



JOHN ALFRED RYLE

[Frontispiece.]

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By SIR CHARLES SYMONDS

## ORIGINS AND EARLY DAYS

THERE could have been little doubt in the minds of those who knew John Ryle at one period of his career that his name would find a place in the history of medicine in the traditional line of great British physicians. Whether instead he will be acclaimed as a great reformer will depend on the outcome of the work to which he set his hand in later years. This question cannot yet be answered but it is certain that in his mind and character John Ryle was a very uncommon person. Those who are interested in heredity will not fail to look in this direction for a light upon what is unusual in nature, and in the present instance will be rewarded, for he came of unusual stock. On his father's side one of his ancestors was Arkwright of the Spinning Jenny, a man who succeeded against overwhelming odds by sheer tenacity of purpose. His grandfather and one of his uncles were bishops, and his father, besides being a doctor in general practice, was a philosopher and an early member of and contributor to the Aristotelian Society. John Ryle's mother was a Scott, who numbered among her forebears Sir Humphrey Gilbert (half-brother of Sir Walter Raleigh), one of the famous Elizabethan sailors and explorers; Bodley, diplomatist, scholar and founder of the Bodleian Library; and Thomas Scott (1747-1821), cleric and biblical commentator, whose book *The Force of Truth*, revealed, in the words of his biographer, the process by which a mind of singular earnestness made its way from a bald rationalistic unitarianism to the highest type of Calvinistic fervour. He must have been an impressive person for Newman in his *Apologia* says he almost owed him his soul, and his *Commentary* was hailed as "The greatest theological performance of our age and country", but his biographer records that "the intensity of his consciousness made him somewhat angular". The architect Gilbert Scott and the present Sir Giles Gilbert Scott have been other notable men on this side of the family.

John Ryle was born at Barnet on December 12th, 1889, but was brought up in Brighton, where his father was in general practice. Dr. Reginald Ryle's main interests outside his profession were classics, philosophy and astronomy, and he was also a zealous radical and prominent local politician. He broke away from the family tradition of evangelical religion and became a strong agnostic. He had ten children, John being the eldest boy. Their upbringing was happy but unusual. As a family their interests were serious and their lives earnest. So at least they seemed to others of their own age—admirable, but a little remote from the

frailties of ordinary human nature. John went to Brighton College in 1899 and remained there till 1907. He was a School Prefect and kept goal for the first eleven at football.

#### GUY'S BEFORE THE FIRST WORLD WAR

Ryle entered Guy's in October, 1907, and for the impression he made upon his contemporaries I am indebted to one of his friends, who writes: "Even as a student he stood out from the rest of us by his ability, by his seriousness, by his kindness and gentleness, by his sympathy for suffering, by his indignation over injustice, and also by his freedom from the ordinary weaknesses of human nature and of young men in particular. These virtues were matched by his failure to allow for the weaknesses of others, and his inability at times to see that what followed logically from his premises could be rejected honestly and sincerely by other minds. There was in consequence a barrier between him and those who admired and loved him which was not easily passed. The absence of a sense of humour—his inability to laugh at himself was also a barrier." From this and other contemporary impressions it would seem that at this time John Ryle had forgotten, if he ever knew it, how to play the fool. This defect of his qualities, though of less consequence in later life, was probably always an obstacle to the making of easy and intimate friendships. During the period of his house appointments he won the golden opinions of all for whom he worked and was universally respected and admired by his juniors. Few of his contemporaries doubted that he had before him a brilliant career on the staff of the hospital. But Ryle himself was unhappy. As an out-patient officer he had felt that the provision for the sick poor was inadequate. For example, children seriously ill with measles and pneumonia could not be admitted to Guy's nor could room be found for them in any other hospital. Ryle took the names and addresses of these children in the surgery and went out to visit them in their homes at the end of the day. He came thus to feel that he should devote himself entirely to work of this kind and instead of applying for Medical Registrar almost decided to go into partnership with Dr. Salter in the Borough when the outbreak of War, shortly followed by his marriage, changed all his plans.

#### FRANCE 1914-1918

Ryle at once joined the R.A.M.C. and spent the next four years in France and Belgium, being posted to a Casualty Clearing Station at the base of the Ypres salient. The campaign was static and conditions favourable for clinical work and discussion. He settled down to use the opportunity of observing the medical

diseases of the war, and his qualities were soon attracting the attention of his seniors. A Guy's contemporary remembers that early in 1915 Sir Wilmot Herringham, the senior consulting physician to the Army, said to him in conversation that Ryle was, in his opinion, undoubtedly the best young physician he had come across in France. Except for the fact of war and the separation from his wife, this phase of his life was a happy one. He came into contact with minds eager as his own and trained in other schools, and made many friends, among whom Adrian Stokes was probably the closest. With him he made his first important contribution to medical science in a paper in the *British Medical Journal* on Weil's disease (*Spirochaetosis Icterohaemorrhagica*) as it occurred in Flanders. This was followed by a fuller study of the same subject in *The Lancet* and later by a paper on trench nephritis with Tytler in the *Quarterly Journal of Medicine*. A Guy's contemporary who was doing surgical work at another Casualty Clearing Station, writes of Ryle at this time: "His fame grew steadily in the peculiar world of the Army in France, and by 1917 his opinions on the special medical problems were quoted up and down the line. I became aware that this good opinion was not confined to our own little world when I came on leave—always when I came to Guy's the physicians, after a few perfunctory remarks about amputations and other surgical conditions, wanted to know about Ryle. The outstanding feature of his work in those days was, I think, the way in which he paid attention firstly to the clinical picture. Always he described first what he found and discussed the popular theory in the light of his findings. Hence he was a most salutary critic of the many and varied explanations that were offered us about war diseases."

It was typical of him that towards the end of this period, being concerned with what he thought was a high incidence of venereal disease, he volunteered to lecture to the troops on sexual physiology and continence, and that his informal talks were well attended and liked. That he should be serving in comparative safety and comfort was, he felt, at his age wrong, and he pressed hard to be sent up the line, eventually obtaining a transfer to a Field Ambulance, in which he spent the last months of the war.

#### GUY'S 1919-1935

In 1919 he returned to Guy's as Medical Registrar and in this year obtained the M.R.C.P. and M.D.(London), together with the University Medal. A year later he was appointed Assistant Physician. He was also Warden of the College for the first few years, then moving to Wimpole Street, where he lived and practised

till his resignation from the Staff in 1935. These fifteen years were for him a period of intense activity, in which he achieved a great reputation as clinical teacher and consulting physician. There was nothing showy or dramatic in his teaching, which was unhurried, methodical and exact. He would elicit the earliest symptoms of the illness and trace its evolution in terms of disturbed physiological function up to the present, and complete his examination before considering the results of laboratory investigations or studies. In this there was nothing remarkable, but Ryle had natural gifts which without any seeming effort on his part made his teaching extraordinarily attractive. The friendliness of his approach to the patient was obviously sincere. He thought clearly and expressed himself simply and concisely in classical, but not pedantic, English and in well-modulated tones. He had remarkable powers of observation and could make plain to the eyes of others what they had failed to see for themselves. In summing up the case he would dwell upon the natural history of the disease in a way which made it take living shape in the mind of the student. His enthusiasm for his task was evident and infectious. There was no trace in all this of preoccupation with himself. He was anxious to learn from others and ready to acknowledge and profit from his mistakes. Many of his old students have written of the lasting impression made upon them by his teaching and its influence upon their professional lives.

During this period Ryle was closely associated with Sir Arthur Hurst, both at Guy's as his Assistant Physician and at New Lodge Clinic, to which he paid regular visits. To Hurst he was largely indebted for his interest in gastro-intestinal disease, and for many stimulating notions. The combination of their qualities, Hurst's brilliance and thrust, Ryle's soundness and sure parry, made their combined rounds a weekly attraction not only for Guy's but for post-graduate students far and wide. Hurst was more often the loser, but was there ever a man who lost with such grace? One of the physicians of another hospital, a busy man, now senior and distinguished, attended regularly at these rounds.

As a lecturer, whether to students, medical societies or the Royal College of Physicians, Ryle was equally successful. He relied chiefly upon his own observations. "Full notes frequently perused are the essence of clinical education" was one of his axioms, and in preparing himself for a lecture or discussion he would take infinite pains to verify from his recorded experience every statement that he made.

His consulting practice grew rapidly, and within a few years his opinion was sought more often than that of any physician of his own age. In diagnosis he was not what is commonly called



brilliant. He never allowed himself short cuts, but took great trouble to collect all the data before attempting to form his judgment, which was arrived at by logical reasoning step by step. This process is well illustrated in many of his papers and often led him to the rapid solution of a baffling problem. Two examples come to my mind. I once spoke to Ryle about a patient I had seen with what was thought to be a brachial neuritis developing in the course of staphylococcal septicaemia. Hearing that this man had had a swinging temperature for many weeks with no discoverable focus of infection and no cardiac lesion, Ryle said that he must certainly have a collection of pus somewhere, and it was this remark which led to the discovery and successful drainage of an epidural abscess. On another occasion he asked me to see a man under his care who had a story of epileptic attacks, and a large heart for which no cause could be discovered. Ryle argued that the only reasonable connection between these two things would be an arteriovenous fistula within the skull. He was right. The patient had an arteriovenous angioma of the brain, a condition which at that time had scarcely been recognized.

It was this logical and penetrating mode of thought that made him so often right when others were wrong. His success as a consultant was also derived from the breadth of his knowledge. Although his main interest was gastro-intestinal disease he had a firm grasp of the essentials in other branches of medicine; he read widely and was up to date in his knowledge. He was moreover kind, gentle, wise, and wholly honest and sincere. It was no wonder, therefore, that in the nineteen thirties the demands upon his time far exceeded what he had to give. Nevertheless he was always regular and punctual at his hospital duties, took his full share of committee work, examining, and lecturing outside the hospital, and in the years 1920 to 1935 published seventy-seven papers. He was not a man of robust constitution, yet his conscience forbade him to take life more easily. The strain told upon him, and it was largely for this reason that in 1935 he accepted the invitation to go to Cambridge as Regius Professor of Physic, but there were other reasons too. No amount of success, respect, and admiration could give him an easy mind if he felt that he had a mission unfulfilled.

#### CAMBRIDGE

Ryle's new appointment was for Cambridge an experiment. The Chair had usually been held by men past the age of active practice, and by none but Cambridge graduates for a very long time. Now the University decided to establish a Department of Medicine whose members should work closely with Addenbrooke's

Hospital and lay the foundations of a school for clinical teaching and research, with the Regius Professor of Physic at its head. The idea was a good one, but the practical difficulties great. On the one hand the University interest in medicine had hitherto been confined to the laboratory, and there were few among its distinguished heads who had any appreciation of the clinical approach to research. Ryle, having had no experience in the laboratory, was considered by many quite unfitted for his post. On the other hand Addenbrooke's as a non-teaching hospital lacked the spirit and tradition in which Ryle had been nurtured at Guy's. In building his new department therefore he encountered prejudice and at times opposition. It has been suggested that he took this too much to heart. It was never easy for him to brook delay in the implementation of what he felt sure was right, but his enthusiasm was undiminished and his team had no doubt that his deep confidence in what he was doing and his personal charm would eventually overcome all these obstacles. He collected round him an interesting group of young men. The Assistant Director was J. F. Brock, who with Ryle's warm approval, but regret, was after only eighteen months appointed Professor of Medicine in the University of Cape Town and was succeeded by R. A. McCance. There were also four Elmore Research Students, G. H. Hadley, L. C. Martin, B. McArdle and A. C. E. Cole, and other post-graduates, most of them now holding posts of academic distinction. Professor Brock has kindly sent me a note of publications based on work by the original Elmore students during this period, but has modestly omitted his own. Even so there is a list of over forty papers, and Ryle himself published thirty-one papers while he held the Chair. One of his team writes of Ryle in this phase: "He made many friends in Cambridge who worked hard with and for him and who treasure his memory. He was elected a Professorial Fellow at Gonville and Caius College and delighted in contact with the undergraduates. He gave many addresses to the University and College Medical Societies on subjects of medical interest or natural history. He strove for a closer collaboration between his own department, Addenbrooke's Hospital and the University scientific departments. Clinical conferences were introduced at which subjects of wide and overlapping interests were discussed. His weekly ward-rounds were a crowded delight at which he encouraged juniors to speak and present cases, and he always invited the views of laboratory workers. His Elmore students acted as registrars at Addenbrooke's Hospital and instituted a system of detailed note-taking and follow-up. As head of his department he implanted ideas for research and left his staff alone to work on them or on subjects of their own choosing, but he was

always accessible for advice and encouragement. Ryle did not enjoy the traditional college dinners and university social functions but he entertained freely and simply at his house in Herschel Road. The company usually included members of his family, undergraduates, research students, visiting doctors, and refugees from the successively threatened countries of Europe. In addition to all these activities consulting practice—much of it for colleagues and their families from the University or Guy's—and committee work in London still made claims on his time. His life at Cambridge, although more varied, cannot have been much less busy than it was in London." Then came the war and claimed his team. He "realized that years must elapse before his department could be reconstituted and that it was futile to plan for an unpredictable future. This seems to have been the turning-point at which the cumulative effect of disappointments and the world situation provided the final impetus for him to change his role. Virtually released from academic obligations, his inherent humanitarianism and growing interest in social pathology took charge of him, and he strove thenceforward for the relief and prevention of human misery. . . . Ryle left enduring memories in Cambridge as a physician whose wisdom and kindness were unparalleled, as a friend who never failed, and as an idealist whose aims were so simple and so honest that lesser men could not always understand them."

#### THE SECOND WORLD WAR

Though still Regius Professor at Cambridge, Ryle was permitted to enrol in the Emergency Medical Service and served at first in an administrative capacity. For this role he was unsuited, having neither the judgment in practical affairs nor the capacity for disregarding the feelings of others required of a strong ruler. Later as a consultant adviser he travelled much and from July, 1940, made his home in the Borough so that he might help at Guy's. He and his wife lived in a workman's flat till it was destroyed by bombing in April, 1941, after which he had a room in the hospital. His enthusiasm and energy were directly responsible for many practical measures of A.R.P., in which he took an active part through the worst period of the London blitz. During the reception and sorting of casualties at night he used to go round to watch what was going on, stopping here and there to comfort or re-assure an anxious patient, setting an example which made a deep impression on at least one of his junior colleagues. He somehow managed to find time for regular undergraduate teaching. In this period he published a collection of essays entitled *Fears May Be Liars*, which gave expression to his



philosophy of life and death, and were written to succour the minds of those exposed to the stress and sorrows of total war. This little book had a considerable sale.

The physical strain imposed upon him by his duties at this time was far more than he should have undertaken. After standing in the corridor of a train most of the way from Newcastle he would sometimes arrive in London during a night raid and have to make his way to Guy's on foot. In 1942 he had his first attack of coronary thrombosis. Fortunately he had a home to go to in Sussex, where his wife nursed him through his convalescence, but when the time came for him to get about again it was evident that he had been left with a crippling degree of angina. Of this he knew much more than any of his medical advisers, studying his symptoms with scientific interest and with eagerness to discover how in little ways he could better his handicap. From this time onwards he had much pain and knew that he could not have many years to live. Our paths crossed now and then in the remaining years, and I gained the impression that the patience and calm with which he bore his afflictions had infused his being and that his mind was more serene than ever before. It was fortunate for him and for medicine that at this juncture the benefaction of Lord Nuffield created the Chair of Social Medicine at Oxford to which he went in 1943.

#### OXFORD

Of his work during the Oxford period Ryle has fortunately left a record in his *Changing Disciplines*, wherein also is revealed the growth and fruition of his mind. Those who had known him before he left London for Cambridge, seeming then to be at the height of his powers, openly regretted that a man so admirably fitted for healing the sick and teaching the young should have left the high road for the by-ways of medicine. To these he replies in a characteristic passage. "Some of my friends have rebuked me for leaving the clinical fold. I reply in effect that I have merely taken the necessary steps to enlarge my field of vision and to increase my opportunities of aetiological study. My allegiance to human medicine is in no whit broken. I wish I could convey to them and to others some of the sense of stimulation and rejuvenation that my close association with statisticians and medical social workers and with men and women in public health and industrial health services has brought to me. Thirty years of my life have been spent as a student and teacher of clinical medicine. In these thirty years I have watched disease in the ward being studied more and more thoroughly—if not always more thoughtfully—through the high power of the microscope; disease in man

being investigated by more and more elaborate techniques and, on the whole, more and more mechanically. Man, as a person and a member of a family and of much larger social groups, with his health and sickness intimately bound up with the conditions of his life and work—in the home, the mine, the factory, the shop, at sea, or on the land—and with his economic opportunity, has been inadequately considered in this period by the clinical teacher and hospital research worker. The medicine of the teaching schools has, as I have suggested, undergone a gradual conversion to a highly technical exercise in bedside pathology and therapeutic method. The morbid 'material' of the hospital ward consists very largely—if we exclude the emergencies—of end-result conditions for which, as a rule, only a limited amount of relief repays the long stay, the patient investigation, and the anxious expectancy of the sick man or woman. With aetiology—the first essential for prevention—and with prevention itself the majority of physicians and surgeons have curiously little concern." His book contains many examples from his own experience to illustrate his theme. He was convinced that the orientation of medicine was wrong, that health and its causes should be actively studied, that normal health should be defined by scientific methods, and departures from the normal related on the one hand to the range of individual variation and on the other to all the operative factors in the social environment. The old adage "Prevention is better than cure" had, he thought, received only lip service for too long and the time had come for revolutionary change.

"The most conspicuous interest of the student ten or twenty years hence will, I hope, no longer be in the rare or difficult, and too often incurable, case, but in the common and more understandable and preventable disease. May the daily question on his lips become not 'What is the treatment?' but 'What are the causes?' and 'If preventable, then why not prevented?' . . . The training of the doctor, which began with observations on and the care of the sick individual, is due now for a great forward stride. Observations on whole communities, whether great or small (or on appropriate samples), and improved health provisions for them, must henceforward become the prior objective. The individual is not likely to suffer neglect in the process, for all communities are composed of individuals. For generations yet we shall doubtless continue to build our costly hospitals and clinics, and require our armies of practitioners and ancillaries, but meanwhile we must at least embark upon the crusade which will end in the steady reduction of waiting-lists and the closure of hospital wards, and which will eventually put the physical, mental, and moral health of peoples before their material wealth. In that crusade—whether by our researches, by realistic reforms in teaching, by the better education of the people or direct representations to government—it is our first duty as physicians to explore and prepare the way."

Was Ryle a visionary or the pioneer of a movement destined to give medicine a new orientation and make a great contribution to the happiness of mankind? This will be for the historian of the future to decide, but we can assuredly say now that his visions were those of a brave and noble mind, and that for himself he had answered his call, given his message to the world, and truly earned his rest.

The members of his team at the Institute of Social Medicine, friends and disciples, have written in moving words of the place he held in their affections, of his integrity and singleness of purpose, and of the wise judgment with which he directed their work. During the Oxford period he was able to travel widely, first to India in 1944 as member of a visiting group of experts to advise the Health Survey and Development Committee of the Government of India and later to the United States, Canada and South Africa, where he lectured by invitation on his new work. His department at Oxford became a Mecca for students of social and preventive medicine from many parts of the world. His fame in these last years was greater than ever. The knowledge that his days were numbered did not for a moment distract his attention or impair his capacity for giving happily of his best. In the summer of 1949 a second coronary thrombosis compelled him to resign from the Oxford Chair, and on February 27th, 1950, he died in a further attack.

#### PUBLICATIONS

Ryle's published papers numbered 135, some of them being reprinted in his books, of which the first, *Gastric Function in Health and Disease*, contained his Goulstonian Lectures of 1925. Together with T. Izod Bennett and other Guy's men he was responsible for the standardization of the fractional test meal and devised the tube for this investigation which is still called by his name.

*The Natural History of Disease*, first published in 1936, is a collection of essays on divers subjects which was at once popular and has remained so, a second edition being called for in 1948. In this volume Ryle as a writer is at his best, his style classical but easy, his reasoning keen and clear, and his clinical illustrations vividly presented. Most of these papers were written as lectures, and the reader may at times feel that he is being talked down to. There is, moreover, a good deal of overlap and repetition. The chapters gain if read singly, and for one who knew him are illumined by the memory of the speaking man. They contain no major contribution to clinical research but many original observations of small things, especially of symptoms, observations of clinical fact and therefore of enduring value. They are knit together by the

logic of the philosopher and the curiosity of a naturalist. In the later chapters are to be seen in their infancy many of the ideas which were to emerge in *Changing Disciplines*. The fine essay on *Diathesis, or Variation and Disease in Man* reveals their vigorous growth.

But it is as the naturalist that Ryle is most attractive. His *Training and Use of the Senses in Clinical Work*, however often it is read, remains fresh and pleasing, like Gilbert White's chapter on the motion of birds by which it must surely have been inspired. Both here and in other essays refinement of observation is well matched with vivid phrase. Take for example his observation upon a certain type of nervous dyspepsia in women. "These patients commonly complain that they cannot eat this and they cannot eat that; their choice of foodstuffs is sometimes peculiar and irrational. They number among their ranks a host of nervous, voluble, sparrow-like women with sparrows' appetites. Personally I should prefer to keep the name 'anorexia nervosa' for the disease more clearly defined by Gull. Say that these others have a nervous anorexia if you like, but they seldom show signs of dying. Far from it. They will hop into your consulting room and twitter forth their woes; they will neither gain weight nor appreciably lose it; they will try many treatments and ask for more."

*Changing Disciplines* is in a different vein, being a reasoned statement of the writer's philosophy. It contains many passages which in the weight and force of the argument and their balanced prose remind one of Darwin at his best. The power of thought and expression contained in his reflections upon the meaning of normal health are especially worthy of admiration. But it must be confessed that as the social reformer he is at times a little sententious and as the departmental reporter a little dull. Now and again the naturalist peeps through as in some nice observations upon furring of the tongue, and the reader, being frail, welcomes the entertainment as a relief from the sermon, however good the sermon may be. Ryle will be judged as a thinker by *Changing Disciplines*, but as a writer he is at his best as the naturalist and will find his place among those of whom he himself wrote: "Our naturalists, retaining the clear-eyed curiosity of youth, both feed and reward it with the experience and wisdom of years. For ever seeking first-hand knowledge, they are for ever refreshed and in turn refresh all human thought."

#### APPOINTMENTS

In addition to those appointments which have already been mentioned Ryle was made Extra Physician to His Majesty the King in 1935 and was a member of the Medical Research Council



1935-1939, held many offices in the Royal College of Physicians and was President of the Association of Physicians of Great Britain and Ireland in 1942. He was a member of the Asquith Commission on Higher Education in the Colonies 1943-1945, and of the Double-Day Shift Working Committee of the Ministry of Labour and National Service 1945-1946. He was given the Honorary Degree of Doctor of Science by McGill University on his visit to Canada in 1947. His lectureships included the Goulstonian and Croonian Lectures at the Royal College of Physicians, the Annual Oration to the Medical Society of London, a Hunterian lecture at the Royal College of Surgeons, the Schorstein, Gilchrist, and Maudsley lectures, the Galton Lecture of the Eugenic Society and the Centenary Discourse at the New York Academy of Medicine.

#### OUTSIDE MEDICINE

Ryle was always interested in politics, and having been brought up in the Liberal tradition naturally inclined to the left. In the sphere of international politics he was outraged by the Fascist attack upon the government of Spain, approved the support given by Russia to the Republicans, deplored the lack of British help, and with his wife took an active and generous part in the succour of refugees. He remained sympathetic with Russia so far as her internal policy was concerned, but was prompt in his public denunciation of the Russian attack on Finland. He abhorred the idea of war and was for some time a Pacifist, but had made up his mind before Munich to abandon his active support of peace programmes. His friends, being well aware of this, were surprised by the publication in an obituary notice of the story that when war came in 1939 he walked the garden in an agony of suspense before deciding that resistance to Fascism was more important than strict pacifism. This story is untrue.

In 1940 he stood as a candidate for Parliament for Cambridge University as an Independent Progressive, and his printed address to the electors gives a plain statement of his political creed. Reading it now more than ten years later, one cannot but be impressed by its prophetic vision. The war and its problems are appropriately but briefly discussed, but Ryle is already looking ahead to "the stupendous and difficult tasks which await us after its conclusion". "I have no doubt," he says, "that an effective union of the democratic states, together with a declaration of rights, and greater freedom of international trade, would supply the the strongest bulwark against future wars, and, by providing a new ideal for mankind, against the spread of totalitarian doctrines. Provided that the relationship of such a union to a league of



nations were satisfactorily defined I would give my full co-operation in any movement . . . to secure the recognition and establishment of a federal union of democratic states." This was in February, 1940. He obtained from the electors the treatment usually given to a man who is ahead of his time.

Ryle was a man of very simple tastes, who smoked not at all, drank very little and set no store by the pleasures of the table, though he enjoyed them in season, and it would be wrong to suppose that he was an ascetic. He did not play games, but thoroughly enjoyed walking in the country. He was a keen student of birds and of natural history in general and a most interesting companion. In 1928 he and his wife took the lease of Glatting, an old farm-house on the Sussex downs, where their family of three boys and two girls spent their holidays and they kept open house for their many friends. The happiness which Ryle found there is expressed in two little poems made for a Christmas card only last year, when they moved from Glatting into a small house they had built for themselves in the neighbouring village of Sutton, a few months before his death.

GLATTING\* (1928-49)

You who have seen in sunshine or in rain  
The open gateway to our snug domain,  
Or, having yet to see it, heard us bless  
All that it guards for us of happiness,  
Know now we wish you happiness like ours—  
A fire as bright in winter-time and flowers  
As gay in summer, and a gate to fling  
As wide to friends and children and the spring.

BARKHALE† (1949- )

The years have run and still our loves abide  
With the old house and orchard, the stream's side,  
Farm Hill and Glatting Hanger, the white gate—  
All the long happy lease of our estate.  
But now we build our own small place of peace,  
With lighter lands to harvest and increase,  
Here shall our children come and their young broods  
For sunshine and the downs' high solitudes.  
From the much cherished hives we hope to see  
That there is always honey here for tea.  
Here a new garden gate shall welcome still  
Our friends who seek the Birches on the Hill.


There at Barkdale he ended his days, looking out on to the downs and watching the birds at his window. He sent me a charming note on the habits of tits shortly before he died.

\* Saxon origin uncertain.

† Barkhale—the hill of birches (Saxon).

Ryle had expressed the wish that there should be no religious service to commemorate his death and there was therefore no Memorial Service in the Guy's Chapel. He was cremated and his ashes scattered on the slope above Glatting as the sun rose. Only the family were present.

He was a truly remarkable man, in his presence distinguished, in his manner kindly, in his heart pure and in his spirit great. But there was something more than this, some indefinable quality, endearing and sublime, which raised him above the stature of ordinary men. Guy's will ever be proud of him for what he did and what he was.



In characteristic fashion, and in a manner typical of the great physician that he was, Professor J. A. Ryle wrote the following account of one of the leading symptoms of his fatal illness. Shortly before his death he gave the typescript to his son, Dr. J. C. Ryle, with a request that it should be printed in the *Guy's Hospital Reports*. It was also his hope that any relevant postscript should be added ; this has been done by his son and will be found at the end of the article.

Professor Ryle's earlier paper on " Angor Animi, or the Sense of Dying ", which he refers to and was published in the *Guy's Hospital Reports* in 1928, is reprinted here and follows the post-humous contribution. This earlier paper makes it clear that Ryle found angor animi more frequently in vaso-vagal attacks than in coronary disease. It was thought that readers might find it an advantage to have these two papers together.