most dedicated friends were the Cézannes, Albert André, and some of the art dealers of the time. They visited him frequently and brought interesting people with them such as Rodin and Matisse, who visited Cagnes-sur-Mer a couple of times (fig 17). His cook and his chauffeur were devoted to him. The cook carried him in her arms around the house or garden, and his chauffeur drove him everywhere until the last months of his life, stopping at all the places that Renoir wanted to admire and paint.

Without doubt Aline, his wife, was the most important person in his life (fig 18). She devoted her life to him, making sure that he had no worries about the household and that he was always surrounded by friends. The visitors and models were welcomed with open arms, and Aline's excellent cooking and choice of good wine were well known. Her death in 1915 was a great loss to him. From that time on, his youngest son, Coco, who was only 14, took over his father's care in the evening after the staff had left (fig 18). Renoir was completely dependent on him and made sure a teacher came to the house so that he could see his son as much as possible. He took great pleasure in teaching him ceramics in a specially built studio.

We acknowledge the help from Paul Renoir and his wife, Marie-Paul Renoir, who spent many hours talking with AB and lent us the family's photograph albums.

- Van Duinkerken A. De mensen hebben hun gebreken. Utrecht: Spectrum, 1958.
- Saudan Y. Did Renoir's arthritis have a repercussion on his work? In: Appelboom T, ed. Art, history and antiquity of rheumatic diseases. Brussels: Elsevier, 1987:46-8.
- White BE. Renoir, his life, art and letters. New York: Abrams, 1984.
- Renoir J. Pierre-Auguste Renoir: mon père. Paris: Gallimard, 1981.
- Riviere G. Renoir et ses amis. Paris: Flouru, 1921.
- 6 Louie JS. Renoir, his art and his arthritis. In: Appelboom T, ed. Art, history and antiquity of rheumatic diseases. Brussels: Elsevier, 1987:43-4.

La salle de garde: bastion of the French lunch hour for junior doctors

Bernard D Prendergast

Institut National de la Santé et de la Récherche Médicale, Unite de Récherches sur la Biologie et la Pathophysiologie du Système Cardiovasculaire, Hôpital Lariboisière, 75010 Paris Bernard D Prendergast, Medical Research Council French exchange fellow

BMJ 1997;315:1708-9

The Parisian teaching hospitals are guardians of a number of proud traditions, including (predictably) catering arrangements for internes, or junior doctors, at lunchtime. La salle de garde, originally conceived in the mid-19th century to provide a convivial, mess-like facility for all doctors resident in the hospital, now functions as the junior doctors' dining room, where central funds finance a simple, sustaining midday meal. Originally a bachelors' preserve, each salle retained a refined ambience (albeit male oriented), being finely decorated in the style of la belle époque (around 1900). Nowadays, despite the advent of sexual equality, the prevailing atmosphere is somewhat akin to that of a rugby club late on a Saturday night. Artistic frescos have been replaced by lurid, semipornographic murals, which are updated regularly by students at the Ecole des Beaux Arts in Paris to depict current members in various states of undress. Nevertheless, despite the passage of time, certain original rituals remain.

Daily rituals

Internes arrive from half past 12 onwards, and after ceremonially greeting everyone present with a tap on the





shoulder take their place at table in a strictly appointed order. Proceedings are overseen by the elected interne économe, whose duties include the preservation of tradition and maintenance of house rules. Lunch is not served until he (the honour is nearly always given to a man, usually a surgeon, most commonly an orthopaedic surgeon) is seated at high table at one o'clock sharp, and house rules apply until his coffee is served, usually a good hour later. His decisions are final: nobody may leave without his permission, even to answer bleeps, which sound remarkably infrequently (lunchtime is sacred in France). Communication with kitchen staff is also through his table. Offences are punishable by a forfeit determined by the spin of a wheel high on the wall behind him and range from singing a drinking song to buying a round of red wine for everyone. On more ribald occasions offenders may be asked to partially strip or to kiss their neighbour.

Dismissal or (more commonly) dousing with a bucketful of cold water or kitchen leftovers is the punishment for failing to comply.

White coats are mandatory, although external badges of office and protruding medical paraphernalia are frowned on. Medical discussion is forbidden, but conversation buzzes (reassuringly), interspecialty referrals being made in code. The suitability of topics under discussion is judged by the head cook. The term of address is always the familiar tu, not the more formal vous, and medical hierarchy is abolished. Tables are covered with aging discarded hospital sheets-which function as tableclothes, hand towels, and serviettesand are bestrewn with bottled beer, mineral water, and the occasional pitcher of earthy red wine. Vast platters of wholesome food pass from table to table in strict order. Typically, a salad based hors d'oeuvres is followed by meat in a cream sauce (perhaps steak, though more usually chicken or minced beef) and a

large cheeseboard (served before dessert, naturally), with bowls of fresh fruit and yoghurt to finish. At the weekly *amelioré*, organised by the *économe*, subscriptions augment the quality and quantity of food, are given as gratuities to the kitchen staff, and occasionally pay for entertainment—a musician, comedian, or stripper. Performances are usually risqué, accompanied by noisy interjections, audience participation, and a cacophony of appreciative plate banging (clapping is forbidden).

At two o'clock, after the *économe* leaves, everyone dons their bleeps and enters the world of the hospital again, mentally and physically refreshed for an afternoon's work.

Other rituals

Twice each year, in May and November, the rotation of jobs is celebrated with a raucous all night party, *le tonus*. Partners are forbidden, and the evening takes the form of a prolonged dinner with copious quantities of red wine and an accompaniment of drinking songs and games traditional to the *salle de garde*. Dinner is followed by more songs and jokes, medical sketches with a broadly medical or sexual theme, or both, and a series of speeches by senior members ridiculing the *économe* and senior hospital staff. Unsurprisingly, proceedings often get out of hand, culminating in food fights and mischief around the hospital complex.

Another highlight in the calendar is *l'enterrement* (literally burial), held to mark the promotion of a member to *chef de clinique* (senior registrar or experienced specialist registrar). During an extended *tonus* humorous speeches of tribute (and otherwise) are made about the new incumbent, recalling misdemean-ours and narrow escapes during his (or her) four to five years as an *interne*. Departure to another life is symbol-



ised by a drunken funeral procession (complete with coffin containing the promoted *interne*) through the hospital at around 3 am in full view of patients—scenes difficult to imagine elsewhere.

A sad (yet familiar) footnote: the future of the *salle de garde* is under threat from hospital managers, who consider it an unaffordable luxury.

The pictures are taken from pp 78 and 79 of *La Salle de Garde ou Le Plaisir des Dieux, Tome 2* by Patrick Balloul, which was first published in 1994 in Paris by Publications Patrick Balloul (ISBN 2-9508738-0-4).

The hidden delight of psoriasis

Frans Meulenberg

In John Updike's novel *The Centaur* young Peter Caldwell has psoriasis.¹ He is not sure whether to tell his girlfriend, but he is also aware of the power that the disease can involve, when he wonders: "Should he tell her? Would it, by making her share the shame, wed them inextricably; make her, by bondage of pity, his slave? Can he, so young, afford a slave?" And he does not conceal the fact that the disease also gives him pleasure. "The delight of feeling a large flake yield and part from the body under the insistence of a fingernail must be experienced to be forgiven."

The visibility of psoriasis appeals to the imagination, perhaps because of the chronic, variable, and unpredictable nature of the disease, and has even led to literary language in the medical literature.² For example, Ingram describes the plaques and colourful configurations as patterns that "may rival the heavens for beauty and design," to which he adds with a sense of drama: "To leave a trail of silver scale about the house and blood-stains on the sheets and to fear the public gaze—this is a cruel fate."³ The psychosocial dimensions of skin disorders like psoriasis have been described in the medical literature.⁴⁷ But psoriasis has also been a theme in non-medical literature—autobiographies as well as fiction. Novelist Connie Palmen pointed out in *The Laws* that psoriasis seems to be "a perfectly visible, exterior, unhidden disease, but it is precisely the disease of the one who hides."⁸ Dutch College of General Practitioners, Oudegracht 16, 3511 AN Utrecht, Netherlands Frans Meulenberg, *General practitione*

BMJ 1997;315:1709-11

Autobiographical prose

John Updike devoted the chapter "At war with my skin" to psoriasis in *Self-consciousness.*⁹ He argues that psoriasis keeps you thinking: "Strategies of concealment ramify, and self-examination is endless." The patient constantly invents new ways of hiding the symptoms.

After an attack of measles in 1938 psoriasis paraded "in all its flaming scabbiness from head to toe."¹⁰ Disease is too strong a word in his opinion, as psoriasis is neither contagious nor painful, nor does it