The Fountain: A case report

Alan Bailey (q Barts, 1966) and Heather Hackett (q Barts, 1973) report a syndrome of unusual clinical signs occurring in a group of four workers at St Bartholomew’s Hospital in London, whose job it is to maintain the fountain in Hospital Square.

The workers are cherubs. They have been employed since around 1860 to maintain the upper bowl of the fountain in a horizontal position at the appropriate height to catch the water and deliver it via gargoyle exits to a lower bowl in which they stand on a plinth. Despite the European Working Time Directive, they still work 24 hours a day, seven days a week. They are in close contact with each other (NB. names have been changed to protect patient identity).

Clinical signs
The early signs of a problem were seen earlier in the year (2010 AD) when ulcers started to appear on the thighs and lower legs (Fig 1 shows the lateral aspect of Cherub East’s leg, just below the knee). At around this time a green discharge was noted from various parts of the base of the upper bowl. This was probably SLIME (Serious Leg Infiltration by Mould Extract) and could contain the causative organism of what happened later. After a particularly harsh winter, the left leg of Cherub North turned green and fell off (Fig 2). He did not seem to be particularly in pain – ‘He’ is used throughout, not to indicate gender; cherubs are eternal and therefore have no need for reproductive organs (New Testament: Gospel According to St Mark 12:25).

Closer inspection of the other cherubs show South is lacking toes on his right foot (Fig 3) and West has a severe fracture of his right great toe. These lesions were thought to be neurosensory in origin; in fact South’s lesions have the appearance of leprosy. Barts has not seen indigenous leprosy for about 350 years, prior to which it was coordinator of the leper hospitals in the City of London, the monks being knowledgeable on the subject and unafraid of its potential to spread. Many of the benefactors of Barts also supported the leper hospitals. Since the Great Fire in 1666, from which Barts was mercifully saved by the width of Giltspur Street, leprosy has died out in London. However, more evidence that this may be a contagious process is seen in the ulcers developing in the lower basin (Fig 4) which were revealed when the SLIME and water were removed during a routine check-up.

Multidisciplinary Meeting (MDM)
Seven experts from different specialties recently held a MDM. It concluded that the cherubs should be admitted as a matter of urgency for diagnosis and treatment. Unfortunately, as they lack reproductive systems and are therefore not of the species Homo Sapiens, they fall outside the remit of the NHS. Their private medical insurance contains conditions in the small print concerning pre-existing conditions (and it is rumoured that one of the cherubs has previously lost a leg). Also there is a paragraph, usually applicable to other kinds of insurance, an exclusion based on normal wear and tear.

A further problem arose when admission to the London Clinic was considered. Surprisingly, the Clinic, which is very well supplied with modern high-tech equipment, did not have the necessary...
facilities for these sad cases. An institution in Manchester, St Onemason (thought to be founded by a latter day monk by the name of Bullen) was found to have the necessary equipment for the proposed treatment. Among the famous patients they have treated are Sir Joshua Reynolds and members of the Royal Academy.

Proposed surgery
In order to admit the cherubs to St Onemason’s they need to be divided surgically. This will involve a horizontal incision through the centre of the abdomen, dividing each cherub in half. This is a very tricky procedure and has no coding under private medical insurance categories. It may also be difficult to get the incision right as cherubs, being created, have no umbilicus for guidance. To add to the expense, each half may need its own life support system, although as they are eternal creatures they may survive without, but it will need to be available, just in case. Following their transfer by specially designed vehicles to the Manchester Institution, they will be rehabilitated and the various body parts treated or replaced with prostheses.

Conclusion
A thorough search of the literature shows that there is no medical precedence for this sort of treatment. It is not routine in the NHS, nor recognised by the private sector. Funds must be raised to pay for this restorative surgery otherwise the cherubs may have to mortgage or even sell their home which they have inhabited for the last 150 years.

Update: May 2013
The fountain has since undergone extensive restoration works and has been reinstated to its former glory. Andrew Douglas, Chief Executive of Barts and The London Charity, commented: “Barts Charity was pleased to be able to jointly fund the restoration with Skanska and the Fountain Club. The heritage in and around Barts Square is a unique historic asset and needs on-going financial support.”

For a photo story of the works, visit the Fountain Club website at www.fountainclub.org

The Heart of Bart’s
It is curious, but true, that if I had not been closely acquainted with the fountain in the square of St Bartholomew’s Hospital, I should have been deprived of much entertainment, laughter and a deal of reflection after reading The Heart of Bart’s, so competently compiled and edited by Greta Barnes who completed her training as a nurse at Barts in 1962.

The many contributions include memories of an illustrious consultant surgeon, medical students, housemen, registrars, a consultant physician, as well as those of a ward maid and Barts trained sisters and nurses, including those associated with the many voluntary services. Their accounts paint some unforgettable pictures of their individual experiences. These include that of Mary Penny (1942-46) who continued to give her report to her junior one night as a buzz bomb exploded nearby; the ward maid Maureen Lennon describing the time immediately after World War Two as “like going back to the Victorian era – very strict and status conscious”; not to mention the nurses’ starched collars and cuffs and their sore feet which often required the application of surgical spirit. All this for a staff nurse’s pay in the fifties of £15 per month!

The sixties were thought by many to be the happiest of times at Barts and particularly the Christmas activities remembered by the much loved Mary Walker, Sister Waring. The time is hilariously portrayed by Prilli Willoughby [Stevens] who, initially advised by the Sister Tutor that she should “perhaps turn to the stage instead”, was subsequently promoted to Sister! The author of Doctor in the House who qualified at Barts in the 1940s, and is featured in the section devoted to some famous Barts names, would surely have approved. Perhaps, too, of Alan Bailey’s tale recalling an infamous incident at the Richmond Athletic Ground when Barts played The London in a Rugby Cup Final and Mark Britton’s account of the club’s 129 years history.

The Heart of Bart’s deserves to be read and then displayed prominently on the bookshelf of all who have trained there and it certainly merits reading by those with a medical and historical interest.

John Lloyd Parry MBE
q Barts, 1962
Former surgical houseman, Fleet Street and Harmsworth Wards (1963)

Visit www.fountainclub.org/heartofbarts.html for an order form or send a cheque, made payable to ‘Obelisk Books’, for £19 (inc p&p and a donation to the Barts Fountain Restoration Fund) to: Obelisk Books, c/o Tarvers Orchard, Sutton-under-Brailes, Banbury, Oxon, OX15 5BH