inches focus, I see clearly the type of a small pocket Testament, but I must hold the glass slantingly between my eye and the paper."





Dr. William Sharpey from Barrand & Jerrard. The Medical Profession in all the countries. London: 1874, vol. 2. By courtesy of the Wellcome Trustees.

The Sharpey Tombstone in Arbroath Abbey.

June 12th, '75, from New Barnet.

"There are pleasant woodland walks hereabouts and both the Dr. and Mrs. S. (Sanderson) are famous walkers."

September 5th, '75.

" . . . We are close to the Spey, and there is plenty of pine woods as well as other countryside but to me much of this is lost. Still, there is the capital bracing air. . . . "

The impact that old Sharpey had on young people can be gauged from this letter from his nephew William Colville, an army surgeon, addressed to Schafer, dated January 31st, 1878, postmarked Baghdad:

"My Dear Schafer,

I cannot tell you how happy it made me to get your letter by last mail. It was very kind indeed of you to write, but to tell me about Uncle Sharpey was above all things what I desired, for though he writes me very regularly he tells me little of himself. Uncle Sharpey, as perhaps you have guessed, is all in all to me, all I live for and all I care for, and had you simply told me he was well, it would have been kind, but when you tell me what he has been working at and that he has been using the microscope, it shows me his eyes must have been much improved and as that's what most bothered him he must feel happier. . . . "

His health did enable him to make a last tour of the Continent in 1878, accompanied by Michael Foster. The effort may have been excessive for he contracted bronchitis soon after. He spent his last two winters in Hastings, returning to 50 Torrington Square in March. He was cared for by Miss Colville, his niece, until she died in the early summer of 1878, and then by his half-sister Miss Arrott when he travelled to Arbroath.

Sharpey's handwriting, like his intellect, was well preserved even weeks before his death. In his last letter to Schafer, dated February 26th, 1880, he writes:

"For myself, my condition varies a good deal. Some days I feel stronger and can take a slow walk for an hour and a half—on other days this is fatiguing. My hearing is now very dull—my head and gait sometimes unsteady."

He returned to London at the end of March, and in an exacerbation of bronchitis, collapsed on the morning of April 11th, and died the same evening, attended by Allen Thomson, Sanderson, Marshall and Ringer.

Writes Schafer:

"The procession from the quadrangle of University College to Euston Station, whence his body was to be conveyed on that last journey home, was so imposing in its extent that people passing along the streets must have wondered what manner of man that was who was able when dead to draw so many after him."

Sharpey's body was taken to Arbroath and lies buried in the ruins of the magnificent Abbey.

Let Allen Thomson, his close friend for over forty years have the last word:

"While he was universally admired for the extent and accuracy of his acquirements and respected for the soundness of his judgement, he was not less esteemed and beloved for the gentleness of his disposition, the kindness of his heart, and geniality of his nature. . . . He had not a single enemy, and he numbered among his friends all those who ever had the advantage of being in his society."

The Editor's wish to thank Mr. Peppiatt for permission to publish this abbreviated version of the Wix Prize Essay. They would also like to thank the many people who provided photographs, particularly the Trustees of the Wellcome Institute of the History of Medicine.

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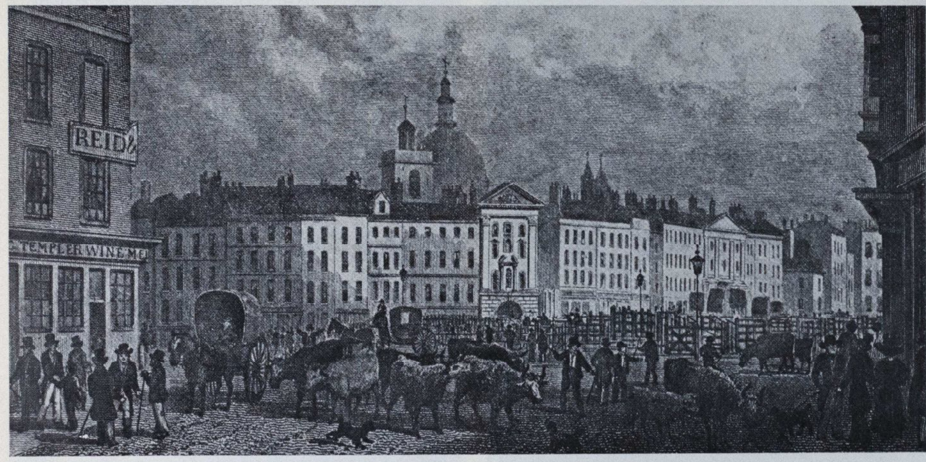

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THE BUPA BREAST SCREENING PROGRAMME

A PERSONAL VIEW by Allan House

In medical terms a screening process is one involving the sifting of an apparently normal population, in an attempt to discover an asymptomatic disease which is of sufficient frequency or seriousness to make the cost of the process worthwhile. When BUPA announced that they intended to launch a "screening" programme for breast cancer based on a portable thermography unit, I was interested to find out how accurate they were in the use of that adjective, and therefore attended a press showing of a film they had made on the subject.

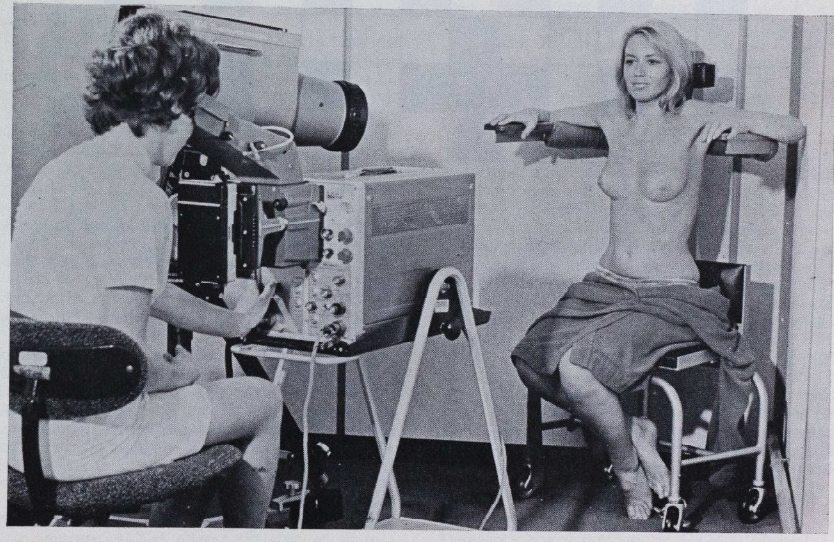
The film projected screening for breast cancer as a two stage process: trained self-examination of the breasts at monthly intervals, and occasional attendance at special centres for professional examination of the breasts (although not by a doctor), thermography and mammography. Of the 7,000 who have attended the BUPA clinic to date, we were told that 800 had had "some abnormality" detected, and that 51 had subsequently been found to have breast cancer. We were not told why the 7,000 women had presented themselves.

Obviously an essential premise of such a scheme—and one that was heavily implied, without (not surprisingly) being explicitly stated—is that the treatment of impalpable carcinoma detected by thermography carries a significantly better prognosis than for carcinoma detected at its earliest palpable stage. The cost of such a system is obviously not clear as yet, but I was told that it would involve something in the order of £10-12 p.a. for the average woman.

It appears then that this is no screening programme—its cost financially and in the time of skilled medically trained people would not be justified by returns, even were it conceivable that such a system could be made universally available. This is of course no more than a semantic quibble; since one of the principles of Insurance Medicine is to provide a service not available to those who do not (or cannot) pay for it, it was unlikely from the outset that BUPA's intention was to set up a screen.

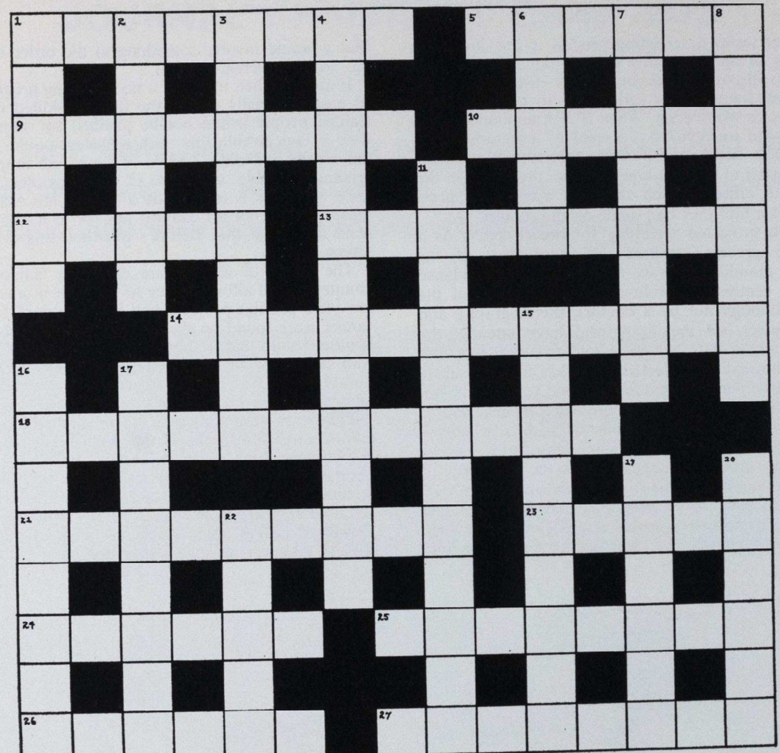
The ethics of all this are extremely dubious. This country can ill-afford money to be spent in medicine on low-yield prestige projects, and if "screening" for breast cancer *were* found on the other hand to be of value, it is indefensible that it should be available only to those who can afford to pay for it. Not money but high risk should be the first priority for access to a system that is limited in scope by force of circumstance.

This raises the topical issue of the relationship of private medicine to the N.H.S. One thing is certain—this country must never be allowed to reach the "two standard" situation of America, with a rich Insurance-orientated private system, and State medicine a poor and underprivileged cousin. It is my opinion that the growth of BUPA, and of schemes such as this one, is already taking us in such a direction.



Breast screening by Thermography. Photograph provided by B.U.P.A.

JOURNAL CROSSWORD - No. 8 by DOGSBODY



ACROSS

1. Brainy car rebel in revolt. (8)
5. Work of art? Let us do it badly here. (6)
9. Five hundred and one ate rib in bitter criticism. (8)
10. Holy part of the head? (6)
12. You still get one for a miss. (5)
13. Uttered nonsense. (9)
15, 23. Cataleptic pliability. (12, 5)
18. Slogans reckon its best this. (2, 3, 7)
21. The correct breathing apparatus? (5, 4)
23. See 15 across.
24. So one sailor returns the proportions. (6)
25. Harmless being in no money involvement. (8)
26. Evasive ruses. (6)
27. Loss of alkali a policeman is so confused about? (8)

DOWN

1. Club half digested food on a leg up. (6)
2. As sort of cooks? (6)
3. Crustaceans clean bars which are untidy. (9)
4. Topic the first person has. (5)
6. Double-dealing! (12)
7. Tear your hair out because there is an untidy pile in the right year. (8)
8. Cricket series does badly enough to kill perhaps. (8)
11. Genocide a bit—enough to cause a disease. (12)
15. Misplaced air? (4, 5)
16. Reflected. (8)
17. Was restless with the gift, indeed troublesome. (8)
19. Commands or Reds' Revolution. (6)
20. Upset tool deserts. (6)
22. The ones which are not here. (5)

Solution on page 329.

THERE WILL BE A SPECIAL CHRISTMAS JUMBO CROSSWORD NEXT MONTH

STUDY OF GROWTH IN CHILDREN TREATED FOR CONGENITAL ADRENAL HYPERPLASIA

By WILFRIED GUENTHER

SUMMARY

After an introduction to the Pathology and Clinical features of this condition the growth of a sample of 16 patients, treated for Congenital Adrenal Hyperplasia in the Queen Elizabeth Hospital for Children, London, is studied and possible connections between the observed growth retardation and the regime of the Cortisol-Substitution-Therapy are discussed.

PART 1. CONGENITAL ADRENAL HYPERPLASIA (CAH)

Pathology

It is not possible to correlate definitively the histologic characteristics of adrenal cortical tissue with steroid biosynthesis in CAH. BLACKMAN stated that the progressively hyperplastic zona reticularis was the source of increased androgen production, whereas TONUTTI *et al.* found a hyperplastic zona fasciculata. According to SYMINGTON, these two zones may act as a functional unit: storage for steroid precursors in the fasciculata cells, formation of the definitive steroids in the zona reticularis.

Pathogenesis and Genetics

CAH is a familial, autosomal recessive hereditary disease. Both sexes are affected with the same frequency.

The various subvariants of the syndrome are characterised by discrete biochemical defects; within an affected family the same variety of the syndrome appears consistently. As for the frequency of the gene, there are probably considerable geographical differences. CHILDS *et al.* estimated the incidence in the state of Maryland U.S.A. at 1 in 60,000 births, with a gene frequency of 1 per 128 persons; whereas the incidence in the canton of Zurich, Switzerland, is estimated at 1 per 5,000 births with a gene frequency of 1 per 35 persons. The androgenital syndrome associated with CAH manifests itself in various clinical forms, which, in most aspects, can be correlated with certain enzymatic deficiencies of cortisol biosynthesis. The adrenals are potentially in a position to synthesize steroids of all categories from cholesterol.

The adrenals follow three synthetic pathways leading to (1) minerolocorticoids, (2) glucocorticoids with the final production of cortisol and (3) androgens with the final production of testosterone, which can be further converted into estrogens.

Each defect in synthesis entails a compensatory hypertrophy of the adrenal cortex. The cortisol deficiency sets up a feedback with the hypothalamic and pituitary trophic tissue and "instructs" them continuously to increase ACTH release (SYDNOR *et al. (6)).* In this way the block may be partially overcome, however, only by means of an increased secretion of steroid precursors, many of them also having an androgenic effect in the more commonly encountered clinical subvariants of the syndrome.

21—Hydroxylase deficiency without *sodium loss.*

On the basis of the clinical and metabolic observation of various investigators a 21—hydroxylase deficiency can be demonstrated in most of the patients showing the syndrome. This had been suggested by JAILER *et al. (7)* to occur in about two-thirds of all cases affecting only cortisol synthesis. In the small sample of 19 patients treated in Queen Elizabeth Hospital this proportion was the other way round: 16 out of 19 being salt-losers with only three non-salt-losers.

21—Hydroxylase deficiency with *sodium loss.*

In the remaining patients a so-called salt-losing syndrome will be found. In these patients the 21-hydroxylase deficiency affects both cortisol and aldosterone biosynthesis.

In both variations the cortisol deficiency effects an increased ACTH-release which in turn leads to excessive androgen production. The androgens are responsible for the somatic and sexual precocity.

The *11-Hydroxylase deficiency,* reported by EBERLEIN *and* BONGIOVANNI, the *3-beta-hydroxydehydrogenase-and isomerase deficiency* (BONGIOVANNI), the so-called *Congenital Lipoid Adrenal Hyperplasia* (PRADER UND GURTNER and PRADER UND SIEBENMANN) and the *17-Hydroxylase deficiency* (NEW and PETERSON) are mostly clinically very severe, but exceedingly rare.

Effects on Genital Differentiation

Prior to the ninth week of gestation both sexes have a urogenital sinus and an identical, still undifferentiated, external appearance. In normal female development separate external openings for the urethra and the vagina will be acquired by the 12th fetal week. If the development is disturbed, the urogenital sinus will persist. Masculinisation of external genitalia is brought about by exposure to androgenic hormones during the process of differentiation. Under normal conditions, this androgenic hormone is thought to be testosterone, derived from the Leydig-cells of the fetal testes. In female pseudo-hermaphroditism due to CAH the fetal adrenals secrete sufficient androgen to bring about various degrees of masculinisation of the external genitalia. By the 12th fetal week the development of the vagina is terminated and androgens will no longer cause fusion of the urethral and labioscrotal folds. Clitoral hypertrophy, however, may occur at any time in fetal life or even after birth.

Clinical Features

Deficient cortisol synthesis in CAH is associated with ACTH-release and adrenal cortical hyperplasia. Because

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of the inability to synthesize cortisol sufficiently there will develop (with exceptions), early and excessive androgen production. This latter phenomenon explains most of the clinical features, as e.g. somatic and sexual precocity. Linear growth and body size will be above the normal range (in *untreated* patients; see part 2 for treated patients). Since the skeletal maturation is even more advanced compared to the height-age, premature fusion of the epiphyses will occur at the time of adolescence: the paradox of a dwarfed adult who has been an excessively tall child. General features in both sexes are advanced muscular development, early growth of pubic hair (aged 2 to 4 years), followed by early axillary, facial and body hair. In boys the testes remain infantile in size, due to suppressed gonadotropin release, in contrast to the precocious development of the penis (macrogenitosomia praecox, due to excessive production of adrenal androgens). In the female, pseudo-hermaphroditism of various degrees will develop and breast development and cyclic menstrual bleeding will fail to occur at puberty without therapy. At the beginning, however, failure to gain weight may be the only evidence of the condition. Pigmentation, especially of the scrotum, labia majora and nipples is common. In the salt-losing form of the condition crises resembling Addisonian crises may occur. Episodes of hypoglycaemia were reported by WHITE and SUTTON.

Diagnosis
The family history may be quite informative. Unexplained deaths in infancy, excessively tall children with sexual precocity and dwarfed adult stature, all in the same generation may give valuable information. Measurement of the urinary 17-Ketosteroids may give important information; they are excreted in increased amounts. Within the first three weeks of life daily urinary excretion values up to 2.5 mg of 17-Ketosteroids may still be physiological. For average standards the following values of urinary-ketosteroids may be considered physiological: less than 1.0 mg until 1 year of age; less than 2.0 mg until 4 years of age; less than 3.0 mg until 8 years of age. During puberty a gradual increase to adult values occurs. Additional important biochemical data of the various enzyme-deficiencies can be obtained from more detailed accounts. Postnatally there will be an abnormal acceleration of osseous maturation in both sexes. A testicular volume ahead of a boy's developmental age should arouse suspicion of aberrant adrenal tissue, and a biopsy ought to be considered.

Differential Diagnosis
The sex chromatin determination is a necessity in all cases of ambiguous genitalia, especially in bi-lateral cryptorchidism with or without hypospadias, and should be done if possible during the first week of life. In the male the primary problem is the distinction between CAH and various forms of incomplete idiopathic sexual precocity. In complete idiopathic precocious puberty one will find—in contradiction to CAH: 17-Ketosteroids only slightly elevated, normal development of testicular volume, urinary gonadotropins may be elevated, urinary 17-hydroxycorticosteroids normal. Suggestive evidences of incomplete precocious puberty (pseudopubertas praecox) associated with a virilizing adrenal tumor or the adrenocortical hyperplasia of Cushing's Syndrome are: Cushingoid habitus, bone age may be delayed or accelerated depending on the relative production of gluco-corticosteroids versus androgens, 17-Ketosteroids greatly elevated in adrenal tumors, no suppression by corticosteroid therapy as in CAH, urinary pregnanetriol and dehydroepiandrosterone may be elevated, circadian variation of the plasma cortisol may be absent or disturbed.

The return of 17-Ketosteroids to the normal range and a decrease of testicular volume after corticosteroid therapy are characteristic only of CAH.

PART 2. STUDY OF GROWTH OF 16 PATIENTS WITH THE SALT-LOSING FORM OF CAH

1. Introduction
Cortisone or its analogues form the basis of treatment in CAH; among the aims of therapy are the prevention of rapid skeletal maturation, fusion of epiphyses and resulting short stature, which in an untreated patient otherwise would occur (see part 1).

RAPPAPORT *et al. (14)* report a long-range follow-up of patients treated with oral hydrocortisone and found: In spite of the fact that hydrocortisone has less growth suppressing effect than other synthetic corticoids, there was severe growth retardation during the first two years of life. A careful analysis showed that growth retardation was due to overtreatment related to increased dosage at the time of infection often for a period beyond the acute phase of the illness. There was no evidence for genetically short stature in patients with CAH. The average height of the treated children's parents was 0.2 (male) cm and 0.4 cm (female) different from the average of the population. The average heights of the patients at birth were also at the 50th centile.

2. Material and Methods
Sixteen patients with the salt-losing form of CAH, diagnosed before the age of three months and treated immediately are studied. The shortest period of observation was 10 months, the longest 15½ years. The common treatment was cortisone acetate in a dosage *range* from 7.5-25.0 mg (up to 50.0 mg at the times of infection), tailored to individual needs, in most cases divided in a smaller dosage *mane* and a greater one at 10 pm, or a three times daily regimen. To treat the salt-loss Fluedrohydrocortisone was given in most cases in a dosage from 0.05 mg to 0.1 mg a day; the daily salt supplement ranged from 2 to 4 g. The salt-loss was considered to be corrected when the serum electrolytes were normal. The dates when the height measurements were taken were converted into decimals in order to plot the graphs on charts prepared by J. M. TANNER and R. H. WHITEHOUSE.

3. Results
Discussion of growth until the age of two years: With the exception of 3 patients out of 7 (male) all children grew below the 3rd percentile; the two girls seen during the first years of life also grew below the 3rd percentile.

The child growing on the 25th percentile (M.B. male) received markedly low Cortisone dosages: Up to the age of 1 year, 7.5 mg nocte, then 10 mg. Another reasonably growing child (male) was catching up from the 3rd to around the 25th percentile on the following dosages: 12.5 mg until age 5 months, 10 mg for another two months, then 18.5 mg. Aged 12 months the dosage

had to be increased to 25 mg and he fell back to the 3rd percentile within 6 months. The children growing below the 3rd percentile received higher dosages than the two above-mentioned patients, ranging from 15 mg to 25 mg daily.

The average growth of treated patients runs well below the 3rd percentile both in boys and girls. There is one interesting exceptional patient: the perfectly average grown boy followed up through puberty to the age of 15½ years, reaching a height of 169 cm (just below average), who received rather high dosages of cortisone—since aged 6½ years, 21.5 mg, since aged 13 years 4 months, 25 mg. There was no reason to exclude this normal grown boy from the average graph—it must be remembered that this average graph would be even lower without this exceptional patient.

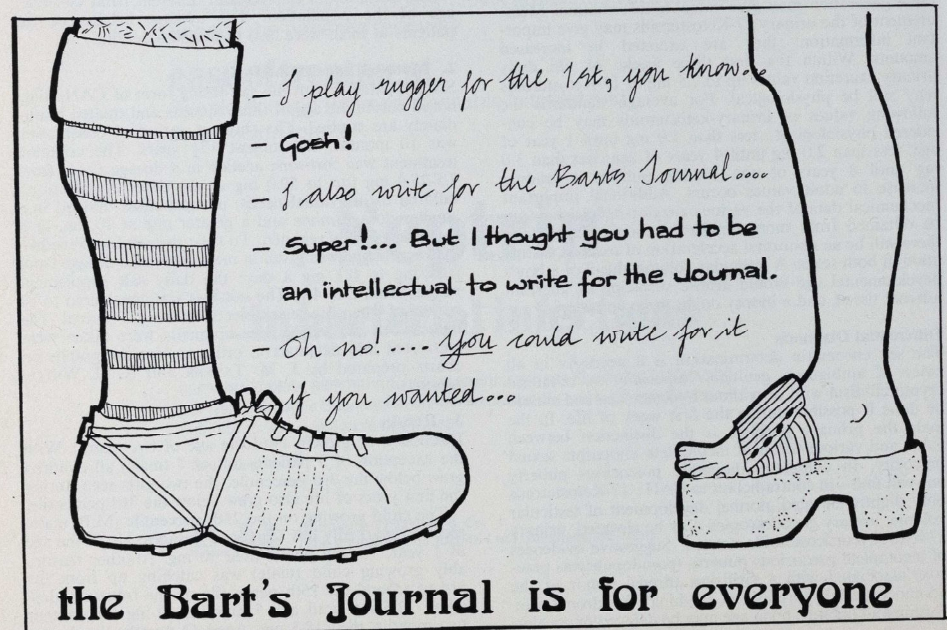
Since the growth development of the patients showed rather great variations, the standard deviations in each class were high as were the standard errors of the means. Choosing a 95%-confidence interval the limits for the means become for some classes rather distant and inaccurate, explained by a small available N and great variations within the sample.

4. Conclusions

In various publications a good prognosis as far as growth was concerned has been reported for patients with CAH, who are treated early in life. Follow-up of 16 such patients in this study showed that most of them had growth retardation. As we have seen in the patients followed up during their first two years of life this growth retardation is already correlated with high dosages of cortisone. We saw one patient growing up perfectly normally although receiving rather high dosages of cortisone, whereas the growth of all other patients receiving high dosages of cortisone is around the 3rd percentile and the average graph for the whole sample runs just below the third percentile for both boys and girls. These results are fairly congruent with those obtained by Rappaport *et al.* In spite of the fact that cortisone acetate may well have less growth suppressing effect than long-acting steroids severe growth retardation was seen in this sample. A further analysis must reveal whether this may be due to increasing the dosage of cortisone at the time of infection resulting in overtreatment. It has also to be clarified whether these increased dosages are given beyond the acute phase of the illness.

References

A complete list of references can be obtained from the author, W. Guenther, D-1000 BERLIN 19, Harbigstr. 1.



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THE BULLFIGHT

By ALFRED WEIRS

(Hon. Secretary—International Council against Bullfighting)

For those at Bart's who may be planning a holiday in Spain, we are printing this account of one of the tourist attractions.

Those who are not acquainted with the facts of bullfighting have a vision of courage of colour and traditional "sportsmanship", when in fact they will be treated to a spectacle of corruption with an attending degradation of human behaviour which reaches the lowest depths of debasement and with cowardly cruelty thrown in with abundant generosity.

The matador will not approach the bull until the animal has been chased about the ring and closely watched by him from "behind" the barrera, and then only for the two obligatory passes. He then withdraws and he will take almost no part in the slow and perverse torture until the bull's neck muscles have been so severed by the picador that he has lost the power to throw his adversaries and his shoulder muscles have been so impaired by the banderillos that he cannot swiftly turn on his tormentors. After having suffered a considerable loss of blood, and after having been completely exhausted, then and only then, will he go anywhere near the disabled animal in order to show his "art" in committing the final and most despicable act of torture. Death is inflicted on the bull by thrusting a three-foot sword down into the animal's lungs, which so injures the respiratory system, that the animal almost invariably drowns in his own blood after repeated sword thrusts. Should that fail the puntilla is used, a sort of dagger with which the bull is stabbed in the nape of the neck to sever the spinal cord.

Horses sold to the bullrings die in the bullrings. Death to them comes by either having their ribs crushed, their legs broken, or in most cases their bellies ripped open. Last year more than 200 horses died in full view of the "aficionados", the bullfighting fans.

It is, of course, quite true that in order to enjoy this obscenity of blood and terror, the mind of the onlooker who derives enjoyment and satisfaction from it in absolute safety behind barriers and walls which protect his precious self, moves on a level of depravity and sickening perversity, which, if not arrested in time may lead to dangerous extravagancies to himself and others. It is a fact that one can get "hooked" on blood, as one can get "hooked" on a drug and it is not amiss to mention that Hemingway, the greatest exponent of the "noble art", ended with the act of violent self-destruction, i.e., suicide.

The psychology of the aficionado is interesting to the analyst, although the picture which presents itself is not a very pleasant one. Generally speaking, it would appear that he is a morally debased individual with a "chip" as big as an oak-tree on his shoulder, which so unbalances his personality that it provides him with a feeling of relief when witnessing the torture inflicted on a dumb animal and which consoles him for his own lack of virility or sexual attraction to the opposite sex. He is subconsciously tantalized by his own inferiority and derives a sense of satisfaction from witnessing a strong and beautiful animal being done to death. He thinks he can punish his own creator by inflicting pain and destruction an another creature in much the same way as an ignorant carman whips the horse of his boss in order to get even with him.

Followers of bloodsports are invariably ill endowed with intelligence, which fact is hidden behind a façade of indolent arrogance which is at once offensive as it is apparent and amusing. So we are treated to edicts that "foxes enjoy to be hunted and torn to pieces" and that "hunting them is good for them" not because it is a fact but because "they say so". Equally, the cruelty of the bullring is far preferable to the bull than the cruelty of the slaughterhouse—an argument put forward by the most illiterate yet successful bullfighters and their followers.

This arrogance seemingly enables them to lift themselves "a cut above" the rest of humanity, but they are of course the only people who would like to think so, and just as quickly as they recognise each other, so they are recognised by their healthier brethren.

The complex of the bloodlusty woman is less easy to diagnose. Women who experience a sort of hysterical voluptuous thrill at the sight of running blood are certainly no scarcity. They, however, seem to be far more impressed by the antics of the torturer than their opposites, and this is the reason why the most successful matadors are the illiterate brutes scooped up from the sunbaked gutters of a Mediterranean town or village. These fine gentlemen with their "peasant" cunning know well what they are doing. They know that they have in fact one of the safest jobs any man can do. Statistically it is provable that steel erecting, coal-mining, sea-faring, lorry driving and a host of other just "ordinary" jobs, bring with them an infinitely higher death and accident rate than bull-fighting and "Death in the Afternoon" is even rarer than a £150,000 win on the football pools.

Perhaps one of the saddest aspects of the Corrida is the fact that this bloody obscenity is merely kept alive to provide big profits for the bull breeders, the impresarios and the few matadors who make a name for themselves—the Spaniards themselves prefer football, in fact only 8 per cent of them will buy a bull-fight ticket. Were it not for the tourist, this endless tale of blood and refined sadism would have been bankrupted out of existence a long time ago, and may this serve as a reminder that if you go to watch, even if only once, animals are made to suffer and are made to suffer for you. Without the tourist bullfighting could not exist. Once the ticket is bought, the damage is done.

"FINE WRITING IS NEXT TO FINE DOING . . . ."

By ROGER PEPPIATT

"Where there is much desire to learn, there of necessity will be much arguing, much writing, many opinions; for opinion in good men is but knowledge in the making" (Milton).

It is no coincidence that two senior members of staff have said to me recently that there has never been such an air of change, a willingness to listen to new ideas. The established concepts on which our undergraduate education is based, they said, are being challenged from both within and without. Is the Royal and Ancient Hospital pregnant with change? Are the Corridors of Power really open to suggestions from the minions?

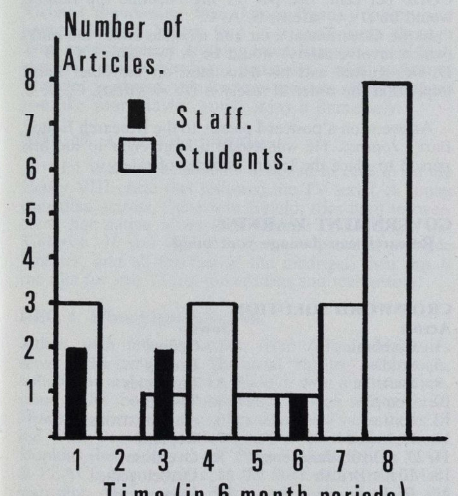
Bart's *Journal* has traditionally been the mouthpiece of those who wish to comment on the teaching at Bart's and indeed in the past four years (the period ending August 1973) twenty-five such articles have appeared. All but five have been written by students (see graph). Note also the large increase in the last six months, but the total absence of contributions from the staff in the past year. These statistics reflect the genuine concern of many students about their training. Although we occasionally commit acts of desperation (the first edition of "Rote" was a particularly unfortunate example), we hope the staff will not question our sincerity. Most students, if they are prepared to admit it, are rather fond of the old place even if they appear to be criticising it on a scale unknown in its previous eight hundred and fifty years.

We have not merely criticised our teachers; we have also attempted to be creative by introducing new ideas such as Objectives and by supporting certain initiatives from the staff, e.g., extending the application of "Module Teaching".

Members of staff, where are your replies? We wait with great interest to read of your reactions to "Objectives" (once the initial nausea has subsided) and to the proposed changes in the curriculum. As well as from the senior members of staff we would particularly appreciate the views of the registrars and senior registrars—those who do the bulk of the teaching.*

"I am convinced more and more, day by day, that fine writing is next to fine doing, the top thing in the world" (Keats).

*See letter from Mr. Gilmore in this issue.—ED.



Graph of the number of articles by staff and by students in Bart's *Journal* on medical education between September 1969 and August 1973.

BART'S NEWS AND VIEWS

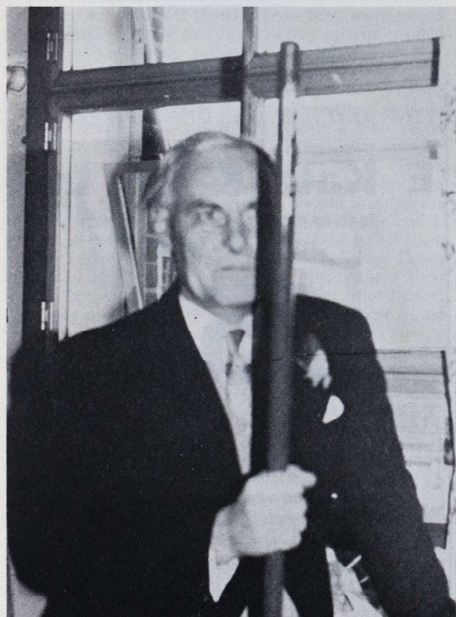
THE LORD MAYOR'S SHOW

BART'S IS ORGANISING A FLOAT FOR THE LORD MAYOR'S SHOW THIS YEAR. THEMES WILL BE THE HOSPITAL'S RESEARCH INTO RHEUMATOLOGY, DIABETES AND AIR POLLUTION. THE DATE OF THE SHOW IS NOVEMBER 10th. IF YOU ARE INTERESTED, CONTACT TIM FINNEGAN AT THE M.S.C.R.

For those who wish to see Bart's Float, the show is at 11.00 a.m. on November 10th. The procession can be viewed on Ludgate Hill.

THE RUGBY CLUB'S HAVING A BALL

After a year's lapse, the Christmas Rugby Club Ball returns. It will feature new style cabaret, an old time room with plenty of sitting area, plus the ever popular rock and roll and disco. Food will be distributed by baskets with a bottle of free wine included. Further details are advertised elsewhere in this issue.



"And I would like to thank the Snooker Club for their kind present. . . ."

Nothing Doing . . .

"Small group research has received much attention recently. Although there is no work published, we have experimented with the no-person group. Scores are randomly selected according to random procedure and are given random meaning. Data collected this way are leading to much insight in the study of unlikely events. In this research to forestall criticism of generalisations derived from laboratory experiments we are using a no-way mirror set-up."

Psychological Review, Oct., 1954, p354

JOURNAL BRAIN TEASER

(From the *Lancet*, September 29th, 1973)

In an article in this issue, Dr. Russell and his colleagues, on the basis of comparisons of increases of Carboxyhaemoglobin (COHb) levels in persons smoking different brands of cigarettes suggest that the Government should add the Carbon Monoxide deliveries of different brands to the tables which they publish.

The four brands examined by Dr. Russell and his colleagues would rank in terms of tar per 0.1 mg per cent Nicotine, A (= safest), B, D, C. But in terms of COHb per cent. rise per 0.1 mg Nicotine the ranking would be D (= safest), B, A, C.

In the Government's tar and nicotine tables the ranks (which involve safety) would be A (= safest), C, B = D. Dr. Russell and his associates, on the other hand, imply that the order of safety is (A = safest), C, D, B.

Answers, on a postcard please, to the Research Editor, Bart's *Journal*. He will award a large cigar to the first person to place the letters in order of safety.

GOVERNMENT WARNING

Research can damage your mind.

CROSSWORD SOLUTION

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9. Diatribe
10. Temple
12. Extra
13. Drivelled
15, 23. Flexibilitas cerea
18. If it's British
21. Right lung
23. See 15 across.
24. Ratios
25. Innocent
26. Dodges
27. Acidosis

Down
1. Cudgel
2. Roasts
3. Barnacles
4. Theme
6. Ambidextrous
7. Depilate
8. Overdose
11. Diabetogenic
15. Lost chord
16. Mirrored
17. Fidgeted
19. Orders
20. Wastes
22. Those

Forthcoming Events

DRAMA SOCIETY PRODUCTION

Two Plays

THE OTHER JUDAS by Rob Robertson

★

ALICE THROUGH THE LOOKING GLASS

adapted by Ben Timmis

DATES: NOVEMBER 20, 21, 22, 23, 24.

BARTSFILM PREVIEW

NOV. 13. Bob and Carol and Ted and Alice. COLOUR

A somewhat introverted attempt by "Hollywood" to satirise the free-love style of psychotherapy once in vogue in sunny Carlifornia. Much of the humour is only comprehensible to homogenized Westerners, but there is the megalomammarian Natalie Wood to excite the boys, and Elliot Gould for the ladies to linger over. Like most self-indulgent movies it ends in pathetic sentimentality. Glossy colour.

NOV. 20. The Amorous Adventures of Moll Flanders.

Richard (handsomer than James Bond) Johnson and pneumatic Kim Novak lead in a tame romp through Tom Jones England. Nothing much happens, apart from plentiful ankle-showing, petticoats, and gallantry. Thought is absent, mindlessness persists. If this is how you like your Movies, you'll enjoy it immensely.

NOV. 27. Anne of the 1000 Days.

A "Hal Wallis Spectacular" designed to cash in on the Henry VIII craze that followed the TV serial. A young Canadian actress, Genevieve Bujold, tries hard to overcome her native accent but remains convincingly un-Tudorish. If you like olde costume parades, multiple fanfares, and all the fun of the madrigal, then this is the film for you. If you prefer ideas and real history. . . .

DEC. 4. When Eight Bells Toll.

Taken, with few alterations, from Alistair Maclean's novel of the same name. The usual "thriller", with boats, helicopters and guns, and a chase or two; and, of course, some ladies (both nice and nasty), though well covered. However, there are some beautiful bird's-eye views of the West Coast of Scotland, and a stumbling Anthony Hopkins (better known as "Pierre" of the BBC's WAR & PEACE extravaganza) in the thick of a typical Maclean plot. Also a small, rather sad, performance by the late Jack Hawkins (even cancer of the larynx and radical throat surgery couldn't quite destroy that deep, rich voice). With this, Hopkins and the scenery, the film just about manages to keep a few memory neurons buzzing.

Journal Architectural Award

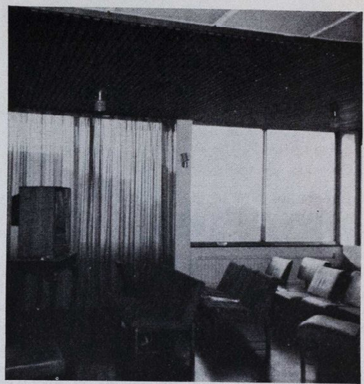

Fig. 1. The T.V. room. The back wall is on a level with the end of the window.

Angry criticism of the *Journal* has followed the results of our Architectural Award in April this year, and of our Wattanicsaw award in September. Many would-be competitors felt that the event was inadequately advertised, and as a result we have re-opened the contest. An early additional entrant has been the 7th floor of College Hall—recently divided into a television room and a lounge.

Unfortunately the lounge, which contains no fire, radio, papers, coffee or loudspeaker system, is never used—although several times the size of the T.V. room.

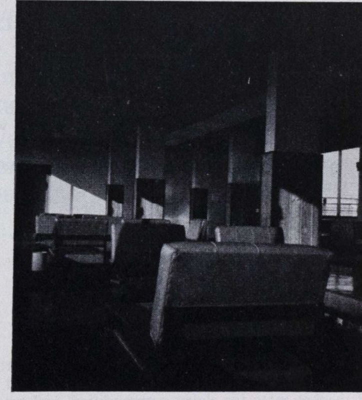

Fig. 2. Part of the lounge.

CAN WE BALANCE THE MAN/FOOD EQUATION?

A report based on discussions at the Man/Food Equation Symposium held in London during September.

By JANE PRICE

Starvation is not new to man. There has hardly been a time in history when famine was not a very real threat to a large percentage of the world population. Despite his continual advance towards greater control of the available energy resources, man can never catch up with the continually greater increase in population. Because of this there is still a supply deficit of food of about 10 per cent. in the world, and even the remaining 90 per cent. is divided unequally, so that the deficit for some countries is much greater.

Between 1850 and 1950, the people of the Western World fed their own population explosion and were ever increasing the nutritional standards. This was only done, however, at the expense of other countries. Admittedly financial aid was offered to these less fortunate countries, supposedly to redress the balance, but in effect this aid was used to create better health and longer life, rather than replace the resources which we had used. So these countries are still "hungry".

As early as 1890 there were refrigerated ships bringing meat to us from the Argentine, a notoriously protein deficient area. Even today the "rich" countries live off the soil of the "poor" countries.

Taking four rich countries below, their food imports are represented as the tilled land necessary to grow that food, as a percentage of the land available in each country.

IMPORTS AS A PERCENTAGE OF TILLED LAND REQUIRED

Japan	213%	West Germany	94.5%
Israel	430%	U.K.	85.4%

To those that have, shall be given, seems to be the motto when it comes to distributing food. So, as with milk products, those countries making excess do not export to the countries who desperately need the calories.

Milk surplus countries	France
	U.S.A.
	New Zealand
	Netherlands
Importers	Spain
	U.K.
	Japan

There are no "hungry" countries among the importers, simply because "hungry" countries cannot afford the world market rates for dairy commodities, and true to form, they go to the highest bidder.

This is also true with the fish caught in the world, an important and increasing source of protein. 50% of the catch is used as meal or oil to rear broilers and pigs, making more appetising protein, at an enormous calorific loss, for the richer countries. Of the remaining 50%, 70-80% is eaten in the Western World, and very little ever gets to a protein deficient area.

The chart below shows the differences between calorific usage in a day throughout the world.

COUNTRY	*POPULATION*	*KCALS USED/DAY*
China	820 million	2600 x 10^6 KCals
India, Pakistan, Indonesia	781 million	2281 x 10^6 KCals
U.S.A.	205 million	2400 x 10^6 KCals
Europe	220 million	2260 x 10^6 KCals

So we have the amazing situation of one-third of the world's population eating two-thirds of the available calories. This has been true for many years, but as the West's populations are outgrowing these resources, the poor countries are beginning to understand how powerful their resources make them. They are beginning to make us pay extremely competitive and painful prices for commodities we previously purchased very cheaply, and so the prices at home begin their ever steepening spiral. In a country able to grow its own food this is not important. In Britain, if we used all land that has any agricultural potential, we could still only feed 25 million, not even half the present population. The proportion of tilled land per head each country has may well be a measure of its future capacity to survive.

TILLED LAND/HEAD	
North America	0.96%
U.S.S.R.	0.94%
Europe	0.47%
South America	0.42%

Whereas North America and the U.S.S.R. have great resources to support them, we are in a position of relying on other people to provide more than 50 per cent. of our needs. Not, for the future, a comfortable position.

Although it is protein deficiency that is most commonly seen in the poorer countries, it has been shown that the protein content of their diet is rarely below the W.H.O. prescribed minimum. Basically, it is a deficiency in total calorific intake which means that even the protein taken is lost as unusable to the body.

CALORIFIC INTAKE/DAY	900	1600	2200	2800
PROTEIN INTAKE G/DAY	*PROTEIN LOSS IN GMS*			
0	45	43	41	40
20	33	25	22	20
40	31	12	3	0
60	30	10	1	0

This explains the figures below, from a survey in Madras, where 60 per cent. of the studied population were initially clinically described as protein deficient.

	Protein Def.	*Non Protein Def.*	
Calories def.	9%	50%	59%

So, is our agriculture being efficient at producing calories? It is rather difficult to judge a plant's efficiency in comparison with a machine's simply because natural processes tend to have a much lower general efficiency rate.

Below, the potato plant's efficiency is examined and although the result seems to suggest that this plant is making a poor effort on our behalves, it should be remembered that it is turning basic carbon dioxide and water into proteins, something our machines cannot do for us yet.

4.9 x 10^6 KCals/year from fossil fuels
(land and fertiliser)
plus
3000 x 10^6 KCals Solar energy/acre/year
produces
6.42 x 10^6 KCals food

An efficiency rate of 0.25 per cent., but that is not bad for a plant. It is true that tropical or sub-tropical plants utilise solar energy much more than our usual temperate varieties, but all plants' efficiency drops steadily with increasing solar energy, so shining a bright light or praying for better weather is not going to help us much.

Indeed, there have been some great increases in calorific production recently, but mostly among the sugars and fats where the notable advance was in the using of various nuts and seeds, not previously considered edible. It is becoming more possible to extract leaf protein, once thrown away and now pulped and collected, some of which is edible and some of which makes fine growth medium for microorganisms to work on and thereby produce more protein.

Despite all this progress we still lag behind the increasing population.

At present the major utilisation of energy to produce our food comes during the agricultural phase of its manufacture. For example a white loaf: 68 per cent. of the energy required to produce a white loaf is expended before it leaves the farm, the other 32 per cent. being taken up with milling, baking and transport. This is even more true for commodities such as eggs and milk, where the major energy requirements are in feeding the animals to produce the items. It does not take as much energy to produce an egg as to boil one, and if you run out of milk one evening, and have to drive your average English 28 miles-to-the-gallon car more than 370 yards to the nearest shop, you have expended more energy than it took to produce your pint.

In fact, at present, agriculture uses some 5 per cent. of Total World Energy as the chart below shows.

	Energy using densities 10^6 KCals/acre.
Horticultural farm ...	22.5
Pigs and Poultry farm ...	10.5
Dairy farm	4.0
U.K. average	34.9
Greater London	591.0
South-East England ...	79.2

The energy available is limited by the laws of physics, and the land available is limited because we have the misfortune to live on a ball. So if we need to use more energy in food production we either need to use less somewhere else, or find a new and highly efficient source.

If the population has doubled by 2010 (a conservative estimate) and taking WHO figure that we need $3\frac{1}{2}$ million KCals/person/year, the Total Energy Needs of food production will be 2,700 million tons of fuel (oil) equivalent, a figure representing 50 per cent. of the Total World Energy at present, and a ten-fold increase in energy usage in food consumption in just under forty years.

This is quite a target, and although I like to be optimistic about man's future, it seems more likely that starvation will bring about a substantial decrease in the population, than that man will eventually gather his communal wits and start the survival race in earnest.

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MUSIC AT BART'S

The Hospital is fortunate in having a flourishing life, which is largely maintained by three societies, the Music Society, the Choral Society, and the Gilbert and Sullivan Society.

The Music Society is open, without fee, to all members of the Hospital Community, drawing its finance jointly from the Students' Union and the Governors of the Hospital. Its principal activities are running the Hospital Orchestra, and organising concerts in the Great Hall, and the Hospital Church.

THE ORCHESTRA. This meets at 7 p.m. on Tuesday evenings in the hall of Gloucester House Nurses' Home in Little Britain. All players, of whatever standard, are welcome. The Orchestra performs during the year in Great Hall Concerts, and forms the basis of the Orchestra for productions of the G & S Society. Further information may be obtained from Miss Claire Wilson-Sharp, c/o the Women Students' Cloakroom in the Hospital. The Orchestra is conducted by Mr. J. S. P. Lumley.

CONCERTS. These are given either by visiting performers, or by members of the Hospital. Forthcoming concerts will include:

November 1st, in the Great Hall: Joint Concert with G & S Society, who will perform "Trial by Jury" in the second half. First half will include the Rosetti Ensemble.

November 29th, in the Great Hall: Concert featuring the Bart's Orchestra.

December 20th, in the Great Hall: Haydn's "The Creation", performed by Choir and Orchestra conducted by Mr. J. S. P. Lumley.

Further information about these may be obtained from John Cherry (College Hall) or from the Secretary, Miss P. M. Evans, c/o Nurses' Post Office.

THE CHORAL SOCIETY functions as an I.L.E.A. Evening Class; students' fees are paid by the S.U. The Society gives 2 or 3 concerts per year, usually in Westminster Central Hall. The next concert, on December 13th, celebrates the Hospital's 850th Anniversary, and will be held in St. Paul's Cathedral. Rehearsals are held in the hall of Gloucester House, at 7 p.m. on Monday evenings. There is no audition, and new members are welcome. The Conductor is Robert Anderson. Further information may be obtained from the Secretary, Miss Jane Coles, c/o Nurses' Post Office.

ST. BARTHOLOMEW'S HOSPITAL JOURNAL

The annual Subscription to THE JOURNAL is only £1.50 per year £2.50 post paid anywhere in the world). Perhaps you know someone who would like to become a subscriber.

Further information may be obtained from:

The Assistant Manager (Subscriptions),
St. Bartholomew's Hospital Journal,
St. Bartholomew's Hospital,
London, E.C.1.

ST. BARTHOLOMEW'S HOSPITAL, LONDON, E.C.1.

FINAL YEAR STUDENTS are frequently required during House Officers' leave to assist on Firms and Special Departments. £16.77 per week. If you are available, and have obtained the Dean, permission to do such work, please contact the Medical Staff Office.

Telephone

606 7777 ext. 274

CAVING CLUB REPORT

The last year has been very active for the club. There has been a lot of excitement and most trips were well attended.

Late in '72 some of us visited Bath to descend a well in the Podkolinski's house. After half an hour we had managed to clear the old TV sets, sinks, workbenches, etc., lying over the well and somebody squirmed in to have a look. We then fed the 120 feet of electron ladder we had begged and borrowed, into the shaft. Mark descended the shaft first, accompanied by noises which conjured up the image of robots fighting in a scrapyard. This turned out to be because the well still possessed the remains of the old pumping apparatus which ran the length of the drop.

The bottom of the well was an anticlimax; two feet of muddy water straddled by rotting planks on which rested some old .22 ammunition.

After the descent we were glad to receive a fresh cup of tea (a novel experience for those immured to long treks over fields to the nearest pub!).

The next day four of us descended Stoke Lane Slocker, one of the damper, more interesting systems on East Mendip. After just fitting into the entrance without drowning (it resembles nothing so much as an enlarged plughole), we crawled nose to tail for several hundred feet in a small river before reaching the sump.

A sump, for the uninitiated (or those who think it is somewhere underneath a car) is a submerged section of passage sometimes negotiable by just holding one's breath and diving. This one is like that but extremely constricted at one end so that after several minutes jockeying about in various puddles one is ready to dive. One is then standing waist to neck deep in a stagnant pool with a thin layer of oily debris floating on the top. No wonder that a Bristol University Path. lecturer managed to contract Weil's disease here a few years ago!

Fortunately the dive is short and one emerges in a larger, more pleasant passage which one can walk down. Here we had some trouble—the three of us had acetylene lamps which had been extinguished by our dive. I opened the "dry" ammo box only to find wet matches, camera, chocolate, flashgun . . . ; several frantic minutes were spent drying our carbide lamp flints in our hair and then we started again. At this point we climbed into the magnificently decorated chambers containing stalagmites named Queen Victoria and the King. Further on prehistoric occupants have left their traces in the shape of charcoal stained boulders (they entered by another entrance needless to say!).

Early this year a small party visited Ogof Ffynnon Ddu in Wales, one of the longest caves in Europe or the world. The longest in the world for those interested is in the States and is approximately 150 miles long. Ogof Ffynnon Ddu is only 20 miles long.

We had decided on this trip to visit the Main Streamway. After a climb up the hill for about half a mile we reached Top Entrance, one of the three for the cave. This time I had taken the precaution of carrying an enlarged print of part of the survey, so we had no trouble finding our route which passes through passages such as The Chasm and Salubrious passage. We sidetracked once to look at an enormous stalactite known as The

Trident. A climb down led to a tortuous narrow passage which pursued an alimentary course ending at a short drop already laddered. Another climb on a very mobile piece of scaffolding tube led us finally to the underground river.

The river is a roaring torrent, the drumming sound pervading one's senses with a numbing intensity; the walls are black scalloped limestone with no calcite to brighten the view. The floor conceals treacherous potholes many of them extremely deep as we learnt on a later trip.

We left the streamway most impressed and vowed we'd return again soon.

The next day we decided to visit the famous Columns which are quite near the top entrance. These proved difficult to find—the passages being deceptive and it was only after several abortive attempts that we finally crawled through an oozy pool into a vast hall. At the fringe of it we could see faint strips of whiteness like hallucinations conjured up by an eye staring blindly in the dark. We rushed forward and the columns emerged from the darkness. They have stood looking like Giacometti sculptures for thousands of years, never appreciated until man crunched his way across the crystal floors to gaze upon them.

In March a large party visited Mendip for a day's caving. Peter Glanvill took a party down the "beginners" caves of Goatchurch Cavern and Rod's Pot. Hugh Rogers led a small group down the arduous but entertaining Longwood Swallett.

In June a group of us including Jila Perzeshgi, a newcomer to caving, visited Hillier's Cave in Fairy Cave Quarry. We all decided Jila would make a good caver after this trip—we also felt that she'd make a good conman; she persuaded two of us to carry out from the bitter end of the cave a large, knobbly and very heavy piece of stalagmite. Strange to relate it emerged from the entrance!

The next day we had a quick trip into Swildon's Hole—damp but exhilarating! July saw a large party of students and nurses assembled at Hirwaun for what proved to be an exciting weekend in Ogof Ffynnon Ddu.

The first day was quite uneventful although we covered much new ground and introduced several people to caving. As a treat we all visited the Columns as the finale to the trip.

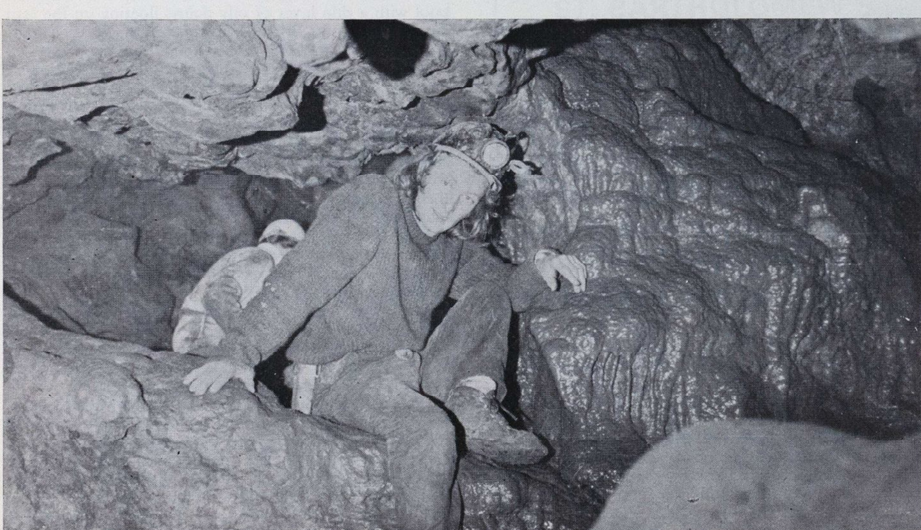
The next day was less uneventful. Because some of the party were reluctant to get wet I had decided to lead a through-trip in O.F.D. via a dry route above the stream. This involves a trip of some two miles underground.

We duly started the trip, in a long meandering stomach wriggle until we reached the streamway. We carried on up and climbed into the roof above it reaching the Traverse, where we proceeded by back and footing 60 ft. above the streamway. Eventually our passage debouched into a rift of 80 ft. high. We were halfway down on a group of boulders; we searched for a way along but none could be found and after an hour we gave up and returned to the stream. Here I made the mistake of going up the streamway rather than reversing our route. Suffice it to say we had almost emerged from the upper entrance when we met the Cave Rescue looking for us. We were four hours overdue, having been down ten hours. After making voluminous apologies and a donation to the Rescue Organisation we retreated from Wales.

Since then two of the Club have visited G.B. Cave on Mendip containing one of the biggest chambers in the area. More trips are planned for the coming year and new members are always welcome.

Remember, you don't know what it's like until you've done it!

PETER GLANVILL.



RECENT PAPERS BY BART'S ALUMNI

To ensure that your papers are recorded here, please send reprints to the Librarian. Although we look through the journals received in the library it is not always possible to identify Bart's personnel, and contributions to other periodicals will not be seen unless reprints are received.

Besser, G. M. (with others). Action of growth-hormone-release inhibitory hormone in healthy men and in acromegaly. *Lancet*, Sept. 15., 1973, pp. 581-584.

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Statistics for 1973 Season

(Friendly matches and completed Cup matches)
WON, 8
LOST, 10
DRAWN, 10

Batting Averages
(Qualification: 5 completed innings)

Name	*Total Runs*	*Highest Score*	*Completed Innings*	*Average*
Firmin	381	76	8	47.6
Rowland	302	84	7	43.3
Muir	150	48	5	30.0
Cooper	726	79	25	29.0
Findlay-Shirras,N.	161	77	6	26.8
Capper, J. W.	337	64	15	22.5
Husbands. D.	158	29	9	17.6
Barrison	135	39	10	13.5
Joshi, B.	107	37	8	13.4
Davies, A.	248	82	20	12.4
Flather	67	19	6	11.1
Reid	67	25	7	9.4
Anderson	32	17	5	6.4
Waterhouse	8	3	5	1.6

Also batted: Furness, 78*; Peries, 0, 5, 4; Burston, 1; Lindsell, 5, 80; Brann, 3, 12*, 10, 9, 2*; Bouxloux, 9, 0; Husbands, 3*, 0, 0, 2; Fenn, 15, 43, 3, 10; Martin, 0*; Dudgeon, 0, 0, 0; Mark, 1, 2*, 0; N. Davies, 41, 7; Nayak, 8; Brandram-Adams, 0; Griffiths, 8, 7; Van Ree, 15*, 0; J. Joshi, 5; Hawley, 6; Ramsay, 4, 11; Howells, 8; D. Findlay-Shirras, 2; Bird, 0; Willan, 9, 18*, 1, 15, 1; Edgell, 3, 2*, 1; J. M. Capper, 2, 50, 17; Munro, 0*, 0*, 0, 0*, 2, 0*, 0*, 0*, 1*, 0*, 5*, 6.
* Signifies Not Out.

Bowling Averages
(Qualification 10 wickets)

Name	*Overs*	*Maidens*	*Runs*	*Wickets*	*Ave.*
Husbands, D.	158.4	38	408	34	12.0
Joshi	131	24	361	24	15.0
Barrison	78	7	249	15	16.7
Findlay-Shirras	84	11	254	14	18.1
Brann	63	11	191	10	19.1
Munro	159.5	26	475	24	19.3
Cooper	122.2	23	419	17	24.7

Also bowled: Martin, 15-2-35-4; Rowland, 89-17-292-7; Anderson, 27-5-107-6; Burston, 3-1-6-1; Dudgeon, 42-5-171-5; Van Ree, 24-4-82-0; Berstock, 7-1-21-0; Nyak, 9-1-30-3; O. Husbands, 7-1-27-0; A. Davies, 0.3-0.4-1; Fenn, 24-3-84-6; Flather, 39.4-4-160-6; J. W. Capper, 17-2-71-0.

Catching

14	:	Davies, A.
12	:	Munro.
11	:	Capper, J. W.
8	:	Cooper.
6	:	Joshi, Rowland.
5	:	Firmin (also 2 stumped), Husbands, D.
4	:	Waterhouse.
3	:	Flather.
2	:	Reid, Aitken, Van Ree, Fenn, Findlay-Shirras, N.
1	:	Peries, Dudgeon, Jenkins, Sloane, Joshi, J., Griffiths, Brann, Anderson, Germer, Walker, Edgell, Willan, Barrison, Capper, J. M.

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SUSSEX TOUR

5th AUGUST v. FERRING—Lost by 4 runs

Ferring 124 for 5 declared (N. Findlay-Shirras 2—25, Edgell 1—15, B. Joshi 1—22, Cooper 1—22).
Bart's 110 all out (Cooper 33, Barrison 30).

6th AUGUST v. BURGESS HILL—match cancelled because of rain

7th AUGUST v. ROTTINGDEAN—Won by 4 wickets

ROTTINGDEAN

Lawrence c. Cooper b. Findlay-Shirras	1
Gray c. Davies b. Edgell	4
Gould c. Joshi b. Findlay-Shirras	17
Penfold l.b.w. b. Findlay-Shirras	9
Jackson c. Firmin b. Husbands	10
Wells b. Edgell	0
Spacek l.b.w. b. Willan	14
Smith st. Firmin b. Willan	1
Bridges b. Husbands	9
Tester c. Cooper b. Willan	4
Costello not out	2
Extras	6
Total	77

Bowling: Edgell 9-2-12-2, N. Findlay-Shirras 11-1-33-3, D. Husbands 11-3-12-2, Willan 8.3-0-14-3.

BART'S

Cooper c. Jackson b. Gray	5
Barrison b. Jackson	2
Firmin c. Spacek b. Costello	32
Findlay-Shirras b. Gray	11
Davies c. Lawrence b. Jackson	0
Willan not out	18
Husbands c. Gould b. Wells	0
Joshi not out	0
Extras	10
Total (for 6)	78

Bowling: Joshi 4-26, Cooper 2-33, Willan 1-36, Barrison 3-13.

8th AUGUST v. COUSLEY WOOD—Match drawn

Cousley Wood 166 for 6 declared (Findlay-Shirras 1—25, Joshi 3—50, Willan 1—16).
Bart's 147 for 9 (Cooper 50, Findlay-Shirras 52).

9th AUGUST v. SEAFORD SEAGULLS—Lost by 7 wickets

Bart's 102 all out (J. M. Capper 50).
Seaford 103 for 3 (Cooper 2—31, Willan 1—14).

10th AUGUST v. BROOK HOUSE—Won by 61 runs

BART'S

Cooper b. Richmond	53
Firmin b. Buck	76
Capper, J. M. b. Richmond	17
Davies c. Grove b. Croft	13
Willan run out	1
Capper, J. W. b. Croft	1
Munro b. Buck	6
Barrison c. Cope b. Buck	0
Joshi c. and b. Buck	5
Waterhouse not out	0
Extras	12
Total	187

BROOK HOUSE

Cooper c. and b. Joshi	3
Allen l.b.w. b. Joshi	6
Hand c. Firmin b. Willan	37
Cope b. Joshi	4
Buck c. Munro b. Cooper	44
Grove c. J. W. Capper b. Joshi	0
Richmond b. Barrison	8
Smith c. Munro b. Barrison	3
Pullan not out	7
Croft c. Munro b. Cooper	2
Fitzgerald c. Munro b. Barrison	0
Extras	14
Total	126

Bowling: Joshi 4-26, Cooper 2-33, Willan 1-36, Barrison 3-13.

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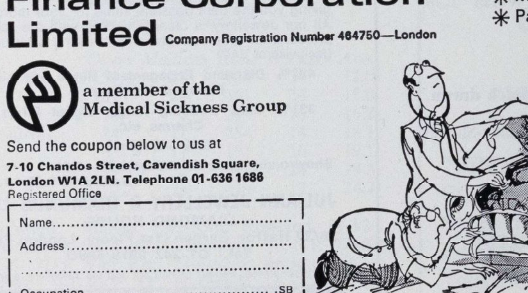

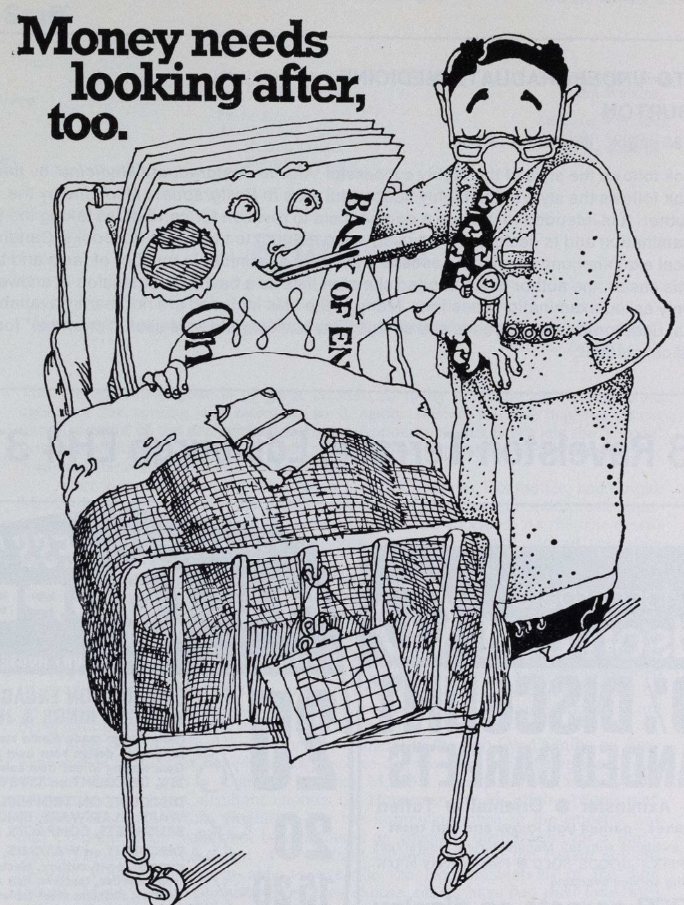

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Editorial

"Justice must not only be done, but manifestly and undoubtedly be seen to be done."
—Lord Hewart.

The preregistration year is of great concern to many students, and we make no apologies for turning our attention to it again. Indeed we feel that the recent announcement of the preregistration House Appointments to Bart's and the 'Circuit' hospitals cannot be allowed to pass without some expression of the considerable comment these appointments have provoked.

After vigorous efforts by the *Journal* and the Teaching Committee, and despite Mr. Fuller's talks with the Finalists on the subject, there is still widespread ignorance about the methods by which these housejobs are allocated. As the true details have become increasingly difficult to obtain, rumours abound, and an unhealthy and unhelpful situation has developed.

From an atmosphere of speculation and hearsay more appropriate to a Papal Election, a number of remarkably clear and specific criticisms have emerged. In the interests of everyone they should be met as soon as possible with equally clear and specific answers. Perhaps the most obvious point is that, contrary to the theory of the Sub-Dean's scheme—if not contrary to popular expectations—the jobs do not appear to have been awarded on the basis of academic ability, either as assessed by results at Finals (in so far as they are known to anyone), or as determined by the much disputed continuous assessment method. When Honours candidates are being left out in the cold it is time to think again.

Those who read the *Journal* or who remember the Sub-Dean's talks on Conjoint earlier in the year have been surprised to discover that two jobs on the Circuit went to doctors with a Conjoint but not M.B.B.S. qualification. Certainly, the grounds on which a Consultant chooses his Housemen are his affair—people with Conjoint are indeed fully qualified—but the impression given to the students was that Conjoint alone would not be considered an adequate qualification for a Bart's circuit House job. The extent of Consultant autonomy within the system remains unclear. Whilst some seem able to override the recommendations of the Sub-Dean's 'Merit List' to appoint whom they choose, others have had their housemen appointed to them, and their own choices overruled. The result must be universally disconcerting.

Who are more deserving of our sympathy, those who were given no job under the scheme, or those who were initially given a job later to find that it had been allocated independently of Bart's by the relevant Consultant?

Perhaps most upsetting to those not awarded a Bart's circuit job is the Medical College's apparent indifference to their situation. There is no programme to help such people and the only advice offered is that they find themselves a job elsewhere and reapply next time. And whereas, in the past, they knew that they would subsequently be preferred to someone who had already had one job in the Bart's circuit, they are now learning that their more fortunate colleagues, wondering whether to accept a job they had not chosen, are being tempted by the promise of a good chance next time of their desired job.

The G.M.C. has pointed out that the preregistration year is the consummation of clinical education, and as such is the responsibility of the Medical College. When asked earlier in the year what would happen if too many students qualified for the available jobs, the Sub-Dean said that he thought that such a situation was unlikely, but would love to be proved wrong! He has been.

In calling for a complete reappraisal of the principles involved in House job allocation, let us not be entirely critical. There are those who have been greatly helped by the enlarged choice offered by the scheme, thereby obtaining their second, third, or lower choice when initially unsuccessful. There is also no doubt that the earlier announcement of appointments is more convenient for those who are left to find a job for themselves. However, the confusion and disaffection evident among those recently appointed, or disappointed, together with the anxiety felt by many students approaching Finals, could and should be avoided.

Students, or parents, or Education authorities anxious to know what happens to their £12 p.a. Students' Union fee, and the many students who wonder what *they* get for the money, are unlikely to be eased by recent investigations into the nature of Union finances. Club grants are often large, and almost invariably are inadequately accounted for, or inappropriately disposed of. The annual financial turnover of the Union and its Wine Committee, is counted in tens of thousands, and yet details of accounts are all but impossible to obtain, and disposal of the money involved rests in the hands of committees or individuals democratically far removed from the student body. I am glad to see that the Union's new financial secretary is to investigate these matters fully, and I only hope he is not put off by the type of criticism and debate we have heard to date, which would hardly grace the chambers of the Watergate hearing.

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LETTERS TO THE EDITOR

Dear Sir,

Having completed my first clinical year, with moderate success, I now feel qualified to comment on the teaching.

In my opinion the students level too much destructive criticism at their teachers. The material on the wards is both interesting and varied. The consultants teach well on the available material. This is perhaps not always true, but almost invariably a poor consultant teaching round is due to the students. Why? Because the patients have not been clerked, sometimes not at all, and often inadequately. There can be no excuse for this. Any aspects of the clerking with which the student is not familiar will usually be explained by a registrar, or houseman, or even the student's own colleagues. If this is done, and in my view it should be, then the consultant will give a good teaching round.

Teaching by the registrars is the time when the basic techniques may be taught, and should be. The registrars will in this way instruct the students in basic bread and butter medicine, ready for the jam to be spread by the consultants.

The role of the teachers is thus defined, the role of the students is clear. Patients will be clerked for all teaching, and all patients on the ward will be clerked by those members of the firm turning up. How can students have the effrontery to expect teaching when they have failed to do their share? Then, and only then may students criticise the flaws in the system, if they find any. They have the grounds to complain having tried that system.

I am sir,
Yours faithfully,
J. T. CONNAUGHTON.

CONJOINT

Dear Sir,

I am sorry that Colonel Corfield saw fit to suggest that there was something shameful about being a Licentiate of the Society of Apothecaries. The Society of Apothecaries of London is an ancient and highly respected medical examining and licensing body. In its long history, it has been a pioneer in several fields of medical educational progress. Many distinguished doctors have been and are licentiates or diplomates of the Society and I for one am proud to be associated with them.

I invite Colonel Corfield to withdraw his remark.

Yours faithfully,
S. JENKINSON,
Liveryman.

BARTSFILM PREVIEW

December 11th. Easy Rider. Colour.

At last, the 1969 period piece, complete with music and Peter Fonda (brother of Jane, son of Henry, father of ???) but mainly memorable for introducing Jack Nicholson to the big screen. His portrayal of a "whisky" lawyer is worth all the intermittent slowness of a cut-price "bikes 'n drugs" movie. Surprisingly the violence is very much of the seventies, showing how ineffective is hippy liberalism in the face of reality and its hardened prejudices. For the uninitiated, the opening shots portray a big cocaine deal, and the zany graveyard scenes are meant to be a bad LSD trip. Director and co-star Dennis Hopper claimed only to have read one book in his life.

December 18th. Comedy of Terrors. Colour.

"Great fun and quite thrilly" says the Sunday Times book of the "1500 films most likely to appear on your TV screens in the next five years". My knowledge of this particular horror pic is confined to a half-remembered trailer seen in the sulphurous fog of the Orpheus Flea-pit, Henleaze, Bristol's most dangerous cinema. It's about undertakers trying to increase turnover, and sports a fine cast of nasties; Vincent Price, Peter Lorre, Boris Karloff and Basil Rathbone should suffice to keep you teetering between sheer fear and hearty laughter. Recommended.

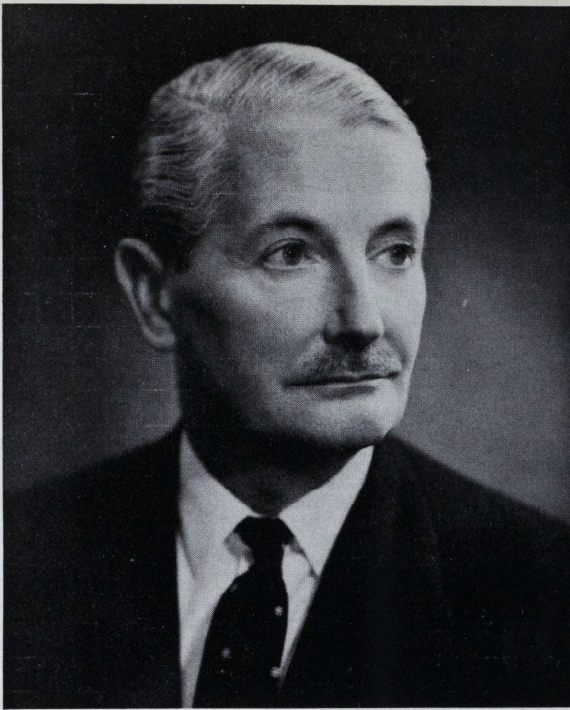
January 1st. The Last Valley. Colour.

It's the Thirty Years War (the 17th century one about religion, not the recent one in Vietnam) and Europe is in "turmoil". With the subtlety of a bulldozer the inherent conflicts and passions of a turbulent age are thrown into vivid relief by a classic stroke of casting. Omar Sharif is the "man of peace", Michael Caine is the "man of war" (non-Portuguese), lesser actors hang about in between. Still, there's all the fun of olde costumes, swordplay, high leather boots, Michael Caine trying not to be a London Cockney, and Omar Sharif trying not to be Dr. Zhivago. For fans of rumbustious historical drama it's a must; for Mike 'n Omar worshippers it'll be one long ogle.

January 8th. The Dirty Dozen. Colour.

If you like your Americans tough and tight-lipped, your Germans jackbooted and sartorial, and your odds a million to one against, then I suggest you cancel alternative arrangements. Lee Marvin, arch-sadist, fixes up a suicide raid into Occupied France. By combining bribery and bullying of the nastiest sort he gathers an assortment of death-cell criminals; the lure is a free pardon, and of course Marvin's special brand of "charm". Most of the mob are instantly recognisable as all-time heavies, plus John Cassavetes who is best known for his role as the ratty husband in "Rosemary's Baby". Anyway, they live, train, fight, and (some; Guess who?) die together, for reasons which are not entirely clear. All you have to do is quaff down an ale or two, slurp back your curry, pay your money and stare in the right direction. It's very easy.

SIR CECIL HOGG K.C.V.O. - An Obituary



Sir Cecil Hogg died on August 5th at the age of 72. He had a distinguished career in oto-rhino-laryngology and a close association with Bart's. This began with his days here as a student in the early nineteen twenties when he arrived from Cambridge to do his clinical work. With striking good looks and wide interests in student activities he enjoyed this period of his life to the full.

Underlying his sophisticated and slightly remote exterior was a combination of serious dedication to medicine and a warm interest in his fellow human beings. The first quality made it possible for him to study successfully in his undergraduate and postgraduate years in spite of the many distractions in his path. In those days this demanded more self-discipline than is required in today's sterner and more regimented environment. His humanitarian approach to work made him the best sort of clinician and teacher.

Qualifying in 1925 he was appointed house surgeon to Sir Charles Gordon Watson and Mr. Vick and subsequently to the Throat and Ear Department under Mr. Douglas Harmer and Mr. Sydney Scott. The latter appointment determined his future career and in spite of a period of ill-health he successfully completed his F.R.C.S. in 1930 and was appointed Chief Assistant to the Throat Department shortly afterwards.

In the nineteen thirties he worked as an E.N.T. surgeon on the staff of the Golden Square Throat, Nose and Ear Hospital, the King George Hospital, Ilford, and the Brompton Hospital. After the war he returned to Bart's as a surgeon to the Ear, Nose and Throat Department and became senior surgeon in 1963.

From the end of the war to the time of his retirement from hospital work in 1965 Cecil Hogg led an extremely busy life. He played an important part in several professional bodies being at various times Secretary and President of the Section of Laryngology of the Royal Society of Medicine and Honorary Treasurer of the British Association of Otolaryngologists. He served as Dean of the Institute of Laryngology and Otology 1961-65 and played a large part in building the Institute's reputation as a national centre for the specialty. In 1961 he was appointed Aurist to the Queen and both before and after this time he treated many members of the Royal Family. His services were recognised by his appointment as K.C.V.O. in 1972.

Despite these many other commitments his work at Bart's always remained an important part of his life. He was painstaking in his care of patients and took much trouble in training his junior staff and in demonstrating his excellent operative technique.

In his death Bart's has lost a notable figure who maintained the highest standards of our great tradition.

R.F.McN.J.

ANNOUNCEMENTS

Deaths

COLLEY—On September 17th, 1973, Raymond Nigel Colley, M.B., B.S., D.Obst., R.C.O.G., M.R.C.P. Qualified 1947.

CRONK—On October 8th, 1973, Herbert Leslie Cronk, M.A., M.D., D.Ph.Cantab. Qualified 1913.

STALLARD—On October 21st, 1973, Hyla Bristow Stallard, M.B.E.,(Mil), M.A., B.A., M.D., M.Chir., M.B.B.Chir., F.R.C.S., M.R.C.S., L.R.C.P. Qualified 1926.

Birth

GILMORE—To Hilary and Mr. J. Gilmore, a daughter Natasha Olivia Phoebe.

Engagement

RAVENSCROFT—PRACY—The engagement is announced between Mr. P. J. Ravenscroft and Miss K. S. Pracy.

Announcements

STRAUSS PRIZE—awarded to H. S. Rogers.
BENTLEY PRIZE—awarded to Miss S. Davison.
HICHENS PRIZE—awarded to C. M. Gillespie.

HARVEY SOCIETY

The Harvey Society has been launched with apparently renewed vigour this term. This enthusiasm deserves encouragement, particularly since the Abernethian Society is presently, I hope temporarily, defunct. Their first meeting on October 15th welcomed Surgeon Commander H. M. Darlow, the man with the daunting responsibility for the safety of experiments carried out at the notorious Ministry of Defence Establishment at Porton Down. Your correspondent had expected, hoped even, that a large number would attend, and some discussion on the role and dangers of establishments such as Porton Down would follow. In the event, Surgeon Commander Darlow navigated well clear of the Official Secrets Act, and described instead the sort of hazards encountered in any laboratory handling pathogenic organisms. For those of us who associate Bacteriology Practicals with old white coats, platinum loops glowing in Bunsen flames, and suspensions dropped onto slides, Gram stained, inspected, and then thrown into Lysol, he had some surprises. It seems that practically all of the standard techniques used in Bacteriology tend to generate aerosols of bacteria-laden particles which are easily inhaled into the poorly protected distal parts of the respiratory system. Surgeon Commander Darlow discussed a whole range of these techniques and pointed out how they could be made safer, principally by using enclosed cabinets and efficient filtered ventilating systems. By the application of such methods, he claimed that the appalling safety record of bacteriological laboratories could be improved.

Although the sixty odd people who attended looked a little lost in a rather large lecture theatre, I am sure they found Surgeon Commander Darlow's remarks of interest, and perhaps any bacteriologists who were present may consider implementing some of his suggestions.

THE LITERARY SOCIETY

On Monday, January 15th, 1973, a gathering of uncertain prognosis was held in College Hall; its purpose was to read "The Cocktail Party", T. S. Eliot's strange concoction of Bloomsbury and mysticism. However, whether fired by the play or our own assessment of a most enjoyable evening of amateur histrionics, the end result was the founding of a society devoted to the pursuit of all things literary. Since then some ten meetings have been held, mainly play and poetry readings, with our greatest coup being an informal evening listening to Edna O'Brien talk, read, tell stories and answer questions.

Clearly the main problem in such a society is introversion. A few people get together of an evening and read something they all happen to like. Outsiders feel embarrassed to intervene, and the result is the formation of a small elite or coterie, doing little to broaden the base of their activities and languishing from a lack of fresh air. Good advertising and popular gatherings can help to break this down, but neither is a complete solution. What is really needed is a common source of texts, preferably available at College Hall, where a given book or play can be kept, several copies of each work being obtained prior to a meeting. Sadly the appalling example of the Medical Library and its "disappearing" books holds out little hope of such a venture surviving more than a month or two. When the well-fed, intelligent, middle-class student can be so callously selfish as to make off with textbooks needed by his own classmates, there's little hope for a library of well-chosen paperbacks.

Furthermore "literary" circles can so easily be labelled as pseudo-intellectual, providing a ready target for the jeers of sportsmen and others who pride themselves on their more down-to-earth approach. This form of criticism may well be entirely justifiable but more often it is simply divisive. A self-defensive and closed elite is created and is accompanied by the persistence of attitudes enshrined in those ghastly phrases 'culture vulture' and 'rugger bugger'. Yet in reality anyone can enjoy reading and talking about books, whether you are a second-row forward or a second violinist, and in order to flourish a society calling itself literary must somehow ensure that this artificial gap is not allowed to develop. So far success in this particular problem has not really been achieved, although a few more meetings like the one with Edna O'Brien could well alter the picture.

Nevertheless much has taken place on a less spectacular level and people are actually meeting in order to read a given author or play or about a given theme. We have obtained a small grant from the Student's Union, held an A.G.M. and elected certain officers in the time-honoured fashion. But central to the society's survival is a spirit of criticism rather than of acquiescence. For literature is nothing more than words, and words, whatever their format, are simply a means of communication. Silence is easy; but one way of finding a means of expression, and thus a means of criticism, is to understand how others have used words, in dialogue, in poetry, and in prose.

Since neither time nor money permits today's medical student to range too far beyond the demands of his teaching programme, we feel that ours is an attempt to fill a sadly wide gap in general education. Communication is the heart of the matter.

The Cartulary of St. Bartholomew's Hospital

Remarks made by Noel Blakiston at the publication of the Cartulary

The Cartulary of St. Bartholomew's Hospital has often been called Cok's Cartulary, because he probably started the compiling of it and because he signed his name under some of his transcripts. Born in 1392, John Cok had been the servant of a former master of the Hospital, Robert Newton, before entering the brotherhood in 1420. He became renter in about 1428, and the last mention of his name in the documents is in 1468.

He had started copying deeds in about 1418; but he was not the only copyist. Dr. Kerling will point out to the curious the hands of other scribes, of whom there seem to have been about six. Cok from time to time could not resist the temptation—which any archivist will understand—of relieving the monotony of his task by signing his name or making some comment. In a rental of 1456, for example, he noted that James Bampton was a "counterfete gentilman."

The purpose of making a Cartulary was primarily to register the text of the title deeds of the property owned by an institution. The wisdom of such a precaution is shown by the fact that 585 deeds that were copied into this Cartulary do not survive in the originals. A subsidiary purpose of having a Cartulary was no doubt, as Dr. Kerling suggests in her interesting preface, prestige. And for further prestige, in addition to a Cartulary, a medieval religious house would also wish to possess a Chronicle. Cok also made an attempt to supply this need. That is to say, he covered half a folio in the Cartulary with a chronicle of the doings of recent Kings, that includes a mention of the coronation of Henry V which he had attended, on a very wet day, *dies valde pluviosa*.

The deeds and other documents in the Cartulary, which start in about 1170, relate to nearly sixty London parishes and to outlying property in Middlesex, Essex, Northants and elsewhere. The greater part of the property had been acquired by the middle of the thirteenth century.

It cannot be necessary for me in present company to emphasise the value to scholarship of producing an edition of this great book. Just look at this prodigious printed index. What a mine of information for the social and economic historian, the topographer, the genealogist, the student of trades and occupations! What a marvellous assemblage here of medieval persons, precisely named, located and dated!

The publication of the Cartulary was mooted as long ago as 1883, when William Cross, Clerk to the Governors, received permission to publish. He did not accomplish the enormous task but did put each medieval deed in an envelope on which he wrote a summary of its contents. He then arranged all his envelopes in parishes. Thanks to him, the deeds were thus reasonably well preserved, in an orderly manner. When Sir D'Arcy Power retired as Surgeon of the Hospital, he proposed making a Calendar of all the medieval documents and in 1937 was allowed to employ an assistant, Dr. Gweneth Hutchings, later Mrs. Whitteridge. After the Second World War, and the death of Sir D'Arcy, Mrs. Whitteridge was appointed archivist of the hospital. She continued to work on a calendar of deeds until most of them had been fully described. Her detailed card index is now in the possession of the hospital and the present editor, Dr. Kerling, has incorporated her calendar with few alterations. In addition to the deeds already calendared by Mrs. Whitteridge, the 585 entries in the Cartulary mentioned above, for which no originals survive, have been calendared by Dr. Kerling.

The hospital and Sir Eric Scowen are to be congratulated on the persistence with which they have urged on the making of this publication. And, without forgetting her predecessors in the job, we must give our most particular congratulations to Dr. Kerling on the steadfast determination with which she has worked through the task to the end, so well.

Detail of the first page of the first deed in the Cartulary.

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THE CHURCH OF ST. BARTHOLOMEW-THE-GREAT 850th ANNIVERSARY

The Church of St. Bartholomew-the-Great celebrated its 850th Anniversary this year with a week of concerts held in the church. Here is an account of three of the evening performances.

A TRIBUTE TO RAHERE

There was a delightful atmosphere of conviviality in St. Bartholomew-the-Great on Saturday, September 29th, when three choirs, a gamut of musical instruments, hand-bell ringers and a church packed with people gathered to celebrate the foundation of the Priory Church and Hospital in a special tribute to Rahere. Donald Swann, who devised the entertainment with librettist Arthur Scholey, opened the festivities with a warm but respectful invitation to the audience (or was it a congregation?) to join in the fun at appropriate places. Part I of the concert, he explained, was a new work by no less than seven different composers (two of them long since dead) aptly entitled 'A Cantata for Smoothfield'. Part II would consist of modern songs, carols and canticles written or arranged by himself and signifying that just as in 1123 Rahere felt a vocation to build a church and hospital, so nowadays the Church is being built with new ideas which find expression in new musical forms. The jester-turned-friar, he claimed, is a modern symbol.

The Cantata was based largely upon the Book of Foundation and fell into ten sections, each musically distinct, and representing different stages in the life of Rahere. With such stylistic changes from section to section the wonder is that the work hung together at all! Yet cohere it did, if only just.

Riddles have always been popular in folk mythology and the mediaeval scene was set by the answers to Rahere's three riddles—"I am but words" (a Vow), "a place for which all make" (Hell) and finally Life:

"If one lose me, me he gains,
he preserves me for his pains
Who leaves me, leaves few remains".

Rahere's part was melifluously sung by Richard Day-Lewis with dulcet tones from the recorder, soft lutenist's strains, and progressions of electronically created consecutive fifths from the portable organ, adding a strangely timeless twentieth century aura. The music by John Candover showed something of a debt to Britten—particularly to his Church Parables.

After this we heard of the untimely death of King Henry's son with sad female voices wafting from the lofty heights of the ancient church, and then of Rahere's change of heart while the festival choir sang Morley's "Nolo Mortem Peccatoris" with moving beauty. What a surprise followed, for Rahere decided to make his pilgrimage accompanied by Sydney Carter's "Catch a Bird of Heaven" with its elusive and wistful harmonies. We are glad the Festival Organisers borrowed the Music Society's Steinway Grand (and this was bought partly through the generosity of the Rahere Association); nowhere did it sound more sweet and lovely than in this number. Meanwhile Rahere began his pilgrimage while plainsong echoed monastically from the Lady Chapel.

The vow and the vision were rather long and Rahere's illness ("Ah, mercy, Lord! The fever consumes me again. . . . A new desolation, a new sense of horror, a dooming dread . . . Preserve me Lord") sounded very like Gerontius's experiences in Purgatory. Patric Standford's music was apt and the big organ at the West End made some terrifying growls, but all was resolved in harmonious peace when Roger Clevedon appeared as St. Bartholomew.

After the King had duly made his gift of land (this time shades of Vaughan Williams hovered in the background) we all enjoyed Donald Swann's "Song of the Building". Remembering that the place "was very foul and like a marsh" abounding in "filth and muddy water" we were not surprised to find Rahere proclaiming:

"O the wind is harsh as here I stand
In a stinking marsh with a spade in my hand".

All good clean musical fun perhaps?—but especially as we all joined in—the boys from Christ's College, Finchley, the choirs, castanets, expert handbell ringers, organ and piano, and finally—us.

"We glimpsed the future and the vision grew
All in the name of . . .
Saint . . . (wait!) . . . Bartholomew."

The church still had to be dedicated, and to a softly lilting accompaniment, Michael Garrick had set words from Rahere's tomb. Finally, launched by imperative knocking on all four doors of the church (a veritable quadraphony), the most amazing boogie-woogie began and grew and grew while the piano rhapsodied in blue, the organ nearly blew its pipes away, hands clapped, and boys, bells and choirs proclaimed that

"This spiritual house
Almighty God shall inhabit . . .
. . . and he who knocks may enter".

The audience were in good spirits for the second half and while their participation was not quite of the standard of Promenaders on the Last Night, they joined in the singing of the choruses with enthusiasm. Donald Swann led us in his own inimitable way from the keyboard where he demonstrated his amazing pianistic style. His body of singers took turns to sing solos or in groups with added guitars, clarinets and rhythm. There was even some Trinitarian theology (Come into my heart Lord Jesus, There's room in my heart for THREE). I enjoyed Swann's Venite which was his first setting in this style and was also first heard in Bart's-the-Great in a television programme. The Caribbean Lord's Prayer was sung with verve and good backing and I was moved by the song "The way you chose" with words by Dag Hammarskjold. Music had been distributed to the audience to join in the last hymn for "Peace, Truth and Unity" and after that we appropriately repeated the "Song of the Building" setting the rafters ringing in a grand finale.

Congratulations must go to Andrew Morris who conducted with precision and enthusiasm throughout. He has been organist at the "Great" for two years now and the Festival owes much to his inspiration. Caroline Coverdale deserves our thanks for organising everything so well, and it was she who first spoke to Donald Swann about her ideas for a special concert for Rahere. After such an enjoyable evening in an old and beautiful church it was good to see the Rector, Dr. Wallbank, who addressed us briefly and dismissed us with a blessing.

ANTHONY NETHERSELL.

THE KING'S SINGERS

The King's Singers comprise two counter-tenors, one tenor, one baritone and one bass. They have been singing together since undergraduate days and have become very well known, touring extensively and recently appearing on B.B.C. T.V. They are becoming more and more popular—deservedly so—and have had works written for them by several composers, including Richard Rodney Bennett and John Dankworth.

Their programme was varied and interesting and the church acoustics suited their voices very well. The first half comprised 14th and 16th century English sacred music and the 'Wymondham Chants'—commissioned by the King's Singers from Geoffrey Poole. The 1st and 3rd chants—Prologue and Prayer—were set simply in the style of Medieval music. The 2nd chant—Scherzo—in contrast, was the music of Tutivillus (the patron devil of prayer-mutterers and church chatterers!). The counter-tenors depicted chattering women amidst serious men singing an ugly, sanctimonious hymn. In the Epilogue, the bass and counter-tenors, singing as they walked from the back of the church to the front, joined the chanting tenor and baritones, to end with music from the Prologue.

The second half comprised 16th century Austrian and Spanish sacred music and four pieces by Poulenc. The concert ended with a very amusing piece written in 1972 to words by John Stubbs—"The History of The Flood". This was also commissioned by the King's Singers from Alan Ridout.

The concert was most enjoyable and the singing excellent. Few people, however, had paid £2 to sit in the aisle of the church and it must have looked depressingly empty to the singers. However, the seats were soon filled by people migrating from cheaper seats in more draughty parts of the church where they could not see the singers.

A.H.

THE AEOLIAN STRING QUARTET

The nine-day festival at the Priory Church has been something of a nine-day wonder, so varied have the items been. Not all can claim popular appeal as well as perfection in performance, but the Aeolian Quartet certainly must stand in the running for the double prize. Placed in the Sanctuary, well illuminated, and smartly dressed (how pleasing to find Margaret Major in gorgeous grey and silver apparel instead of sober black to match the gentlemen's tails!) they produced a consistently lovely sound and gave much pleasure to the audience as their polished resonances percolated between the ancient Norman pillars up to the dark beamed roof and to the gloomiest recesses. The acoustic was drier than I had expected and there was no troublesome echo, even in the ambulatory. Here it was a great joy to follow the geometry of the arches and subtle changes in hue of the old stone work, more brightly illuminated than one usually sees it in the 'Great'.

Haydn's Quartet in G. op. 77 No. 1, shows a youthfulness and vitality remarkable for a man of 67. The first movement in Sonata Form is terse in thematic material and there is hardly a second subject at all (perhaps in a movement of this tight construction there is no room for one—for second subjects are usually relaxed and lyrical), while the cadences are almost Schubertian. There was good co-ordination between Emanuel Hurwitz the leader and Raymond Kleenlyside despite the fact that the latter moved about rather a lot as the triplet figure was handed back and forth. All players produced a rich tone in the slow movement while capturing the spirit of pounding triplets (like some ungainly dance) in the scherzo-like minuet, and of the remarkably pithy and almost bitonal subject of the presto.

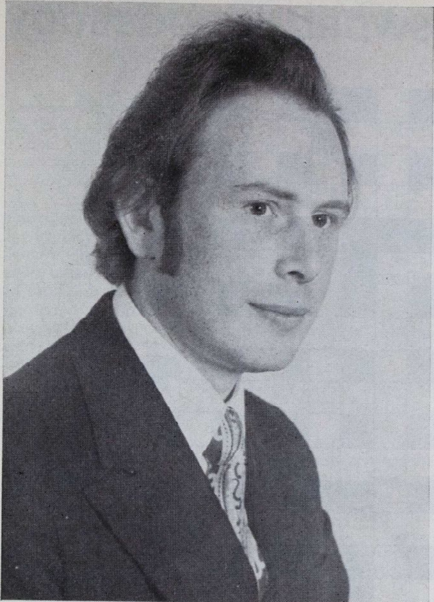
I do not find Bartok's quartets speak to me in an inward way but outwardly I can admire their craftsmanship. Number 2, written during the First World War shows many of Bartok's fingerprints—large shifting blocks of sound (the equivalent of "tone clusters" in keyboard writing), pounding Magyar rhythms, explosive pizzicato, fast muted chromatic runs like spiders rushing over giant gossamer, and a last movement whose bleak, open desolate harmonies suggest a waste-land doomed to some terrible finality by the last ominously repeated pizzicato unisons.

For me the Ravel Quartet in F was the high point of the evening, the lower strings, Margaret Major (viola) and Derek Simpson ('cello) particularly enriching the sound. Only one description will suffice—it was *so* French, echoing Fauré in refined and loving playing, with strings of 7ths and 9ths, note piled on note in sensuous ecstasy. But in places there was more than a trace of the beginnings of atonality; and here we would find augmented fourths suggesting whole tone scales and Debussy, and there (third movement) we find a remarkable flattened leading note hinting at the blues. I should love to know of any connection, even if archetypal. Ravel brings his themes back from movement to movement and this lends unity to the whole; if somewhat contrived, it was a common procedure at the turn of the century.

Altogether it was a most enjoyable evening and the audience behaved well. The players rewarded them with the Minuet and Trio from Mozart's Quartet in D minor, K.421, as encore—a typically elegant work with chromatic harmony and rich suspensions.

String players enjoy quartet playing above all else; Beethoven thought it the most perfect form of musical expression. The Aeolian is a really good Quartet, and when one sees the complete artistic individuality of each separate player integrated into the consistent unity of the whole one ceases to wonder why.

ANTHONY NETHERSELL.



Andrew Morris—organist of the church.

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CHRISTMAS QUIZ

1. Can you place the following "literary" doctors?
   — Dr. Slop
   — Dr. Thorne
   — "Kind, cheerful, merry Dr. Brighton"
   — Dr. Fell

2. Who wrote
   — The Tragical History of Dr. Faustus
   — The Strange Case of Dr. Jekyll and Mr. Hyde
   — The Doctor's Dilemma
   — "The best doctors in the world are Doctor Diet, Doctor Quiet and Doctor Merryman"?

3. Match the names in the column A to the appropriate entry in column B.

	Column A		Column B
A	William Harvey	1.	Gastro-intestinal surgery
B	Santorio Santorio	2.	Carbolic
C	John Hunter	3.	The stethoscope
D	Edward Jenner	4.	Anti-rabies vaccine
E	Rene Laennec	5.	First clinical thermometer
F	Louis Pasteur	6.	Cowpox
G	Robert Koch	7.	"Principles and Practice of Medicine"
H	William Morton	8.	"On the Venereal Disease"
I	Joseph Lister	9.	Ether anaesthesia
J	Theodor Billroth	10.	"Exercitatio anatomica de motu cordis et sanguinis in animalibus"
K	William Osler	11.	Tubercle bacillus

4. Who wrote — The Christmas Symphony
   — The Christmas Oratorio
   — The Christmas Concerto?

5. Who wrote — The Raindrop Prelude
   — The Storm Quintet
   — The Winter Wind Etude
   — The Moonlight Sonata
   — The Rain Sonata
   — The Sunrise Quartet?

6. The poets who penned the following seem somewhat less than enamoured of the medical profession. Who are they?

A. "The Governor was strong upon the Regulations Act
The Doctor said that death was but a Scientific fact. . . ."

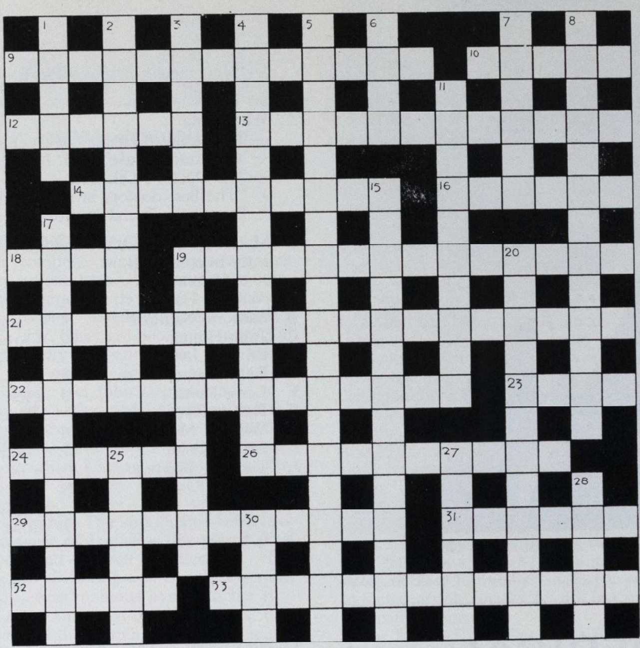
B. "And when the artless Doctor sees
No one hope but of his fees
And his skill runs on the lees;
Sweet Spirit, comfort me!"

C. "Better to hunt in fields, for health unbought
Than fee the doctor for a nauseous draught."

D. "Myself when young did eagerly frequent
Doctor and Saint, and heard great argument
About it and about: but evermore
Came out by the same door as I went in."

Answers on page 359

CHRISTMAS PRIZE CROSSWORD by DOGSBODY



ACROSS

9. It might, perhaps, be almost worth our sanctification (2, 11)
10. In some way, a short way to provide the scene (5)
12. Of such stuff were heroes (and their armour, it is said) (6)
13. Fifty cures do amend those in charge (4, 8)
14. Distinguished appearance; of the prince? No me (10)
16. Feline points out the clearing agent (6)
18. Ten returned out of ten—it follows! (4)
19. The fury of Hades has never known their like (7, 7)
21. Pioneering cart later introduced in the N.H.S. (7, 12)
22. Deft whistles I'm confusing hereabouts (4, 10)
23. An endless period of darkness is imminent (4)
24. "You" sound late—of course! (6)
26. Stirring oral sponge (5, 5)
29. You may have to clap slow bits, or use 26 in them (7, 5)
31. Returning part of these I grow into sinful companies (6)
32. Nothing in step but a verandah (5)
33. Chap's name may only warrant an "F" (5, 2, 6)

DOWN

1. Way to fish for metal (5)
2. Rodent to stand outside the pen? Often said to be beaten (5, 7)
3. Southern Railway XI involved in current race (6)
4. *We* may be indefinitely, but certainly not definitely! (6, 8)
5. Adieu? (11, 8)
6. Get up before noon to trap the fiddler (4)
7. If I scale the heights, it is only partly legal (6)
8. In knowledge and forcable unit in a tale of accumulators? (7, 6)
11. Due perhaps? Possibly, except I fed badly (2, 8)
15. Gets those seated upright (4, 3, 7)
17. In severity parity. Severity anyway! (7, 7)
19. How to prevent that door becoming a jar? (8, 2)
20. Sporting sandwich? (1, 5, 2, 4)
25. Edward sat back first and sampled (6)
27. Early prints of professionals about it (6)
28. A broom could be some endless joint (5)
30. Second grade fuel is enough to make you seethe (4)

The winner will be drawn from correct solutions received by January 1st. Prize—a book token for £1.50.

PERSONAL COLUMN

The opinions expressed below are independent of the Editors.

I'm sure I'm not the only chap to be utterly sickened by the latest attitude prevailing in the so-called Students' Union. One expects the Union to be concerned about teaching methods, objectives, etc., but now they think they can decide how a Sports Club spends its grant. By way of explanation, it must be pointed out that certain individuals, whether through jealousy, or feelings of inadequacy or whatever, are anxious to discredit the Rugby Club, which, when all is said and done, is the most important and famous club at Bart's. At meetings of the Students' Union, these snivelling toadies recently contrived to actually reduce the grant given to the Rugger Club. Another factor in this was undoubtedly the appointment of a Students' Union Financial Secretary (no names, no pack training), who was obviously so excited by his new title that he got carried away and went through all the club's accounts to the last penny, making ridiculous quibbles about what exactly was meant by "expenses" and so on. It is obviously difficult to explain to someone who doesn't play rugger what the "expenses" on a tour involve. Everything has been run quite satisfactorily for many, many years without anyone suggesting that the clubs have been spending their money on anything other than their expenses. The practice has always been for each club to make an application for a grant once a year which was invariably accepted.

Whether it is a reflection of the new admissions policy is another matter, but this year, for the first time ever, some objection was made to the fact that the Rugby Club grant application exceeded the applications for the Athletics, Hockey, Soccer, Squash, Swimming and Tennis clubs put together. However, it is just not as simple as that, because, as Mr. Morris, the College Secretary, so ably pointed out at the crowded Finance Committee meeting which was discussing this, the Rugby Club has tremendous expenses in the form of jerseys which cost £100, and balls which cost £20. It was further explained that the Rugby Club has to plan its fixtures five years ahead, and obviously they have to take into account the fact that in five years time there may be many more people coming to Bart's to play Rugby than there are now, provided the people responsible for admissions realise that we haven't won the Cup for two years now, and its been amply demonstrated that you don't need brains to be a medical student. But to return to the point, there is undoubted evidence of victimisation of the Rugby Club over this petty matter because there are many other clubs who can't account fully for their expenses. I certainly expect to find that the Students' Union is enquiring with equal vigour into *their* expenses. Particular mention must be made of the Boat Club, the Cricket Club, the Caving Club, the Golf Club, the Hockey Club, the Judo Club, the Motor Club, the Photographic Society, the Sailing Club, the Ski Club, the Soccer Club, the Squash Club, the Sub-Aqua Club, the Swimming Club and the Tennis Club. It is really hard to see why this Financial Witch-Hunt is necessary, since in the past everyone has always got the money they asked for automatically, so if the money is there, why not spend it? In fact, what happens to the money that isn't allocated anyway? I think the students get very good value for the money the Students' Union is given on their behalf.

They have a nice room with a billiards table, and an opportunity to play a whole range of sports, depending on which team they are in. It's not for me to point the finger, but there are those who are saying that this pettiness has only arisen because people like the Editors of the *Journal* have been stirring things up, suggesting that the Union could be better run, and that students at other colleges and universities get better value for their money. My answer to that is, if you don't like it here, you know where you can go! The end result has been that the Rugby Club has actually had its grant CUT, so that they may not be able to go on two tours as usual, and even if they do, the chaps on the tour will probably have to pay towards it. Furthermore, the Rugby Club dinners are going to have to pay for themselves, and damage, which can never really be avoided when you get the boys together, will have to be paid for.

Well, I've got just one thing to say about all this. When I came to Bart's from another university, I was immediately impressed by how much more generous and easy-going this place was. When I played rugby, you could always get a lift down and your shirt was provided and there was always a few beers and perhaps a curry afterwards. I think it would be a very sad thing if all that was to go, just because of the mean-mindedness of a few people who never represent Bart's on the playing fields but who can influence the Students' Union.

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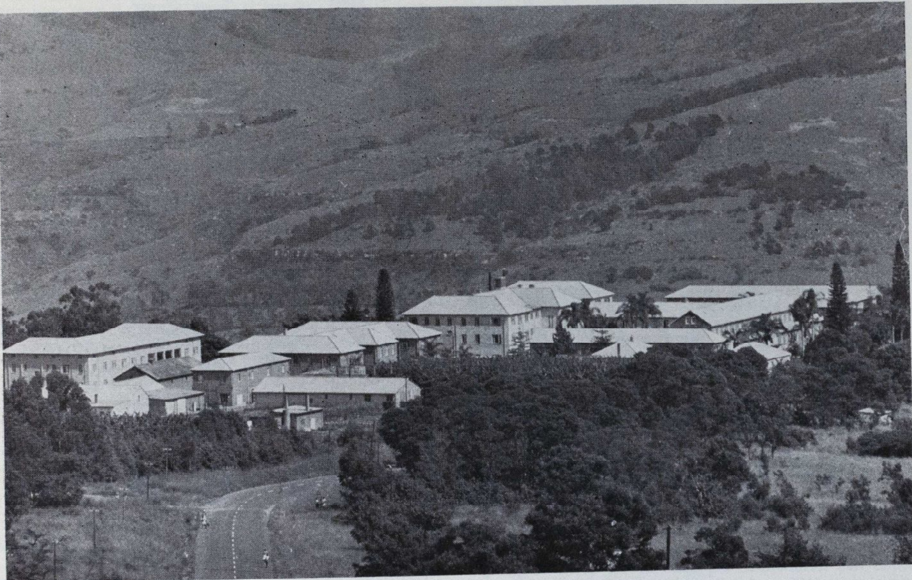
NOTES FROM AFRICA

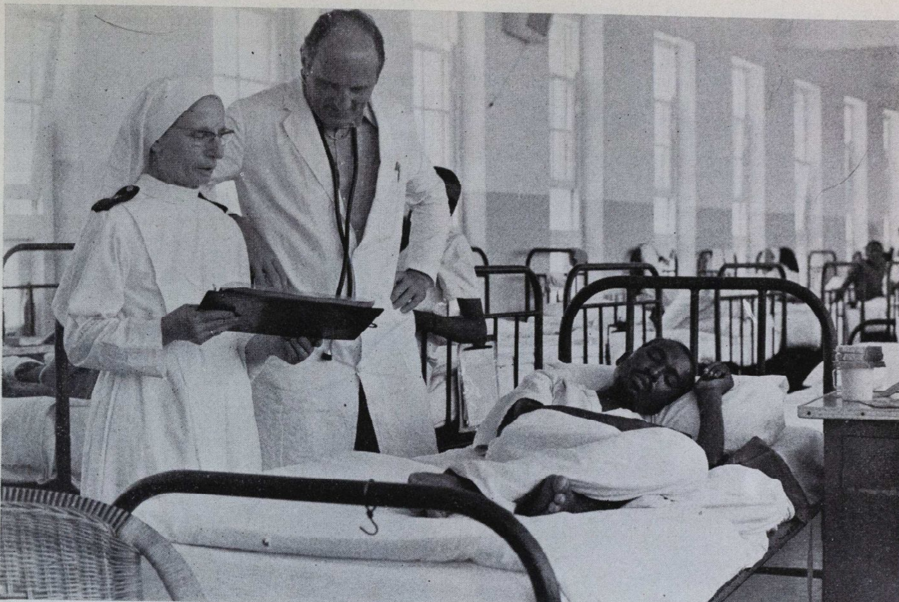
"THREE MONTHS IN ZULULAND" by R. & F. PEPPIATT



The Hospital
We spent my paediatric module working in the German Benedictine Hospital, Nongoma, Zululand, Natal, South Africa. As well as being one of the largest mission hospitals in that country, with about five hundred in-patients and six or seven doctors, it is an important training school for nurses and midwives. Built in 1938, it was financed completely by the mission until recently when the South African government agreed to pay for its running costs, but not for urgently required new buildings.

Overcrowding is a constant problem. Beds were permanently arranged in corridors, and not infrequently patients would have to sleep on matresses placed under occupied beds. This reminded me of a conversation I overheard at Bart's in which a ward sister refused a house surgeon's plea for an extra bed (making twenty-five instead of twenty-four) on the grounds of the deleterious effect it would have on the health and morale of the other patients. How fortunate we are!

Zulu Customs
Social and Community medicine is in vogue at the moment; nowhere is its study more important than Zululand. Each village has its own 'Inyanga' or witch doctor who plays a powerful role in the health of the people. To decide on the optimum treatment the inyanga throws her bones and reads them (as others would cards or tea leaves). The treatment invariably consists of a Zulu medicine (herbs, potassium permanganate, gentian violet, etc.), an enema (soap, dettol, "super washing powder", or skimmed milk, and administered via a cow's horn), and a copper or leather bracelet. It is imperative therefore to enquire into the inyanga's treatment, as well as to give harsh warnings about their harm-



ful effects, especially on children. For instance, on asking the mother of one particularly dehydrated and marasmic child suffering from severe gastro-enteritis whether the child had been receiving milk, she replied in the affirmative. "Are you sure", interjected the nurse, "for your child is so thin?" The mother then admitted that the milk had been given per rectum. The child died a few days later.

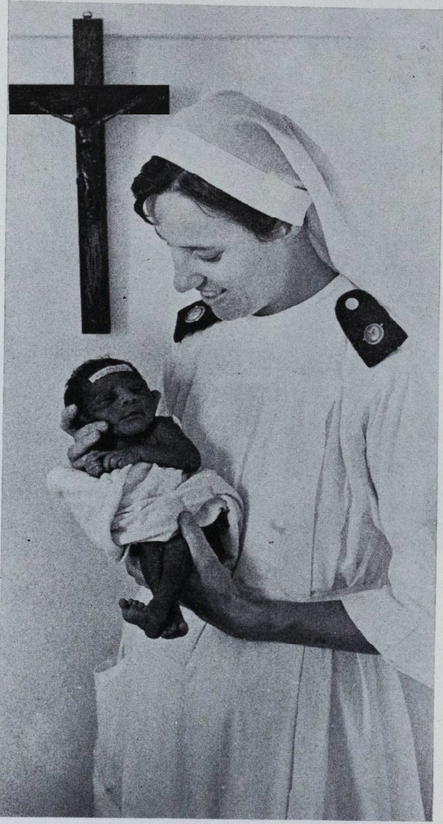
Another social factor to overcome is the reluctance of many mothers to leave their sick children in the care of the hospital. I remember one morning in out-patients when I saw three very ill children with measles and bronchopneumonia. In each case the mother refused admission explaining that they had to first obtain permission of the in-laws who lived many miles away. Whether those children survived or not I do not know, but they never returned to Nongoma.

The medical doctor is regarded as a special type of inyanga with unusually powerful medicines. The patients expect a certain ritual; the "laying-on" of the stethoscope drives the evil spirits away, and no treatment is acceptable if not accompanied by an injection.

Apartheid and the Zulus
The Zulus were a magnificent hunting race, but now they are poor and exploited, living in the meagre reserves 'given' to them by the white man who has driven all the game away. Some men farm the land—a few thin cows and goats and a poor crop of mealies (corn-on-the-cob), a few are fortunate to find employment locally, but the majority live and work in the big cities—Johannesburg and Durban. Families, "those unnecessary appendages of the black worker" (to quote a South African cabinet minister), are unable to follow their breadwinners and therefore only see him during his one month's annual holiday.

The inhumanely low wages paid to the Bantu is salt in a sore wound. One man I spoke to earned R80 (about £40) a month and this only by working seven days a week in Johannesburg and doing overtime every day.

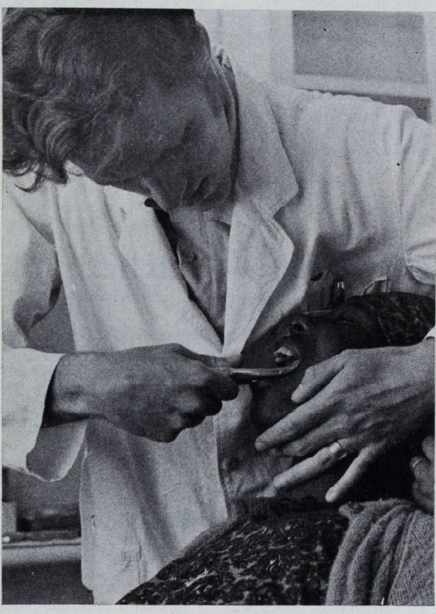
Under South African law no black nurse or doctor may attend a white patient. The Zulu nurse in the photograph is not however acting illegally because the patient is a fellow Bantu who is suffering from albinism (transmitted by a recessive autosomal gene which results in an enzyme defect in melanin production). Albinos are susceptible to infections, particularly T.B., and this child died a few weeks later from pneumonia.



Disease Patterns
Poverty means poor food which leads to decreased resistance to infection as well as kwashiorkor and the avitaminoses. Pellagra and rickets are common. Poverty and the separation of man from wife leads to alcoholism, violence and venereal disease. We saw one 13-year-old girl with Trichomonas vaginalis, gonorrhoea and syphilis!

Tuberculosis is widespread due to poor living and working conditions and malnutrition. Because the patients often abscond during the prolonged treatment, and because of the difficulty of follow-up of contracts, the management of this disease is difficult. Thirty per cent. of the hospital's in-patients are suffering from T.B. Nearly all had pulmonary disease but we also saw several with involved cervical glands, skin, mesenteric adenitis and osteomyelitis.

Prematurity is a serious obstetric problem in Zululand—both because of its high incidence and the inadequate neonatal facilities. The premature baby ward consisted of an ordinary ward overcrowded with ordinary baby cots. The two incubators they did have were pathetically inadequate. The babies were admitted with an infection or soon contracted one in the ward.



Toothache is a problem for the Zulus: they have virtually no dentists. Consequently doctors and medical students—whose only dental experience may be as a patient—had to oblige. We used to charge 50c. (25p) for one or more extractions. My efficiency at this procedure I believe increased with experience, if the decrease in vocal response I observed was significant (local anaesthesia was always used). In Nongoma a dental filling and a heart transplant were of comparable impossibility.

Because of the children's low resistance to infection there are two striking differences between paediatic disease patterns in Zululand and Britain. Firstly infections we would classify as mild here are very serious (measles has a 10 per cent mortality out there). Secondly, it is usual to find multiple pathologies in one patient. For instance I admitted one three-year-old boy suffering from kwashiorkor, gastro-enteritis, scabies, bronchopneumonia and bilateral otitis media. In spite of contracting chicken-pox while in hospital he made a good recovery.

Needless to say, we experienced the diseases expected in warmer climates including typhoid, tetanus, amoebiasis and bilharzia to mention but four. Their prevalence radically alters the management of certain symptoms. For instance, a patient suffering from haematuria is admitted and immediately commenced on a course of anti-bilharzia therapy, and only investigated further (apart from urine microscopy and culture) if symptoms continue.

Nursing, Zululand Style
Frances, as night superintendent, was not only the senior nurse on duty but was also expected to assess admissions, put up intravenous drips, diagnose death, help move patients and bodies, and also operate the hospital switchboard—for there were no housemen, porters, or telephonists.

The nurses' living quarters are based on a dormitory system which the Zulu girls enjoy because it preserves the large family atmosphere to which they are accustomed.

Because of their relatively generous salaries (about £300 p.a.) nurses and teachers are reckoned to make the best wives. When a Zulu manages to 'hook' one he is said to exclaim: "I have got the Jackpot."

"ON COMMUNAL BREAKFAST"

By JOURNAL BREAKFAST CORRESPONDENT

With eyes muggy and mind non-functional you stagger into the diningroom. This is a crucial moment; for in the space of a mere half-a-dozen yards, your brain still trying to re-adapt to light, noise, movement, etcetera, a complete assessment must be made of one's fellow breakfasters. It takes class, a quick but wide-angled glance, and an inborn metabolic correction to note immediately any areas of serious danger. Then the tray is in your hands, the milk in your glass, and the first actual decision faces you. What kind of cereal do I want?

Do I want any cereal at all? Staring vaguely at the proffered varieties, you search in vain for "Grape Nuts", "Alpen", "Oat Shreddies", or other exotica of the American harvest. "All Bran" is far too serious; Cornflakes taste like cardboard (despite added Niacin, Riboflavin, and Vitamin B25⅔); Puffed Wheat is just so much air. Rice Krispies, therefore, by dint of having no outstanding qualities, good or bad, except for the strange crepitations aroused by the addition of milk, eventually find themselves in your bowl. The first decision has been reached. This is a major breakthrough in mental progress; with the brain at least aware of its intellectual origins you now survey the Hot Breakfast.

Almost at once a sense of non-hunger pervades your mind. Boiled eggs in a bowl, all-a-heap, seem to remind you of former boiled eggs of strange aroma and dusty texture. You move on (second decision, good going) and now comes the crunch. Fried eggs and fried bread, plus of course a glistening membrane of grease over plate, eggs, bread, the lot—sausage and tomato—beware the gritty bits and the notable lack of any meatiness—kippers—tasty but teeth-resistant—fish fingers—safe but unimaginative. Whatever the dish, memory controls the reaction. My memories normally induce a hurried spurt to grab toast, marmalade, and tea and flee to the chosen spot. For all the while you have been eyeing the room, checking out on people, zones, avenues, spare tables; now comes the test of your courage and ability—Table Selection.

Preferably it is by the window; this has several advantages. For now you can sit hunched up with your back to the room, staring out at the day's weather, a bored frown on your face. Such is generally enough to ward off any would-be companions unless they are particularly foolhardy or particularly understanding. To the former you drivel on meaninglessly and so bore and/or abuse them as to ensure their future absence ad infinitum. The latter simply sit down and eat, as you are doing, glaring moodily, as you are doing, emerging, as you are doing. The communal angst is comforting and warm. Come the last bits of toast you may even exchange a few monosyllables; encouraged by this the day's prospects lose their edge of horror. There may even be a laugh or two, but this is rare and needs a peculiar set of psychosomatic circumstances. However, having done your level best on the non-company stakes the next problem is Eating.

This can be very difficult indeed. The Rice Krispies are easy enough; they snap, crackle, and pop, while you guzzle away with mindless intensity like a Chinese coolie over a bowl of rice. But one sip of tea (or coffee, which differs minimally) and any oral pleasure rapidly disappears. Next come the eggs. You know they are proteinacious, but what about all that cholesterol? Maybe you eat one, plus much buttered toast to generalize the texture. But the second glimmers at you and winks at you and dares you to rupture its virginal wholeness. Delaying you sip your tea. Ech! More toast quickly! Still the egg stares up at you. After careful dissection into two equal parts you gingerly stick some of the white on to your fork. . . . But no. It cannot be. Perhaps luncheon will be better food value. In haste the last of the toast is molarised and off you flee to the soothing cliches of the gutter press. Your cerebral cortex despite its rude derigidification, is at least daylight-adapted. Perhaps this is breakfast's primary function: to so disturb your mental and physical systems as to kick them out of their equivalent of paralytic ileus. The evidence is surely strong.

T.T.

CHRISTMAS QUIZ

ANSWERS

1. "Tristram Shandy" by Sterne.
   "Barchester" Novels by Trollope.
   "The Newcomers" by Thackeray.
   Dr. Fell was Dean of Christ Church, Oxford and Bishop of Oxford, in the seventeenth century. He promoted the Oxford University Press. He is remembered by the following, which was written by one of his undergraduates:

   "I do not love you Dr. Fell;
   But why I cannot tell;
   But this I know full well,
   I do not love you Dr. Fell."

   Thus Dr. Fell has come to be used to describe a type of vaguely unamiable person against whom no precise ground of dislike can be adduced.
2. Christopher Marlowe   Robert Louis Stevenson
   Bernard Shaw   Jonathan Swift.
3. A — 10   G — 11
   B — 5   H — 9
   C — 8   I — 2
   D — 6   J — 1
   E — 3   K — 7
   F — 4
4. Haydn   Corelli   Bach
5. Chopin   Beethoven   Chopin   Beethoven
   Brahms   Haydn
6. "The Ballad of Reading Gaol" by Wilde.
   Herrick; Dryden; 'Omar Khayyam' by Fitzgerald.

BART'S NEWS AND VIEWS

THE JOURNAL WISHES ALL ITS READERS A MERRY CHRISTMAS AND A PROSPEROUS NEW YEAR.

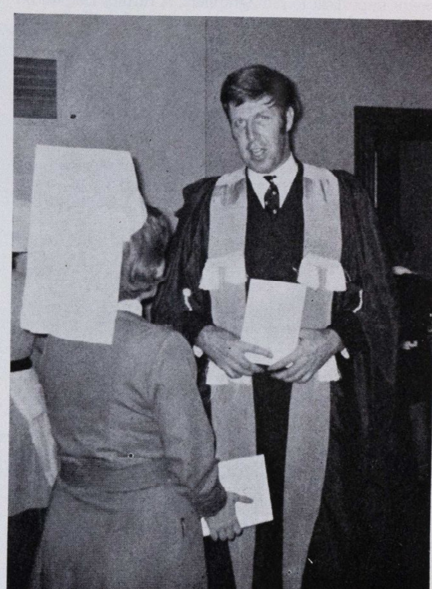
There is a concert organised by the Choral Society to be held in St. Paul's Cathedral on Thursday, December 13th.

A CHRISTMAS POEM
. . . with apologies to William Shakespeare

When bronchials fill up the wards,
And Dick the Cabbie's breathing fails,
And mucus cloys the vocal cords,
And the *Journal* Christmas Card's for sale.
When slippers slip, and patients fall,
Then nightly houseman hear their call.
Bleep bleep
Bleep bleep, Bleep bleep, A merry note,
We'll keep your greasy dinner hot.

When all aloud the wind doth break,
And coughing drowns the boss's round,
On Christmas Day your firm's on take,
And Matron's in the fountain—drowned.
When ward shows end, at last, peace falls,
Then nightly housemen hear their call,
Bleep bleep,
Bleep bleep, Bleep bleep, A merry note,
"Your patient's tried to cut his throat!"

CANDID CAMERA



RESIGNATIONS SHOCKHORRORDISASTER ANNOUNCEMENT

Medical Journalism suffered a sad loss recently with the retirement from the *Journal* of Messrs. John Watkins and Malcolm Vandenburg. Having fooled the examiners at last they have moved on to lesser things. Their untiring efforts in the business and literary spheres will be sadly missed by the remaining members of the *Journal* staff. To the men who brought us the famous "Yankee go home" editorial, and the greatest *Journal* profits of all time, we would like to offer our sincerest thanks and best wishes for the future.

BOOK REVIEWS

ANATOMY AND PHYSIOLOGY FOR RADIOGRAPHERS. By C. K. WARRICK, F.R.C.S., F.R.C.P., F.F.R. Pp. vii, 296 (illust.). Fourth Edition 1972. Edward Arnold Ltd., London. £2.60.

Dr. Warrick, in the fourth edition of this book, has made an excellent attempt to cover the syllabus of the Society of Radiographers in Anatomy and Physiology. He has kept the price down, within the range of radiography students at £2.60, and yet managed to contain sufficient information on which to pass the basic examination; which is no mean feat.

There are brief anatomical descriptions of relevant parts of the bony skeleton with simple anatomical diagrams, including radiographs and explanatory line diagrams. There is also a short chapter on the main muscle groups important to radiographers. A further chapter on lymphatic drainage covers the needs of radiotherapy students.

The chapter on pathology, together with paragraphs interspersed throughout the book, covers essential needs and should stimulate further interest and also will help to explain some of the clinical histories which students may encounter. Physiology is dealt with in the same succinct fashion.

There are some very useful pages of surface anatomy. It may be said that this forms a major part of radiography and hence it is regretted that this section is quite so brief.

The book is tailored for radiographers, and should also be of interest to the student nurse.

A. K. SUCHER.

ESSENTIALS OF ORGANIC NOMENCLATURE—A PROGRAMMED COURSE. By William R. D. Smith & John B. Jepson. Oxford University Press, 1973, 45 pp. Price 50p.

This book contains a learning programme, involving about two hours work, aimed at students who are beginning a course on Organic Chemistry. Such students often find nomenclature rather daunting, and their worries about what a particular compound should be called often, unfortunately, take precedence over the reactions which it will undergo. This book succeeds in its object, of guiding the reader step-by-step through elementary nomenclature, until the subject no longer appears intimidating.

The only serious criticism is that the carbonyl group is inexplicably omitted: a study of the aldehyde and ketone functions forms part of any elementary course. Also, the distinction between primary, secondary and tertiary alcohols is better done by noting the number of carbons on the α-carbon rather than the number of hydrogens (p. 30). One may also wonder (p. 3) whether $C_{60}H_{122}$ is the only component of candle wax.

These are, however, minor quibbles about a well-considered and useful book. The student may wonder if the expense of 50p is worth the two hours or so which is needed to complete the programme, which after all, forms only a small part of his course. There is no doubt, however, that his understanding of nomenclature will benefit if he does so.

J. C. ALLEN.

SIMPLE EYE DIAGNOSIS. Hector B. Chawla. Published by Churchill Livingstone—London and Edinburgh 1973.

This simple little text book is written in an easy, human style, although at times it is perhaps too colloquial for foreign students, e.g., the lady who "blew an attack of acute glaucoma".

The diseases are classified according to their symptoms, e.g., red eye, squint, etc., which is useful but not unique.

Although the whole book stresses simplicity, there are some curious omissions. There are no details of how to measure vision of less than 6/60. Indeed, the average G.P. will not need this but then why are the acuities of Hand Movements, Counting Fingers and Perception of Light even mentioned in the text. No details are given for the technique of fields by confrontation or massage of the lacrimal sac in congenital obstruction. There are no photographs, and although the line drawings of optical principals are useful, it is doubtful if the fundus illustrations help at all.

This lack of suitable illustrations detracts from an otherwise quite useful practical aid.

AN INTRODUCTION TO HUMAN PHYSIOLOGY By DAVID F. HORROBIN.

In his preface the author states that he considered that there was a need for a short introductory textbook of physiology which assumed little prior knowledge and which concentrated upon an intelligent, lucid and up-to-date account of the important principles. This need has recently been poignantly underlined by the gradual increase in the number of non-biologically qualified entrants to the M.B. course.

The authors approach to the problem is a logical one, he starts by considering the problems of a single cell; the supply of raw materials and the removal of waste products, etc., in terms of membrane phenomena and diffusion gradients. He then moves on to consider the multi-cellular systems and the way in which they are still designed to cater for the needs of the individual cell. He next considers the maintenance of the constant internal environment and introduces the reader to nervous and humoral control and the concept of feedback.

The remainder of the book can be considered as a precis of his earlier textbook "Medical Physiology and Biochemistry" and this is not intended as an adverse criticism because the distillate contains much that was good in the earlier text.

The book is concise, conceptual in approach and the final product very readable and it will, as the author intended, provide a useful outline map, describing the areas that the student must later cover in more detail.

I can thoroughly recommend this book to first year 2nd M.B. students and suspect that it will have a wide appeal to other students of physiology in clinically orientated fields.

It is published by Medical and Technical Publishing Ltd. price £2.20.

J.G.

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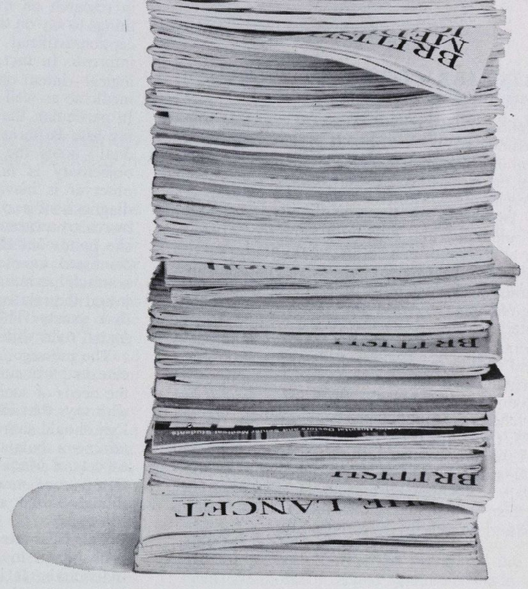

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A TEXTBOOK FOR MIDWIVES—MAYES' MIDWIFERY. Eighth Edition by Rosemary E. Bailey. Published by Bailliere Tindall at £2.50.

Though written for midwives this revised Obstetric Textbook is well suited to medical students, the text is clear and concise, the black and write illustrations are relevant and numerous.

All aspects of midwifery are discussed. The first six chapters dealing with the family and society are well written and give us an insight into the patient as a member of a family and of society as a whole, it makes salutary reading.

The information is accurate and up to date, though not in great detail, and it is clear that Miss Bailey is speaking to her fellow midwives throughout; there is logical progress from Anatomy to Neonatal conditions and the book's layout makes reference easy.

H. CHAMPION.

BASIC CLINICAL BACTERIOLOGY. By J. D. Jarvis. Publishers: Butterworths.

"Basic Clinical Bacteriology" is a very readable, subsidiary introductory book to bench bacteriology. However, it cannot be recommended as an introductory text on its own, as it lacks a coherent introduction to the basic principles of clinical bacteriology and presupposes a certain knowledge of bacteriology, particularly in regard to taxonomy and medical microbiology, which the reader of a book of this nature would not have. The subjects considered are those of a practical nature which are notoriously lacking in more general texts and usually only acquired painfully over the years by experience. The chapters on the specimen (previously published in the "Laboratory Aids Series") are excellent and should be standard reading material for medical students, house officers, nursing staff and laboratory workers alike. The second section on techniques is much more patchy and no doubt reflects the author's personal selection.

At £1.95, I feel this book is not worth buying for the individual student of either technology or medicine but it would be a useful addition to the microbiology laboratory library to be browsed through by junior workers, enabling them to assimilate much information which is usually passed on only by word of mouth.

E. J. SHAW.

SMALL DREAMS OF A SCORPION. Spike Milligan. Penguin, 25p.

If you are already a Milligan-maniac you will probably buy this book no matter what I say. However for the uninitiated, this is not a good introduction as many of the snippets of thought (I cannot really call them poems) are quite serious. There are also some drawings by Laura Milligan, and some by Spike himself. On the whole, an interesting twist for standard Goon humour.

TEIFION DAVIES.

THE CHALLENGE OF LIFE. Biomedical Progress and Human Values. Roche Anniversary Symposium. (Birkhauser Verlag 1972.)

There are some problems raised by Medicine in its widest context which are more readily recognised by the non-medical specialist, and where the doctor may gain perspective from the observations of those in other branches of research. Such a realisation has comparatively recently led to the formation of the London Medical Group and to a crop of studies and symposia.

This book is the report of one such Symposium—staged by Hoffman-La Roche, the pharmaceutical firm recently in the news because of the Librium/Valium fracas. This Symposium brought together several "names" well-known in medical circles (Todd, Zuckerman, Rosenheim, Gilman, Handler and Kety) and others eminent, though less well-known to medics (Mead, Parsons, Konig, and Ormrod).

The implications of research are raised by several of the contributors. Berry discusses the difficulty involved in research on humans; Ormrod has some interesting things to say on the role of the male in society if contraception/artificial insemination techniques continue to improve. In fact, the emphasis of the book is sociological—intent on discovering the reaction of society to medicine as well as the process of medicine in society. In particular, the paper by Margaret Mead on "Changing Life Patterns and the Consciousness of the Individual" notes the change of attitude from one where objectivity is taken for granted to one where the observer is inevitably part of his observations. Thus diagnosis of a condition, insofar as that results in an increased awareness, itself alters that condition. And as she points out this is a process far too complex to be dismissed as merely self-fulfilling prophecy. Medical research has indirectly altered the society which supports it and the relative position and freedom of members of that society. This is especially evident in the case of sexual roles with the advent of the Pill.

The message is simple: Science in general and Medicine in particular cannot remain *in vacuo*, ignorant of the needs of society. This is echoed by Talcott Parsons who says that ideally Medicine, Sociology and Psychology should share a common theoretical basis, so maintaining a balance between the Research and Service aspects of Medicine. Obviously such a call for integration is not new—but is apparently unheeded (even though raised as long ago as the 1920's by Marcel Mauss).

This is an interesting and well produced book, though probably of more value to library collections than to individuals. It is advised reading for those who are interested in the implications as well as the process of medicine.

TEIFION DAVIES.

WHY NOT WRITE FOR THE JOURNAL? CONTACT US OR JUST SEND YOUR CONTRIBUTION

DOWN AMONG THE WOMEN. Fay Weldon. Penguin 35p.

"Down among the Women" describes the transition of a group of friends (and Scarlett in particular) from girlhood to womanhood. For Fay Weldon, this seems to entail disillusionment with life in general and men and marriage in particular.

The book is set in the early '50's, and we are constantly reminded of the atmosphere of life in Britain at that time, e.g., before the days of paper tissues and instant coffee. It is, in many ways, a very depressing book and is sometimes tedious, but if one can wade through that, it has occasional glimpses of sharp humour, e.g., the suggestion that hard, shiny toilet paper is made by puritanical Northerners.

On the whole it is something of a "kitchen-sink" novel, only worth reading for light entertainment. If you are already a fan of Edna O'Brien you are more likely to enjoy this book though it lacks the insight of some of her work.

THE DISCOVERY OF DEATH IN CHILDHOOD AND AFTER. By Sylvia Anthony. Published by Penguin Education, £1.

The title of this book notes that it is concerned with the "Discovery" of death, and this is indeed so. In fact, studies are cited which illustrate the behaviour of children in situations where they are in close contact with death: both where it is inflicted on them (death of parent, pet, etc.), and where they exercise their power in inflicting it on some small animal. In the case of the former the work of Bowlby is discussed (his "Attachment and Loss" is in itself worthwhile reading). Some hair-raising stories from the observations of Isaacs are also quoted on children as executioners.

In the latter context it is interesting that Mrs. Anthony makes much less attempt than Freud, Isaacs or Jung to "exonerate" children from malicious intent in killing. She also contrasts the show of power in the act of killing with the aversion for "objects associated with death", and relates it to the frequent belief in the reversibility of death. The realisation that it is not reversible is perhaps slow to dawn. An interesting observation concerns the ambivalence of children's attitudes to pain: sometimes wishing to cause both pain and death; sometimes only death.

There is also biological evidence that early stress in the presence of the mother is not, in animals at least, deleterious to the young. Absence of the mother however potentiates the stressful nature of the situation and may kill the young animal. Extrapolation from this evidence to explanations of human behaviour are difficult, but an anxiety/stress situation is envisaged where death is viewed as a cause of separation from the mother-object, and not as an end in itself. From this, the concept of death and its reception by the child, alters with the child's age until a rational biological view is arrived at in adolescence.

The strength of this book is in its interdisciplinary basis: and Mrs. Anthony makes full and illuminating use of material from many sources. My single criticism of this book is that the value of some of the material chosen is not always easily apparent, although the lucidity of the text is not generally affected.

MUSIC REVIEW

By ALLEGRO

Barbican Orchestra. October 24th, 1973 in the Great Hall. Bart's music is certainly flourishing at the moment. What with the prospects of a St. Paul's Cathedral concert soon, as well as "The Creation", there really is ample scope for local listeners, interested in live music within the hospital. The Barbican Orchestra made their second welcome visit to the Great Hall. The musicians have made many flattering comments about the acoustics in the Hall, the general opinion is that the long reverberation time is highly friendly to the players.

David Thompson led the audience through a wholly delightful programme. Dvorak's Czech suite is rarely played in concert programmes in many ways it is preferable to the Serenade for Strings and is full of charming melody and buoyant rhythms. This interpretation, if a trifle Brahmsian, made much of these melodies. It was, however, strange to hear clarinets instead of the rustic cor anglais in the Romanza. There was an intensity in the performance which reached almost Bruckensian depths in the coda of the Furiante. Mozart's Clarinet Concerto received a rich interpretation from Philip Shirtcliff who touched all hearts with his lyrical playing in the Adagio—it sounded like a nocturne, a love poem, and the gay spirited rondo really danced. The orchestral accompaniment was enjoyable, missing only the humour of some of the wind dialogue such as that for the solo clarinet and bassoon in the last movement. Beethoven's second symphony made a powerful impact in this big performance. No light gracious music here. This was the music of an anguished soul, it had a rugged grandness with plenty of trumpet and tympani. It only lacked a little sonority in the string tone in the beautiful larghetto, a price one has to pay for an orchestra of small proportions. In the last movement, there was an excellent contrast between the 1st and 2nd subjects, some excellent bassoon playing and an appreciation of the bluff humour of the work.

I hear rumour of a further visit being planned including the Eroica Symphony, and a Strauss horn concerto soon—we really are very lucky to have this little orchestra with its enthusiastic conductor to play for us.

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BART'S SPORT

LADIES' SQUASH CLUB

Over the last few years the Ladies' Squash Club has been in decline and the major question at the recent A.G.M. was whether the club should continue to exist. and if so in what form.

The fact that the Squash courts at College Hall are always fully booked shows that although it is difficult to provide a team for intercollegiate matches, interest in the game is as strong as ever.

Possible functions of the Squash Club are as follows:

(1) To compete against other London Colleges and Clubs;
(2) To provide a ladder so that interested players may seek further opposition;
(3) To exist as a more social club with meetings at which members may meet other Squash players:
(4) To provide coaching;

Any suggestions or opinions on this subject would be received with interest.

SUSAN BOYLE.

GOLF SOCIETY

The 38th Autumn Meeting was held at West Herts Golf Club on October 10th.

Twenty-six Members played and the winners were:—

Aggregate Cup (Hankey Trophy)
A. E. Dossetor 35 points + 35 points
Milsom Rees Cup (Hcp.)
D. C. Pederson 41 points
Graham Trophy (Scr.)
R. Lavelle 30 points
Robinson Cup (Hcp. 18 or more)
J. D. Heighway 31 points

The next meeting is at the Berkshire Golf Club on Wednesday, July 10th, 1974.

The Society is open to those who have qualified at or have worked at Bart's. New Members are welcome.

I. KELSEY FRY,
J. FISON,
Hon. Secretaries.

FOOTBALL CLUB

First of all in this report, we must extend our congratulations to Pete Jerreat, captain last season, on his appointment as captain of the United Hospitals team for this season. We were all pleased to see Pete's outstanding displays for Bart's get the acknowledgement they deserve, and also to note that his performances for U.H. have led to his selection for the University of London. Congratulations also must go to Dave Watson, Mike Murphy and Paul Spencer on their selection for United Hospitals this year.

Our teams have had a rather disappointing start to the season, due partly to a lot of injury problems, but we were encouraged by the performances of our freshmen, particularly Peter Wilson for the 1st XI, and Tim Richardson, Dick Foskett and Sam Freedgard in the 2nd XI. We have also run a more regular 3rd XI this season and they have so far played rather high-scoring games against London Hospitals (l. 2—8) and Amos Grove (w. 9—5).

The U.H. 6-a-sides were won by this year's hosts, the London Hospital. Our 1st VI had a good win against King's, but were knocked out by U.C.H. The 2nd VI lost on penalties to Middlesex after a 0—0 draw.

We began the League badly, drawing with Mary's and losing to Westminster, both of these being games where defensive errors and failure to take chances lost us points. A run of three wins followed, narrowly against George's (thanks to Trevor Turner producing the save of his career), very convincingly against King's, and rather fortunately against St. Thomas's. However, hopes of a continued improvement faded when we were well-beaten in the next game by a superior London Hospital side.

The 2nd XI are recovering from a poor start to the season, with three consecutive defeats by Mary's, Old Wokingians and George's. There then followed a draw with King's, a good win against St. Thomas's and a narrow defeat by a strong London side, so we are hopeful of a better season from now on.

Results and Scorers (up to October 28th)

U.H. 6-a-side
1st VI v. King's 2—1 (Knight, Jerreat)
v. U.C.H. 0—2
2nd VI v. Middlesex 0—0 (lost on penalties)

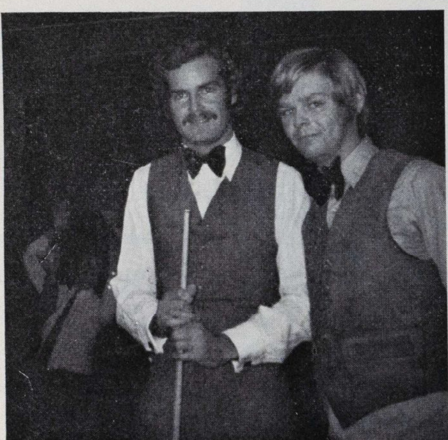
1st XI League
v. St. Mary's 3—3 (Wilson 2, Richards)
v. Westminster 0—2
v. St. George's 1—0 (Wilson)
v. King's 4—2 (Dunlop 2, Spencer, A. Davies)
v. St. Thomas's 4—2 (Richards, Spencer, Dunlop, Knight)
v. London 1—4

Friendlies
v. London Hospitals 2—4 (Knight, Richards)
v. Marine Midland Bank 11—2 (A. Davies 4, Abbott 2, A. House 2, George, o.g. 2)

2nd XI A.F.A. Minor Cup League
v. Old Wokingian 3rd 1—4 (Creagh-Barry)
v. St. Mary's 2—3 (N. Davies, Dunlop)
v. St. George's 2—6 (Dowell, Bouleau)
v. King's 1—1 (Sen-Gupta)
v. St. Thomas's 3—1 (Shaw 2, Smith)
v. London 0—1

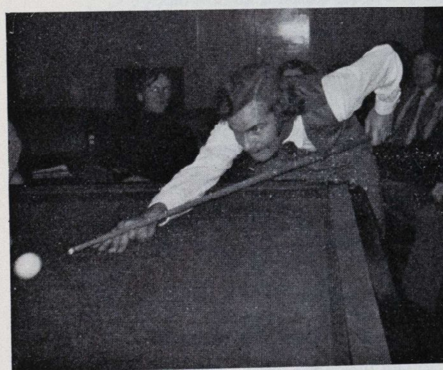
J. CONNELL,
Hon. Secretary.

FINALISTS' SNOOKER CHAMPIONSHIP



Above: The finalists pose for the press before the game.

Below: The "Flying Scot" on his way to victory.



This annual extravaganza produced a first round shock when "Blue Eyes" Foster hustled champion "Nick the Greek" into defeat in a single frame "do or die". The remaining rounds went according to form and left the Semi-Finalists as "Big Jim" House v. "Flying Scot" McLeod and B.B.A. v. "Fast Eddie" Jerreat. In an intriguing three-frame match the Flying Scot defeated Big Jim on the black ball in the final frame. In the second Semi-Final B.B.A. outdrank Fast Eddie and remained on his feet to win a high-class match in straight frames.

Entertainment before the final was provided by a challenge match between ex-champion El Greco (now professional) and Tony Wall (nearly qualified). Needless to say the Greek superimposed his inimitable style on Wall and thoroughly defeated him.

The Final was interesting since only one of the contestants had featured in last year's Semi-Finals. The question was whether the Flying Scot could hold his nerve, or B.B.A. his 23rd pint. Eventually in a five-frame match the Flying Scot succeeded in keeping the match alive after a first frame hammering, and John Courage & Co. at long last succeeded in downing B.B.A. The final score was 3 to 1 in favour of the Scot, who won as his prize a bottle of vintage port—he must have been well pleased.

The new champion's first official duty was to lead the spectators and players in a ceremonial conga over to the "Horse". He was chaired in amidst loud acclaim, which grew in intensity when he performed his second official duty and bought the first round of drinks.

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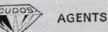
WE ARE  AGENTS

CHARTERHOUSE INTERNATIONAL EXPEDITION

PARTY: John Vogel (R.D.H. 1st B.D.S. and New Jersey)
Peter Gough (Bart's, Preclinical and Wolverhampton)
BASECAMP: Zermatt, Switzerland
DATE: August 1973.
OBJECT: To climb the Matterhorn

The expedition was initiated in College Hall amongst wild romantic imaginings and dumbells in the gym, and culminated in a *Stüble* amongst *grosse biers* and cheese fondue.

It included the conversion of an American by an Englishman to early morning porridge, and tea at half-hourly intervals. This was no mean feat, even though the convertee laced the porridge with raspberry and chocolate sauces (we had no tomato ketchup).

Between these landmarks (important to any international expedition), were training climbs, disastrous and triumphant, blisters and Dr. Scholl, menisci and crepe, rucksacks full of rocks and Pâté de Foie Gras. Following our triumph of getting up at three o'clock in the morning from our camp half-way up the Strahlhorn, disaster broke crampons in the middle of a dry glacier forcing a premature and slippery descent. Meanwhile, Peter's blisters did not hurt too much (it was just the boots on top of them), and John's knee was having a profound effect on his language.

Swiss Air Force jets soared below us as we gazed across the cloud-embracing peaks of Italy and towards the "White Mountain" of Chamonix, while chewing on yesterday's loaf adorned with Paté (and raspberry sauce). This was ecstasy—the top of the Matterhorn. Only one question loomed, naggingly, over this happy moment, "How do we get down, John?" . . . .

RECENT PAPERS BY BART'S ALUMNI

To ensure that your papers are recorded here, please send reprints to the Librarian. Although we look through the journals received in the library it is not always possible to identify Bart's personnel, and contributions to other periodicals will not be seen unless reprints are received.

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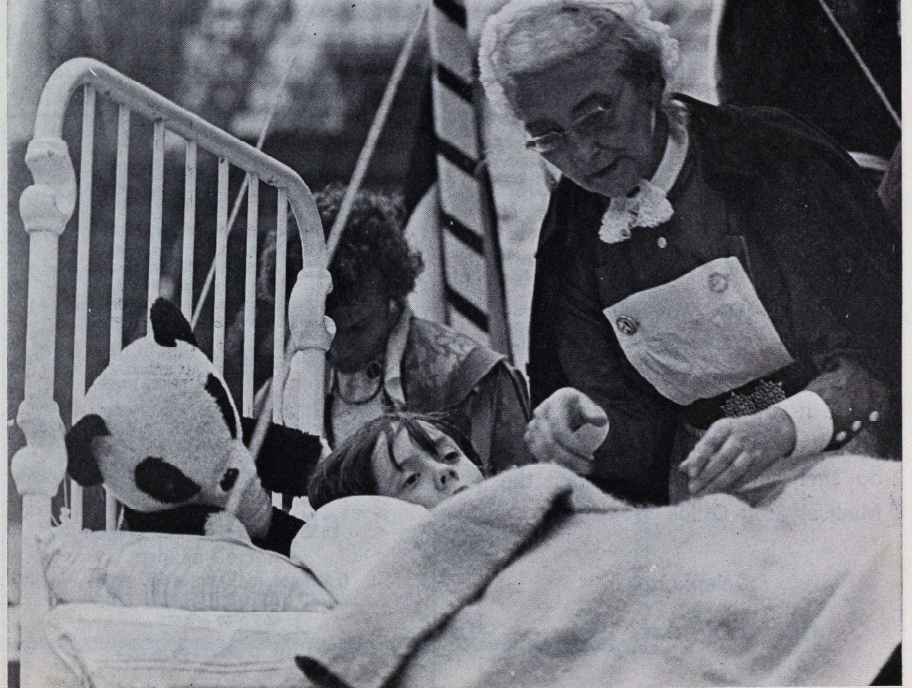
THE LORD MAYOR'S SHOW

November 10th 1973

Right: Percy takes the Salute.

Below: Sister Henderson looks after a "patient", John Lennon, on the Bart's Float.



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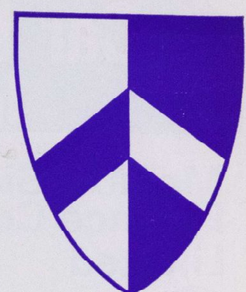

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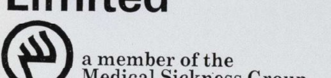

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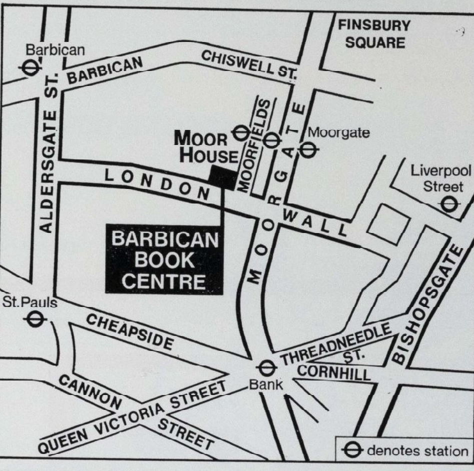

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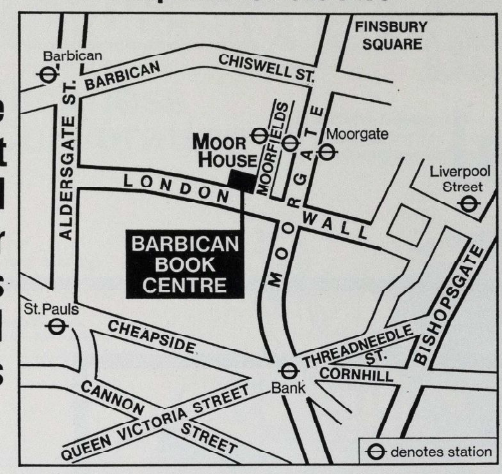

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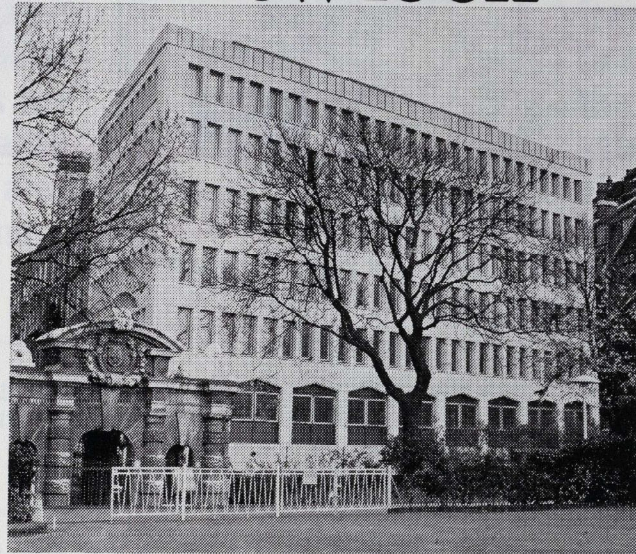

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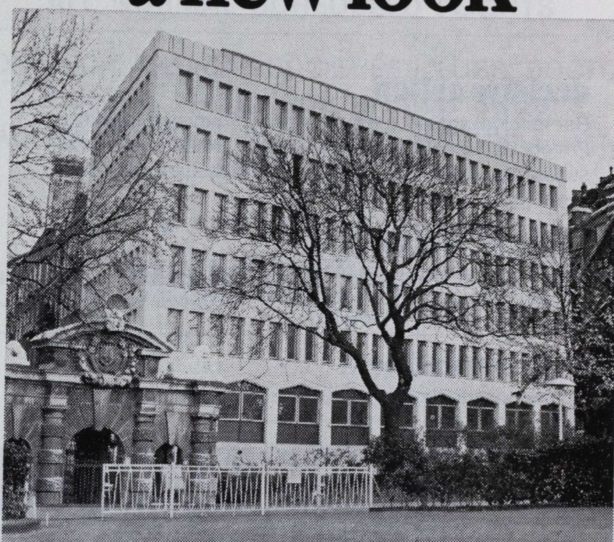

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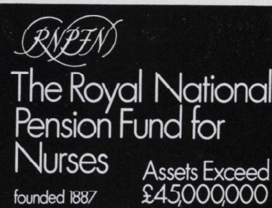

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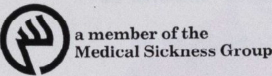

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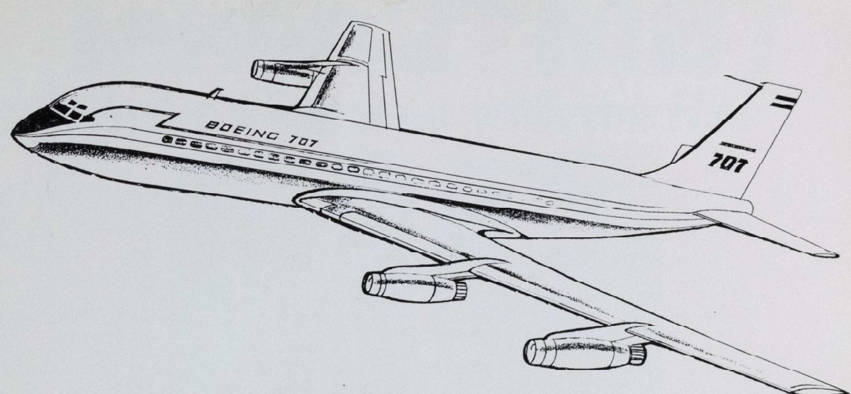

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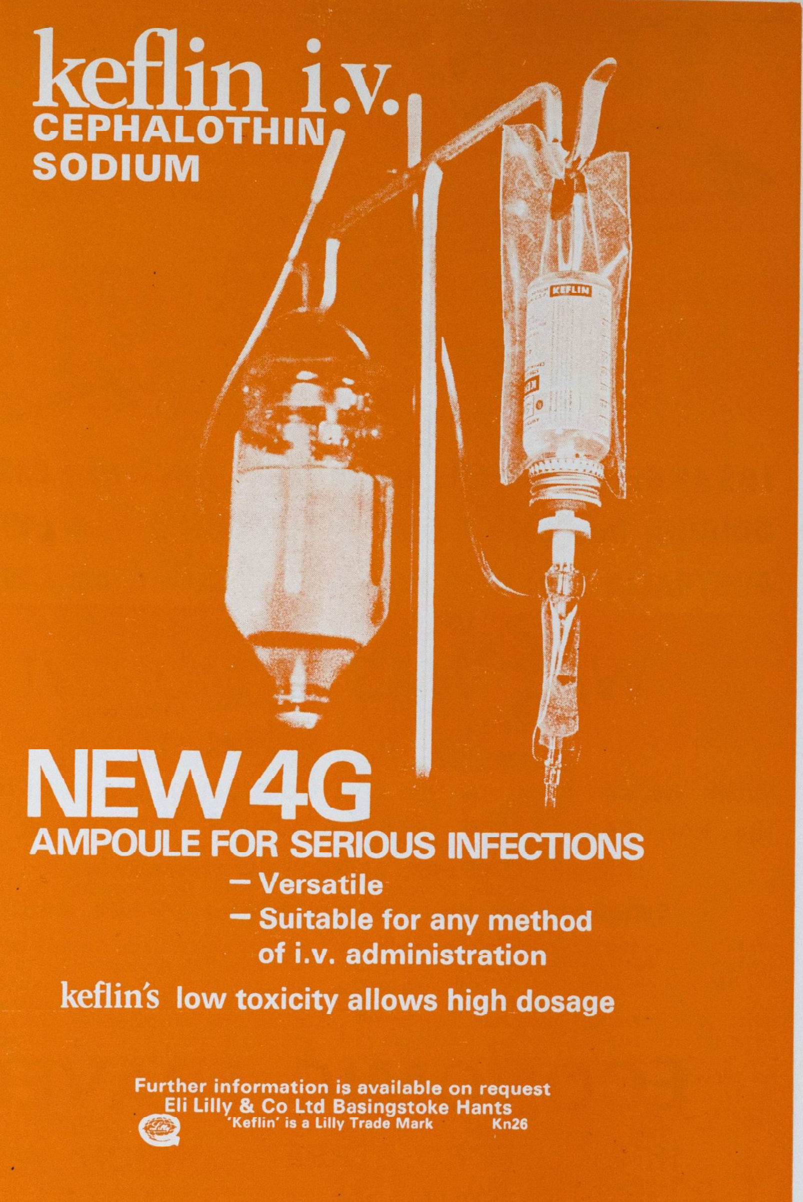

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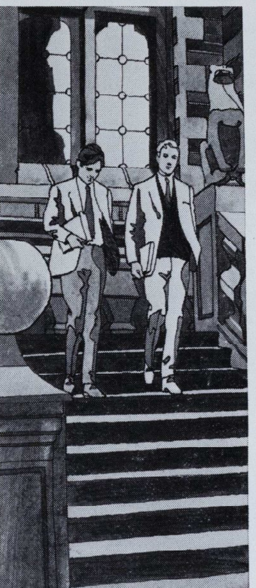

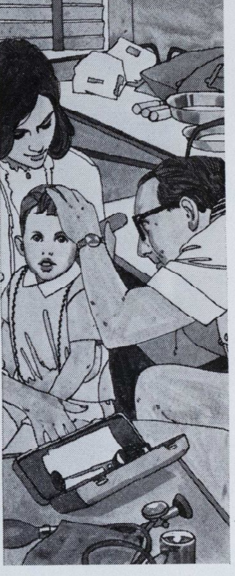

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Vol. LXXVII No. 7 JULY 1973

WHAT ARE DOCTORS

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Naturally, you'll travel.

And you'll also be a naval officer.

AT SEA.

You can expect to get to sea as a Surgeon Lieutenant within six months after registration. Probably, you'll be the only doctor in your ship. In a frigate, for example, you'll have some 300 men to take care of. And you'll be responsible for all their medical needs, from a cold in the nose to tropical illnesses.

To help you, there will be a qualified staff on board. And your medical quarters will be small but modern and well equipped. (In some cases, including an operating theatre).

Your practice, however, won't be confined to your ship. If there's a natural disaster anywhere within a thousand miles, you could get involved in relief work. If there's an accident at sea, you could be taken to it by helicopter.

Often, you'll have to rely entirely on your own resources. So the work can be difficult. But it will certainly be varied.

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Usually, you'll spend more than half your time with us on land. Either at home or overseas — in Europe, the Mediterranean and even as far afield as Mauritius or Hong Kong.

You'll be doctor not only to the naval personnel, but when abroad to their families as well. General practice, in fact, with the advantages of naval pay and a ready made naval social life.

If you're sent abroad, and you have a family of your own, you can take them

St. Bartholomew's Hospital Journal

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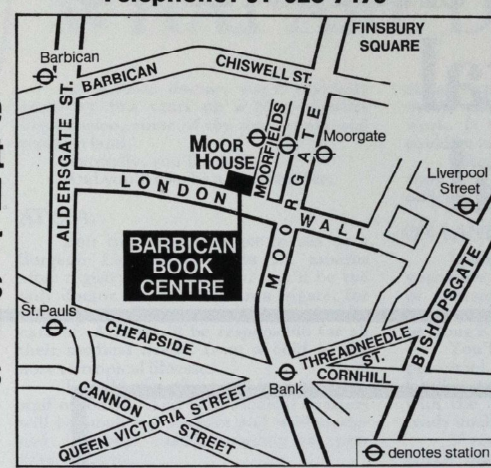

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Vol. LXXVII No. 9 SEPTEMBER 1973

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When you start your pre-Registration year you are promoted to Flying Officer. When you take up your first RAF appointment you do so in the rank of Flight Lieutenant. The five years are reckoned from this point.

In RAF practice, you'd probably be a junior Medical Officer at a Station; one of two doctors with, between you, 2000 to 3000 people to take care of, and your own fully equipped Medical Centre with secretarial as well as nursing staff. Part of your time you might well spend abroad.

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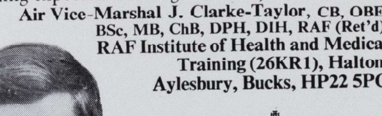

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RAF officer
DOCTOR

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Vol. LXXVII No. 10 OCTOBER 1973

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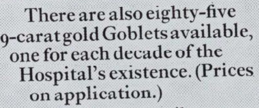

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Vol. LXXVII No. 11 NOVEMBER 1973

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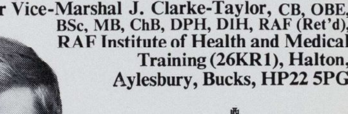

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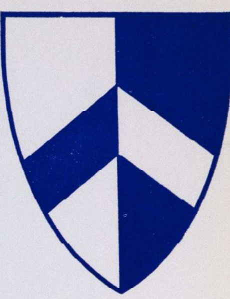

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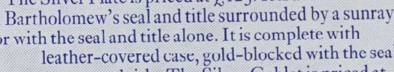

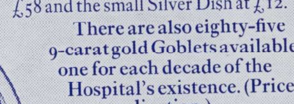

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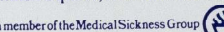
a member of the Medical Sickness Group 

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Applications are invited for the following appointments:—

Appointment	Posts
House Physician to Dr. Hayward	(two posts)
House Physician to Dr. Black	(two posts)
House Physician to Dr. Oswald	(two posts)
House Physician to Dr. Gibb	(two posts)
House Physician to Professor Scowen	(two posts)
House Physician to Department of Child Health	(one post)
House Surgeon to Mr. Tuckwell	(two posts)
House Surgeon to Mr. Nash	(two posts)
House Surgeon to Mr. Robinson	(two posts)
House Surgeon to Mr. Todd	(two posts)
House Surgeon to Professor Taylor	(two posts)
House Surgeon to the ENT Department	(one post)
House Surgeon to the Department of Orthopaedics	(three posts)

REGIONAL BOARD HOSPITALS

Hospital	Posts
CONNAUGHT	House Physician (one post) House Surgeon (one post)
CRAWLEY	House Physician (one post) House Surgeon (two posts)
HACKNEY	House Physician (three posts)
HAROLD WOOD	House Surgeon (one post)
HEMEL HEMPSTEAD (St. Paul's Wing)	House Physician (one post)
METROPOLITAN	House Physician (two posts) House Surgeon (two posts)
NORTH MIDDLESEX	House Physician (one post) House Surgeon (one post)
ORPINGTON	House Surgeon (one post)
PLYMOUTH, DEVONPORT	House Physician (one post) House Surgeon (one post)
PRINCE OF WALES	House Physician (two posts) House Surgeon (two posts)
REDHILL	House Physician (three posts) House Surgeon (three posts)
ROYAL CORNWALL	House Physician (one post)
ROYAL BERKSHIRE	House Surgeon (four posts)
BATTLE	House Surgeon (one post)
ST. LEONARD'S	House Physician (three posts) House Surgeon (one post)
WHIPPS CROSS	House Physician (three posts) House Surgeon (two posts)
SOUTHEND	House Physician (one post) House Surgeon (two posts)
ROCHFORD	House Physician (two posts)

Details of the posts at Regional Board Hospitals are available in a folder in the Library, together with any additional information on the posts at Bart's. **This file must not be removed from the Library.**

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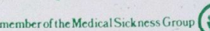
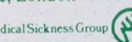

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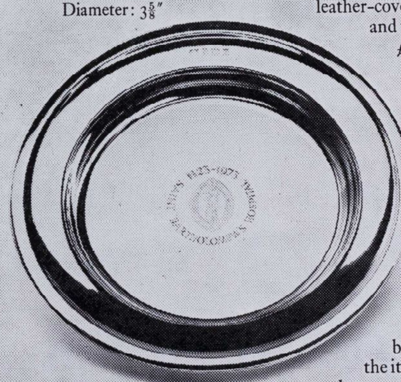

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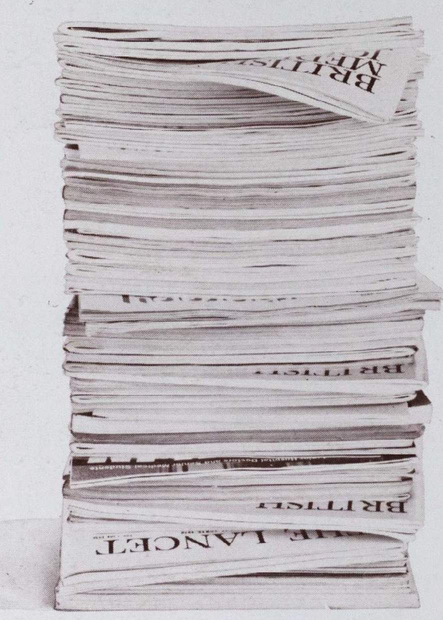

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