Reading for Pleasure

Nature, war, and Holy Writ

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Probably the most difficult of Thomas Hardy's works to digest is *The Dynasts*, that great epic drama covering some 10 years of history, and with well over a hundred scenes. As Hardy maintained in his preface, Continental writers paid "scant regard" to British influence at the time of the Napoleonic conflicts, so he attempted to outline the full story. Moreover, invasion rumours had once been rife in Hardy's Dorset and memories lingered, together with those of visits of George III. The going is not easy and I was relieved, I think, that the play was intended "for mental performance, and not for the stage."

All the King's men

Nevertheless, I found that *The Dynasts* succeeded in giving a broad historical survey, which stimulated me to seek other books on the period. Hardy made ordinary people speak as well as the great ones, and the soldiers' marching song set the spirit of the times, if rather idealistically:

"We be the King's men, hale and hearty/
Marching to meet one Buonaparty."

The other Hardy, Nelson's flag-captain, was born in Dorset and he appeared prominently, as might have been expected, in the account of the Battle of Trafalgar; indeed, before Nelson's death, Captain Hardy referred nostalgically to his Wessex village and "the red apples on my father's trees." But in spite of the sea victory of Trafalgar, Napoleon's success at Austerlitz caused Pitt to direct: "Roll up that map. 'Twill not be needed now these ten years."

That view was endorsed by the outcome of the Battle of Jena; at Eylau, Hardy emphasised the horrors of winter fighting with "... frozen limbs, and blood iced hard as it left the veins. ..." But hope rose when Sir Arthur Wellesley won Talavera, later to be followed by the advance through Spain. It was of Talavera's dead that Byron, whose *Childe Harold's Pilgrimage* I read recently, wrote cynically: "There shall they rot—Ambition's honour'd fools."

On coming, eventually, to the Battle of Waterloo, Hardy did not forget the effect of war on the countryside and on those who followed the army—he spoke of "The lark's eggs scattered." During the battle, the array of surgical instruments held at the women's camp was listed as "bone-saws, knives, probes, tweezers. ..." One woman apparently gave birth to a child at the time, and another told how she was asked to help one of the surgeons; her opinion was that "twas worse than opening innerds at pig-killing."

After reading *The Dynasts* I turned to *Nelson and his Surgeons*, compiled by P D Gordon Pugh. In this monograph I learnt that Sir William Beatty, the surgeon who had attended Lord Nelson on HMS *Victory*, had graphically described both the fatal wound and Nelson's death from internal haemorrhage. Next, I read two well-written books on Baron Hippolyte Larrey, surgeon-in-chief to Napoleon's imperial armies, whose name is inscribed on the Arc de Triomphe. The first work was *Napoleon's Surgeon* by J Henry Dible and the second *Larrey: Surgeon to Napoleon's Imperial Guard* by Robert G Richardson. Larrey is important because he designed ambulance wagons and used them to pick up wounded on the battlefield. He accompanied Napoleon's Egyptian and Syrian expeditions and was present at the siege of Acre—where he successfully treated a case of bleeding from the external carotid artery. Furthermore, he gained experience of the management of plague and even of leech infestation of the throat. Then he was active at the battles of Ulm, Austerlitz, and Eylau; at Eylau, agreeing with Hardy's verse, he told of the intense cold at the time of the battle, so that his pupils often let instruments drop during operations in open barns. Later in the campaign, Larrey pointed out the risk of frostbite to those who exposed their feet too near the bivouac fire.

The loyal and experienced Larrey marched in 1812 with the invading forces into Russia; he tells how he amputated a major's arm at the shoulder at the Battle of Borodino. The major, fortunate if he had known, mounted his horse and returned to France, reaching there in three and a half months, by which time the wound was healed; no doubt, that was the best method of avoiding wound infection and hospital gangrene. Larrey developed remarkable speed in carrying out amputations and he mentions three minutes for one at the thigh: of course, that was before the coming of anaesthetics.

I found that another good book on the Napoleonic period is Michael Glover's *The Napoleonic Wars: an Illustrated History 1792-1815*. Napoleon is no hero of mine, although he must have had a remarkable personality, but the Duke of Wellington, at least to my mind, had super-hero status. Perhaps for that reason, I was impressed by Arthur Bryant's *The Great Duke*, which is full of fine, narrative prose. Throughout the biography, Wellington's humanity is shown: thus, early in his career, when in India, he urged that provision be made for the wounded and for the families of the Indian soldiers killed in the Mahratta war. Bryant's prose seems at its best in battle descriptions. He tells of the dawn at Talavera, "Like the morning of St Crispin four hundred years before." Later, he mentions the "lines stretching two-deep like a scarlet snake over the rolling hills and plain. ..." Then, inevitably, comes the aftermath, as the observer sees hundreds of amputated legs and arms being thrown from the towns' windows.

Nevertheless, there are lighter moments when, for example, British infantry exchanged their rations for brandy with the opposing French sentries, although it was known that, understandably, Wellington did not approve of fraternisation.

There is a stirring account of the storming of the fortress of Ciudad Rodrigo at night, including the carnage among those

ascending the scaling ladders at the breach. Little wonder that many of the surviving troops became drunk and stole anything that could be found. Sacking was worse after the storming of Badajoz, during which one 15-year-old Spanish girl was protected by Captain Harry Smith. He even married her, and she continued to campaign with the army, subsequently giving her name to the town of Ladysmith. As an example of Wellington's compassion and insistence on discipline, it is said that one evening he rode to a place where many sick and wounded were lying in the open. He ordered that the men be given shelter in the nearby officers' billet; the next evening he paid another visit and found the men again outside. Immediately, he had the officers in charge arrested and, eventually, they were cashiered. Why should this campaigning be read for pleasure? I think the interest lies in finding out how men react to adversity and of what stuff military leaders are made.

Conflict and tranquillity

As a change from this subject, I then read the *Book of Judges*, which deals with Jewish events between the death of Joshua and the birth of Samuel. There is plenty of conflict here also, recounted (in the proper version, naturally) in expressive, lyrical passages. Sisera was not killed by Jael, blessed above women, until after she had "brought forth butter in a lordly dish" and, meanwhile, Sisera's mother, while wondering at her son's delay in returning, "looked out at a window, and cried

through the lattice. . . ." Again, when the fat Eglon, king of Moab, was "sitting in a summer parlour," Ehud thrust in his dagger; the "fat closed on the blade" so that it could not be withdrawn "and the dirt came out." Violence is, of course, continued as the exploits of Samson are unfolded, so I was pleased to read of his reaction on finding a swarm of bees and honey in a lion's carcase. But aggression soon returns and he burns the Philistine corn by the novel method of sending out 300 foxes, with burning firebrands tied between the tails of each pair. Is this legend, history or a bit of both?

Wanting something more tranquil, I reread Gilbert White's *The Natural History of Selborne*. It is a delight to follow White's account of swifts mating in the air, especially as I had noted similar behaviour the previous May. As the birds fly and soar, one will suddenly drop on the back of another and the pair will sink in the air, one uttering a shrill note. Clearly, swifts were favourites of White and he remarks on their screaming parties chasing on hot, summer days round church steeples. Not surprisingly, he liked the "pleasing murmur" of cawing rooks, too, as they returned, sporting and diving, to roost in the local beech woods. As with bird calls, the sounds of insects also pleased the gentle curate and he was intrigued by the cheerful summer song of the then abundant field crickets; in addition, he heard and watched the now rare mole crickets, while most of Selborne's cottages had their resident and vocal house crickets. To me, there is no greater pleasure, and there is certainly nothing more peaceful, than to read this book by the fire during a storm on a January night.

It is established practice to control the coagulability of the blood in patients with venous thrombosis. Would there be any value in extending this practice to the over-50s to reduce the incidence of stroke?

Anticoagulants such as warfarin inhibit the synthesis of prothrombin and other protein-clotting factors produced in the liver. They are of proved value for preventing and treating venous thrombosis but there is no evidence that they prevent arterial thromboses or embolism. The hope that they might, widely current in the 1950s, was disproved in the 1960s. Nevertheless, thrombosis also depends on the behaviour of platelets, and it is this rather than prothrombin concentrations that is relevant to arterial thrombosis and the emboli that cause stroke and cardiac infarction.

Platelets produce thrombogenic prostaglandins called thromboxanes, while normal vessel walls produce a thromboxane-inhibitor substance, prostacycline. Drugs to encourage the formation of prostacycline and inhibit thromboxanes are being worked on but are a long way from being available at the moment. It is, however, known that aspirin suppresses thromboxane formation, though it also inhibits the synthesis of prostacycline. Aspirin, which reduces the risk of stroke after transient ischaemic attacks in men but not women, is currently being assessed in a stroke prevention trial organised by the regius professor of medicine at Oxford, in which many doctors are taking part. The whole subject of platelet behaviour in relation to thrombotic illness has recently been reviewed by Mitchell¹ and by Gantmacher.²

¹ Mitchell, J R A, *Prescribers Journal*, 1979, **19**, 74.

² Gantmacher, M L, *Journal of the Royal Society of Medicine*, 1979, **72**, 513.

What has routine ultrasound examination to offer as part of the antenatal care of a normal pregnancy? How many times should this be performed, if at all?

Routine ultrasound examination offers early detection of some abnormalities (such as twins or anencephaly), present in 1-2% of patients. It clarifies dates, which are said to be uncertain in 25% of patients: even when dates are known doubt can arise later, and an early scan helps distinguish between mistaken dates and subsequent growth retardation. Very early scans (before 16 weeks) predict the date of delivery to within a week, but are time consuming and require considerable skill. The easiest way to date a pregnancy is to perform three serial scans between 20 and 30 weeks' gestation. Unsuspected placenta praevia can be detected after 28 weeks, but before this time scans can give misleading results, as the placenta is relatively large in early pregnancy. So far as we can tell, ultrasound does no harm to

mother or fetus, but scans require expensive equipment and trained staff—scanning should be done only by an expert, as inaccurate results affecting clinical management are worse than useless. The number of patients scanned will depend on the facilities available. If a patient is seen before 12 weeks, with certain dates and a uterus of appropriate size, there is little to be gained from asking her to return for serial scans—particularly if this entails much travelling. When the patient books at 16 weeks or later, however, ultrasound confirmation of dates is worth while. Patients are usually happy to endure some inconvenience for a "picture of the baby," and can be greatly reassured by a real-time scan showing the baby is—literally—"alive and kicking."

Should a person with an innocent heart murmur (not due to a hyperdynamic state) be advised to take prophylactic antibiotics before procedures such as dental extraction, cystoscopy etc?

An innocent heart murmur means a normal heart so we are being asked whether someone with a normal heart should take prophylactic antibiotics or alternatively whether an ejection murmur caused by turbulent blood flow within a normal heart renders the possessor susceptible to infective endocarditis. A conventional answer to this question is No, antibiotics are not needed. The problem is that infective endocarditis can develop in hearts that were previously either actually normal or regarded as normal, so that a policy of recommending prophylactic antibiotics only to those with recognised heart disease means that many susceptible individuals go unprotected. This is reflected in the almost undiminished incidence of infective endocarditis caused by the *Streptococcus viridans* group of organisms, which are usually fully sensitive to penicillin. Another reason may be that prophylactic antibiotics are not given in the most appropriate manner. Phenoxymethylpenicillin is poorly absorbed from the mouth, and amoxycillin achieves double the blood concentration from the same oral dose. Moreover, amoxycillin has a broader spectrum of activity. Oral amoxycillin, 2 g one hour before dental extraction, is probably the best prophylaxis against infective endocarditis afterwards, although we do not even know how important dental extraction may be in causing infective endocarditis. An improvement in oral hygiene throughout the population would undoubtedly be a most effective means of reducing the incidence of this disorder. Before cystoscopy appropriate antibiotics should be given to everybody with or without a murmur, and since this is carried out in hospital the combination of ampicillin and intramuscular gentamicin, 80 mg, is appropriate.