

We debated the exact meaning of our instructions; but the general cut through the discussion by saying characteristically "I've got to carry the can." He promptly invited Hugh Cairns and Howard Florey to visit him again to resume discussion on the issue they had raised. Harold Bensted and I were invited to be present as witnesses to the conversation. Harold and I agreed to listen without speaking, which we did. I recall the general's exact words, which I think he had memorised because I recall his pacing to and fro reciting words to himself before the meeting. "Gentlemen," said the general, "you warned me of the political importance of the advice I should give on this matter. I accepted your warning. Consequently, I referred the issue for a political decision. I asked that this should go right to the top. We have had our answer. It is written in green ink—you know, I take it, what that means. I am now clear about my advice. It is that penicillin should be used to treat gonorrhoea among the assault troops in Algiers."

The interview ended in polite exchanges and, so far as I know, there were no political repercussions. My own view is that Harold Bensted's military and political judgment was right, and that Leo Poole's way of handling the event proved that he was

a wise, shrewd, and honest soldier capable of carrying any can that was handed to him.

"I cannot believe," said Bensted, when it was all over, "that the Royal Navy is denying itself the use of penicillin for the treatment of gonorrhoea." "No indeed," said Surgeon Vice-Admiral Sir Sheldon Dudley when the point was put to him, "we are making our own!" They were indeed, under the direction of Cecil Green (Emeritus Professor C A Green of Newcastle) at Carshalton. A sample was produced and later given for testing to a medical officer of the Canadian Army. "Marvellous stuff," was his verdict. "It did two things: abolished the gonorrhoea like magic and so pained the injected soldier that it cured him also of the idea of risking his health again."

Years later (in 1966), I told Howard Florey about the open-ended wording of the marginal note in green ink. He laughed and recalled verbatim what Poole had said. "Yes," he admitted, "what you tell me of the minute is entirely credible; and, of course, Poole did not quote the words. He told us only what he decided after reading the note." He paused and laughed again. "Poole was clever," he said, "and of course he was right."

No reprints of this article will be available.

## Pandemic influenza 1918

N R GRIST

Epidemic influenza remains the biggest and unconquered acute threat to human health, inflicting damage and death far beyond familiar notification data. The impact of influenza A is particularly severe during periodic pandemics owing to novel antigenic variants which override immunity from experience of earlier subtypes. It is salutary to remember that we do not really understand why the devastating pandemic of 1918-19 was so severe, and that we cannot therefore be confident that our modern medical measures would succeed against a similar future challenge.

As a reminder of the grim reality of that pandemic, the following letter may be of interest. It was found in a trunk in Detroit among other medical papers handed to the department of epidemiology of the University of Michigan. A copy was given to me in 1959 by the late Dr T Francis, jun, and it is now published with the agreement of Dr V Hawthorne, his successor as head of department.

### Copy of an original letter found in Detroit in 1959

Camp Devens, Mass.  
Surgical Ward No 16  
29 September 1918  
(Base Hospital)

My Dear Burt—

It is more than likely that you would be interested in the news of this place, for there is a possibility that you will be assigned here for duty, so having a minute between rounds I will try to tell you a little about the situation here as I have seen it in the last week.

As you know I have not seen much Pneumonia in the last few years in Detroit, so when I came here I was somewhat behind in the niceties

of the Army way of intricate Diagnoses. Also to make it good, I have had for the last week an exacerbation of my old "Ear Rot" as Artie Ogle calls it, and could not use a Stethoscope at all, but had to get by on my ability to "spot" 'em thru my general knowledge of Pneumonias. I did well enough, and finally found an old Phonendoscope that I pieced together, and from then on was all right. You know the Army regulations require very close locations etc.

Camp Devens is near Boston, and has about 50 000 men, or did have before this epidemic broke loose. It also has the Base Hospital for the Div. of the N. East. This epidemic started about four weeks ago, and has developed so rapidly that the camp is demoralized and all ordinary work is held up till it has passed. All assemblages of soldiers taboo.

These men start with what appears to be an ordinary attack of LaGrippe or Influenza, and when brought to the Hosp. they very rapidly develop the most viscous type of Pneumonia that has ever been seen. Two hours after admission they have the Mahogany spots over the cheek bones, and a few hours later you can begin to see the Cyanosis extending from their ears and spreading all over the face, until it is hard to distinguish the colored men from the white. It is only a matter of a few hours then until death comes, and it is simply a struggle for air until they suffocate. It is horrible. One can stand it to see one, two or twenty men die, but to see these poor devils dropping out like flies sort of gets on your nerves. We have been averaging about 100 deaths per day, and still keeping it up. There is no doubt in my mind that there is a new mixed infection here, but what I dont know. My total time is taken up hunting Rales, rales dry or moist, sibilant or crepitant or any other of the hundred things that one may find in the chest, they all mean but one thing here—Pneumonia—and that means in about all cases death.

The normal number of resident Drs. here is about 25 and that has been increased to over 250, all of whom (of course excepting me) have temporary orders—"Return to your proper Station on completion of work". Mine says "Permanent Duty", but I have been in the Army just long enough to learn that it doesnt always mean what it says. So I dont know what will happen to me at the end of this.

We have lost an outrageous number of Nurses and Drs., and the little town of Ayer is a sight. It takes Special trains to carry away the dead. For several days there were no coffins and the bodies piled up something

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fierce, we used to go down to the morgue (which is just back of my ward) and look at the boys laid out in long rows. It beats any sight they ever had in France after a battle. An extra long barracks has been vacated for the use of the Morgue, and it would make any man sit up and take notice to walk down the long lines of dead soldiers all dressed and laid out in double rows. We have no relief here, you get up in the morning at 5.30 and work steady till about 9.30 P.M., sleep, then go at it again. Some of the men of course have been here all the time, and they are TIRED.

If this letter seems to be somewhat disconnected overlook it, for I have been called away from it a dozen times the last time just now by the Officer of the Day, who came in to tell me that they have not as yet found at any of the autopsies any case beyond the Red Hep. stage. It kills them before they get that far.

I dont wish you any hard luck Old Man but I do wish you were here for a while at least. Its more comfortable when one has a friend about. The men here are all good fellows, but I get so damned sick of Pneumonia that when I go to eat I want to find some fellow who will not "Talk Shop" but there aint none nohow. We eat it live it, sleep it,

and dream it, to say nothing of breathing it 16 hours a day. I would be very grateful indeed if you would drop me a line or two once in a while, and I will promise you that if you ever get into a fix like this, I will do the same for you.

Each man here gets a ward with about 150 beds, (Mine has 168) and has an Asst. Chief to boss him, and you can imagine what the paper work alone is—fierce—and the Govt. demands that all paper work be kept up in good shape. I have four day nurses and five night nurses (female) a ward-master, and four orderlies. So you can see that we are busy. I write this in piecemeal fashion. It may be a long time before I can get another letter to you, but will try.

This letter will give you an idea of the monthly report which has to be in Monday. I have mine most ready now. My Boss was in just now and gave me a lot more work to do so I will have to close this.

Good By old Pal,  
"God be with you till we meet again"  
Keep the Bouells open.  
(Sgd) Roy.

## Edward Gibbon's health

W D FOSTER

In *Creative Malady* Sir George Pickering made a persuasive case that, in certain circumstances, ill-health can be a positive advantage in creative work, but, by and large, sickness is a drag on achievement. The accomplishment of great work in the face of illness, therefore, is all the more to be admired. Edward Gibbon's terminal illness, with his gigantic hernia and hydrocele, have been written about on more than one occasion but it is not generally appreciated that he wrote *The Decline and Fall of the Roman Empire*, still perhaps the greatest single work of historical scholarship in the English language, in the face of physical and psychological disabilities that would have destroyed a lesser man.

Gibbon was a sickly child, but this was of some advantage to him: it spared him the full rigours of Westminster School and allowed him to pursue his own desultory studies, which eventually settled in the historical line. As he tells us in his *Autobiography*, by the time he was 16 his constitution was "fortified and fixed," so that until he was "admonished by the gout . . . few persons have been more exempt from real or imaginary ills" than himself. But he was not being totally frank.

Gibbon had not been physically favoured by nature: he was not handsome, was very short, and, even as a youth, plump (in later life he was to become grossly fat). None the less, throughout his life he had all the sexual ardour of a normal man; as a young militia officer he had an eye for the girls and throughout his life he was a flirt. It is said that in middle age, having sunk to his knees before one beauty, he needed footmen to help him rise again because he was so fat. Yet it seems that, like John Wilkes, his fellow militia officer, given half an hour he could "talk away his face"; there is no doubt that women of all ages found him charming.

That he could as a boy win the heart of Susanne Curchod, one of the most attractive and intelligent girls in Lausanne, and, in middle age, the affection of Lord Sheffield's vivacious

daughters is but part of the evidence. "Wit I have none," confessed the young Gibbon, but his delightful, teasing, donnish sense of humour shines through the pages of his correspondence. Even so, Gibbon probably had cause to doubt



EDWARD GIBBON, ESQ.

whether he could achieve a normal sexual relationship with a woman, and even as a young man, must have thought it was psychologically and physically impossible. "I think I may venture to say I shall never marry," he wrote to his father at the age of 26, and he repeated his decision the following year ascribing it to his "constitution."

In 1761, in the midst of a busy, unfamiliar, and uncongenial

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