

holds the reins. In her shadow is Chronus with a restraining hand on her left shoulder. The milk motif in association with Venus signifies serious contamination in classical paintings. Cupid shows interest and the two putti or cherubs in the right foreground share a wreath of laurels, symbol of virginity.

And there is Minerva. Is she not resplendent in her everyday wear of plumed helmet, long spear, and breast plate fronted by the Gorgon Medusa's head, with hair replaced by serpents? Note how fittingly these serpents intertwine to suggest BMA membership. She is dressed just as she was when she is said to have leapt from Jupiter's brain, mature, on the day of her birth. And what of her looks? Was not Milton in his *Comus* right to describe her as of "noble grace"? Little wonder she thought herself fit to compete with Juno and Venus for Paris's golden apple.

What is a nice girl like Minerva doing in such mixed company? Her past history is helpful. As a Roman goddess she identifies both with the Greek goddess Athena and a counterpart in earlier Minoan mythology. In this last, she was protectress of palaces, and we find

two of these in the top right hand corner of our picture. In Greece and Rome she presided over the workers in useful and ornamental arts and trades. She was Goddess of Memory and, incidentally, a warlike divinity, so it is not surprising that the painting, currently in the National Museum in Stockholm, was booty of war in 1648. Minerva has another attribute. Did she not deservedly earn a reputation for wisdom the day she competed with Neptune for the possession of Athens? The city was to be awarded to the one who produced the gift most useful to mortals. Neptune produced the horse; Minerva chose the olive.

Something more of Minerva is revealed in the picture. She is trying to protect the youth by a gesture aimed at deflecting the symbolically contaminating stream of milk as he rises to temptation. With her left hand Minerva restrains him. Her practical compassion, alas, proves unavailing.

What do the painting, and the titles accorded it, really mean? What indiscretion is imaged? What insight does Minerva share with van Vein in the title "Allegory of the Temptation of Youth?"

Seventy years were to elapse before, in 1664, the truth became apparent. Can you hazard a guess as to what it was? More importantly, can Minerva remember what it was? Or is her reputed association with impeccable memory to remain part of her past myth and present mystery?

The answer will be found on page 1772.

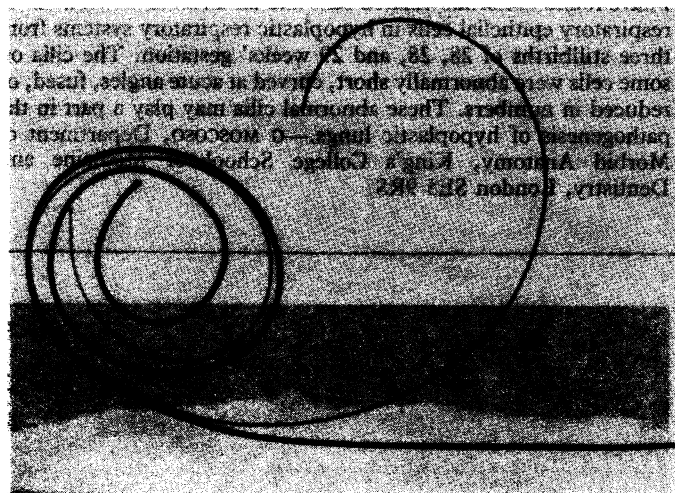
The University, Sheffield

R S MORTON, MBE, MD, honorary lecturer history of medicine

Correspondence to: 9 Cortworth Road, Sheffield S11 9LN.

Fly fisher's finger

I want to report a new sign associated with fly fishing. At the height of the fly fishing season last year a patient in his 40s developed severe pain and swelling in his left middle finger. The finger was particularly painful and swollen the morning after a full day's boat fishing on Rutland Water. The proximal interphalangeal joint was red, swollen, and had limited movement. Within 48 hours this had settled with no specific treatment other than rest. It occurred on two further occasions after similar expeditions.



Over the past few years there has been a dramatic change in fly fishing techniques, particularly on large reservoirs. The traditional lightweight tackle approach of catching surface fish has been replaced in many instances by fishermen adopting deep sea trawler like tactics. This entails using heavily loaded lines which sink rapidly to the bottom, where monster trout may lie waiting. Indeed, trout of 10 lb or more are often caught at Rutland Water. Many metres of line lie out behind the boat, which is moving with the wind on the rudder. This line is then rapidly retrieved, usually by the left hand in a right-handed person, and trauma results to the fingers.

This technique has many rewards for the aficionados of this style

but is abhorred by the traditionalists. It is likely to increase, particularly as more specimen trout are being caught in the deeper waters.—A C B WICKS, physician, Leicester.

Cooperation between government and coal miners

The coal mining dispute reminds me of an incident during the second world war when the government was eager to secure the maximum cooperation of coal miners.

In 1940, E A Aslett and I were engaged in the Medical Research Council studies of chronic pulmonary disease in South Wales coal miners. Our headquarters were in Ammanford (Dyfed). At one point it was decided to investigate the possible relation of tuberculous infection to pneumoconiosis by assessing the tuberculin skin sensitivity of Ammanford colliery workers showing different chest radiographic appearances. Cooperation in our main investigation (composed of clinical examination, radiography, and a detailed history of underground experience) had been excellent and freely given; but the proposed intracutaneous injections were considered an extra imposition, and, after consultation with the lodge committee, a payment of half a crown was agreed for each participant.

An initial test, with 1 tuberculin unit was given. A proportion, of course, proved negative to this weak dose, and we proposed to give a second test of 100 units to these "negatives." We had assumed that the initial payment would cover the second test too; but there were rumblings among those requiring it. A crisis was on us since the second test (in our scheme) had to be done no later than 48 hours after the first.

John (now Sir John) McMichael, who was with us temporarily to make some physiological assessments, stepped into the breach. At a hastily called lodge meeting he made an eloquent speech (worthy of an election candidate) dealing with medical progress, miners' welfare, etc, and won the men over—provided that a second half crown would be given. A second crisis—no money. So I telephoned the MRC in London, and a bag full of half crowns arrived by train in the nick of time, allowing the tests to be completed. Incidentally, the survey showed no statistical association between tuberculin sensitivity and the various stages of pneumoconiosis; this conclusion was later confirmed by Professor A L Cochrane and others.—P D'ARCY HART, National Institute for Medical Research, London. (Formerly Director, MRC Tuberculosis Research Unit.)