

trees, brings the travellers to Wayside, Kilmahog, where a courteous welcome awaits them at this house of comfort. In its beautiful setting, which has the joy of a south prospect, commanding a view across the garden, the meadows and over nearby hills to the rolling grandeur of mountain peaks, is unforgettable.

Once installed in this land of loch, mountain and stream, which inspired the poet's "Lady of the Lake"—what to do first? So many lovely walks to do and places to see! and although many coaches passed Wayside to take one any and everywhere—the first choice was a three-mile walk to Loch Vennachar. The way was over Callander Bridge, through a pleasing avenue of trees and the Coilachallan Woods by which the loch was reached. In this lovely spot, trout and salmon fishing is free to all, but it is not possible to describe the calm beauty on that perfect summer day, of those shimmering waters, to see reflected thereon forest trees and the bold contours of Ben Venue.

Then came the next treat—of the nine-mile walk to the Queen of Lochs—Loch Katrine! This meant an early start, so, provided with an excellent packet of sandwiches, and stepping out from Wayside, the way led up the hill, and across the bridge of the turbulent river Leny, along the winding Trossachs Road. An undulating lovely way with magnificent prospects on every side, taking the traveller in view of Loch Vennachar in the distance and through grand moorland to the Brig o' Turk, a delightful little village, much frequented by artists, and where the sight of an unknown ring of lofty mountains is of amazing beauty. A little further on, a turn in the road and the entrancing waters of Loch Achray come into view! Passing from the winding path of these lovely shores—the traveller has not recovered from the wonder of this lavish profusion of Nature's beauties—when Loch Katrine bursts into view, and the true meaning of the poet's lines is realised:

"So wondrous wild the whole might seem the scenery of a fairy dream."

To walk around the loch is unforgettable—but to sail up—one is transported into a world of ethereal loveliness! Sailing close to the now famous Ellen's Isle—where Fitzjames first sees "the Lady of the Lake"—stirs the imagination as one dwells on Sir Walter Scott's lines:

"Just as the hunter left his stand
And stood concealed amid the brake
To view this Lady of the Lake . . .
What though upon her speech there hung
The accents of the mountain tongue—
Those silver sounds so soft, so dear,
The listener held his breath to hear!"

Then there is the coach tour to Aberfoyle—said to be of most spectacular scenic beauty—and Strathyre, another place from which to find a gorgeous walk through the Glen of Balquhider.

Time and space do not permit of what one could say of this land teeming with unsurpassed beauty.

To those who have not already visited Bonnie Scotland they will be well rewarded in taking the first opportunity—never mind the weather!—for coaches are most conveniently arranged to make a visit possible to every spot of beauty; and make headquarters for the Trossachs at Wayside, Kilmahog, where the fare is good and every consideration given to make your visit a memorable one.

A. S. B.

Poliomyelitis in Denmark

PART II

By Gladys M. Hardy.

MONDAY, JUNE 22ND, 1953, found us back again at Blegdam Hospital. The day was hot and dry, a brilliant sun shining out of a clear sky. Streets and hospital wards were hot and airless. We felt sorry for patients and nurses who were enduring the unaccustomed heat and even sorry for our own poor feet!!

The day was memorable for other reasons also. We were to meet and accompany Dr. Neukirsch on his rounds and be privileged to hear him lecture to many English and foreign doctors. He, with his superior, Professor Lassen, have rightly earned world-wide fame and approbation for their wonderful share of work done for the Polio victims of the catastrophic epidemic which so swiftly afflicted them last year. Whilst on this subject, we would, very humbly, like to pay our sincere tribute of admiration for the yeoman services carried out by Miss Zelna Mollerup and her staff of nurses. It needs only a spark of imagination to visualise the almost superhuman tasks which so suddenly confronted them, and the appalling amount of extra work—really hard work, which was their daily lot for so long a period. Doctors, Nurses, Medical Students and porters had their resources strained to the limit and it is very obvious to visitors how harmoniously and easily they worked together to ensure the well-being and comfort of their patients. We imagine that had this epidemic occurred in this country, Royal recognition would have been swift and generous for those who laboured so unremittingly for their stricken fellow-country men.

Dr. Neukirsch gave us a most interesting and instructive clinical and then kindly invited and answered questions. He also outlined the histories of some of the interesting patients and expounded the workings of the newer mechanical "students" or positive pressure machines, e.g. :—

The Engström (Swedish)
The Bang (Swedish)
The Aga (Danish)

He explained that the Engström can be used in the acute stage with tracheotomy, and that he intends using it more in future. He had 15 such machines on order, as well as 25 more Kifa respirators, which he thinks should only be used in the convalescent and chronic stages. The Bang and Aga were not yet quite satisfactory, more research work had to be done on them.

We then went to visit two new patients—both boys of six and 8 years old who were Bulbar types. Both had tracheotomy with bag ventilation and both were recovering well. One little fellow, Heinrich, was admitted the previous day and had tracheotomy. He looked peaceful and happy and his temperature and pulse rate were falling, but paralysis of the upper limbs was spreading. His cuffed tube was well in position. He had a good deal of atelectasis and was receiving vigorous lung therapy with suction. He was being fed nasally, and receiving continuous nursing attention. We thought a little more rest might be beneficial.

The second little boy was in his 17th day of disease. He still had moderate pyrexia. His cuffed tracheotomy tube was in position and he had the manually operated bag through soda-lime. He looked very happy and contented. At our request, the bag was stopped and disconnected from the tracheotomy tube. The little chap did not breathe, but wilfully (we thought) kept his lips closed. His colour was good and he remained comfortable—but he would not breathe! My colleague then gently tickled his tummy in order to divert his attention from breathing. He breathed easily and his diaphragm appeared to be working normally and he laughed!! Quite obviously he would not be needing his student much longer! Was he determined to keep his student as long as

[previous page](#)

[next page](#)