

appeared to be superior to radon seeds in the treatment of superficial tumours of the bladder, and with implants of gold<sup>198</sup> grains, which might supersede radon seeds in the treatment of some types of tumour.

Professor Smithers showed two films—one demonstrating the therapeutic uses of isotopes by surface, intracavitary, and interstitial application; the other the treatment of a young woman with malignant disease of the thyroid, a tracheotomy, and metastases in the neck nodes and lungs. This patient was treated by radioiodine. The tumours all regressed, and nearly six years after the treatment she was in normal health, with no clinical or radiological evidence of disease. Professor Smithers was careful to point out that this was an exceptional case.

#### Radioisotopes in the General Hospital

The last speaker, Mr. N. VEALL (Guy's Hospital), discussed the value of radioisotopes in diagnosis and research. He stressed the fact that radioisotope techniques were applicable in almost every branch of medical research, and quoted several examples to show how some of the methods developed for research had been adapted for routine clinical use. It was now possible for diagnostic tests to be carried out in the smaller hospitals, since the necessary equipment for most of the established procedures involved a capital expenditure of less than £200. When the volume of work justified such a course specialized equipment was available for carrying out particular tests on a mass scale. In some hospitals, for instance, hundreds of radioiodine tests of thyroid function were performed each year.

Another speaker asked whether every general hospital should be allowed to embark on work with radioisotopes, or whether it ought to be restricted to a few large centres. Mr. VEALL was rather of the opinion that the apparatus needed for many diagnostic tests was now so cheap and so simple to operate that any medical centre wishing to use it should be encouraged to do so. However, Professor SMITHERS pointed out that when isotopes were used for treatment adequate facilities must be available if only to ensure, among other things, proper precautions against radiation hazards by everyone concerned and for the disposal of radioactive wastes. He thought it would be uneconomical to have more than a limited number of radio-therapeutic centres throughout the country; and therapy, at least with internally administered isotopes, would tend to be confined to the larger medical centres.

### LOCAL MEDICAL SOCIETIES

#### Manchester Medical Society

Some of the difficulties in diagnosing ankylosing spondylitis, and their bearing on treatment, were stressed by Dr. J. SHARP, lecturer in rheumatic diseases at Manchester, at a meeting of the Section of Medicine on March 23. In the majority of spondylitis patients referred to a special clinic for x-ray treatment, said Dr. Sharp, the disease conformed strictly to the generally recognized picture, and 70% of them were much improved by deep x-ray therapy. In the remainder, the disease had unusual features, and of these only 31%, a very significantly smaller proportion, derived similar benefit from treatment. There was evidence that the difference in the effects of treatment was due to inclusion in the "atypical" group of some patients with rheumatoid arthritis affecting the spine, of others with psoriatic arthropathy with spinal involvement, of a few with Reiter's disease, and of some who had developed a form of spondylitis following repeated and prolonged attacks of rheumatic fever, and that these conditions were usually unresponsive to x-ray therapy. Further, immobilization usually had an adverse effect in ankylosing spondylitis, while it was often helpful in these other conditions. About a third of the patients in the "atypical" group did not seem to fit into any of these categories, and Dr. Sharp suggested that other, as yet unrecognized, conditions might be represented.

## Nova et Vetera

### GLOUCESTERSHIRE ROYAL HOSPITAL

This year the Gloucestershire Royal Hospital celebrates the bicentenary of its foundation, and on May 3 the occasion was honoured by a visit of the Queen and the Duke of Edinburgh. A thanksgiving service was held on May 8 in Gloucester Cathedral.

In 1754 certain benevolent people in the city and county of Gloucester decided to form a charity to found and endow the Gloucester General Infirmary for "the cure of the sick and lame of any County or Nation, who are destitute of the means of support." The ample pecuniary return so quickly made to the appeal on the first formation of the charity in 1754 enabled the promoters of the scheme to act with promptitude. The conclusion being formed that the erection of a new building would be the most satisfactory course, land called the Talbot Ground near the South Gate was purchased, on which the present buildings now stand.

To prevent delay in offering to the poor the advantage of the charity, the Crown and Sceptre Inn, Westgate Street, was purchased for the sum of £300, fitted up as a temporary hospital, and opened for the immediate reception of patients on August 14, 1755. To mark this occasion an inauguration service was held in Gloucester Cathedral, followed by a dinner at the Bell Hotel, both being attended by most of the leading persons in the county and city.

On July 18, 1761, the new building, which had been erected at a cost of £6,200, was publicly opened after a service at the cathedral and a dinner at the King's Head Hotel, presided over by Sir Onesiphorus Paul. At that time the four principal wards in the new building were named "Beaufort," "Berkeley," "Benson," and "Talbot," and the total beddage was 116.

The Old Infirmary (the Crown and Sceptre Inn) was sold in 1765. In 1813 the Squirrel Inn and other property adjoining the Infirmary on the south side was purchased for £1,000, and in 1827 the south wing to accommodate 54 patients was erected at a cost of £4,745, thus increasing the number of beds to 170. In 1877 the hospital was established as a training school for nurses, and since that date many thousands of students have received their training and gained their certificates through the excellent teaching facilities provided.

In 1878 another institution in Gloucester, called the Gloucestershire Eye Institution, was closed and all the cases were transferred to the General Infirmary. The Infirmary thereupon, under an arrangement with the Eye Institution, created an ophthalmic department, and the hospital became known as the Gloucestershire General Infirmary and Eye Institution.

On June 23, 1909, on the occasion of the visit of H.M. King Edward VII to the Royal Agricultural Show held in Gloucester, it was made known in the reply to the address of the Gloucester Corporation that His Majesty had been graciously pleased to accede to the request of the hospital committee to use the prefix "Royal" in the name of the Institution, "in recognition of the admirable work done by those responsible for its management, and the devoted and successful efforts of its staff in the prevention and alleviation of human suffering," and thereafter it was called the Gloucestershire Royal Infirmary and Eye Institution.

In July, 1948, the hospital was taken over under the National Health Service Act, and the newly appointed group management committee decided that the other hospital in the city, known as the City General Hospital, previously administered by the local authority, should become part of the Royal Hospital, and the two are now one unit, known as the Gloucestershire Royal Hospital.

C. J. ADAMS,  
House Governor.