

This study suggests that a jet mixing device might be used to drive a fixed concentration head box to provide oxygen therapy for infants, though clinical studies are needed to confirm this.

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- 2 Kittredge P. Neither Venturi nor Bernoulli. *Lancet* 1983;

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- 3 Canet J, Sanchis J. Performance of a low flow oxygen Venturi mask: diluting effects of the breathing pattern. *Eur J Respir Dis* 1984;65:68-73.
- 4 Jones HA, Turner SL, Hughes JM. Performance of the large reservoir oxygen mask (Ventimask). *Lancet* 1984;i:1427-31.
- 5 Johns DP, Streeton JA, Rochford PD. An air entrainment device for preparing precision gas mixtures. *J Med Engr Technol* 1983;7:140-3.
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Adventitia

Confessional

In the biological nature of things, as I enter my 80s my crucial and tricky viva voce with St Peter cannot be too long delayed. I therefore thought that it might be, in the current jargon, cost effective prophylaxis to take advantage of the Editor's proffered confessional and shrive off some of the accumulated backlog in my personal "sindrome." I am hoping, without all that much confidence, that it may prove prophylactic to confess now that the crucial appointments in my career were obtained by methods that might, according to the taste or prejudice of the commentator, be variously described as modern free market headhunting, the Old Boy System, mafoid technology, or just plain corruption.

Like hundreds of other young doctors, in late 1945 I was booted out of the army into a cold, competitive world. The shock was mitigated by a benign government with the offer of a year's rehabilitation job at an annual salary of £650. But after five months I was informed that, owing to the tidal wave of discharges on to the market, my job would be for six months, not a year.

Thereafter the first suitable post to be advertised was at the Central Middlesex Hospital, at that time by far the most outstanding, and most academic, of the then (pre-NHS) municipal hospitals. As the interviews were to be in July, my wife and I cancelled our previously booked holiday in Ireland. I believe that there were 100 applicants. I wasn't short listed. No holiday. No job.

As well as my rehabilitation post at St Thomas's Hospital I had had two sessions a week as an (unpaid) clinical assistant to Guy Scadding at the Brompton Hospital. Guy had for a year been my OC medical division in a large military hospital in Egypt. He had taught me an enormous amount and we had become very good friends. After six weeks' unemployment, during which I finished off my MD thesis—rather exotically and pot boilingly on typhus as I had run a typhus ward in Egypt—the government agreed to fund several registrarships at the Brompton Hospital. I was slid into one of these without, so far as I can remember, any competition or interview. Three months later the famous Medical Research Council (MRC) controlled trials of streptomycin started. I was asked to be the half time MRC coordinator for the Brompton

Hospital. At the same time Guy Scadding had become the dean of the new university institute at the Brompton. Consequently he had less time to give to the other part of his work, at the then Postgraduate (now Royal Postgraduate) Medical School at Hammersmith Hospital. It was therefore suggested that he should have a half time lecturer to help him. My interview at the Postgraduate School consisted of having lunch in the canteen with the professor of medicine, John (later Sir John) McMichael, Scadding, and Sharpey-Schafer, later to be professor of medicine at St Thomas's Hospital. I have no memory of any plumbing of the academic depths or heights over lunch. I only recall Sharpey-Schafer mischievously discussing the influence of red meat on hypertension. At any rate, perhaps because I was observed to stand up successfully to the postwar Postgraduate School canteen menu, I found myself appointed to the lectureship.

Five years later I was asked to go up to Edinburgh to be interviewed for the vacant chair of tuberculosis (later to be converted at my request to "tuberculosis and respiratory diseases"). Unconventionally by present standards, before the interview I was taken out to lunch at the New Club ("new" in about 1780) by two of the interviewing panel, Sir Stanley Davidson and Sir Derick Dunlop. I was presented with the largest pre-lunch sherry I had ever encountered, and later sailed into the interview under full spinnaker. The powerful Iberian catalyst had a logarithmic effect on my intrinsic Hibernian garrulity and perhaps induced a minor torrent of mRNA from some normally recessive lyrical sequence in the DNA. I gave an enthusiastic and largely imaginative account of my previous career and achievements. Somehow this must have overwhelmed, or bluffed, the fundamental Calvinistic constraints, and the usual and proper academic caution, on the other side of the table. In a fit of absence of mind they must have overlooked my acrid critique of the tuberculosis services in Edinburgh, outlined in a previous, more pedestrian, memorandum. At any rate, they changed my life. They gave me the job.

At least I was too poor to have crossed anybody's palm with silver. I hope St Peter will remember that!

JOHN CROFTON