

St. Bartholomew's  
Hospital



Journal.

1917-18.



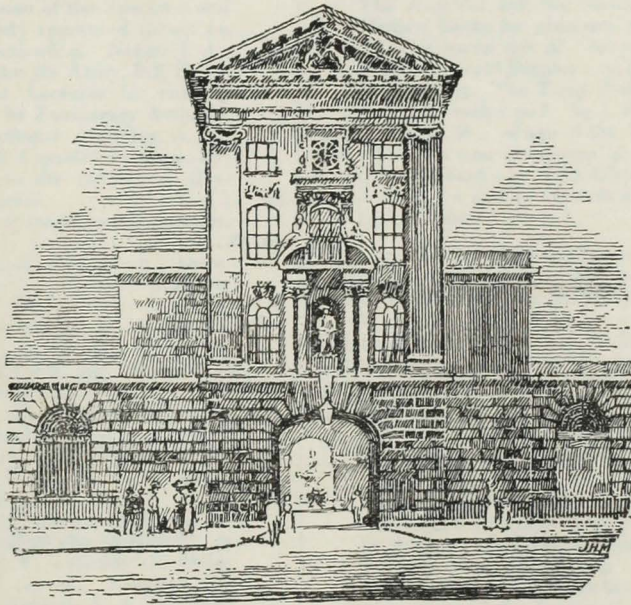


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# S<sup>T</sup> BARTHOLOMEW'S HOSPITAL JOURNAL



VOL. XXV.

1917-1918.

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BARTHOLOMEW CLOSE, E.C.

1918.

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1918



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# St. Bartholomew's Hospital



"Æquam memento rebus in arduis  
Servare mentem."

—Horace, Book ii, Ode iii.

## JOURNAL.

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OCTOBER 1ST, 1917.

[PRICE SIXPENCE.]

### CALENDAR.

- Tues., Oct. 2.—Dr. Calvert and Mr. Waring on duty.  
Fri., „ 5.—Dr. Morley Fletcher and Mr. McAdam Eccles on duty.  
Tues., „ 9.—Dr. Drysdale and Mr. D'Arcy Power on duty.  
Fri., „ 12.—Dr. Calvert and Mr. Waring on duty.  
Tues., „ 16.—Dr. Morley Fletcher and Mr. McAdam Eccles on duty.  
Fri., „ 19.—Dr. Drysdale and Mr. McAdam Eccles on duty.  
Tues., „ 23.—Dr. Calvert and Mr. D'Arcy Power on duty.  
Fri., „ 26.—Dr. Morley Fletcher and Mr. Waring on duty.  
Tues., „ 30.—Dr. Drysdale and Mr. McAdam Eccles on duty.  
Fri., Nov. 2.—Dr. Calvert and Mr. D'Arcy Power on duty.  
Tues., „ 6.—Dr. Morley Fletcher and Mr. Waring on duty.

### EDITORIAL NOTES.



WE have very much pleasure in congratulating the following members of the Staffs of this Hospital and of the First London General Hospital upon special promotion:

Lieut.-Col. H. J. Waring to be Brevet Colonel; Major J. H. Drysdale to be Brevet Lieut.-Colonel; Capt. R. C. Elmslie to be Brevet Major.

Lieut.-Col. D'Arcy Power, Capt. W. G. Ball, Capt. N. S. Finzi, and Capt. T. J. Horder have been mentioned in despatches.

\* \* \*

The Military Cross has been awarded to Capt. J. A. Bell, R.A.M.C. "During a heavy bombardment, he proceeded along a road which was exposed to the most intense shell-fire in order to attend four wounded officers. He dressed their wounds and remained with them until they were evacuated by motor ambulance, which was only accomplished with the greatest difficulty owing to the heavy shelling. His absolute disregard of danger and devotion to

duty amidst terrific shell-fire were exceptionally splendid and beyond all praise."

\* \* \*

We have also to congratulate Major and Brevet Lieut.-Col. G. Browse, I.M.S., Major R. A. Lloyd, I.M.S., and Capt. G. R. Lynn, I.M.S., on being the recipients of the D.S.O., and Capt. F. J. Anderson on being the recipient of the Military Cross. It is unfortunate that we have not at the moment details of the actions for which these awards were made.

\* \* \*

We very heartily congratulate Major (Temp. Lieut.-Col.) R. M. Carter, I.M.S., who took such a prominent part in the exposure of the Mesopotamia Scandal, on his promotion to be Brevet Lieut.-Colonel as a reward for distinguished service in the field.

Our hearty congratulations are extended to Mr. A. E. Hind, F.R.C.S., upon whom the Order of St. Anne, Class III, has been conferred by the Russian Government in connection with services rendered to the Russian sick and wounded under the auspices of the British Red Cross Society and the Order of St. John of Jerusalem in England.

\* \* \*

Dr. C. Hubert Roberts has been appointed Temporary Assistant Physician-Accoucheur to this Hospital.

\* \* \*

### ROLL OF HONOUR.

With very great regret we have to announce the deaths of two of our recently qualified students:

Capt. B. A. Bull, R.A.M.C., was killed in action on September 16th. He took a temporary commission in the R.A.M.C. last year, and was promoted Captain after a year's service.

Temp. Surg. J. D. Rutherford, R.N., H.M.S. "Theseus," died from tuberculosis of the lungs on H.M. Hospital Ship "Karapara" on September 13th in the East Mediterranean very shortly after his entry into the Navy.

Our very sincere sympathy is extended to the parents and relatives of these two late fellow-students of ours.



## THE TUNG WAH HOSPITAL, HONG KONG: SOME IMPRESSIONS.

By E. MOXON BROWNE, L.R.C.P., M.R.C.S.,  
Surgeon, R.N.

**T**HIS large Hospital endowed and maintained by the influential Chinese family of Tung Wah, is situated in the Chinese quarter of the city of Victoria, and exists to provide gratuitous treatment for Chinese. It is divided into two large sections. In one, the treatment on up-to-date Western lines is under the general supervision of a Medical Officer of the Colonial Medical Service, and in the other, treatment by native doctors may be obtained. Patients are enabled to attend whichever variety they may wish.

The western side affords great opportunities for the study of surgery and medicine, and the clinical work of the students of the new University of Hong Kong is carried out there. Honorary visiting surgeons and physicians are appointed from the practitioners of the colony. The house-surgeons are Chinese graduates of the University, holding the degree of M.B., B.S.

The medical wards offer a great contrast in appearance to those to which one is accustomed in an hospital for Europeans. For one thing, a Chinaman objects strongly to a bed, as we understand it. Give him two trestles, some planks across them, and a good thick quilt, and he is quite comfortable. Such are the beds in the medical wards. Then it is very rare to see a patient, however ill, *lying* in his bed. He is invariably to be found squatting *on* the bed in one corner with all the bedding tightly wrapped round him. There are no female nurses, their work being carried out by trained Chinese ward "boys," who are assisted by coolies, who do the work of a ward maid.

Probably beriberi is the most striking disease seen in the medical wards and its varying aspects and abrupt terminations make an interesting study. Phthisis also is very common amongst the Chinese. No doubt excessive over-crowding has an exceptional influence on the prevalence of this disease in the colony, as, owing to the narrow site between the peak and the sea, the houses where the Chinese dwell are tall and narrow and very dark, while they certainly prefer to sleep packed like herrings, with every door and window closed. Spitting is indulged in to an extraordinary extent, and the constant hawking and spitting heard on every side are amongst the few objectionable habits of the natives. A large amount of surgery is done on the western side of the Hospital, and owing to the very advanced septic condition of very many of the cases on arrival, antiseptic surgery is practised to a much larger extent than is usual in European hospitals. I was told

at the Hospital that the Chinese tend to become good operators, owing perhaps to the fact that they have as a rule, small hands, and are trained from an early age to the use of chop-sticks, which require considerable dexterity to use as a European soon finds out when he tries for the first time to lift a plover's egg from a dish to his mouth.

The section of the Hospital devoted to treatment by Eastern or native methods is appropriately situated on the eastern side of the road opposite the western section. There is a large hall adorned with the usual gold leaf writings and signs. There are three or four tables at which sit the Chinese doctors, attired in elegant gowns of flowered silk, and wearing spectacles. (Spectacles seem quite essential to the successful practice of Chinese medicine.)

These doctors pass an examination of sorts by the Hospital authorities before being allowed to treat patients in the building, but the ordinary native doctor requires nothing more than a book of prescriptions and an impressive manner. Their methods of examining a patient are peculiar. They first feel the pulses in each wrist. There are said to be several in each wrist corresponding to the liver, kidneys, heart, etc. Then having asked a few questions, the learned doctor writes a prescription and the examination is at an end. The dispensary of this part of the Hospital was well worth a visit. Amongst the substances used for internal medication were: Dried snakes, crabs' eyes, centipedes, sea-horses, cockroaches, young lizards, and many weird insects. I saw several other drugs well-known to Western medicine, such as quassia chips, calumba and cinchona.

Having weighed out the necessary amount of drug, it is placed in a Chinese teapot of earthenware and the patient's name is painted on the lid, on which is also placed a sample of whatever drug is inside. One teapot is allowed to each bed. The pot is then placed on a sort of long kitchen range which holds about sixty of these, and the infusion or solution made. The whole mixture (about a quart) is drunk at once. Amongst other treatments with which I often came in contact were, severely pinching the skin over the chest as a counter irritant, leaving long parallel bruises visible for weeks, on the bodies of the coolies, and blowing a live lizard down the throat through a hollow bamboo, to cure pharyngitis.

The number of natives attending for Western, in preference to Eastern treatment, is slowly increasing, though I understand that the actual increase is difficult to determine as patients sometimes attend the eastern side, and if not cured, try the other. This is especially noticed in surgical cases.

The Chinese, although very conservative, are essentially practical, and are undoubtedly beginning to believe more widely in the medicine and surgery of the West.



## A CASE OF NECROSIS AND LIQUEFACTION OF THE LIVER IN TYPHOID FEVER.

By E. A. CROOK, M.R.C.S.(Eng.), L.R.C.P.(Lond.).



AM indebted to Dr. Drysdale and Mr. Girling Ball for allowing me to write an account of this case.

The patient, Richard F—, æt. 17, a packer, was admitted to Mark Ward under Dr. Drysdale on April 16th, 1917, complaining of weakness, headache, and diarrhœa.

*The history* tells us that for ten days he had felt drowsy, had a headache, and felt very weak. Two days previous to admission he became delirious; there was also diarrhœa and incontinence of urine and fæces.

*Condition on admission.*—The patient looked very ill, and was delirious. No abnormal signs could be found in head, neck, or chest. The abdomen was evenly distended, moved fairly well, was tender, and had a resonant note. The spleen could not be felt. No spots could be seen. There was incontinence of urine and fæces. Temperature 102.6° F; pulse 124; respirations 32.

*April 17th, 1917.*—Serum agglutinates. Typhoid bacilli. Several rose spots on the body.

*April 21st, 1917.*—Temperature and pulse dropped to normal.

*April 23rd, 1917.*—Temperature became intermittent, rising to 101–102° F. in the evening.

*May 4th, 1917.*—Typhoid bacilli recovered from blood.

*May 7th, 1917.*—Leucocyte count 7400 per c.mm.

*May 12th, 1917.*—Temperature was still intermittent. Widal positive 1,100.

*June 5th, 1917.*—Patient complained of pain in right iliac fossa.

*June 8th, 1917.*—Leucocyte count 7000 per c.mm.

*June 13th, 1917.*—Temperature still intermittent, but now 104–105° F. in evening. Pulse about 120.

*June 16th, 17th, and 18th, 1917.*—Daily rigor. Leucocyte count 24,000 per c.mm.

*June 19th, 1917.*—Leucocyte count 9000 per c.mm. Abdomen was rigid and tender in epigastrium.

*June 22nd, 1917.*—There was a fullness and tenderness below the right costal margin, where a mass was felt which was dull on percussion. There was no jaundice; the stools were loose, but normal in colour. Urine normal.

*June 25th, 1917.*—Temperature still intermittent, rising to 105° F. Leucocyte count 14,000 per c.mm.

*June 26th, 1917.*—Laparotomy by Mr. Ball. Mid-line incision above umbilicus. Free yellowish-brown fluid was found in the peritoneal cavity. Gut was examined, but no perforation found. Gall-bladder normal. The stomach was adherent to the left lobe of the liver, and when it was

freed thick brownish-yellow fluid poured from a cavity in the liver. The peritoneal cavity was packed off and the fluid drained. A tube was put into the cavity, and a counter-incision was made above the pubes to drain the pelvis. The peritoneal cavity was washed out with normal saline.

*June 27th, 1917.*—Temperature drops to normal and stays down. A film of the fluid from the liver showed unorganised *débris* and many yellow crystals; no pus cells, but micro-organisms in clumps.

*June 30th, 1917.*—Drainage tube removed from supra-pubic wound; there was no escape of pus.

*July 29th, 1917.*—Pure culture of *B. typhosus* from fluid.

*July 17th, 1917.*—Fluid still draining from the cavity in the liver; a film showed Gram-negative bacilli. A culture grew typhoid bacilli still in pure culture.

*August 4th, 1917.*—Liver cavity still discharging. A film showed Gram-negative bacilli, but no growth occurred on the culture. Stools also found to be free from typhoid bacilli.

*September 13th, 1917.*—The wound had now quite healed.

*September 20th, 1917.*—Patient was discharged and sent to Bognor. There was a very great improvement in his general condition. He had become fatter and had put on much weight since the operation.

The intermittent fever and leucocytosis, with occasional rigors and local tenderness, pointed, it was believed, to cholecystitis, and it was to deal with this condition that laparotomy was performed. The gall-bladder appeared to be quite normal, but the liver was large. The cavity from which the thick brownish-yellow material was obtained, was of considerable size, unilocular, with a smooth wall, of firm consistency; it was situated close to the free margin of the left lobe of the liver, and its orifice was closed by an adhesion of the gastro-hepatic omentum to the liver. It was evident that some local peritonitis had existed, and probably recurrent leakages accounted for the attacks of pain from which the patient suffered. The cavity was evidently formed by a localised necrosis of liver substance. There was some doubt at the time as to whether the gall-bladder should have been drained also; it did not appear to have been the seat of inflammation.

The cavity took some time to close, but before it did so, the discharge became free from typhoid bacilli, as did also the stools.

The eventual recovery of the boy from an extremely emaciated condition was exceedingly gratifying. The case is a very unusual one; microscopic areas of necrosis in the liver substance in connection with typhoid fever are very frequently found in fatal cases; abscesses, though rare, are not unknown, but an area of necrosis and liquefaction at all approaching the size found in this case, without suppuration and yielding throughout pure cultures of *B. typhosus*, have not, so far as I know, been described.



## NOTE ON POISONING WITH B.I.P.P.

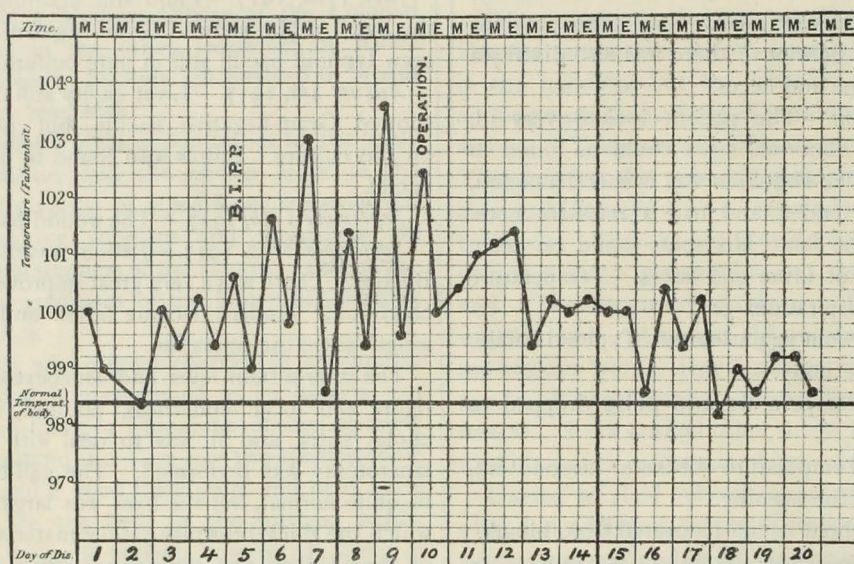
By PAUL BOUSFIELD, M.R.C.S., L.R.C.P.

**T**HE use of B.I.P.P., or, to give it its full title, bismuth, iodoform, paraffin paste, has become almost universal in hospitals since its extraordinary value has been shown in connection with war wounds. It is surprising in how few instances poisoning seems to have resulted from the incorporation of large quantities of this paste in deep wounds.

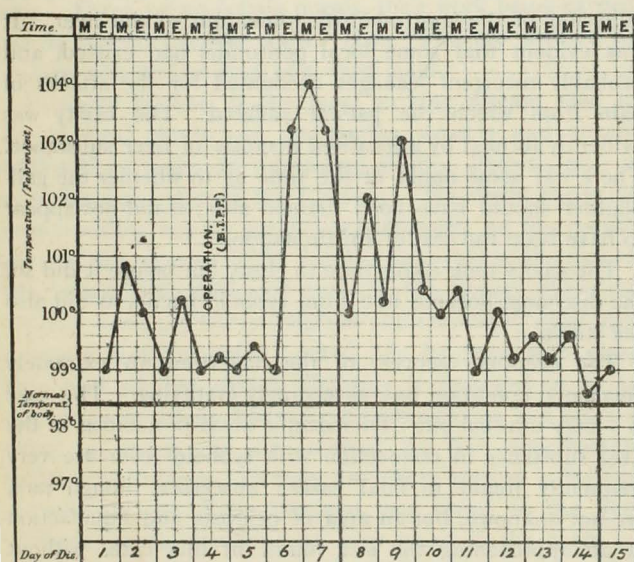
Several cases of bismuth poisoning have been noted and

published in which the typical blue line on the gums and other normal symptoms have appeared. Of this type of poisoning I have only seen one, and that of a very transient nature. Two cases of suspected iodoform poisoning have, however, come under my notice recently and are reported below.

**CASE 1.**—An officer who had been wounded in France a few weeks previously. When first seen by me his right arm had been amputated between the wrist and the elbow, his left thigh had been amputated three inches above the knee, and his right leg had sustained an open comminuted fracture of both tibia and fibula midway between the knee and the ankle. This wound was very large; both bones



CASE 1.



CASE 2.—FIRST OPERATION WITH B.I.P.P.

were bare anteriorly in almost their whole length, and a very wrong attempt had been made to plate the tibia, seeing that the wound was in a very septic condition. As may be supposed, there was not the slightest attempt of the fragments of bone to unite in these circumstances. The exposed area of flesh was about 18 square inches.

In view of the loss of two limbs already sustained it was decided after consultation that every attempt should be made to save the remaining leg, and B.I.P.P. treatment was advocated, the patient's general condition being too low to admit of his being placed in a bath, or even moved in bed without great care. Accordingly the whole surface of the wound was smeared with the paste.

About twenty-four hours after this had been done the patient's temperature became high and erratic, such as is seen in general septicæmia, but as the temperature previously, though much lower, had shown a tendency to this type, one's mind was not immediately drawn to the idea of iodoform poisoning. In the course of the next day or so the pulse became more rapid and feeble, the patient became

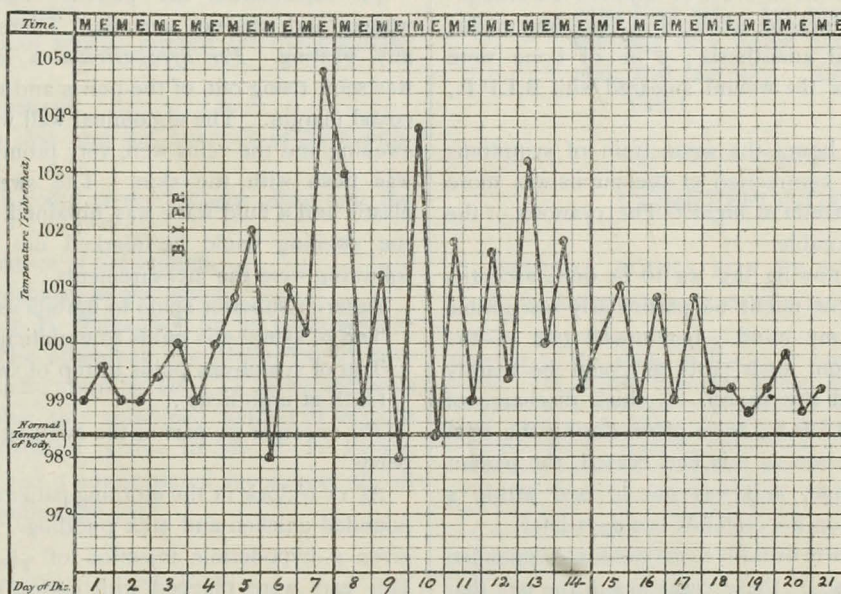


light-headed, rambling in his speech, and even when sensible spoke with great hesitation, and seemed to forget his sentences and words almost as soon as they were uttered, the pupils of his eyes became contracted gradually, reacting but slightly to light, and his face became considerably cyanosed. At a further consultation it was decided that he was suffering from iodoform poisoning. The paste was removed and the wound washed clean, and then fomented with a very large fomentation. After twenty-four hours there were no signs of improvement—indeed, the patient appeared to be *in extremis*. It was obvious that in

B.I.P.P. The flaps were drawn together and a large drainage tube left in.

Within thirty-six hours a typical septicæmic temperature had set in. The patient's face became cyanosed, the pupils of the eyes became very slightly contracted, the patient's speech rather disconnected and slow, and at night there was slight delirium from time to time. The symptoms were attributed to the lighting up of the infection owing to the operation.

From the wound itself there was a copious flow of serum slightly blood-stained, and carrying with it in the course of



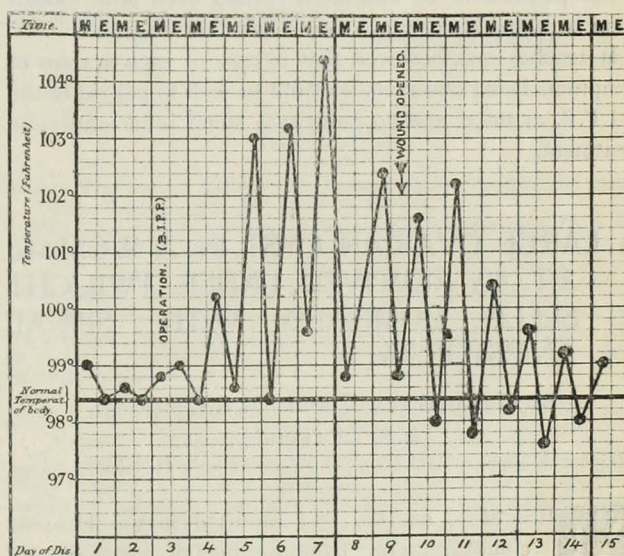
CASE 2.—SECOND OPERATION. WOUND PACKED WITH B.I.P.P.

the deeper portions of the wound and between the loose pieces of bone some portion of the paste remained.

Under gas and oxygen amputation of the thigh two inches above the knee was performed. Twenty-four hours later the patient showed great improvement, and has since made a steady recovery.

CASE 2.—This is remarkable for the fact that the patient, who had been under a guillotine operation through the left knee joint in France, suffered from a mild form of iodoform poisoning on three successive occasions, and it was not until the last of these occasions that the true nature of his symptoms was suspected.

On admission, the condyles of the femur were protruding and the whole stump was suppurating. This was dressed with a Dakin's solution, and an intermittent flow allowed to pass over the whole surface of the wound, and following that Enzymol dressings were applied to clear up some of the slough. In about three weeks the wound was healthy, and re-amputation became possible. At the operation the insides of the flaps were smeared thickly with



CASE 2.—THIRD OPERATION WITH B.I.P.P.



a few days, most of the inserted paste. Simultaneously the patient's abnormal temperature and other symptoms disappeared.

Owing to the stretching of the wound where the drainage tube had been inserted, a deep pocket remained in the interior of the stump, and, as a precaution this was packed with B.I.P.P. under nitrous oxide.

The symptoms reappeared in a minor degree, and were put down to the same cause. Two months later the patient, having in the meantime quite recovered, and having been up and about on crutches, it was decided to remove a further portion of the bone in order to improve the stump.

An external lateral incision about 8 in. long was made; this time under spinal anæsthesia; 2 in. of bone were removed, the interior of the wound smeared with B.I.P.P., and the wound closed.

Within twenty-four hours the same train of symptoms had appeared, but the contraction of the pupils was more marked, as was the delirium at night. The cyanosis of the face was also very noticeable.

On this occasion, knowing the leg to be quite aseptic, the idea that the patient might be particularly susceptible to iodoform entered my mind. I removed two of the end stitches, washed out such parts as could be readily reached, and fomented the stump. A thick discharge of serum, loaded with B.I.P.P., took place during the next forty-eight hours; as soon as this had ceased, the patient at once became normal, and was out of bed within a fortnight, and walking on his crutches two days later.

The temperature charts of both these cases are appended herewith. The interest of these cases lies in the fact that the diagnosis of iodoform poisoning was obscured by the previous septic condition of the patient; and, indeed, it is not possible to be absolutely certain even now, though there is probably not much doubt as to the diagnosis.

It teaches one, however, that in case of such a train of symptoms being observed, it would be well to get rid of the B.I.P.P. at once, and to substitute some other antiseptic treatment.

## A LARGE OVARIAN CYST IN A WOMAN, ÆT. 80, REMOVED UNDER TWILIGHT SLEEP COMBINED WITH SPINAL ANÆSTHESIA.

By GUNARATNAM COOKE, M.R.C.S.(Eng.),

L.R.C.P.(Lond.),

Resident Midwifery Assistant, St. Bartholomew's Hospital, London.



RS. M—, æt. 80, was admitted to the Hospital complaining of "large swelling of her stomach." She began to menstruate at the age of eleven, and there was nothing abnormal in her menstrual history. She

was married at the age of twenty-five and had six children, last child born at forty. Menopause began at forty-seven. Since then there is no history of any bleeding from her uterus.

During the last two years patient noticed that her abdomen was gradually getting bigger, and quite recently she found it difficult to lie flat in bed and had complained of indigestion. These were the only two pressure symptoms she complained of. Her bowels had been opened daily without medicine, and she was able to pass her water naturally. She thinks she has not lost any weight.

On examination the patient seemed a very healthy woman and was not anæmic. There was no evidence of any wasting. *Per hypogastrium* a large uniform tumour was seen rising out of the pelvis and reaching as far as the costal margin. The abdominal wall was stretched over the swelling and the veins were very prominent. The umbilicus was flush with the skin. The swelling was tense and elastic and a fluid wave was obtained. The oval outline of the swelling could be marked out by percussion. The following were the measurements:

Anterior superior spine to umbilicus	10 in.
Top of symphysis pubis to umbilicus	9 "
Top of symphysis pubis to top of swelling	18 "
Girth at umbilicus	44 "

*Per vaginam* no part of the swelling could be felt in the pelvis.

At 11 o'clock in the morning patient had a hearty meal of pounded chicken and milk pudding. At 12 noon she was given a hypodermic injection of  $\frac{1}{160}$  gr. of scopolamine. Her ears were plugged with cotton-wool, and special instructions were given to keep the ward quiet. At 12.45 p.m. 5 minims of a solution containing morphine hydrochloride  $\frac{1}{6}$  gr., atropine sulphate  $\frac{1}{180}$  gr., and scopolamine  $\frac{1}{200}$  gr. were given subcutaneously.

At 1.30 p.m. patient was removed to the operating theatre with her eyes covered, and silence was observed in the theatre throughout the operation.

8 c.c. of the stovaine in salt solution was injected into the spinal canal in the interval between the second and the third lumbar vertebræ. The operation was begun within ten minutes of this injection, the patient keeping absolutely still during the whole time. Eighteen pints of the usual thin, serous, straw-coloured fluid were gradually withdrawn from the cyst with a trocar, and the cyst was removed after transfixing its pedicle with interlocking sutures. The ovary on the opposite side was found to be atrophied. The abdominal wound was closed in the usual fashion. A sand-bag 2 lb. in weight covered in sterile towels was placed over the dressings and a many-tailed bandage applied. The object of the sand-bag was to replace this sudden diminution of increased intra-abdominal pressure. The whole operation took about thirty minutes.

The patient was returned to an air-mattress bed. This



precaution was taken to prevent any pressure-sores, especially in an elderly woman after a spinal anæsthetic.

She began to come round from the twilight sleep at about 3 o'clock, and she was quite conscious at 3.30 p.m. The effects of the spinal anæsthesia did not go off till about 6 p.m., when she began to feel her legs and some pain over the abdominal wound. She had a good tea at about 5 o'clock. She remembered nothing of her removal from the ward to the theatre, nor anything of the operation. She had an uninterrupted recovery, and left the Hospital within a fortnight of the operation.

The pathological report on the tumour confirmed the innocent nature of its growth.

I report this case as of special interest for the following reasons:

- (1) The age of the patient.
- (2) The size of the cyst and the quantity of fluid withdrawn.
- (3) The complete success of the twilight sleep and the spinal anæsthesia.
- (4) The innocent nature of the tumour.
- (5) The complete recovery of the patient.

I am indebted to Dr. H. Williamson for his permission to publish this case. The operation was performed by him, and the spinal anæsthetic given by Dr. C. F. Hadfield, who wishes me to state that this combined method of twilight sleep and spinal anæsthesia is due to Mr. F. L. Provis, F.R.C.S.E., who has had it administered for almost all his abdominal cases for some time past.

## THE VEILED PUFF—AN AFTERTHOUGHT.

*With Apologies to the Shade of Samuel Jones Gee.*



OW anon is there heard the Veiled Puff!

And the conditions for the hearing thereof are these:

- (a) That it come forth out of a dim future; and fade into a shadowy past.
- (b) That it be not a Perfect Puff; for then is it not truly Veiled.
- (c) That it be not so Veiled as to be Shrouded; for then is it no true Puff.
- (d) That it be, as it were, equivocal; else hath it no place in our category.

For the Puff is of the Glottis; but the Veil of the Vesicle. Also may the Veil be of the Stethoscope, or of the Pleura, or anon of the muscle of the chest wall.

And if the Cough, the Voice, or the Breath be clearly heard; then is the Veil blown aside, and there standeth revealed the Puff in all its perfection.

But if a man sulk when he saith "One, Two, Three"; about the word "Three" is the Veil thickened, the Puff is concealed, and the Veil becometh a Shroud. Now all men—when listened to of their Physicians—sulk! Therefore is the Veiled Puff, truly interpreted, but rarely heard.

And if any man hear it; he is "some" Physician, and to him take I off my Hat.

But though fools say they hear it; suffer them gladly.

For a wise man putteth his tongue in his cheek, and shutteth one eye, saying in his heart: "Shade of Laennec—pity them; for they know not what they say. For the Veiled Puff—the last infirmity of a noble mind—was heard of one man, and one only. *And he is dead!*"

Vale!

## CORRESPONDENCE.

### MEDICAL BOOKS FOR PRISONERS OF WAR.

*To the Editor of the 'St. Bartholomew's Hospital Journal.'*

DEAR SIR,—May I through the columns of your JOURNAL call attention to the needs of British Prisoners of War for medical books. The *British Prisoners of War Book Scheme (Educational)* receives numerous requests for such books of all standards and on a great variety of subjects. These requests come from hospital orderlies, medical students, physicians, surgeons, specialists, etc.

Let each reader of this picture himself in a prisoners' camp without books for study, and do what he can to alleviate the lot of some man so placed. Let him look through his shelves and see what he can spare, and send us a list of the books he can offer. This will be marked to show which books would be of use to us and returned to him.

Donations to the Funds are also urgently needed to purchase books that cannot be obtained as gifts, especially up-to-date technical and scientific books.

All communications should be addressed to me at the Board of Education, Victoria and Albert Museum, S. Kensington, S.W. 7, and marked "Prisoners of War."

ALFRED T. DAVIES,  
*Chairman.*

## REVIEWS.

BLOOD PICTURES. By C. PRICE-JONES. (John Wright and Sons, Ltd., Bristol.) Pp. 91. Price 6s. 6d. net.

This book is not a complete hæmatological text-book from the theoretical aspect but is, as its name implies, a series of interpretations of reports on actual blood examinations. These typical examples are excellently described and well illustrated, and should serve the general practitioner considerably when attempting to assist his diagnosis by making examinations of the blood. The book can be fully recommended to every practitioner who uses up-to-date methods in his work.

HYGIENE AND PUBLIC HEALTH. By WHITELEGGE and NEWMAN. (Cassell.) Thirteenth edition. Pp. 796. Price 10s. 6d. net.

The medical student, the medical practitioner, and the health officer in every branch of the public service will find this book most useful and well worth reading. Its object is to summarise in a condensed and succinct form the most important applications of preventive medicine in cases of infant mortality, tuberculosis, venereal disease, tropical diseases, etc.

This edition is more complete than the earlier ones, and many new illustrations have been added.



## EXAMINATIONS, ETC.

UNIVERSITY OF LONDON.

*First Examination for Medical Degrees. July, 1917.*

F. T. Evans, L. M. Jennings, \*H. C. Killingback, J. H. R. Laptain, D. M. Lloyd-Jones, H. W. Needham, W. H. Nettelield, H. G. Shaumer, H. K. Tucker, W. R. Ward.

\* Awarded mark of distinction in Physics.

*Second Examination for Medical Degrees. July, 1917.*

*Part I. Organic and Applied Chemistry.*—T. Adam, C. J. Donelan, S. A. Gunter, †L. M. Jennings, L. S. Morgan, C. W. Narbeth, A. C. D. Telfer, W. G. D. H. Urwick, E. H. Weatherall.

† Awarded a mark of distinction.

UNIVERSITY OF DURHAM.

At the Convocation held on June 26th, 1917, the following degrees were conferred:

M.D., N. F. Rowstron.

D.P.H., W. E. R. Saunders.

CONJOINT EXAMINATION BOARD.

*First Examination. September, 1917.**Part I. Chemistry.*—G. Manét-Wallett.*Part III. Elementary Biology.*—A. E. Austen.

*Part IV. Practical Pharmacy.*—G. G. Havers, F. W. Lemarchand, H. M. A. Menage, H. L. Pridham.

*Second Examination. October, 1917.*

*Anatomy and Physiology.*—T. Adam, H. S. Davies, K. H. Doouss, M. N. Eldin, J. A. Morton, H. Nosrat, E. P. Schofield, J. S. White.

SOCIETY OF APOTHECARIES.

August, 1917.

Diploma granted to E. J. G. Sargent.

## CHANGES OF ADDRESS.

AYDON, J., Surg., R.N., H.M.S. "Temeraire," c/o G.P.O., E.C.

COOK, A. R., Berkeley Lodge, Haling Park Road, South Croydon.

HINE, T. G. M., Queen Anne's Mansions, S.W. 1.

LADELL, E. W. J., 34, Sixth Street, Boksburg North, Transvaal.

MILLER, T. M., Capt., R.A.M.C.(S.R.), 24th Field Ambulance, B.E.F.

## BIRTHS.

ELLIOTT.—On September 29th, at Sunny Mount, Tunbridge Wells, the wife of Christopher Elliott, Lieut., R.A.M.C., of a daughter.

HAYNES.—On October 13th, at 63, Trumpington Street, Cambridge, the wife of G. S. Haynes, M.D., Capt., R.A.M.C.(T.F.), of a son.

MURPHY.—On July 26th, at Wawota, Sask, Canada, the wife of J. J. Murphy, of a daughter.

NORMAN.—On October 3rd, at Chigwell Hall, Chigwell (the residence of her parents), to Ethel Anne, wife of Capt. N. F. Norman, R.A.M.C., a daughter.

RAMSAY.—On September 7th, at 4, Bryanston Street, the wife of Robert A. Ramsay of a son.

SANDILANDS.—On September 8th, at 13, Campden Hill Gardens, W., the wife of John E. Sandilands, M.C., M.D., Temp. Capt., R.A.M.C., B.E.F., of a son.

TAYLER.—On September 13th, at Lovemead House, Trowbridge, the wife of F. E. Tayler, M.R.C.S., of a son.

## MARRIAGES.

DIXEY—HOLMES.—On July 28th, at The Priory, Malvern, by the Rev. A. Linzee Giles, Captain J. C. Dixey, R.F.A., elder son of Dr. and Mrs. Dixey, of Malvern, to Helen Margaret, youngest daughter of the Rev. C. T. and Mrs. Holmes, of Malvern.

DUGGAN—GATTEY.—On August 21st, by the Rev. T. Lowe, at St. Gregory's, Harpford, South Devon, very quietly, whilst on short leave, Norman Duggan, M.B., F.R.C.S., T. Capt., R.A.M.C., to Mary Heath Gattey, late Q.A.I.M.N.S.R.

HUMPHRY—PURVIS.—On September 14th, by special licence, at the house of the bride's parents, by the Rev. J. B. Woodburn, brother-in-law of the bride, assisted by the Rev. James Hunter, Alexander Murchison Humphry (Temp. Maj., R.A.M.C.), youngest son of the late A. P. Humphry, Esq., M.V.O., of Horham Hall, Thaxted, Essex, to Vida, youngest daughter of Mr. and Mrs. David Purvis, Knockdown Park, Belfast.

PERRIN—PRESTON.—On August 22nd, at the Parish Church, Weybridge, by the Rev. F. H. Salzmann, M.A., Vicar of Westcott, Dorking, brother-in-law of the bride, and the Rev. G. F. Wilson, M.A., Chaplain to the King, Maurice Nasmith Perrin, Captain, R.A.M.C., son of Mr. and Mrs. Henry Perrin, of 23, Holland Villas Road, W., and The Cottage, Bushey Heath, Herts, to Susan Frances, youngest daughter of Mr. and Mrs. Walter Preston, of Curlew Hope, Weybridge.

PRACY—POWER.—On August 24th (St. Bartholomew's Day), at St. Mary's Church, Atherstone, Douglas Sherrin Pracy, Temporary Captain, R.A.M.C., to Gwendoline Blanche, elder daughter of Dr. Power, Atherstone.

WRIGHT—FITZGIBBON.—On August 14th, in Delgany Church, Frederick Cecil Wright, Surgeon, Royal Navy, only son of the late Dr. Wright, formerly of Derby, to Georgiana Rose, elder daughter of Captain and Mrs. H. MacAulay FitzGibbon, Greystones, Co. Wicklow.

## DEATHS.

BULL.—Killed in action on September 16th, 1917, Capt. B. A. Bull, R.A.M.C., attached London Regt., the only surviving son of Prof. and Mrs. Bull, of Chorlton-cum-Hardy, formerly of Huddersfield.

HARRIS.—Killed in action, July 31st, 1917, H. A. Harris, M.R.C.S., L.R.C.P., Capt., R.A.M.C., attached R.F.A.

MURPHY.—On August 26th, 1917, at Wawota, Sask, Canada, Jerome J. Murphy, M.D., L.R.C.P.(Lond.), of pneumonia.

PETRIE.—At Yateley, Hants, on August 26th, 1917, Alexander Sturrock Petrie, M.R.C.S., L.R.C.P., beloved husband of Sophy Inglis.

RUTHERFORD.—On September 13th, 1917, on H.M.H.S. "Karapara," from tuberculosis of the lungs, J. D. Rutherford, Surgeon (Temp.) R.N., M.R.C.S., L.R.C.P.

## ACKNOWLEDGMENTS.

*The Shield, St. Thomas's Hospital Gazette, Guy's Hospital Gazette, British Journal of Nursing, The Hospital, The St. Bartholomew's Hospital League News, The Nursing Times, New York State Journal of Medicine, St. Mary's Hospital Gazette, The Medical Review, Long Island Medical Journal, Journal de Médecine de Bordeaux.*

## NOTICE.

*All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, Smithfield, E.C.*

*The Annual Subscription to the Journal is 5s., including postage. Subscriptions should be sent to the MANAGER, W. E. SARGANT, M.R.C.S., at the Hospital.*

*All communications, financial, or otherwise, relative to Advertisements ONLY, should be addressed to ADVERTISEMENT MANAGER, the Journal Office, St. Bartholomew's Hospital, E.C. Telephone: City 510.*

*A Cover for binding (black cloth boards with lettering and King Henry VIII Gateway in gilt) can be obtained (price 1s. post free) from MESSRS. ADLARD & SON & WEST NEWMAN, LTD., Bartholomew Close. MESSRS. ADLARD & SON and WEST NEWMAN have arranged to do the binding, with cut and sprinkled edges, at a cost of 1s. 9d. or carriage paid 2s.—cover included.*



# St. Bartholomew's Hospital



"Æquam memento rebus in arduis  
Servare mentem."

—Horace, Book ii, Ode iii.

## JOURNAL.

VOL. XXV.—No. 2.]

NOVEMBER 1ST, 1917.

[PRICE SIXPENCE.]

### CALENDAR.

Fri., Nov. 2.—Dr. Calvert and Mr. D'Arcy Power on duty.  
Tues., „ 6.—Dr. Fletcher and Mr. Waring on duty.  
Fri., „ 9.—Dr. Drysdale and Mr. Eccles on duty.  
Tues., „ 13.—Dr. Calvert and Mr. D'Arcy Power on duty.  
Fri., „ 16.—Dr. Fletcher and Mr. Waring on duty.  
Tues., „ 20.—Dr. Drysdale and Mr. Eccles on duty.  
Fri., „ 23.—Dr. Calvert and Mr. D'Arcy Power on duty.  
Tues., „ 27.—Dr. Fletcher and Mr. Waring on duty.  
Fri., „ 30.—Dr. Drysdale and Mr. Eccles on duty.  
Tues., Dec. 4.—Dr. Calvert and Mr. D'Arcy Power on duty.  
Fri., „ 7.—Dr. Fletcher and Mr. Waring on duty.

### EDITORIAL NOTES.

**W**E congratulate several Bart.'s men on having attained military distinctions recently, but we regret that details for which such distinctions have been awarded are not yet available.

Major R. A. Lloyd, I.M.S., Capt. G. D. Watkins, R.A.M.C., and Temp. Capt. J. C. Sale, R.A.M.C., M.C., have been awarded the D.S.O.

Temp. Capt. T. J. Rees, R.A.M.C., has received the M.C.

Surg. R. G. Lyster, R.N., has had the Croix de Guerre conferred upon him by the President of the French Republic.

\* \* \*

We congratulate Miss M. L. Appleyard, Matron of the 1st London General Hospital, who has been awarded the R.R.C., and Miss K. E. Barling, sister at the same hospital, who has been awarded the A.R.R.C.

\* \* \*

Capt. Girling Ball has left Bart.'s temporarily for the 53rd General Hospital, B.E.F., France. In his absence Capt. A. Macphail will carry on the duties of Warden.

Sir Donald MacAlister, K.C.B., M.D., has been appointed by the Minister of National Service to act on an advisory medical board for Scotland, to advise him on questions relating to the examination of men of military age by the National Service Medical Board, and has been further appointed by the Secretary for Scotland to act on a committee to advise him on questions relating to the examination of such men by the medical assessors who are to be appointed for him.

\* \* \*

Major J. Dundas Grant has been appointed Chairman of the Special Aural Board set up by the Pensions Minister to deal with cases of deaf discharged soldiers.

\* \* \*

It should be of interest to all readers of the JOURNAL to know that in a recent single report to the Secretary for War the names of no less than thirty-four Bart.'s men appeared.

\* \* \*

Dr. Langdon Brown has been appointed Croonian Lecturer, for 1918 at the Royal College of Physicians of London.

\* \* \*

With very much regret we have to announce the death of Sir Charles Pardey Lukis, Director-General of the Indian Medical Service. A fuller obituary notice appears on a later page of this journal. Our deepest sympathy is extended to his widow and relatives in their bereavement.

\* \* \*

We also record with sorrow the death of Dr. W. Gilmore Ellis, Principal Civil Medical Officer of the Straits Settlements, who died at Singapore after an operation. Born in 1860, he studied at St. Bartholomew's Hospital and at the University of Brussels, where he took the degree of M.D. in 1887. He became Medical Superintendent at the Singapore Lunatic Asylum in 1888, and was Municipal Health Officer and Colonial Resident Surgeon. He was appointed Principal Medical Officer of the Straits Settlements in 1910. Dr. Ellis had made a special study of beri-beri.



## ROLL OF HONOUR.

With very much sorrow we learn of the death of three of our fellow Bart.'s men at the Front:

Capt. Reginald Sherman, R.A.M.C., died of wounds on October 10th, a few hours after he had been shot in the chest while visiting a forward aid post. He had been in France since February, 1915, and had been through the battles of Loos and the Somme, and many other engagements.

Capt. J. B. Randall, R.A.M.C., was killed in action on October 31st, but we regret that at present we have no further particulars.

Lieut. R. G. Hill, M.C., R.A.M.C., was killed in action on October 11th. At the outbreak of war he obtained a commission in the R.F.C., in which he served in France and Egypt. Later he felt it his duty to change into the R.A.M.C. He was recently awarded the M.C. for gallantry in the field.

To the sorrowing relatives and friends of these old Bart.'s men our warmest sympathy is extended.

## A CASE OF CHRONIC NEPHRITIS WITH REPEATED CEREBRAL HÆMORRHAGES.

By LLOYD K. LEDGER, M.R.C.S., L.R.C.P.



AM indebted to Dr. Morley Fletcher for permission to publish the notes of this case.

C. B—, æt. 39, a packer and ex-soldier, was admitted to this Hospital on September 23rd, 1917, in a stuporose condition with a left-sided hemiplegia.

The past history shows that in May, 1910, when aged 32, the patient had suffered from an attack of temporary aphasia from which he recovered spontaneously in about ten minutes. The onset of this attack was marked by a feeling of faintness but no loss of consciousness and no paralysis developed. In November, 1910, he suddenly lost consciousness for ten minutes, and on recovery found that he was unable to talk properly. He came to this Hospital and was admitted under the care of Dr. Ormerod. He complained of severe headache and the defect in his speech. It was found that he could give his name and address and say such simple words as "Yes," "No," etc., but he occasionally misused words; he was aware of the mistake, but could not correct it. He was able to write legibly and repeat spoken words. There was slight weakness of the right arm and right side of the face. The urine contained much albumen and a few granular casts. The systolic blood-pressure was 142 mm. Hg. The Wassermann test was negative. He remained in the Hospital for some weeks and on discharge had a very slight speech defect.

In the autumn of 1912 he had another temporary attack of aphasia, of which no accurate history is obtainable. He

was accepted for the Army at the end of 1914 and has been fighting in France since April, 1915. He was gassed in May and also in July, 1915.

In January, 1917, he developed a left hemiplegia and was admitted to a military hospital in France. No history of the onset of this attack is obtainable. He made a partial recovery, but in March, 1917, the paralysis suddenly returned. He is said not to have lost consciousness on this occasion, but to have suffered from severe headache and continuous vomiting for several days. He was under treatment at various military hospitals for fourteen weeks, after which time he was discharged from the Army. He made a partial recovery. The present attack of left hemiplegia occurred suddenly on September 23rd, while the patient was on a 'bus, but there was no immediate loss of consciousness. He had had a numb tingling sensation in the left hand for several minutes before he became paralysed and he lost consciousness about half an hour after the onset of the paralysis.

On admission he was deeply comatose and had a left hemiplegia. The reflexes on the left side were much exaggerated, the plantar response being extensor. There was spasticity of the limbs of the right side with continuous clonic movements. He exhibited an hypertrophied heart—thickened tortuous arteries—systolic blood-pressure of 265 mm. Hg. The urine contained 0.15 per cent. albumen and many granular and hyaline casts. The cerebro-spinal fluid was intimately mixed with blood. The Wassermann was negative in blood and cerebro-spinal fluid.

On October 5th, 1917, he became much worse and he died, never having regained consciousness, on October 7th, 1917.

The post-mortem examination showed: A hypertrophied heart—atheroma of aorta, and basilar and middle-cerebral arteries. The kidneys were very small—markedly granular—the capsule stripping with considerable difficulty. There was a small subcortical cyst in each kidney. The cortex was thin and the pelvic fat much increased. The brain weighed 44 oz. There was slight general flattening and atrophy of the convolutions. There was an area of atrophy of the cerebral cortex, producing a notch the size of a filbert, situated just anteriorly to the left Rolandic cortex and involving the superficial surface of the cerebrum and the surface in relation to the velum. There was a hæmorrhage of some days' standing, together with a more recent effusion of blood, ploughing up the right lenticular nucleus and producing a cavity, the size of a golf-ball, with deeply-pigmented walls and yellow staining and softening of the adjacent brain. The right ventricle contained much blood, the left only slightly blood-stained fluid. The fourth ventricle and cerebellum were normal. Sections through Broca's area showed no abnormality, but two small cysts were found in relation to the left caudate nucleus. The larger of these cysts,  $\frac{3}{8}$  in. in length and  $\frac{1}{8}$  in. in width, was situated in the white matter immediately adjacent to and



on the antero-external aspect of the caudate nucleus and slightly above the level at which this nucleus joins the lenticular nucleus. The smaller cyst was slightly anterior to and on a higher level than the larger. Both cysts had pigmented walls and evidently resulted from previous small cerebral hæmorrhages.

The case is of interest on account of the history of successive cerebral lesions, all of which were probably due to independent hæmorrhages.

Such complete recovery was made from the early hæmorrhages that the man was afterwards accepted for foreign service, and actually fought in France for two years. During his first admission the exact diagnosis was in doubt, no definite conclusion as to the cause of the aphasia being reached; and it is noteworthy that there was no marked cardiac hypertrophy, and that his blood-pressure was only 142 mm. Hg., in spite of the urinary evidence of advanced renal disease.

In the light of his later history and the post-mortem findings, it is probable that the early attacks of aphasia are to be associated with the cerebral hæmorrhages responsible for the cysts found in the neighbourhood of the caudate nucleus. The hæmorrhages must have produced their effects by causing a local increase of intracranial pressure and consequent cerebral anæmia in their neighbourhood. As absorption took place the circulation in the adjacent areas would recover and the symptoms abate; but localised softening and cyst formation resulted.

As these early hæmorrhages did not directly involve any important area, the recovery appeared to be complete. It is remarkable that the large area of atrophy of the cortex on the left side did not produce any definite or permanent symptoms. The large lenticular hæmorrhage on the right side must have been the result of several successive bleedings into the one area.

Presumably, a small hæmorrhage occurred in January, 1917, followed by a larger one in March, and yet another at the time of his admission to the Hospital, and probably a terminal one two days before his death. The brain around this hæmorrhage was much softened and stained over a wide area by altered blood pigment. Both old and quite recent blood-clots were present, and probably resulted from the hæmorrhages of September 23rd and of October 5th.

In connection with the age at which the patient died, the following quotations are of interest: In *Kidney Diseases*, by Sir W. P. Herringham, there is given an analysis of 82 consecutive cases of fatal cerebral hæmorrhage complicating renal disease; only 4 occurred in the fourth decade. In commenting on these figures, he remarks that—"Hardly any cases of cerebral hæmorrhage occur under fifty, whereas more than half the cases of death due to heart failure occur before this age." And again: "Of those who die of nephritis under fifty few have cerebral hæmorrhage."

In *Osler's System of Medicine* it is stated that—"Spon-

taneous cerebral hæmorrhage is . . . generally recognised as being rare before the fifth decade." He quotes Monakow's view that—"Before the fortieth year cerebral hæmorrhage is extraordinarily uncommon."

The analysis of 26 consecutive fatal cases of cerebral hæmorrhage at the John Hopkins Hospital shows 4 cases in the fourth decade. In *Allbutt's System of Medicine* an analysis of 124 consecutive cases of fatal cerebral hæmorrhage occurring at St. Bartholomew's Hospital 13·4 per cent. occurred in the fourth decade.

Of these cases 80 per cent. were associated with chronic nephritis, and 65·4 per cent. had, in addition, hypertrophy of the heart and atheroma of the cerebral arteries and aorta, and the hypertrophy of the heart was absent in 5·5 per cent.; atheroma was absent in 5·5 per cent.; the remaining 3·6 per cent. being given as uncomplicated chronic interstitial nephritis.

The other 20 per cent. are given as either due to atheroma of the cerebral arteries, with or without hypertrophy of the heart, and probably associated with a history of syphilis, or to aneurysm of the cerebral vessels without any other lesion (4·5 per cent.).

Cerebral thromboses are not so frequently fatal as cerebral hæmorrhages, and, therefore, a greater proportion of the latter die in hospitals, and yet the proportion of fatal cases reported in the *Journal of Nervous and Mental Diseases*, 1909 (Ludlum) is: 68 cases of thrombosis to 24 of hæmorrhage. At the John Hopkins Hospital, in cases fatal during the third and fourth decades, there were 6 cases of thrombosis to 5 of hæmorrhage.

## A NOTE ON TREATMENT WITH A NEW ANTISEPTIC.

By PAUL BOUSFIELD, M.R.C.S., L.R.C.P.



At a recent date a new antiseptic was brought to my notice by a surgeon, who stated that it had produced highly satisfactory results. Upon his recommendation I gave this antiseptic a trial, and I feel that, as a result of treating between thirty and forty septic cases with it, a note might be opportune. The particular antiseptic to which I refer is known, I believe, by the name of "Zoel," and consists of sodium monoborate, sodium diborate, and salt, and I must confess that I have been in some measure surprised with the fact that any substance can behave as an efficient antiseptic, and at the same time non-irritative agent, unless, of course, I except certain colloidal antiseptics still in their experimental stage.

Among the various cases upon which I have tried this, I may mention at least three cases where skin-grafting was deemed advisable, in spite of the fact that the surfaces to be grafted were not aseptic. One of these (which case I am



publishing elsewhere) included an area of approximately 72 square inches of bare muscle in a state of chronic, though mild, suppuration. Another case was one in which I had to perform a plastic operation upon the bare anterior surface of the tibia—an operation which, in any circumstances, entails considerable doubts as to the result. These grafting operations have, so far, been quite successful. In the first quoted case only two out of between thirty and forty grafts failed to live; throughout I used a spray of Zoel solution instead of normal saline.


More commonly I have used this sodium monoborate compound as a substitute for Dakin's solution. Cases have included re-amputations of previous septic guillotine amputations in France, and the common muscular wound in such positions, for instance, as the calf of the leg, which has produced intra-muscular septic pockets necessitating several incisions and the use of Carrel's tubes.

At the present moment, though I must confess that my experience is limited to about thirty-six cases, I have found the above-named solution as efficient as any other of the well-known baths or flushing solutions which I have tried. I have been enabled to give continuous irrigation for twelve hours without any apparent skin irritation or other toxic result, and this without any protection to the surrounding skin. I have immersed septic stumps with good results in solutions containing 2 per cent. of Zoel powder without any pain or subsequent trouble to the patient, and with excellent results in so far as cleaning is concerned.

I have not yet had the time to perform any quantitative experiments upon the actual germicidal power of this disinfectant, but the practical results obtained encourage me to give a preliminary note upon it. If any other surgeons have been using this substance recently, it would be of interest to know what their experience has been.

## THE PASSING OF A CONSULTANT.

By PERCY DUNN, F.R.C.S.

 DOUBLE blackboard, conspicuous with white lettering, is fixed at an angle to the railings of a verandah, so that it becomes plainly visible to those passing to and fro along the street. And the lettering? What does this say? "The lease of this house to be sold." The house, from its appearance, is unoccupied: the windows are curtainless; blinds are invisible; the door shows signs of neglect; the door-steps are unwashed, dull, and mud-stained; the boot-scraper is rusted from want of use and attention. Such is a familiar sight in London. In hundreds of streets it illustrates a common-place experience to the passer-by, attracting no notice because there is no reason why it should. And yet to this rule there are exceptions. There are instances in which such a house,

empty and for sale, compels attention from the memories it recalls, and to one of these instances reference may here be made. A glance at the door reveals a discoloured brass plate, engraven upon which in neat, though well-worn characters, is the name of a popular consultant, whose long years of active, prosperous work has suddenly come to an end by death. And then does the reflection follow of how many thousands, in the course of years, of ailing and disease-stricken persons have waited upon that doorstep for admission to this Mecca of healing. There comes, too, the further reflection of how many scores of practitioners have similarly waited, accompanied by patients, seeking the aid which a higher knowledge can afford. And there, in this Mecca, how many fears have been dispelled, how many hopes created, how many impressions of despair confirmed, by a visit which necessity indicated, and prudence endorsed. Thus may it be assumed that this house, now deserted and to be sold, in former days became a judgment seat of life or death, of invalidism, or the recovery of health. But man is only human, and the popular consultant, in common with humanity, has to pay the common penalty. He dies in harness, although his years have been long: the Mecca, of which he was the high priest, ceases.

A sorely tried patient, rejoicing in the prospect of relief from his malady, one morning rings the consultant's bell. The reply comes as a shock: "Sir — is ill in bed and is unable to keep his appointments." Further inquiries reveal the impossibility of an interview. The public generally dissociate the contingency of illness from the life of their medical adviser. And such was the case in this instance. The patient lingered on the pavement thinking what he should do. He had been sent to this Mecca by his family practitioner. But so it happened that here he was practically in the centre of consultant talent, and yet he was ignorant of any other medical oracle to whom he could apply. So he strolled down to his club, and rang up his doctor for further instruction, by so doing, acting wisely and well.

In the course of some days he read in a morning newspaper the announcement of the death of the consultant whom he had been advised to see, and while passing the house again some few weeks later, he noticed the house-agent's board that the house was for sale. Then it was that the regret was recalled of that lost consultation, and of the ill-luck which had rendered it impossible. Hopes, great and comforting, had been implanted in him of a successful result of the interview. Moreover, a confidence had been inspired, salutary to his mind's peace. The consciousness, therefore, of his loss, as he stood and gazed at the house, was infused with a sadness that a blank had come into his life—a blank beyond the reach of repair, and one to be always remembered with regret.

And a popular consultant undoubtedly acquires a great hold upon the public mind. There is the magic of a mannerism, which is captivating; there is the wisdom, bred



of experience, which inspires confidence; there is the knowledge, deftly emphasised, which proves impressive. In all these personal acquisitions the popular consultant more or less excels. In his professional armour defects are indistinguishable, even if any such exist. Thus he enters into a realm of popularity, in which he reigns, as a king, supreme. And honours and titles come his way, which surprise neither the profession nor the public. Often he is in request to take the chair at public meetings—those concerned in matters of social reform, where his presence might be expected to act with some magnetic force. But even the announcement of his name as one of the speakers would be held to have some attractive value. There is also the certainty that the part he plays in any such meeting will be fully recorded in the press. In the eyes of newspaper editors his name is one to conjure with, the belief being that his views, whatever they may be, will be certain to command public attention. And so it is that a popular consultant becomes a very public man. When, one morning some years ago, the news was conveyed to London by means of a paragraph in the London letter of a large provincial journal that the late Sir Andrew Clark was lying seriously ill at his house in Cavendish Square, by ten o'clock the square was thronged with journalists all seeking information for their respective papers. A sudden hemiplegic attack—the cause of the illness—had occurred on the previous evening, and the late Sir Russell Reynolds was summoned to attend his distinguished colleague.

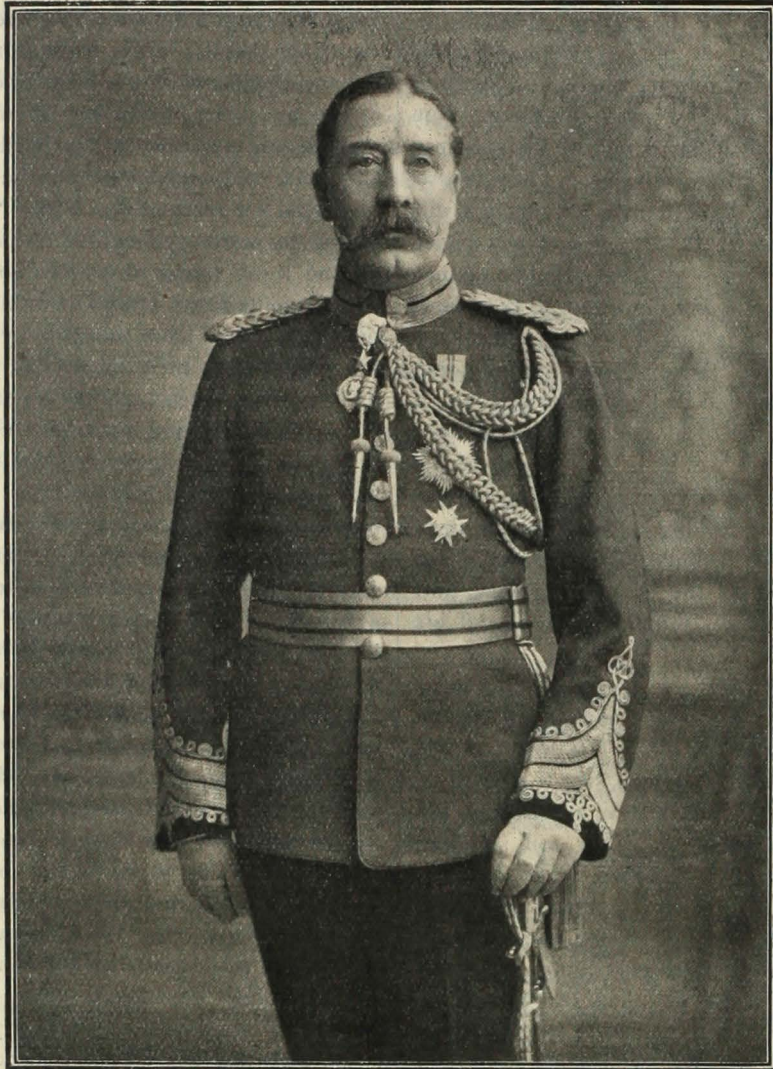
Naturally, when death closes the scene of a popular consultant's work, the more important newspapers devote much space to the record of his life. The writer of the obituary report, being generally a layman, has to rely upon the publications containing the information available for the purpose. But in rare instances an editor will seek the assistance of a medical writer, qualified from personal knowledge, to contribute an interesting account of the life of a distinguished *confrère*. And yet in one such case an editor was at fault. To his medical contributor he wrote: "I notice that the illness of Sir ——" (a very prominent surgical baronet) "will probably terminate fatally to-day, according to the last report. Will you let me have a descriptive record of his life in the course of the evening?" And the record began, "We regret to announce the death yesterday in Harley Street of the distinguished surgeon Sir ——" Then followed a full obituary notice. This was despatched to the newspaper office in compliance with the editor's request. But the distinguished surgeon did not die. He recovered, and lived for four years afterwards.

A popular consultant, whose loss is felt by the public, is in no less degree a loss to the profession—that is to say, to a large number of practitioners, to whom, for years, he has acted as a medical mentor. This means for them a break with the past, the beginning of a new *régime*, the choice of a new adviser, in whom similar confidence could be placed,

and with whom a similar friendship could be established. An upheaval of this kind of former associations is not a matter, generally, to be lightly considered. A new order of things always becomes subject to comparisons with the old: such comparisons are often productive of regrets, and regrets are apt to vitalise into dissatisfaction. In this regard, however, time becomes the great adjusting force—a force which, while destroying, re-creates; while always changing, also improves; while causing the supersession of old customs, establishes the reality of the greater advantages of the new. In one of his philosophical musings Bacon reminds us that time is the most irrepressible innovator, and that "all innovations are the births of time." Again, in his quaint verbiage, he adds: "It is true that what is settled by custom, though it be not good, yet at least it is fit, and those things which have long come together, are as it were confederate within themselves: whereas new things piece not so well: but though they help by their utility, yet they trouble by their inconformity." The truth of this daily experience teaches; the human soul rebels under the compulsion of having to sacrifice cherished old customs for those that are new, and yet Bacon warningly insists that "a froward retention of custom is as turbulent a thing as an innovation." Here, again, he speaks truly, for in order to "redress the balance of the old," custom must be held, like everything else, to be subservient to the law of progress.

Incidentally, medicine contains many examples of that "froward retention," especially in respect to medical terminology. I have often thought what the impressions of Hippocrates would be were he to return to earth for a few weeks of post-graduate enlightenment, and find that his old-time terminology was still doing duty for diseases the full knowledge of which modern science had revealed. "Yes," we may suppose him saying, "you do me much honour. But why continue to perpetuate my ignorance, by calling diseases by the names which I introduced, when you know so much better what these diseases really are? I was arguing the point yesterday with one of your teaching staff, and he quoted your Shakespeare as saying, 'What's in a name?' I admit, call a rose what you will, it would just be as sweet. But when your science comes to define what that sweetness consists of, a name becomes necessary the exclusiveness of which is established by incontrovertible facts. For years such has been the course you have pursued in regard to disease. My names for diseases were quite good till you came to show how little they represented the truth. To put the matter plainly by way of illustration I might call a spade a spade, but in how many instances have you been able to show that what I thought was a spade was a wheelbarrow, a plough, a milk pail or something, as I understand you would say, just as incongruously heterogeneous? And that is precisely what I cannot understand—why, with all your knowledge, you should continue to expose my errors?" Such an expression of feeling would be quite in accord





SIR CHARLES PARDEY LUKIS, K.C.S.I., M.D.LOND., F.R.C.S.ENG.

DIRECTOR-GENERAL, INDIAN MEDICAL SERVICE.

Photo. Elliott and Fry.



with all that we know of the great Father of Medicine. In these days, scientific accuracy, so far as medical terminology is concerned, is largely sacrificed upon the altar of custom. That altar survives by which terminological antiquities based upon unrevealed knowledge are maintained as intact as from the days of their pristine conception. And thus is perpetrated, in our time, the many absurdities of disease-names—absurdities turbulently destructive to the light which modern science has shed upon a most important branch of human knowledge.

### OBITUARY.

SIR CHARLES PARDEY LUKIS, K.C.S.I.,  
M.D.LOND., F.R.C.S.ENG.  
DIRECTOR-GENERAL, INDIAN MEDICAL SERVICE.

**D**EATH has removed a most capable public servant and a first-rate administrator in the person of Sir Pardey Lukis, the Director-General of the Indian Medical Service. A son of the late Mr. W. H. Lukis, he was born in 1857, and entered St. Bartholomew's Hospital in October, 1875, taking the Open Scholarship in Science, and being thus contemporary with Sir Anthony Bowlby and a year senior to Sir Wilmot Herringham. In 1878 he gained the Brackenbury Medical Scholarship, and was admitted a Member of the Royal College of Surgeons of England on November 20th, 1879, having already become a Licentiate of the Society of Apothecaries, as was then the custom. He entered the Indian Medical Service in 1880, and was placed first on the list of successful candidates. In 1890 he came home and took the examinations for the Fellowship of the Royal College of Surgeons of England, and in 1904 he graduated M.D. of the University of London. These two higher qualifications being apparently taken as vacation exercises for the examinations were passed whilst he was on leave from India.

He saw service in Waziristan in 1881 and in the Zhob Valley in 1885. He was then transferred to the civil branch and held various appointments in the United Provinces, becoming Civil Surgeon of Simla in 1899 and Honorary Surgeon to the Viceroy in 1905. He was appointed Professor of *Materia Medica* at the Calcutta Medical College, where, in 1905, he became Professor of Medicine and Principal of the College and first Physician to the Hospital. The duties of Principal were exacting, but he performed them with tact and dignity. He was selected for the post of Director-General of the Indian Medical Service at the beginning of 1910, and held it by successive extensions until his death on October 22nd, 1917. As a reward for his services he was made a Companion of the Order of the Star of India in 1910 and was advanced to be a K.C.S.I. in 1911. He was gazetted Honorary Surgeon to His Majesty the King in 1913. In June, 1903, he was

admitted a member of the Rahere Lodge, and subsequently rose to a high position in Freemasonry in India.

He married a daughter of the late Col. John Stewart, R.A., C.I.E., who survives him with one son and two daughters. His elder son, T. S. Lukis, who had already served in the school as a Demonstrator of Physiology and later was doing good work in the Pathological Laboratory, was killed in March, 1915, when a combatant officer in the London Regiment.

From the beginning of his career in India Lukis devoted himself to the clinical side of his profession, though his well-balanced mind enabled him to keep abreast of the advances which were made on the scientific side of both medicine and surgery. He promoted the formation of the Indian Research Fund Association and was the first editor of the *Indian Journal of Medical Research*. He was also the editor of Ghosh's *Materia Medica* and of Waring's *Bazaar of Medicines*, whilst he wrote a *Manual of Tropical Hygiene*, a third edition of which, revised with the assistance of Lieut-Col. Blackham, appeared in 1915.

The war enormously increased the ordinary problems of efficient medical administration in India and threw much additional work upon the Surgeon-General, which he still further increased by accepting the post of Chairman of the Executive Committee of the St. John Ambulance Association in India. He was not involved in the early breakdown of the medical arrangements for the campaign in Mesopotamia, since the executive responsibility rested with the Director of Medical Services, who is invariably an officer of the Royal Army Medical Corps, and not the Indian Medical Service. Sir Pardey, however, acted for a few months in this position in 1916 in the interval between the resignation of one Director and the arrival of his successor. The Report of the Commission bears testimony to the energy and vigour with which during this time many defects and shortcomings were remedied. "Altogether," says the Report, "the energy displayed and the speed with which new proposals were carried through compare well with previous conditions."

D'A. P.

### STUDENTS' UNION.

#### RUGBY FOOTBALL CLUB.

ST. BARTHOLOMEW'S HOSPITAL v. R.M.A., WOOLWICH.

This match was played at Woolwich on October 27th and was the Hospital's first match this season.

The ground was in perfect condition and the Hospital, having won the toss, elected to play down hill. From the kick-off the Bart.'s forwards took the ball into their opponents' "25" and for a short time appeared to be the stronger. But soon the play became even, and by half-time the Cadets had scored two tries, both of which were converted, and the Hospital had scored once through E. S. Rose, Krige converting.

After half-time the Cadets played down hill and soon increased their lead of 5 points. The Bart.'s forwards were obviously tiring, and towards the end their opponents had the game very largely their own way in spite of some very good runs by the Hospital three-quarters, several of which very nearly resulted in "tries."



Finally, the R.M.A. were left victors by 29 points to 5.

Team: P. A. Smuts, *back*; J. P. Wells, C. Griffiths-Jones, M. Thomas, and T. Salmon, *three-quarters*; E. R. Batho and C. F. Krige, *half-backs*; B. B. Sharp, E. S. Rose, L. Pridham, G. Theobald, A. V. Lopes, N. Vinter, J. van Heerden, and G. Sophianopoulos, *forwards*.

#### ST. BARTHOLOMEW'S HOSPITAL v. PUBLIC SCHOOLS SERVICES XV.

Played on the Old Deer Park, Richmond, on November 10th, this match resulted in a victory for the Public Schools XV by 19 points to 3.

In spite of the formidable character of the opposing team captained by Miller, the captain of the South Africans, the game was a hard-fought one throughout and by no means a walk-over for the winners. The Bart.'s forwards, although outweighed, played well together and did good work. The backs likewise saw a good deal of the game and were much sounder in defence than in the match against the Royal Military Academy.

The ground was in excellent condition, especially in the first half, during which the Public Schools scored 3 tries, one of which was converted. The Hospital, although attacking several times, failed to score.

In the second half the Hospital side made several almost successful attempts before M. Thomas finally ran through and scored far out. Krige made a good but unsuccessful attempt at converting. The Public Schools added 8 more points by means of two drop-goals, the final score being as above.

Thanks are due to A. H. Richards, F. Reeson, and J. R. Treloar for very ably deputising.

Team: J. P. Wells, *back*; F. Reeson, J. R. Treloar, M. Thomas, and T. C. M. Salmon, *three-quarters*; F. Krige, *five-eighths*; A. H. Richards and C. Griffiths-Jones, *half-backs*; B. B. Sharp, E. S. Rose, L. Pridham, G. Theobald, L. Handy, N. Vinter, and F. W. Lemarchand, *forwards*.

## CORRESPONDENCE.

### THE VEILED PUFF.

To the Editor of the 'St. Bartholomew's Hospital Journal.'

DEAR SIR,—As a rule the index for the past year comes out with the October issue of the JOURNAL. But with the delay due to war time I suppose it will not be out till next month?

Whilst writing, I venture to remark that as a very old student of St. Bart.'s and a worshipper of the late Samuel Jones Gee in his young and strong days (mental strength), I am much taken with the ? Epitaph, ? Apology, or ? Epilogue of that great man. But I confess I do not quite see the drift, as one presumes there is some hidden essence which appeals to the last men who knew Gee, and that we who only knew him twenty-five years ago cannot fathom.

Surely it does not mean that the great soul went out of this world with a "Veiled Puff," for your writer says in italics that "He is dead," and adds Vale.

Please forgive me if I am too dense and do not see what may be clear to you all of to-day.

That little book of his to-day is almost as perfect in its way as any modern work. There is so much "Veiled Puff" going on around us every day that it is possible that the "Dead Man" alluded to is not dear Gee.

Yours truly,

J. KINGSTON BARTON, M.R.C.P.Lond.

14, Ashburn Place, S.W. 7;

November 6th, 1917.

## MARRIAGES.

BUTTERY—LAMBOURNE.—On Saturday, October 13th, at the Presbyterian Church, Finchley, Surgeon Harold Robert Buttery, R.N., of Durban, South Africa, to Dorothy Frances Lambourne, elder daughter of Mr. William Thomas Lambourne, of Dollis Avenue, Finchley.

CLEMENTI-SMITH—BRAMELD.—On October 29th, at St. Augustine's, Queen's Gate, S.W., Capt. H. D. Clementi-Smith, R.A.M.C., son of the late Rev. H. Clementi-Smith and Mrs. Clementi-Smith, to Dorothy Paramore Brameld, daughter of Clement Neville Brameld and Mrs. Brameld, of Spaxton, Somerset.

EBERLI—SPINKS.—On July 19th last, at St. Mary's, Harrogate, by the Rev. Chard, M.A., Surgeon W. F. Eberli, R.N., second son of Mr. and Mrs. J. J. Eberli, of Highbury, to Winifred, third daughter of Mrs. Spinks, of Harrogate.

MACKENZIE—RICE.—On October 13th, at St. John's Church, Blackheath, by the Rev. F. H. Gillingham, Rector of Bermondsey, assisted by the Rev. W. H. Jordan, Curate of St. John's, Colin Mackenzie, M.D.Cantab., F.R.C.S., Capt., R.A.M.C., son of Mr. A. G. Mackenzie, F.I.A., of 29, Chester Terrace, Regent's Park, to Edith Annie, elder daughter of Mr. W. T. Rice, of Shaftesbury.

MORSON—PHENE.—On Saturday, October 20th, at St. James's, Spanish Place, by the Rev. A. Whittacre, Temp. Surgeon A. Clifford Morson, F.R.C.S., R.N., second son of T. Pierre Morson and Mrs. Morson, of 16, Elsworthy Road, N.W., to Adela Frances Maud, daughter of the late Lincoln Phené and Mrs. Phené, of Ryde, Isle of Wight.

PETERS—VEREL.—On November 7th, in Glasgow, Rudolph Albert Peters, M.C., Capt., R.A.M.C., only son of Dr. and Mrs. Peters, Petersfield, Hants, to Frances Williamina, youngest daughter of the late Francis William Verel and Mrs. Verel, The Grange, Newlands, Glasgow.

RAWLING—LEAKE.—On Wednesday, November 14th, at St. Mary's, West Winch, King's Lynn, by the Rev. E. M. Plumptre, in the absence of the Rev. W. T. Gifford, on Military Service, Major Louis Bathe Rawling, F.R.C.S., R.A.M.C., T.F., youngest son of Mrs. Rawling, of 16, Montagu Street, Portman Square, to Emily Winifred, youngest daughter of Mr. and Mrs. H. A. Leake, of West Winch, King's Lynn.

WEAKLEY—RUFFER.—On November 6th, at H.B.M. Consulate and St. Mark's Church, Alexandria, Arthur Leonard Weakley, Capt., R.A.M.C., only surviving son of Dr. and Mrs. Weakley, of Forest Gate, to Honora Vere, second daughter of the late Sir Armand Ruffer, M.D., C.M.G., etc., and Lady Ruffer, of Ramleh, Egypt.

## DEATHS.

BURD.—On November 15th, 1917, at Newport House, Shrewsbury, Edward Burd, M.D.Cantab., Consulting Physician to the Salop Infirmary, aged 91.

ELLIS.—On October 8th, in Singapore, after operation, W. Gilmore Ellis, M.D., P.C.M.O., Straits Settlements.

HILL.—Killed in action on October 11th, 1917, Lieut. R. Gordon Hill, R.A.M.C., M.C., Coldstream Guards, husband of Ivy Elizabeth Hill, of Armaside, Purley, and son of G. W. Hill, of West Hill, Highgate.

RANDALL.—Killed in action on October 31st, 1917, John Beaufoy Randall, Capt., R.A.M.C., M.B., B.S.Lond., M.R.C.S., L.R.C.P., younger son of Emma and Wyndham Randall, Surgeon, Bridgend, Glam., aged 28.

SHELDON.—Died, on his way home from China, A. W. S. Sheldon, L.S.A., on February 17th, 1917.

SHERMAN.—Died of wounds on October 10th, 1917, whilst serving with a field ambulance, Capt. Reginald Sherman, R.A.M.C., M.B.Cantab., M.R.C.S., L.R.C.P., elder son of the late Mr. Arthur Sherman and Mrs. Sherman, of 2, Gloucester Place, Greenwich, S.E., and beloved husband of Dorothy Raffles Sherman.

## NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, Smithfield, E.C.

The Annual Subscription to the Journal is 5s., including postage. Subscriptions should be sent to the MANAGER, W. E. SARGANT, M.R.C.S., at the Hospital.

All communications, financial, or otherwise, relative to Advertisements ONLY, should be addressed to ADVERTISEMENT MANAGER, the Journal Office, St. Bartholomew's Hospital, E.C. Telephone: City 510.

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# St. Bartholomew's Hospital



"Æquam memento rebus in arduis  
Servare mentem."

—Horace, Book ii, Ode iii.

## JOURNAL.

VOL. XXV.—No. 3.]

DECEMBER 1ST, 1917.

[PRICE SIXPENCE.]

### CALENDAR.

Tues., Dec. 4.—Dr. Calvert and Mr. D'Arcy Power on duty.  
Fri., " 7.—Dr. Morley Fletcher and Mr. Waring on duty.  
Tues., " 11.—Dr. Drysdale and Mr. McAdam Eccles on duty.  
Fri., " 14.—Dr. Calvert and Mr. D'Arcy Power on duty.  
Tues., " 18.—Dr. Morley Fletcher and Mr. Waring on duty.  
Fri., " 21.—Dr. Drysdale and Mr. McAdam Eccles on duty.  
Tues., " 25.—Dr. Calvert and Mr. D'Arcy Power on duty.  
Fri., " 28.—Dr. Morley Fletcher and Mr. Waring on duty.

1918.

Tues., Jan. 1.—Dr. Drysdale and Mr. McAdam Eccles on duty.  
Fri., " 4.—Dr. Calvert and Mr. D'Arcy Power on duty.

### EDITORIAL NOTES.

**W**E have very much pleasure in congratulating Temp. Capt. H. D. H. Willis-Bund, R.A.M.C., and Capt. F. W. Kemp, N.Z.A.M.C., upon having been awarded the Military Cross for gallantry and distinguished service in the field.

\* \* \*

The King has given permission to Mr. James Berry, F.R.C.S., to wear the insignia of the 4th Class of the Order of the Star of Roumania and the 3rd Class of the Order of St. Sava, the latter conferred by the King of Serbia.

\* \* \*

The King has sanctioned the appointment of Surgeon-General T. M. Corker, C.B., M.D., K.H.P., A.M.S., as Knight of Grace to the Order of Hospital of St. John of Jerusalem in England.

\* \* \*

The following have been mentioned in despatches from Lieut.-General G. F. Milne, C.B., D.S.O., Commander-in-Chief of the Salonika Force:

Flight-Lieut. E. P. Hicks, R.N.A.S.

Temp. Capt. H. H. L. Ellison, R.A.M.C.

Temp. Capt. J. G. Forbes, R.A.M.C.

Capt. (Temp. Major) G. H. Colt, R.A.M.C.

Capt. J. F. Gaskell, R.A.M.C.

Capt. R. M. Vick, R.A.M.C.

Major E. B. Waggett, R.A.M.C.

\* \* \*

Our very hearty congratulations are extended to Major L. B. Rawling, F.R.C.S., R.A.M.C., T.F., on his marriage to Miss E. W. Leake, which took place on November 14th at West Winch, King's Lynn. Major Rawling has recently returned from India, and we are glad to say that he has again taken up his work at this Hospital.

\* \* \*

We also cordially welcome the return to our staff of Capt. Harold Wilson, F.R.C.S., R.A.M.C., T.F., who has just completed a term of service, as Temp. Major, with the 53rd General Hospital, B.E.F., France.

\* \* \*

With very much regret we learn of the death of Dr. Edward Burd, M.D., who was one of the oldest living Bart's men, being in his ninety-first year. He was educated at Shrewsbury School and Caius College, Cambridge, and at St. Bart's Hospital. He took his degree more than sixty years ago. Among his Hospital teachers were Sir James Paget and Sir William Lawrence. He became an Examiner at Cambridge and was President of the Shropshire Branch of the British Medical Association. He was recognised in the neighbourhood and in the county's surroundings as a physician of great insight and experience. Our deepest sympathy is extended to his widow and to the other members of his family.

\* \* \*

H. W. H. Pollard, M.B., J.P., has been elected Mayor of the Borough of Edgbaston.

\* \* \*

### ROLL OF HONOUR.

It is with deep regret that we hear of the death of Lieut. L. E. Forman, who was previously student at this Hospital. He obtained a commission in the R.N.A.S. on



July 28th, 1917, and was killed in an accident whilst flying on August 16th. We extend our heartfelt sympathy to his relatives and friends.

## GALLIPOLI.

**H**ISTORY has it that the land was owned by the ancient Greeks. God help them!

The regiment had moved forward to a rocky plateau from "rest"; this is a technical term which implied sitting on an open beach and being shelled solidly, with the added pleasure of the discharge concussion of heavy naval guns firing over one's head. The plateau was better. It was covered with scrub, and when the shelling was heavy everyone went into this, and, like the ostrich, felt safer. Between times two or three officers went out to snipe snipers, and fired hazily towards likely places until bullets began to lob a foot or so in front of their noses, whereupon they suddenly remembered that those same snipers were reputed to be largely ladies (painted green), and hastily retired—*toujours la politesse*.

Even when other things were slack there was usually a representative of one or other of the aerial navies up, but they never grappled in the central blue. Each side took it in turns to go up and signal its guns and drop darts, while those beneath hopefully camouflaged themselves into lumps of their original clay.

So life went on, together with flies, bully beef, and biscuits, but chiefly flies. The medical student—there were several, but the term will answer—also picked up medical and surgical experiences of a primitive type, the result of men's confidences won by a lecture on hygiene, military and otherwise. These experiences included one profound case of hæmaturia following a scratch on the shoulder. The scratch was visible and the patient vouched for the sequela, and was given two No. 9's. Complete recovery by the following day.

For some hours the Turks had been talking with some guns in a gully just behind the regiment, but it was not the company's affair, and it was having tea, the officers gathered in a ring. It was an occasion, *un jour de fête*. There were water and tea, and the means of combining them. All things considered the officers were *blasé*, possibly on account of the heat, but more probably due to the effects of a previous day when they had a mug of water apiece to wash their teeth, shave, and bath in, with no necessity to drink the water afterwards.

They were drinking with their eyes fixed happily over the mess-tin covers on a two-gallon petrol can of water which had just come up, when the roaring syren drone of a shell came all too close. Someone said "hell" or "bother"—probably "bother"—and then a blinding flash, a sense of enormous pressure, and that was all.

The medical student was on his side watching his right hand twitching, with a sense of irritation at his inability to control it, but his legs were blown away, so it didn't matter much. He tried to see them, but could not turn his head easily. It was a pity, of course. It would upset two or three people, and there were quite a number of things he had wanted to do: cuddle the rifle to his shoulder again, and feel the thrill of satisfaction as the sights came on and his man dropped to a long range shot; get right into another charge like the last that they missed by a minute or so, and see the men go yelling to the hill crest with the long line of bayonets rising and falling, flashing and reddening in the rays of the setting sun. Yes, it was a pity! But the other side might be very interesting also, or—oblivion. Anyway, three minutes would see it through. The petrol can was so many strips of twisted tin. That was annoying. And the others? They had caught it too. Poor old H— alongside. He had gone; still breathing, what was left of him to breathe, but quite dead. And M— lying over there didn't show any wound; one wondered how he was. "Good-bye, old chap!" the answer came across to the unspoken query. And "The Skipper," he was done in too. He did not ask the boys to avenge his death, as the local papers had it. He was not impassioned and heroic. He just grunted a little as they moved him, groaned a little bit, and died. And away on the left, half risen on his hands and knees, a man was screaming feebly through his larynx like a trapped rabbit. It was all he had left to scream through—his lower face and tongue were blown away. His eyes were still there, showing pain and fright and complete incomprehension as he raised his dripping hand to feel the jaw which was not there.

The men who loved them and followed them buried them at night, crawling out flat across the plain by moonlight to dig a six-foot grave in stubborn soil, out between the dead men all around. Some lay mangled at full length; others crouched with upturned faces and dark eyes watching one, as if waiting for the soul to return to carry on the rush. But the soul did not return, and those eyes were not dark with the strain and excitement of it all. Those were flies.

And so they got the bodies out and lowered them into the grave, and the junior captain, the last of them, blind and deaf on one side, with parts of his wrist-watch driven through his arm by the same shell, but still indomitable, said the last service, or the few scattered words he could remember of it. The guns were silent then, and the crack of the enemy rifles and our own gave them the last volley.

"And if I die, think only this of me:

There is some corner of a foreign field that is for ever  
England."

And so they left them silently with a tiny wooden cross above the grave—a last sad token of affection on the corpse-



strewn plain; while beyond the hills the slow revolving searchlights of the crescent swept the Straits.

D. D. D.

## A CASE OF CARCINOMA OF THE STOMACH IN A MAN, ÆT. 24.

By PH. A. SMUTS, M.R.C.S., L.R.C.P.

**P**ATIENT, a man, æt. 24, was admitted to Colston Ward on September 10th, 1917, under the care of Major Eccles, complaining of "violent abdominal pain." In June, 1914, he first noticed pains in the right epigastric region, half an hour to two hours after taking food. They temporarily disappeared, but recommenced in September, 1914, and continued till March, 1915. He then went to Gallipoli in the Merchant Service, and remained there till October, 1915. During this period he was in good health and free from pain. From October, 1915, till January, 1916, the pains returned at intervals. In March, 1916, just after joining the Army, the epigastric pains got worse, and were occasionally accompanied by vomiting, often of large amounts. He noticed no blood in the vomit. He was in France from June till October, 1916, when he was sent to a military hospital, where, he says, he was treated for gastritis. In February, 1917, he was invalided out of the Army, and was attended by his panel doctor. He was admitted under Major Eccles on September 10th, after having been seen by Capt. Langdon Brown. On admission the patient was pale and thin. His abdomen was rather flattened, and in the right epigastrium was a visible swelling. On palpation this was found to be hard and movable beneath the abdominal wall, and it moved on respiration. It was some  $1\frac{1}{2}$  in. in diameter. The overlying rectus was tense. No succussion splash could be demonstrated. The patient was operated on by Major Eccles on September 14th, 1917. Under a general anæsthetic the abdomen was opened by a median incision above the umbilicus. The pylorus was found to be greatly thickened, and the groups of glands along the greater and lesser curvatures in its proximity were greatly enlarged. The whole appearance was that of carcinoma with metastatic deposits in the glands. One of the glands was removed for microscopic section. (The report on section was "Columnar-celled carcinoma entirely replacing the normal structure of the gland.") A posterior gastro-enterostomy was then performed with a stoma of 2 in.

For four days previous to his operation patient had been given modified Lenhartz and Benger's. He vomited daily. On day of operation 144 oz. of fluid were put into the stomach and 170 oz. syphoned out. Subsequent to the operation the diet consisted of peptonised milk and Benger's to begin with. After operation on September 14th the patient vomited on 16th, 17th, and 18th. The emesis then

ceased, and he did not vomit again during his stay in Hospital. His condition rapidly improved, and he became completely comfortable, being without any epigastric pain at all. On admission on September 10th he weighed 5 st. 13 lb., and when he left on October 3rd he weighed 6 st.  $4\frac{1}{2}$  lb.

There are several striking points in the history of this case. The man was only 24 years old, and certainly had carcinoma, as the section of the lymphatic gland proved. The history for two and a half years previous to a lump being noticed in the right epigastrium was that of a duodenal or pyloric ulcer. It therefore seems most probable that the carcinoma originated in the ulcerating area. Further, the apparent early infection of the glands was very marked. It was further interesting to see how quickly and effectively the gastro-enterostomy relieved the pyloric obstruction and improved the patient's condition. He stopped vomiting and gained  $5\frac{1}{2}$  lb. in seventeen days.

I am much indebted to Major Eccles for permission to publish this case.

## COAGULOSE IN THE TREATMENT OF HÆMOPHILIA.

**I**N the condition of hæmophilia it is generally recognised that decreased coagulability is due to an absence of fibrinogen, or inefficiency of thrombin, either quantitatively or qualitatively. Lack of calcium salts has also been stated to be responsible for the phenomenon, although the work of Addis indicates that variations in the percentage of calcium have very little effect upon the rate of coagulation.

This worker also shows that deficient coagulation depends upon the delay in the formation of the thrombin from some pre-existing substances in the blood, and concludes that hæmophilia is due to an absence or low percentage of this pre-existing ferment, prothrombin.

Whatever the precise nature of the condition it has been demonstrated beyond all question of doubt that the remedy upon which most reliance can be placed is fresh normal horse-serum in relatively large amounts, the usual dose being 20 c.c., administered subcutaneously. Its clinical application is based on the long-recognised phenomenon that non-coagulable blood *in vitro* quickly regains its coagulability upon the addition of fresh serum. The name of Weil has been widely associated with the first attempts to apply serum therapeutically in the treatment of hæmorrhage.

Unfortunately, the serum must be absolutely fresh, and if used after twenty-four hours is comparatively worthless. Possibly for this reason and also that its reliability could



not always be guaranteed, its use has been somewhat restricted, and certainly in many country practices it would be quite impossible to obtain adequate supplies to meet an urgent case.

During the last few years a preparation termed "Coagulose" has been put on the market, largely as the result of the work of Clowes and Busch. The preparation is obtained by precipitating normal horse-serum, using for the purpose a mixture of acetone and ether, and the resulting product standardised by determining the rapidity with which sera and solutions of precipitated sera at comparable concentrations cause coagulation of citrated blood plasma.

Coagulose, as sent out by the manufacturers, is a sterile, anhydrous powder, readily soluble in cold water at concentrations two or three times that of the original serum, and according to the originators of the product possesses over fluid serum the great advantage of retaining its active principles unimpaired for long periods of time.

A point also of interest is that the product appears to have a more rapid coagulating effect upon blood plasma than the fresh serum from which it is derived. Furthermore, anaphylactic reactions are apparently unknown; even in a case of pulmonary hæmorrhage where injections were given at weekly intervals for a period of four months, Clowes and Busch report that no such condition arose.

An opportunity of demonstrating the value of coagulose in this Hospital presented itself a short time ago. The patient, a boy, æt. 14, came to the Hospital as an out-patient with a comparatively small cut situated on the left cheek. From the boy's mother it was ascertained that a few weeks ago he had had his tonsils removed and was an in-patient in Abernethy Ward about three weeks as the result of continued hæmorrhage. There was also a definite history of "bleeding" in the family. Attempts were made to plug the wound with gauze with more or less success, and the boy told to come back the following morning. There was still considerable hæmorrhage, and on this occasion all the usual styptic agents, such as adrenalin solution, ferric chloride, tannic acid, etc., were tried in turn. After some time the hæmorrhage appeared to be temporarily arrested and the boy sent home. The same evening the boy returned to the Hospital, bleeding profusely. Plugs of gauze were introduced, the wound bound up very tightly, and the boy given instructions to come back the following morning. Four hours later the boy again made his appearance, and this time evidently in considerable pain, his face being literally covered with blood. There were signs of a definite hæmatoma, and the House-Surgeon on duty agreed to try the effect of coagulose. The contents of one bulb were dissolved in about 6 c.c. of sterile water at a temperature just below that of the body and the resulting solution injected subcutaneously into the abdominal wall. Some difficulty was experienced as the result of the solution

frothing considerably, but by inverting the bottle and withdrawing the clear fluid in this way the trouble was easily overcome.

The effect appeared to be almost instantaneous. The hæmorrhage rapidly ceased, and instead of taking the boy into Surgery Ward as was arranged he was allowed to go home, with instructions to come up the following morning. Examination then showed that there had been no hæmorrhage during the night. Several days have since elapsed and there has been no return of bleeding; also, the wound is healing quite satisfactorily.

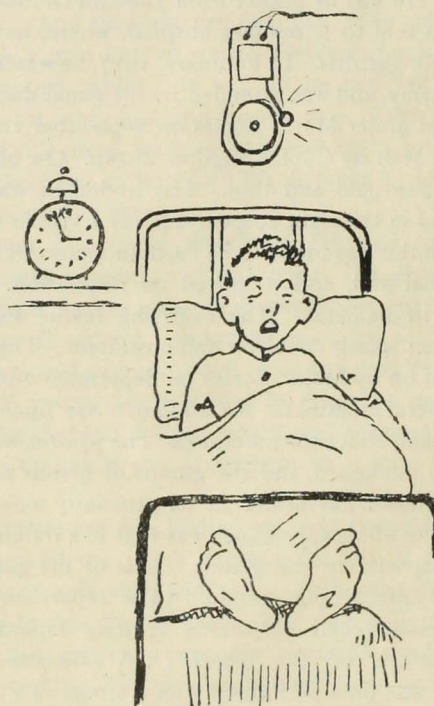
The writer is indebted to Major McAdam Eccles for permission to publish this note.

J. S. W.

## A MONTH AT — HOSPITAL.



WE were on work of national importance, there is no doubt about that; in fact, it was none other than assisting in the production of the 1935 class of recruits. It might, perhaps, at this stage be well



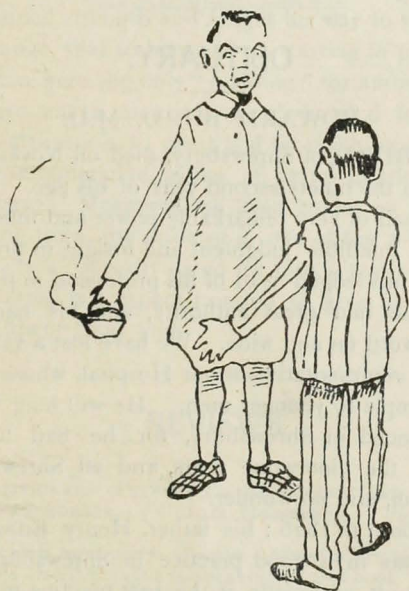
A BELL USED TO RING.

to explain that "we" referred to consisted of three Bart.'s men and an individual whom we called Ponto, and who had three peculiarities: (1) He was a Colonial, (2) he had no sense of humour, and (3) he did not like giving anæsthetics. We, therefore, perpetrated the following atrocity:



"There was a young man from Toronto,  
Who was called by his intimates—Ponto,  
When asked for a 'stuff'  
He got in a huff,  
And replied very briefly—'Don't want to!'"

(If feeling at all faint, we advise sitting down and Curschmann's solution). To see Ponto at his best was at night. He was short and tubby, and wore, from below upwards, an old pair of sandshoes, no socks (this is hardly an article of clothing, but you probably understand what I mean), white flannel trousers (with pyjamas protruding below), and a trench coat, while a white overall, with one tape tied, completed his equipment. It was great!



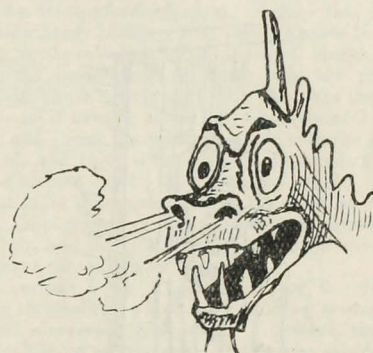
MUTUAL RECRIMINATIONS.

A peculiarity of our work was that cases invariably started at about 10.30 p.m., and reached a maximum in the small hours of the morning. The result was that we were in a perpetual state of sleepiness. When we were wanted, a telephone bell used to ring. This dreadful instrument made a noise like ten fire-engines, and was appreciated accordingly. We discussed one day if it would be possible to answer the telephone, dress, cross the road, and deliver a child in one's sleep. We eventually decided that it was. The great idea in these nocturnal expeditions was the brewing of tea, and, as one member was deputed to light the gas, mutual recriminations would ensue if the water was not boiling. On one occasion, we caught the Extern red-handed, using *our* water for *her* tea.

Another curious thing was that when one of us had a bath we always had an interesting case. This eventually became so notorious, that Sister would ask on the telephone: "Is that Mr. —?" If the reply was "No," she would

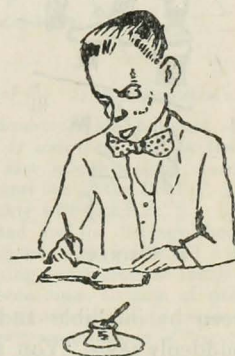
then say: "Oh, I forgot; he must be having a hot bath." And he always was!

Our favourite recreation was rowing on the lake of — Park, until one day when the coat-tails of the enthusiastic rower got impacted between the sliding-seat and the runners. On attempting to save himself by leaning on the outrigger, the two screws holding the latter in place, gave way. The result was, to say the least of it, annoying.



A CROCODILE'S HEAD.

Another amusement was the display of a crocodile's head in our window for the benefit of the children in the street. This ingenious toy we constructed out of cardboard. The tongue protruded, the jaws snapped, and the eyes rolled in the most realistic manner. One night, however,



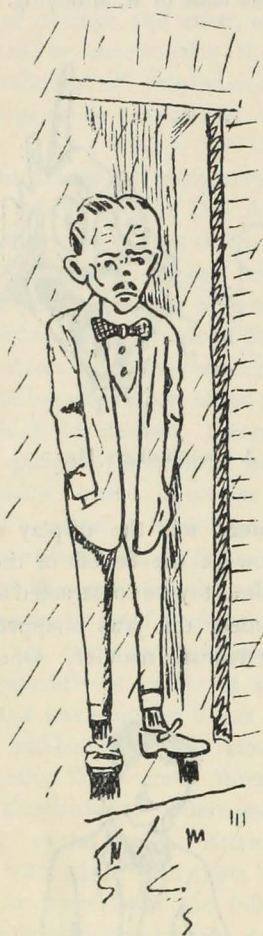
HARD AT WORK.

when our audience was unusually large and appreciative, we observed, with horror, a Sister, bearing down in our direction, with anger on her face. Of course, long before she appeared at our door, we were hard at work, and, at her expostulations, expressed mild surprise at the number of children outside. (It was impossible to cross the street.) I believe we even made the tentative suggestion that the schools must have just closed. Our replies, however, appeared to lack conviction, for she departed unappeased. We heard later that



several unfortunate nurses were endeavouring to sleep just above us.

The first week it rained continuously, so we made three chess sets out of paper, and played an extraordinary game, known, I believe, as Kriegspiel. We always called it Mittelschmerz "for short." The disadvantage of Mittelschmerz was that just as you were on the point of capturing



IT RAINED.

your opponent's queen by infallible and cunning moves, the umpire would suddenly say—"You are in check on a long diagonal," and, before you realised what was happening, you would be mated.

Altogether, I think you will perceive, if you have had the perseverance to wade through the above, that we had quite a jolly time.

R. O. P. (UNREDUCED).

## STUDENTS' UNION COUNCIL.

*To the Editor of the 'St. Bartholomew's Hospital Journal.'*

DEAR SIR,—During the present term three meetings of the Students' Union Council have been held. Several new members have been elected to the Council. Capt. Macphail has kindly consented to act as temporary Treasurer to the Students' Union during the absence overseas of Col. Gask and Capt. Ball.

The Annual Freshmen's Reception was held on November 22nd.

I am, Sir, yours truly,

G. A. FISHER, *Hon. Sec.*

## OBITUARY.

EDWARD BURD, M.D.

**D**R. BURD, of Shrewsbury, died on November 15th, in the ninety-second year of his age. He was a man of very remarkable power and influence; he had almost infallible judgment and insight in practice; he was the acknowledged head of his profession in that part of England; he had great authority, and his name was a household word far and wide. We have lost a very old and well-known representative of our Hospital, whose work was a good example to younger men. He will long be missed and revered in Shrewsbury, for he had lived there through all the ninety-one years, and all Shrewsbury was proud of him, and no wonder.

He was born in 1826; his father, Henry Edward Burd, F.R.C.S., was in a good practice in Shrewsbury, and he succeeded to it, and made it the best practice in all Shropshire, and further. He was educated at Shrewsbury School, at Caius College, and at St. Bartholomew's. Among his teachers and friends at the Hospital were Lawrence, Paget, Savory, Andrew, Martin, and Drage. He was M.B.Cantab. in 1851, M.D. in 1859; and in 1863 he was the first man in England to be examined for the newly-instituted degree of Master of Surgery, and the first man to whom it was granted. He was on the staff of the Salop County Hospital, visiting or consultant, for more than half a century; President of the Shropshire Branch of the British Medical Association; and a Justice of the Peace. As one of the few remaining officers of the Volunteer Corps who received their commissions in 1859-60, he was presented to King Edward VII in 1910. He was twice married; his wife, and his family by his first marriage, have outlived him.

To one who knew him for well-nigh fifty years, memories come in such a crowd that they cannot be sorted. He was strong-willed, impulsive, outspoken; he was incessantly at work; for twenty years he did not give himself a holiday. He set himself to achieve great things, and he achieved



them. Under the tremendous amount of work which he took and kept up, he became, now and again, a bit hard or masterful. He was honourable, generous, hospitable, faithful in friendship, zealous for the good of the town; not always wise or charitable in what he said, but resolute and fine in what he did.

As he grew old, and the impetuous years of work and overwork began to come to an end, all the touches of hardness and of dominating will gradually ceased to be there, and gave place to quiet, shrewd, gentle wisdom and tolerance; now and again a little flare or glow of the earlier heat, but one admired him all the more for it. He had his full share of troubles; and, for some years before he died, he was distressed and wearied by ill-health, and, at the last, by infirmity and pain; but in the highest things of all he steadily gained strength and fought his way to victory.

It is strange, that so many of us, starting in practice, talk as if London were the only "opening" for ambitious young men. Here was a man, who single-handed founded and built such a practice, so great and far-reaching and authoritative and remunerative, as few of us in London can ever hope to have. Moreover, he lived to be as it were the father of the town, the pride of it, one of the makers of its life and welfare; it really cared for him, it really misses him. Surely we must not expect London to give us more than these rewards of good work.

S. P.

## REVIEWS.

THE PRACTITIONERS' POCKET PHARMACOLOGY AND FORMULARY.  
By L. FREYBERGER. (William Heinemann.) Pp. 546. Price 12s. 6d. net.

To damn with faint praise is never a pleasant occupation, yet we feel that little else is possible in speaking of this book. The author must have taken much trouble in its compilation, but *malgré tout*, the information is too concentrated, and at the same time unintelligible on many points, to be of much value, in our opinion.

The author admits that he has omitted many pharmacological disappointments and experimental preparations, but claims to have included most of the newer drugs of various British and foreign pharmacopœias. We looked up two excellent preparations and found neither of them mentioned.

A long list of diseases and remedies is given which seems to us of only slight value. It seems to us that the *British Pharmacopœia* or one of the larger text-books on Pharmacology will meet all the needs of any practitioner.

DISEASES OF THE SKIN. By Sir M. MORRIS. (Cassell.) Sixth edition. Pp. 770. Price 12s.

This well-known text-book needs little praise. It is known to the majority of students, and a large number of practitioners already use it as a handbook in times of difficulty. In the new edition there are several important alterations—not so much in fact as in arrangement. The section on Syphilis has been expanded and remodelled in accordance with the official schemes for carrying out the recommendations of the Royal Commission on Venereal Diseases.

The article on Prurigo has been rewritten and brought up to date—a most important matter to the general practitioner.

Recent additions to the uses of radium and other physical methods of treatment have been noted.

The new plates of some of the commoner skin diseases are excellent, and we can cordially recommend the book to students and practitioners alike.

## CORRESPONDENCE.

### B.I.P.P. POISONING.

To the Editor of the 'St. Bartholomew's Hospital Journal.'

DEAR SIR,—Mr. Bousfield has drawn attention, in your October number, to iodoform poisoning due to the use of B.I.P.P. in wounds.

My object in writing is to draw attention to the importance of using very small quantities of the paste in recent wounds. In January last I wrote a short article (which was published later in your JOURNAL) on wound suture, and referred to the use of B.I.P.P. as described by Rutherford Morison. Before this article was published we in this Army had given up leaving paste in bulk in wounds (as originally recommended by Rutherford Morison), and we are now alive to the importance of using only the smallest possible amount consistent with providing a thin film over the wound surface. Our practice now is to take about half a teaspoonful into the palm of the left hand, and smear the wound surface with the gloved fingers of the right hand, and then with a piece of gauze to gently rub the paste over the surface and to wipe away *all excess*. We have made a rule that not more than one teaspoonful shall be used on any one patient. The importance of this precaution arises in cases with multiple wounds, and the rule also applies to the use of the paste in wounds that have already been "bipped."

The most serious cases of poisoning are, I think, due less to iodoform than to bismuth, which may produce severe stomatitis, and even intestinal ulceration (Sargent). I believe that these severe symptoms result from an overdose, and can be avoided if no excess is left in the wound, and if provision is made for drainage in the early stages. Drainage is probably as important as minimal dosage—factors which most of us did not fully appreciate when first we used the paste. Apparently a granulating wound is less susceptible than a recent wound (if not immune) to the toxic effects of bismuth, but is not immune against iodoform poisoning. It might be wise to reduce the bismuth percentage in the paste for fresh wounds, and to increase the percentage for granulating wounds. It is certainly advisable to limit the amount of paste used in recent wounds to a maximum of one teaspoonful.

C. GORDON WATSON,  
Colonel, A.M.S.

SECOND ARMY HEADQUARTERS,  
B.E.F., FRANCE;  
November 10th, 1917.

To the Editor of the 'St. Bartholomew's Hospital Journal.'

SIR,—Without doubt certain patients show an increased sensitiveness to the use of iodoform, but in the cases detailed by Mr. Bousfield in your last month's issue, surely the more important factor is the too liberal use of the B.I.P.P. (please note his expression, "smeared thickly with B.I.P.P.")

If used as directed by its distinguished introducer, *i.e.* gently scrubbed into the tissues with gauze, all excess being wiped away, symptoms of poisoning never seem to result.

When this has been done, no case of poisoning has occurred in this Hospital. In my experience of its use in war wounds and in those of civil life (*e.g.* septic amputations of fingers, severe incised wounds of hand or forearm with tendon-suture, etc.), there is sound healing without the appearance of inflammation in the case of wounds completely closed, and in those left open, a rapid filling-up of the wound with healthy red granulations. This also applies to bed-sores and other chronic ulcers, in which it leads to rapid healing.

In none of these cases has even the taste of iodoform (a common early symptom of poisoning) been complained of.

In some cases, however, the temperature after operation may rise to 103° F. or even more, falling, however, to normal next morning, without further complaint from the patient than that he has had a headache.

Again, occasionally in cases of open wounds, a local sensitiveness to B.I.P.P. has been noticed, viz. the occurrence of an acute spreading eczema of the surrounding skin. After the substitution of a simple bismuth preparation, such as the Beek's paste, used in the treatment of tuberculous sinuses, this symptom rapidly subsides and the wound continues to progress favourably.

Trusting that this note may serve to allay in our budding surgeons



the possible distrust of the use of this valuable preparation created by Mr. Bousfield's article,

I remain,  
Yours faithfully,  
ARTHUR MORFORD.

Metropolitan Hospital,  
Kingsland Road, E. 8;  
November 6th, 1917.

#### Note.

I have had the opportunity of seeing Mr. Morford's letter, and in answer to his criticisms I should like to remark that in the first place only *once* did I mention having smeared the wound "thickly" with B.I.P.P.—this by the method which he has suggested in this letter. The term "thick" is a relative one, and I think has but little to do with poisoning in these cases.

I learn from inquiry that iodoform poisoning is by no means unknown after the use of B.I.P.P., though it is quite uncommon. In the opinion of myself and others whom I have consulted, it does not depend upon the "thickness" of the B.I.P.P., but rather on two other factors: (a) The area of the wound, and hence of absorption: (b) the susceptibility of the patient.

I believe in the first case I quoted the non-success was chiefly due to the large superficial area, and in the second case to a very high susceptibility on the part of the patient.

I should still be inclined to advise anyone who notes signs which might be attributable to iodoform poisoning to investigate the case thoroughly, and, if necessary, change the antiseptic.

PAUL BOUSFIELD.

## EXAMINATIONS, ETC.

UNIVERSITY OF LONDON.

*Third (M.B. B.S.) Examination for Medical Degrees. October, 1917.*

Pass.—W. H. Dupré.

Group I. *Medicine*.—P. Selwyn Clarke.

ROYAL COLLEGE OF SURGEONS.

*First Examination for the Diploma of Fellow. November, 1917.*

*Final Examination for the Diploma of Fellow. November, 1917.*

W. E. Griffiths.

The following candidate was successful at the Primary Examination for the Fellowship held on November 7th, 8th, and 13th: J. Whittingdale.

CONJOINT EXAMINATION BOARD.

October, 1917.

The following candidates have completed the examination for the M.R.C.S. and L.R.C.P.:

A. V. Lopes, W. D. Nicol, H. B. Bullen, J. D. Constantin, A. R. Poduval, G. Bourne, L. C. Goument, J. J. Savage, W. L. Dandridge, N. S. Bonard, P. G. Horsburgh, B. L. Skeggs.

## CHANGES OF ADDRESS.

ARMSTRONG-JONES, Sir Robert, Major, R.A.M.C., 105, Harley Street, W. 1.

BALL, W. GIRLING, Capt., R.A.M.C.T., 53rd General Hospital, B.E.F.

CHANDLER, F. G., Capt., R.A.M.C., 48th Casualty Clearing Station, B.E.F.

FITZGERALD, E. D., Woodbank, Broadfield Road, Folkestone.

GIBSON, R. W. B., P.O., Box 44, Crown Mines, Johannesburg.

GILL, G. F., Derbyshire Royal Infirmary, Derby.

GILLIES, H. D., Major, R.A.M.C., The Queen's Hospital, Froggnal, Sidcup, Kent.

HARKER, T. H., Capt., R.A.M.C., 10th Field Ambulance, 4th Division, B.E.F.

ROWORTH, A. T., St. David's, Chelston, Torquay.

SYMMONS, H., Capt., S.A.M.C., Central Workshops, Tank Corps, B.E.F., France.

VOSPER, S., Lt., R.A.M.C., 56th Field Ambulance, B.E.F.

WILLIAMS, G. R., 116, Netherwood Road, W. 14.

## BIRTHS.

FAVELL.—On November 6th, the wife of Richard Vernon Favelle, Capt., R.A.M.C., of 301, Fulwood Road, Sheffield, of twins—son and daughter.

HANCOCK.—On November 15th, at Bentley, Hants, the wife of Dr. F. Thompson Hancock, of a son.

HANDS.—On October 5th, at Glendalough, Totland Bay, I.W., the wife of C. H. Hands, M.B., B.Ch., Oxon—a son.

MAUNSELL.—On September 25th, at Farnleigh, Rockingham Road, Kettering, the wife of B. S. O. Maunsell, of a daughter.

MESSITER.—On October 16th, at Cappoly, Dudley, Worcs., Rona (née Ritchie), the wife of Capt. C. C. Messiter, R.A.M.C., of a daughter.

ORTON.—On October 7th, at Gladwyn, Shoot-up Hill, Brondesbury, N.W., the wife of Lieut. W. H. Orton, R.A.M.C., of a son.

OULTON.—On November 8th, at Cairo, the wife of Ernest Vivian Oulton, M.B., of a daughter.

PAIN.—On October 4th, at a Nursing Home, Newcastle-on-Tyne the wife of Dr. Arthur Pain, of Durham, of a daughter.

POCOCK.—On October 12th, at Greenfields, Newick, Sussex, the wife of Surgeon W. A. Pocock, R.N., of a daughter.

## MARRIAGES.

EVANS—TAYLOR.—On November 15th, at St. Margaret's, Westminster, by the Rev. Canon Carnegie, Arthur Geoffrey Evans, T. Surgeon, R.N., son of the late Patrick F. Evans and Mrs. Evans, of 54, Longridge Road, S.W., and Lower Sapey, to Ermine Mary Kyffin, only child of Judge Taylor and Mrs. Taylor, of the Gadlar Ellesmere, and Abergele, N. Wales.

## APPOINTMENT.

TURNER, P. E., M.D.Durh., D.P.H.Oxf., appointed Refractionist to the Royal Hospital, Richmond.

## ACKNOWLEDGMENTS.

*The Nursing Times, New York State Journal of Medicine, The Medical Review, The Hospital, The British Journal of Nursing, Guy's Hospital Gazette, Charing Cross Hospital Gazette, Journal de Médecine de Bordeaux, Long Island Medical Journal, Le Monde Médical, Middlesex Hospital Journal, The Shield, St. Mary's Hospital Gazette, London Hospital Gazette, Journal of the Department of the Public Health, Hospitals, and Charitable Aid, Magazine of the London (Royal Free Hospital) School of Medicine for Women.*

## NOTICE.

*All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, Smithfield, E.C.*

*The Annual Subscription to the Journal is 5s., including postage. Subscriptions should be sent to the MANAGER, W. E. SARGANT, M.R.C.S., at the Hospital.*

*All communications, financial, or otherwise, relative to Advertisements ONLY, should be addressed to ADVERTISEMENT MANAGER, the Journal Office, St. Bartholomew's Hospital, E.C. Telephone: City 510.*

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# St. Bartholomew's Hospital



"Æquam memento rebus in arduis  
Servare mentem."

—Horace, Book ii, Ode iii.

## JOURNAL.

VOL. XXV.—No. 4.]

JANUARY 1ST, 1918.

[PRICE SIXPENCE.]

### CALENDAR.

1918.

Tues., Jan. 1.—Dr. Drysdale and Mr. McAdam Eccles on duty.  
Fri., " 4.—Dr. Calvert and Mr. D'Arcy Power on duty.  
Tues., " 8.—Dr. Morley Fletcher and Mr. Waring on duty.  
Fri., " 11.—Dr. Drysdale and Mr. McAdam Eccles on duty.  
Tues., " 15.—Dr. Calvert and Mr. D'Arcy Power on duty.  
Fri., " 18.—Dr. Morley Fletcher and Mr. Waring on duty.  
Tues., " 22.—Dr. Drysdale and Mr. McAdam Eccles on duty.  
Fri., " 25.—Dr. Calvert and Mr. D'Arcy Power on duty.  
Tues., " 29.—Dr. Morley Fletcher and Mr. Waring on duty.  
Fri., Feb. 1.—Dr. Drysdale and Mr. McAdam Eccles on duty.  
Tues., " 5.—Dr. Calvert and Mr. D'Arcy Power on duty.

### EDITORIAL NOTES.

**C**ONCE again we open the New Year in the midst of conditions of war, and conditions perhaps more severe than we have hitherto encountered.

During the past year we have had the war brought home to us by air raids, and Bart's. in particular has had its full share of excitement, in addition to the long list of subsequent patients. We enter upon our New Year with slight changes in the staff, as mentioned in previous issues, and with high hopes for the future.

The Christmas celebrations have been very much the same in quality as those of last year, but, owing to the nearness of publication, detailed description will be left until our next issue.

To all readers of the JOURNAL our best wishes are extended. With these wishes the editor, now resigning, begs especially to associate his own. Since the beginning of the war he has had the somewhat difficult task of carrying on the JOURNAL, and under rather difficult circumstances. On two occasions, by an extraordinary coincidence, certain premises connected with the JOURNAL have been damaged by air raids, but fortunately in each instance the manuscripts of this JOURNAL have not been lost. At the beginning of the war the question was raised as to whether the publication of the JOURNAL should be for the time being discontinued,

and fortunately the committee, after much hesitation, decided in favour of its continuance.

\* \* \*

Notwithstanding difficulties of obtaining material and of publication, the successive house-surgeons, house-physicians, and students combined have succeeded in keeping the ball rolling, and rolling with sufficient speed to ensure a profit, though a greatly diminished one, to be handed over annually to the Students' Union.

With the continual shifting of newly-qualified men to the Front it has been extremely difficult to find either a fresh editor or even a sub-editor, but at last fortune has favoured us, and we are able to make our exit with apologies for the long tenure of office, and to wish the best of luck to the new editor.

\* \* \*

We desire to congratulate Sir Wilmot P. Herringham, C.B., M.D., on his well-earned promotion to the rank of Temporary Surgeon-General, the highest honour attainable by a temporary officer in the Army Medical Service.

\* \* \*

It affords us considerable pleasure to be able to congratulate Col. G. E. Gask, D.S.O., A.M.S., on his promotion. The honour is an unusual one in that it was from Major to Colonel without the intermediate step of Lieut.-Colonel. We understand that Col. Gask has been appointed to the post of Consulting Surgeon to the Forces in the St. Omer District.

\* \* \*

In the history of the final examination for the F.R.C.S. (Eng.) it is surely a notable event for one solitary candidate to have emerged victorious. As intimated in our December issue, Mr. H. E. Griffiths won his Diploma at the last examination, and we offer him our heartiest congratulations on having carried the Hospital colours in triumph through an ordeal from which he was the sole survivor of a field of thirteen candidates.

\* \* \*

The recent O.T.C. examination for "Special Certificate B"—a very searching test in R.A.M.C. organisation and



work—affords us somewhat similar grounds for congratulation. The only candidates, from the whole Medical Unit of the University of London, who presented themselves at the last examination for this certificate, were members of the St. Bartholomew's Sub-section, and all four were successful. We desire to congratulate Cadet-Corporal Leitch, Cadets Hosford, Tucker, and Weatherall on the credit they have thus brought to the Hospital.

\* \* \*

In our November 1917 issue of the JOURNAL we mentioned that the Military Cross had been awarded to Temp. Capt. T. J. Rees, R.A.M.C. This was an error, for which we apologise. The distinction was awarded to Temp. Capt. F. T. Rees, R.A.M.C.

\* \* \*

In the October 1917 number we published an article by Mr. Paul Bousfield, M.R.C.S., L.R.C.P., on B.I.P.P. poisoning, in which the author stated that in his opinion the iodoform was occasionally the cause of the trouble. Instances were cited which certainly pointed to this possibility.

In the following issue we printed letters on the subject by Mr. A. Morford, M.B., B.S., and Col. Gordon Watson, both of whom were strongly of the opinion that small quantities of B.I.P.P. were absolutely essential if trouble was to be avoided.

Since then we have received the following communication on the subject from the inventor of the preparation, Prof. Rutherford Morison, who has very kindly given us permission to publish it, not the least interesting part of which is the reference to the chemical reaction and possible subsequent action of B.I.P.P.

"THE BARTHOLOMEW'S HOSPITAL JOURNAL with the article on B.I.P.P. poisoning was sent to me, and I was much interested in it. My own experience of poisoning is limited to early cases, when we piled in B.I.P.P. so as to fill the wounds up with it. Even then there were few serious cases and *no* deaths. The most serious got stomatitis, and looked anæmic. For the last year the most we have noticed was a blue line round the necks of teeth, especially dirty ones, without any symptoms or disturbance of the general condition. As I have charge of 200 beds, and see many large and serious wounds, it seems to me justifiable to say that if poisoning follows this method of treatment it cannot have been carried out as I use it. It may be that too much of the paste has been used, but my belief is that perhaps the bad results depend more upon the method of preparation of the paste. Recent inquiries have shown me that it is rare to get the paste prepared as I use it. Some of the preparations are much more seductive looking, but they will not smear into the tissues. Others—especially from France—contain large granular-looking lumps. Others are made up with vaseline, glycerin, oil, etc. The paste I have always used has been made for me by Sergt. Hunter, dispenser

to the Northumberland War Hospital, and he has promised me to be responsible for supplies sent out by W. Owen and Son, Chemists, Percy Street, Newcastle-on-Tyne. Mr. Sydney Dunstan, head of the dispensary of the Royal Victoria Infirmary, Newcastle-on-Tyne, has undertaken the responsibility of supplies sold by the Nimol Company, 3, College Street, Newcastle-on-Tyne, so that I hope this trouble may soon be ended or mended.

"As to the germicide which does the work I cannot speak from any knowledge of my own, but I asked Mr. Sydney Dunstan to make some investigations bearing upon it, and he told me early in 1916 that he had found that a chemical reaction between the bismuth nitrate and iodoform liberated free iodine and went on doing so for long periods of time. This was confirmed by the ladies at Endell Street Military Hospital whose paper was published in the *Lancet* of March 3rd, 1917.

"The other steps described in my method are, so far as I know, of quite as great importance as the use of the paste.

"They are:

"(1) Cleansing of the skin surrounding the wound with a strong antiseptic.

"(2) Free exposure of the wound cavity.

"(3) Mechanical cleansing of the wound.

"(4) Spirit swabbing of the wound and surrounding skin.

"(5) B.I.P.P.

"(6) Closure of the wound as far as possible with interrupted sutures.

"(7) Dress with sterile gauze, abundant wool, and a firm bandage.

"It is now certain that if these steps can be thoroughly carried out infected wounds will heal under a single dressing as aseptic ones do.

"If you have the chance, try the method on a case of acute patellar bursitis, laying the bursa freely open then sewing it up. You will no longer doubt.

"RUTHERFORD MORISON."

## A CASE OF CEREBRO-SPINAL FEVER; INJECTION OF ANTI-MENINGOCOCCAL SERUM; RECOVERY.

By G. BOURNE, M.R.C.S., L.R.C.P.



AM indebted to Dr. Drysdale for kind permission to publish this case:

The patient, B. L—, was admitted to Rahere Ward suffering from drowsiness, headache, vomiting. He was in good health until October 18th, when he had a sore



throat, was drowsy, and had a rash, localised chiefly on the trunk, which was described as being composed of "small red spots like measles." He was put to bed, where he has remained ever since. After a temporary diminution in the severity of his symptoms, he suddenly, on October 26th, had a very severe headache, which made him cry, and caused him to ask someone to hold his head. He also vomited. On the following night he vomited again.

Ever since that time the patient remained drowsy, suffered from headache, which was very severe at night, and occasionally vomited. He was never delirious and never had photophobia.

On admission, his temperature was 100° F., his pulse 64, and his respirations 24. He had no ocular palsy. The neck muscles were stiff and flexion of the head was resented.

Fluid drawn on November 12th was faintly turbid, contained a small clot on cooling, and a film showed an excess of lymphocytes. No organisms were seen.

A film from fluid drawn on November 20th showed a majority of polymorphs, and a few intracellular bodies, possibly meningococci. A culture made from this fluid grew meningococci in pure growth.

On November 23rd 10 c.c. of anti-meningococcal serum were given intrathecally, and on the 27th a second dose of 10 c.c.

Immediately after the first dose of serum the patient's temperature fell to normal, his pulse remaining about 92. His headache and general lassitude disappeared and his appetite rapidly returned. Within a week the patient had gained three, and within a fortnight six pounds in weight.

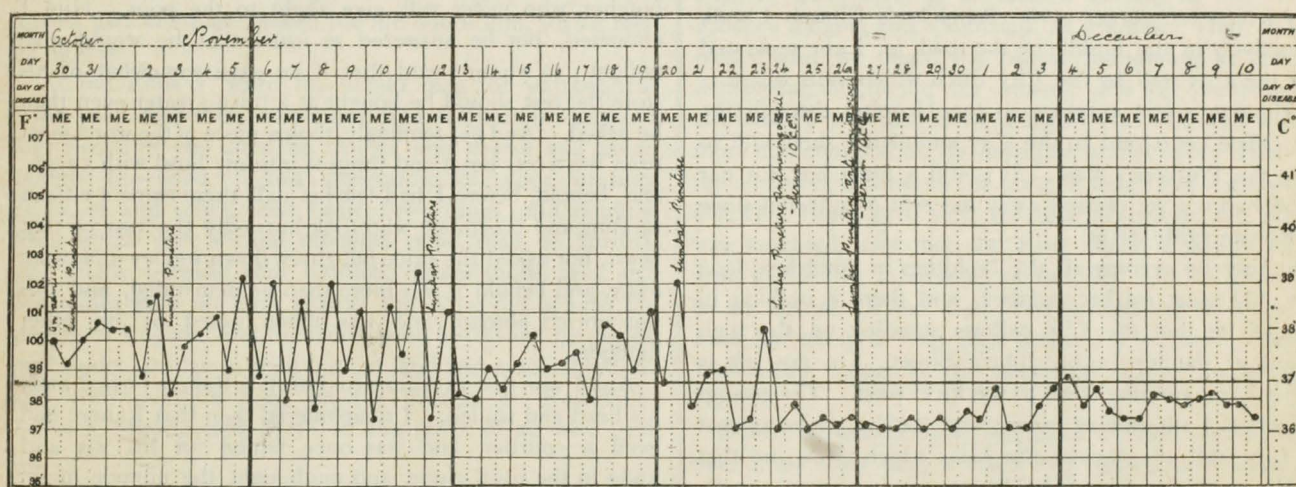


CHART ILLUSTRATING A CASE OF CEREbro-SPINAL FEVER.

No abnormalities were discovered in the chest or abdomen. Kernig's sign was not marked, but was present.

For the first twenty-five days after admission his condition steadily became worse. The temperature was raised every day, and varied between 97° to 103° F., showing great irregularity. The pulse during the first week varied between 64 and 88, during the second between 82 and 122, and during the third between 84 and 120, the average rate being higher in the second than the first, and higher in the third than in the second week. During this period of his illness the child was drowsy, and resented greatly being roused or moved; he cried almost continually for water, and suffered especially at night from severe headache.

A series of lumbar punctures were done. The first, the day after his admission, showed an increase in the number of cells present to about 1000 per c.c., 75 per cent. being polymorphs. There was no growth from the culture.

On November 3rd lumbar puncture was again performed. The fluid showed an excess of lymphocytes, and the clot, after incubation for forty-eight hours, showed no tubercle bacilli.

Kernig's sign disappeared three weeks after the injection of the first dose of serum.

The points of interest in the case would seem to be firstly the rapidity with which the symptoms improved after administration of serum; secondly, the similarity of the fluid as regards its cytology and general appearance to that of tuberculous meningitis; thirdly, the suggestion that would seem to arise, that all cases of meningitis in children, except where tuberculous meningitis is absolutely obvious, should be treated with anti-meningococcal serum. If they be tuberculous the prognosis is almost hopeless in any case, whereas prompt treatment in a case of meningococcal meningitis may save the patient weeks of illness and perhaps his life.

The particular organism present was found to be No. 2 of Gordon's serological types.

The temperature chart is appended.



## SOME EPISODES IN THE HISTORY OF THE HOSPITAL.\*

By D'ARCY POWER, F.S.A.



MEMORY and the mind's eye sometimes play strange pranks with those who, like myself, have been long connected with this Hospital and who know something of the history of London.

Often as I walk across the Viaduct on a misty evening in December, I remember why Snow Hill turns round obliquely at Burroughs and Wellcomes' corner, for do I not see the City wall with its gates right in front of me? And I know that the bend is made to prevent rushes of an armed crowd who might attack this entrance to the City.

As I turn the corner at St. Sepulchre's Church I walk instinctively in the middle of the road, for I am separated from the City wall by the City ditch which runs where is now the out-patient entrance to the Hospital, through the Post Office court-yard to the City ambulance shed, and so on to the Postman's Park. It is still a filthy bog, for our Sheriff had not yet cleared away the refuse collected since the Roman ædile left it.

On such an evening all the buildings in Smithfield fade away; the meat market vanishes, and there is nothing in front of me but the City gallows standing on the high ground at the top of St. John's Street. On my left is Hosier Lane, running down to the Fleet river. The ground over which I am walking is dirty and marshy, whilst against the City wall are stacked the bales which show me that the King's cloth market is held here.

A.D. 1120.—*St. Thomas à Becket*.—As I walk a fellow citizen overtakes me, saying, "Dear eme! heard you the strange dream which came to Gilbert Becket's wife who lives in the Poultry, and was yesterday delivered of a son they have called Thomas?" I answer "No, tell me." He replies, "They say she dreamed last night that the baby was lying naked in the cradle; she looked upon it and asked

Why is the boy unclothed?' to whom the nurse, 'Dear Mistress, you see not aright, for surely never was child so swaddled in purple and fine linen,' and in truth it was so, as she saw in her vision, for they unwrapped the purple cloth, and it reached from their house in the Poultry through Cheapside, up Newgate Street, and passing through the New Gate still reached along Giltspur Street until it stopped in Smithfield, and the mother interpreting the dream, said: 'Doubtless it portends that this child will become a great man, and will attain to high dignity in the Church, but, dear eme the holy man who interprets dreams says: 'Not so, the boy will in truth grow up, but the red cloth signifies his blood, which shall be shed and spread through all Christendom; nay, more, that a Hospital shall be founded

at that place where the cloth stopped, and there will more blood be shed.'"

And so the vision passes.

A.D. 1140.—*Rahere*.—Another time, there has risen just in front of the City wall a Hospital, of many scattered buildings, and by its side the Priory Church with which we are still familiar in part, and I see sitting in the Prior's lodgings two Augustinian canons talking as friends, the one I know to be the Prior Rahere Founder; the other Alfune, his Proctor and our first Hospitaler, who built the Church of St. Giles in Cripplegate.

Alfune is saying to Rahere, "Father, a miracle happened to me this morning. Early I took my bowl and went amongst the butchers collecting food for the poor in our Hospital. Thou knowest well Goodrich, that surly butcher, who never will give aught to the poor. Him I entreated, but he answered as usual that he would give nought; to whom I said that if he gave somewhat of his store the rest should be bought at a price greater even than he asked. And he, scoffingly, took a piece of the worst meat from the worst beast and threw it into my bowl with curses, and, behold, before I had left his stall there came a citizen running and breathless who took hurriedly the rest of that beast, nor asked the price but threw down money and went away, and behold it was more than he demanded, and this was noised abroad, and was much noted by the other butchers."

And I saw that as Alfune told his tale Rahere turned away his head and smiled. I remembered then that Rahere had been a courtier, and was once famed for his wit and jokes in the royal circle, and methought the miracle might perhaps be explained on natural grounds.

A.D. 1250.—*Our tiger Archbishop*.—Again the vision changes, and I see myself as an apprentice standing in the Hospital gate, for I had heard that Boniface, the Archbishop of Canterbury, was coming to visit our Prior at the church. He speaks no English, and his attendants are all foreigners, so I took a stone and threw it, hitting his servant full in the face. I saw the Archbishop turn in a fury as I shouted "Truant," but he passed on and entered the church and I followed to see what would happen.

The Canons were in their Stalls, and a service was about to begin. I saw the Archbishop rush into the Choir shouting loudly and ordering them to go to the Chapter House. The Sub-Prior said something which I could not hear, and the Archbishop felled him with a single blow of his fist, for he was a stout and handsome man. He beat him unmercifully, and then ensued such a scene as I hope never again to see in a Church. We tore the Archbishop's vestments, and, behold, he was fully clad in armour, but we drove him out by the side of the City wall, and made him take boat at Blackfriars, and so were rid of a very tyrant.

A.D. 1305.—*Sir William Wallace*.—Well do I remember that eve of St. Bartholomew when William Wallace had

\* Midsessional address delivered before the Abernethian Society at St. Bartholomew's Hospital, on December 6th, 1917.



come before the judges in our new hall at Westminster, for it was the first time that I had seen the horrid doom of one whom they called a traitor. I, for my part, had always looked upon him as a true patriot, for never had I heard anyone say that he had sworn fealty to our King Edward. But they must have settled his doom beforehand, for preparations had been made at our gallows, though some said he would be executed at Tyburn, but they are wrong, for I saw him dragged at a horse's tail from Aldgate through the City and past our Hospital. I thought at the time that it was a cruel death, but I knew that God was merciful to him, for they had not yet learned to use that ox-hide upon which other traitors were carried to the gallows, and I saw as he passed me that the bumping over the rough paving of the streets had well-nigh shaken the life out of him, strong man as he was.

At the Elms I heard the herald read the warrant that "for your robberies, homicides, and felonies in England and Scotland you shall be hanged and drawn and as an outlaw beheaded." And afterwards, for your burning churches and relics, your heart, liver, lungs, and entrails, from which your wicked thoughts came, shall be burned, and finally, because your sedition, depredations, fires, and homicides were not only against the King but against the people of England and Scotland, your head shall be placed on London Bridge in sight both of land and water travellers, and your quarters hung on the gibbets at Newcastle, Berwick, Stirling, and Perth, to the terror of all who pass by."

A.D. 1381.—*Wat Tyler*.—But perhaps the recollection which comes clearest to my mind was that June day when I, a shaveling—for I had recently taken minor orders, and had now a small tonsure upon my head—was working in that grand old hall where most of our patients lay. Word was brought that the crowd were coming to Smithfield, led by one whom they called Wat the Tyler. I ran to the gate to see those of whom I had heard so much, and, behold, just as I got there, the King with his retinue and the Mayor came riding down Long Lane, and stopped just opposite to where I was standing. Wat and his followers were between Hosier Lane and St. Sepulchre's. The march had been long and dusty, and I heard Wat call for water, which I remember that he drank filthily, gargling his throat with a horrid noise and spitting nearly over the King, whom he shook by the hand and called Richard. Then he shouted for a mug of beer, and as he shouted I heard the Constable of Rochester say that he knew Wat for the biggest rogue unhanged in Kent, and that made Wat furious and he would have killed him in the King's presence. Our Mayor stopped him as he drew his sword with a sounding blow on the head, whereupon Wat furiously struck the Mayor with his dagger, but hurt him not by reason he was well armed. Our Mayor, having received his stroke, drew his blade and grievously wounded

Wat in the neck, and withal gave him a great blow on his head. In the which conflict an esquire of the King's house, called John Cavendish, drew his sword and wounded Wat twice or thrice even to the death, and Wat, spurring his horse, cried to the commons to avenge him; the horse bare him about eighty feet from the place, and there he fell down half dead just at my feet. By-and-bye they which attended on the King environed him about so as he was not seen of his company, and many of them thrust him in divers places of his body. I, seeing this, dragged him in through the gate of the Hospital and shouted to have it closed. The King, I saw, turned to the crowd and was speaking to them, and the Mayor was galloping back through Long Lane to the Guildhall. But I had no time to attend to such things. Wat was stunned and bleeding, so four of us carried him to the master's lodging and staunching his wounds. Half an hour passed and we heard the Mayor thundering at the gate demanding admission for himself and his brethren the Aldermen; they rushed in, dragged Wat out, and without more ado chopped off his head just in that space which still remains vacant between the porter's lodge and the Hospital chapel. Many have told me that Walworth, our Mayor, was knighted, and that the King added a dagger to the arms of the City in memory of this day. But I know this to be untrue, for our City arms carried the sword of St. Paul for many a long day before his mayoralty, though Walworth's dagger is still preserved at the Fishmongers' Hall.

But all my memories of Smithfield are not so sombre, for have I not often seen it filled with youth and beauty and nobles of England and many other countries of Christendom.

A.D. 1362.—*Jousts*.—Five days in one May did I not see jousts held, the King and the Queen being themselves there, and nearly all the chivalry of England and of France, of Spain and Cyprus and Armenia holding their own against all pagan comers? Then, again, did I not see Dame Alice Perrers (the King's concubine) as Lady of the Sun riding through Cheap accompanied by many lords and ladies? Every lady leading a lord by horse bridle till they came into Smithfield, and there began that great joust which lasted no less than seven days.

And once again, was the like riding from the Tower to Westminster, but now every lord led a lady's horse bridle, and on the morrow began the joust in Smithfield which lasted two days, and there bare them well Henry of Derby, the Duke of Lancaster's son, the Lord Beaumont, Sir Simon Burley, and Sir Paris Courtney. And yet once again in the fourteenth year, when Richard II was King, royal jousts and tournaments were proclaimed to be done in Smithfield, to begin on Sunday next after the Feast of St. Michael.

Many strangers came forth of other countries, namely, Valarin, Earl of St. Paul, that had married our King's sister, the Lady Maud Courtney, and William, the young Earl of Ostervant, son to Albert of Baviere, Earl of Holland and



Henault. On that day there issued forth of the Tower, about the third hour, sixty coursers appparelled for the joust, and upon every one an esquire of honour riding a soft pace; then came forth sixty ladies of honour mounted upon palfreys riding on the one side richly appparelled, and every lady led a knight with a chain of gold. These knights being of the King's party had their harness and apparel garnished with white harts and crowns of gold about the harts' necks, for was not the white hind his mother's badge, who was known to us as the Fair Maid of Kent.

And so they came riding through the streets of London to Smithfield with a great number of trumpets and other instruments of music before them. The King and Queen came from the Bishop's Palace of London with many great estates and were placed in chambers to see the jousts. And the ladies that led the knights were taken down from their palfreys and went up to chambers prepared for them.

Then alighted the squires of honour from their coursers and then knights in good order mounted upon them, and after their helmets were set upon their heads, and being ready in all points, a proclamation made by the heralds, the jousts began and many commendable courses were run, to the great delight of us standing by to see them,

A.D. 1393.—Many accidents came to us of these jousts, but none so fell as when those lords of Scotland came into England to get worship by force of arms. On that day the Earl of Mar challenged the Earl of Nottingham to joust with him, and so they rode together certain courses, but not the full challenge, for the Earl of Mar was overborne horse and man and two of his ribs were broken with the fall. And so coming to the Hospital we bound up his hurt and set him on his way towards Scotland. But letters came to us afterwards, saying that he died of his hurt, so we had done well had we kept him with us.

For my part what I saw was mostly done in fair fight, but foul deeds were sometimes done in anger.

A.D. 1442.—One winter's day at the end of January a challenge was done in Smithfield within the lists before our gracious King, Harry VI, there being Sir Philip la Beaufe, of Aragon, Knight, the other an Esquire of the King's house, called John Ansley.

They came to the field all armed, the Knight with his sword drawn, the Esquire with his spear, which spear he cast against the Knight, but the Knight avoided it with his sword, and cast it to the ground.

Then the Esquire took his axe and smote many blows on the Knight and made him let fall his axe and brake up his visor three times, and would have smote him on the face with his dagger for to have slain him, but that the King cried "Hold," and so they were departed.

A.D. 1446.—And yet other times have I seen the wager of battle essayed in front of our gate, nor did he who was in the right always win, for I mind me of the time when John David appeached his master, Will Catur, of treason,

and a day was assigned to them to fight in Smithfield.

The master, being all well beloved and known to every one of us, was so cherished by his friends and plyed with wine that, being therewith overcome, he was unluckily slain by his servant.

But that false servant (for he falsely accused his master) lived not long unpunished, for I with many others followed to see him hanged at Tyburn, for a felony by him committed.

Let such false accusers note this for example, and look for no better end without speedy repentance.

A.D. 1467.—And yet once again there were great days for us when the Bastard of Burgoyne challenged the Lord Scales, brother to the Queen of our noble King Edward IV to fight with him both on horseback and on foot.

The King therefore caused lists to be prepared in Smithfield, the length of 120 tailors' yards and 10 feet, and in breadth 80 yards and 20 feet, double-barred were they, 5 feet between the bars, the timber work whereof cost two hundred marks, besides the fair and costly galleries prepared for the ladies and others; at the which martial enterprise the King and nobility were present.

The first day they ran together with spears, and departed with equal honour. The next day they tourneyed on horseback, the Lord Scales' horse having on his chafon a long spear pike of steel, and when the two champions coped together the same horse thrust his pike into the nostrils of the Bastard's horse. So that for very pain he mounted so high that he fell on the one side with his master, and the Lord Scales rode about him with his sword drawn till the King commanded the Marshal to help up the Bastard, who said: "I cannot hold me by the clouds, for though my horse fail me I will not fail an encounter companion"; but the King would not suffer them to do any more that day.

The next morning they came into the lists on foot with two pole-axes and fought valiantly, but at the last the point of the pole-axe of the Lord Scales entered into the side of the Bastard's helm and by force made him place him on his knees, but the King cast down his warder and the Marshal severed them. The Bastard required that he might perform his enterprise, but the King gave judgment and the Bastard relinquished his challenge.

And I remember well the courtly ending of these joyous days in early spring. How, when the joust was over there came forth a lady chosen by all the other ladies and gentlewomen and he would give a diamond to the best joustier, saying to him: "Sir, these ladies and gentlewomen thank you for your desport and your great labour that you have this day undergone in their presence, and the said ladies and gentlewomen sayen that ye have best jousted this day, therefore the said ladies and gentlewomen give you this diamond and send you much



worship and joy of your lady." Thus was done also with the ruby and the sapphire unto the other two next best jousts. Then the Herald of Arms would stand above all on high and cry with a loud voice: "John hath well jousts, Richard hath jousts better, and Thomas hath jousts best of all." Then he that had the diamond took a lady by the hand and began to dance, and when the ladies had danced as long as it pleased them, then spices and wine and drink and afterwards an interval.

(To be continued.)

## STUDENTS' UNION.

### RUGBY FOOTBALL CLUB.

#### ST. BARTHOLOMEW'S HOSPITAL v. H.A.C. (BLACKHEATH).

Played at Winchmore Hill on December 1st, this match resulted in an easy victory for the Hospital by 39 points to *nil*.

Starting downhill, Bart.'s took the offensive from the first and did not take long to open the scoring. The three-quarters displayed both excellent combination and much individual running through. The good condition of the ground favoured an open game.

In the second half the H.A.C. forwards showed considerable dash, and used their weight with some effect. Their efforts, however, did not result in any score owing to the safe defence of Wells at back, who, on one occasion, scored with an individual run starting from near the Hospital's goal line.

In all, the Hospital scored nine times, six of the tries being converted. The place-kicks were taken by Krige and Orchard.

Team: J. P. Wells, *back*; L. C. Goument, P. A. Smuts, S. Orchard, and A. V. Lopes, *three-quarters*; F. Pollard and C. Griffiths-Jones, *half-backs*; B. B. Sharp, C. F. Krige, E. S. Rose, A. D. Wall, L. Pridham, G. Theobald, F. W. Lemarchand, and N. S. Vinter, *forwards*.

#### ST. BARTHOLOMEW'S HOSPITAL v. ST. PAUL'S SCHOOL.

At West Kensington on December 8th the Hospital side was beaten by 1 goal and 3 tries (14 points) to 2 tries (6 points).

The weather conditions were good and the ball dry, so that a fast game resulted. The School pack heeled very smartly from loose scrums and fed their three-quarters, who displayed little individual brilliance, but excellent combination. Their smart backing-up enabled them to beat the Hospital's defence four times, one of which tries was converted.

The Bart.'s three-quarters were frequently dangerous, and M. Thomas on the left wing scored twice far out. On several other occasions the sound tackling of the School's full-back just prevented him from getting over.

Team: J. P. Wells, *back*; L. C. Goument, P. A. Smuts, S. Orchard, and M. Thomas, *three-quarters*; F. Pollard and C. Griffiths-Jones, *half-backs*; B. B. Sharp, E. S. Rose, A. D. Wall, L. Handy, L. Pridham, G. W. Theobald, F. W. Lemarchand, and N. S. Vinter, *forwards*.

## REVIEWS.

### THE "HORIZON" SERIES OF MEDICAL AND SURGICAL MILITARY MANUALS.

We have just received the first seven volumes of the above series. The latter consists of a collection of some twenty small volumes which have been translated from the French and cover almost the whole field of war surgery and medicine. They have been written by well-known specialists in the various subjects, and the series has been published under the supervision and general editorship of Director-General Sir Alfred Keogh. Time and space will not permit of a detailed criticism of each manual, and we shall only give a short description of their aim and scope. They are well and fully illustrated, and with two exceptions are published at 6s. net per volume.

English readers will welcome this attempt to provide a concise series of books dealing with subjects of such eminently topical

interest, and the University of London Press is to be congratulated on the publication of these volumes in our own language.

We are glad to note that the Publishers have presented a copy of each of the following volumes to the Library of this Hospital:

*The Treatment of Infected Wounds.* By A. CARREL and G. DEHELLY. Translated by Capt. H. CHILD, R.A.M.C., with an introduction by Surgeon-General Sir ANTHONY A. BOWLBY, K.C.M.G. K.C.V.O., F.R.C.S.—The first portion of the volume is devoted to a description of the principles underlying the treatment of infected wounds by Dakin's solution and the soluble chloramine compounds which he subsequently employed. Chapters are devoted to the manufacture of Dakin's solution, the technique of wound sterilisation by the well-known Carrel methods, the clinical and bacteriological examination of wounds, their closure, and the results that have been obtained.

The experiments on which this method of sterilisation of wounds was founded were carried out in France by Dr. H. D. Dakin, who was assisted in the biological part of the work by M. Dausfresne and Mme. Carrel. To quote from Sir Anthony Bowlby's introduction to the volume: "The book itself will be found to convey in the clearest manner the knowledge of those details which have been so carefully elaborated by the patient work of two years' experience. . . . The utility of Carrel's method is not confined to recent wounds, and, in the following pages, those surgeons who are treating the wounded in Great Britain will find all the necessary information for the treatment of both healthy and suppurating wounds." We may add that the translator is to be congratulated on his rendering into English.

*Syphilis and the Army.* By G. THIBIERGE. Edited by C. F. MARSHALL, M.D., F.R.C.S.—There has admittedly been a great increase in the incidence of venereal diseases as a result of the war, and Dr. Thibierge deals with the factors at work and the national danger of syphilis, both as regards the Army and the civil population, in the opening chapters. Some fifty pages are devoted to the symptoms and diagnosis of the commoner syphilitic lesions observed amongst the troops, and full details are given of all the usual methods of treatment. Dr. Thibierge advocates the intravenous injection both of mercurial and arsenical preparations, using the cyanide of mercury and novarsenobenzol in the majority of cases. He gives, however, an account of all the more commonly employed methods of administration of mercury by ingestion, inunction, intramuscular injections, and *per rectum*; a separate chapter is devoted to the intravenous injection of novarsenobenzol and of cyanide of mercury. The last part of the book deals with the various aspects of prophylaxis, and a detailed index is added. As Dr. Marshall points out in his preface, "Dr. Thibierge rightly insists on the importance of continuing treatment in a milder form after the initial intensive course . . . many patients being under the impression that they are cured after one course of arsenical and mercurial injections."

*The After-Effects of Wounds of the Bones and Joints.* By AUG. BROCA. Translated by J. RENFREW WHITE, M.B., F.R.C.S., Temp. Capt., R.A.M.C., and edited with an introduction by R. C. ELSMLIE, M.S., F.R.C.S., Major, R.A.M.C.(T.).—This volume, some two hundred and fifty pages in length, commences with an account of the various defects of bony union such as shortening and angulation of fragments, excessive callus formation, formation of false joints and loss of bony substance. The greater part of the book deals with the various conditions which come under the general heading of Chronic Traumatic Osteomyelitis and their treatment. The author describes the various methods of packing cavities with organic materials such as sponges and dead or decalcified bone and bone-stopping by the various aseptic or mildly antiseptic pastes; he expresses the view that "the effect of this 'internal dressing,' both upon the duration of healing and the ultimate cure, is exceedingly doubtful. The impressions that I had received before the war have not been modified in any way since." He devotes thirty pages to a description of the technique of the operation for the obliteration of cavities and tunnels in bone, with a series of excellent illustrations copied from radiographs.

Chapter iv deals with the after-effects of wounds in joints, muscles, and tendons, giving the pathological varieties of ankylosis, stiffness, and deformity of joints and their respective treatment. A clear account is given of the *rationale* and mechanics involved in the effects of mal-united fractures on the action of neighbouring joints, and a final chapter deals with the medico-legal questions that arise with regard to the methods of disposal of the wounded after cure, pensions, gratuities, refusal of treatment, etc.

The translation is good and the book shows many evidences of careful editorship.



*Typhoid Fever and Paratyphoid Fevers* (symptomatology, etiology and prophylaxis). By H. VINCENT and MURATET, translated from the second edition and edited by J. D. ROLLESTON, M.D.—The first part of this book deals with the clinical characters of the ordinary forms of typhoid fever, its symptoms and its complications according to their anatomical position, the course and symptoms of paratyphoid A and B, and the clinical and laboratory methods of diagnosis. A useful table is included showing the principal differences between the three organisms as regards their cultural characteristics. Treatment of typhoid and paratyphoid fevers is described and the disputed question of diet discussed in some detail; recent advances in specific treatment are recorded and good results are claimed for the use of Chantemesse's and other antitoxic serum: a polyvalent bacillary vaccine, sterilised by ether, has been used by several French physicians, some of whom claim a very definite improvement of the general condition and a decreased rate of mortality.

The second part is devoted to a study of the epidemiology, etiology, and prophylaxis of these diseases.

*Dysentery, Asiatic Cholera, and Exanthematic Typhus.* By H. VINCENT and L. MURATET, with an Introduction by ANDREW BALFOUR, C.M.G., M.D., edited by GEORGE C. LOW, M.A., M.D.—The authors have discussed these diseases on much the same lines as those in the preceding volume. Dr. Balfour in his introduction states that "perhaps the most remarkable feature of MM. Vincent's and Muratet's work is the astonishing amount of information they have been able to gather within a small compass. With the exception of its pathological anatomy, every aspect of the disease is considered, and though the book might perhaps have gained in practical value if the historical sections had been shortened and those dealing with prophylaxis somewhat expanded, and though here and there we note a few omissions and statements which require to be altered or modified, there can be no doubt that this little volume in its English garb will receive a hearty welcome. It is especially intended for the army doctor, and there can be few medical men nowadays to whom this term cannot be applied; but it will be useful also to all those whose work lies in countries where the three diseases of which it treats imperil the public health."

*Hysteria or Pithiatism, and Reflex Nervous Disorders.* By J. BABINSKI and J. FROMENT. Translated by J. D. ROLLESTON, M.D.; edited, with a Preface, by E. FARQUHAR BUZZARD, M.D., F.R.C.P., Capt. R.A.M.C.(T.).—The authors are too well known to need any introduction to English readers. Babinski's name is associated with a clear and lucid hypothesis of hysteria, and in the present volume he gives a valuable account of reflex paralysis—a condition which seems to rank intermediately between the purely functional disorders and those of a truly organic nature. A postscript is added in order to discuss certain publications by other French neurologists which appeared after the French edition went to press. Various opponents of Babinski's views on reflex paralysis and contractures maintain that there are no physiopathic contractures or paralyses of a reflex character; they hold that the motor disorders considered as such are pithiatic phenomena, and believe that muscular wasting, the various circulatory disturbances, mechanical hyperexcitability of muscles and nerves with slowness of the muscular contraction and premature fusion of the faradic contractions, hypotonicity and exaggeration of tendon reflexes are all due merely to immobilisation or inactivity in association with pithiatic motor disturbances. The authors go into some detail in combating this point of view.

The book is exceptionally well illustrated by a large number of plates and figures in the text, and a bibliography of some 250 references is appended. The most valuable section is probably that dealing with the differential diagnosis of functional and organic conditions. Very little space is devoted to treatment, which is more fully dealt with by Roussy and L'Hermite in their "Psychoneuroses of War."

*The Psychoneuroses of War.* By G. ROUSSY and J. L'HERMITTE. Translated by WILFRED B. CHRISTOPHERSON and edited by W. ALDREN TURNER, C.B., M.D.—This work forms a companion volume to Babinski and Froment's "Hysteria." As the editor points out in a prefatory note, the authors have succeeded in describing in a graphic way and explaining in logical fashion the causes, method of onset, symptoms, cause and treatment of those functional disorders which have become familiar to us under the name of "shell-shock." Under the term "psychoneuroses" is included every variety of functional disturbance from the simplest to the most complex, from those whose expression is almost entirely physical to those where psychological symptoms predominate. We were much interested in the note on Malingering, which, although not discussed in detail, is nevertheless of great importance.

A special chapter is devoted to an account of the various symptoms produced by concussion of the nervous system. Perhaps the most valuable parts of the book are the chapters devoted to treatment, and we cannot recall having read anything better on the subject. The rôle of the physician, the patient, and the environment all receive due consideration, as well as the methods necessary to bring about the best possible results.

The authors are certainly to be congratulated on what appears to us to be a unique volume.

## CORRESPONDENCE.

### THE TUNG WAH HOSPITAL.

*To the Editor of the 'St. Bartholomew's Hospital Journal.'*

SIR,—May I be permitted to correct one mis-statement in the otherwise accurate and interesting account of the Tung Wah Hospital, Hong Kong, given by Mr. Moxon Browne in your October issue.

His explanation of the name of the Hospital is more ingenious than accurate, for twenty years' residence in that Colony has not enabled me to meet any of the members of that "influential Chinese family of Tung Wah."

The Tung Wah Hospital was the first of its kind in China, and its name is derived from the word "Tung" which means East (Mr. Moxon Browne may possibly remember "Tung Street" in Hong Kong close to the aforesaid Hospital), and "Wah" or "Wa" which signifies China. Its claim to be the Hospital for East China would now be disputed by many similar institutions, but at the time of its inception there was none other, and the title was fully justified.

"Wa" really means "flowery" and by implication the Central Flowery Empire—a typical Chinese description of their country.

Yours, etc.,

FRANCIS CLARK,  
Late Professor of Medical Jurisprudence  
and Dean of Faculty of Medicine,  
University of Hong Kong.

## EXAMINATIONS, ETC.

UNIVERSITY OF OXFORD.

Second M.B. Examination. December, 1917.

*Materia Medica and Pharmacology.*—W. V. Robinson.

*Pathology.*—C. F. Krige, W. V. Robinson.

*Forensic Medicine and Public Health.*—G. K. Stone.

*Medicine, Surgery and Midwifery.*—G. K. Stone.

## BIRTHS.

OULTON.—On November 7th, at the Anglo-American Hospital Cairo, the wife of E. V. Oulton, M.B., B.C., Public Health Department, Cairo, of a daughter.

SMYTHE.—On December 7th, at 28, St. George's Terrace, Trowbridge, Wilts, the wife of Capt. Gerald Smythe, M.B., B.C. (Camb.), R.A.M.C., of a daughter.

## MARRIAGES.

BURTON—WILL.—On Tuesday, December 4th, at St. John's on Bethnal Green, Gordon Ernest, Surgeon, R.N., eldest son of Mr. and Mrs. Ernest L. Burton, of Spencer House, Stansted, to Dorothy Kennedy, eldest daughter of Dr. and Mrs. Kennedy Will, of Bethnal House, Cambridge Road, N.E. (Ceylon and Australian papers, please copy.)

STANLEY—PARK.—On December 8th, at the American Church, Paris Capt. E. Gerald Stanley, M.S., F.R.C.S., R.A.M.C., elder son of Mr. and Mrs. Parker Stanley, of Hampstead, to Frances Trenor, only child of Mrs. Catlin Park, of Paris, and of the late Trenor Park, of New York.

## DEATH.

GALSWORTHY.—On November 28th, 1917, Laurence Galsworthy M.R.C.S., L.R.C.P.(Lond.), of 6, Brunswick Place, Regent's Park aged 47.



# St. Bartholomew's Hospital



"Æquam memento rebus in arduis  
Servare mentem."

—Horace, Book ii, Ode iii.

## JOURNAL.

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FEBRUARY 1ST, 1918.

[PRICE SIXPENCE.

### CALENDAR.

Fri., Feb. 1.—Dr. Drysdale and Mr. McAdam Eccles on duty.  
Tues., " 5.—Dr. J. Calvert and Mr. D'Arcy Power on duty.  
Fri., " 8.—Dr. Morley Fletcher and Mr. Waring on duty.  
Tues., " 12.—Dr. Drysdale and Mr. McAdam Eccles on duty.  
Fri., " 15.—Dr. J. Calvert and Mr. D'Arcy Power on duty.  
Tues., " 19.—Dr. Morley Fletcher and Mr. Waring on duty.  
Fri., " 22.—Dr. Drysdale and Mr. McAdam Eccles on duty.  
Tues., " 26.—Dr. J. Calvert and Mr. D'Arcy Power on duty.  
Fri., Mar. 1.—Dr. Morley Fletcher and Mr. Waring on duty.

### EDITORIAL NOTES.

**A**S intimated in our last issue Mr. Paul Bousfield has resigned the Editorship of this JOURNAL. Our first duty is to thank him for the notable services he has rendered in the past, and to extend to him our best wishes for the future.

We are not at all sure that our readers always realise the difficulties associated with the publication of a journal, even of this size, and more especially under present conditions.

The efforts of the most enthusiastic editor are bound to fail unless he receives the support of his constituency, and we take this opportunity of inviting Bart.'s men the world over to assist us as far as they possibly can.

For our part we shall endeavour to render the JOURNAL as useful and interesting as possible, and ever keep before us the fact that the JOURNAL should always serve both to maintain and to strengthen those ties of comradeship which have always been a feature of our Hospital life.

\* \* \*

The list of Civil New Year Honours includes one which affords us particular satisfaction. We refer to the knighthood conferred on Dr. Horder, to whom we offer our heartiest congratulations. By an interesting coincidence the occasion marked the twentieth anniversary of Sir Thomas's entry into this Hospital in a teaching capacity.

\* \* \*

In the New Year's Honours List for services rendered in connection with the war Bart.'s is again well represented.

To these gentlemen we also offer our sincere congratulations.

The King has been graciously pleased to confer the honour of K.C.M.G. on Col. A. E. Garrod, C.M.G., A.M.S., and of C.B. (Military Division) on Col. H. H. Tooth, C.M.G., A.M.S.

The following honours have also been conferred: Lieut.-Cols. G. S. Buchanan, R.A.M.C., and R. M. Carter, I.M.S., receive the C.B. Lieut.-Col. G. B. Price, R.A.M.C., has received the C.M.G., and Lieut.-Col. W. B. Lane, I.M.S., the C.I.E.

Sir George Newman, M.D., receives the K.C.B., (Civil).

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The King has been pleased to approve of the following awards for distinguished services in the field, and we offer these gentlemen our congratulations:

Lieut.-Col. J. M. Gover, R.A.M.C., Major E. B. Waggett, R.A.M.C., Lieut.-Col. A. O. B. Wroughton, R.A.M.C., Col. C. A. Peters, C.A.M.C., Capt. H. B. Owen, Uganda Medical Service, Lieut.-Col. A. B. Ward, S.A.M.C., receive the D.S.O.

Capt. L. U. Geraty, R.A.M.C., Capt. L. E. Hughes, R.A.M.C., Capt. W. B. Jepson, R.A.M.C., Sp.R., Capt. T. R. Kenworthy, R.A.M.C., Capt. C. Loddiges, R.A.M.C., Capt. F. D. Marsh, R.A.M.C., Capt. E. S. Marshall, R.A.M.C., Capt. J. Miller, R.A.M.C., Temp.-Surgeon R. G. Morgan, R.M., Capt. R. S. Morshead, R.A.M.C., Capt. G. W. Parry, R.A.M.C., Capt. W. H. Scott, R.A.M.C., Capt. G. D. Watkins, D.S.O., R.A.M.C., Capt. F. E. S. Willis, R.A.M.C., Capt. W. V. Wood, R.A.M.C.(T.), have been awarded the Military Cross.

\* \* \*

We congratulate Dr. W. Morley Fletcher, F.R.S., Secretary of the Medical Research Committee, on being made a Knight Commander of the British Empire.

\* \* \*

It affords us unusual pleasure to congratulate Capt. C. R. Hoskyn, R.A.M.C., and Surgeon-Prob. R. S. S. Smith, R.N.V.R., on having received the Albert Medal.

As far as we are aware, these are the first awards of the



kind gained by Bart.'s men, and we feel sure that the appended details will be read with great interest :

"Capt. C. R. Hoskyn, R.A.M.C.

"In France, on November 24th, 1916, as the result of a serious railway accident, a man was pinned down by the legs under some heavy girders. The wreckage was on fire, and the flames had already reached the man's ankles. Capt. Hoskyn crawled into a cavity in the flaming wreckage, and, after releasing one of the man's legs, amputated the other, whereupon the man was drawn out alive, Capt. Hoskyn retaining hold of the main artery until a tourniquet could be put on."

"Surgeon-Probationer Robert Sydney Steele Smith, R.N.V.R., was Medical Officer of one of H.M. ships which was torpedoed by an enemy submarine.

"When the enemy torpedo struck the ship Surgeon-Probationer Smith was in the wardroom aft with the 1st Lieutenant. The explosion wrecked the wardroom and rendered the 1st Lieutenant unconscious. All other exits being blocked, Surgeon-Probationer Smith piled the wrecked furniture under the skylight, and got the 1st Lieutenant through this on deck. He then attended to a Petty Officer who was lying on deck with a broken arm and leg, adjusted and blew up his life-belt, and after doing the same for the 1st Lieutenant, got him overboard, as the ship was then foundering. "The 1st Lieutenant was by then partially conscious, but was again stunned owing to an explosion when the vessel foundered, and when he was picked up by the boat he was apparently dead. Surgeon-Probationer Smith applied artificial respiration until the 1st Lieutenant showed signs of life ; he afterwards attended to the wounded in the boat so far as the circumstances allowed, until they were picked up forty-three hours later."

\* \* \*

A month or two ago it was our pleasant duty to congratulate Capt. G. D. Watkins, R.A.M.C., on having received the D.S.O. The following details are now to hand :

"When cries for help were heard coming from a tank which had been abandoned in an isolated position in the outpost line, he went 200 yards through a heavy barrage and rescued a badly wounded man from the tank. He dressed his wounds and carried him under heavy fire towards safety until, being completely exhausted, he was compelled to put the man in a shell hole and go for assistance. He returned with another officer, and, still under heavy fire, brought the man to safety. Throughout six days he displayed the same indomitable courage and extraordinary devotion to duty, constantly going into the open, tending the wounded day and night. He undoubtedly saved many lives."

\* \* \*

Capt. E. Gerald Stanley, R.A.M.C., has been mentioned in French Army dispatches, in connection with which he has received the Croix de Guerre avec Etoile d'or.

We congratulate Capt. Stanley not only on this distinction, but also on the occasion of his marriage which took place in Paris last December.

\* \* \*

It should afford the Hospital considerable satisfaction to know that no less than forty-one Bart.'s men were mentioned in Sir Douglas Haig's last dispatch ; while several others have received promotion.

\* \* \*

We note with interest that Lieut.-Col. D'Arcy Power has been appointed a member of the Court of the University of Bristol for the period of seven years in the vacancy occasioned by the retirement of Sir Rickman J. Godlee.

\* \* \*

#### ROLL OF HONOUR.

It is with deep regret that we have to report the death of four Bart.'s men on active service.

Sub-Lieut. Donald Frank Bailey, R.N.D., who was reported "wounded and missing" on April 23rd, is now officially presumed killed on that date. He was the son of the late John R. Bailey, solicitor, of Leatherhead, and Mrs. Wenham, of the Vicarage, Builth Wells. He went to France on August 27th, 1914, with the Australian Hospital (Lady Dudley's), returning to England in the following December. He was invalided until the following April, and then joined the R.N.D. After obtaining his commission he was gazetted to the R.N.D., going out to the East in November, 1915, and returned with his battalion in 1916.

Capt. L. G. Crossman, R.A.M.C., M.B., B.S.(Lond), died in hospital from double pleurisy and pneumonia. He was the younger son of Councillor John Crossman, of Penllwyn Park, Carmarthen. He had held the posts of Senior House-Physician at this Hospital, Clinical Assistant at the Hospital for Sick Children, Great Ormond Street, and Resident Medical Officer at the Royal Hospital for Diseases of the Chest, City Road. Early in the war he joined the staff of the 1st London General Hospital, and went out with the Expeditionary Force to the East, where he had been for about eighteen months.

2nd Lieut. J. T. Long, R.F.C. (observer), died on October 10th, 1917. Son of J. T. Long, of Ilford, he joined the Army in October, 1915. He was wounded through both legs in July of last year. On October 8th, having gone up in windy weather, the machine crashed, and he was fatally injured.

Eric Douglas Manson, of Bury St. Edmunds, for some time student in this Hospital, was killed in a flying accident at Fortworth, Texas, U.S.A., on Christmas Eve. Some six years ago he left England for Vancouver, and at the time of his death was concluding a course of instruction in flying, being one of the candidates for the aviation service from Toronto University.



## CHRISTMAS AT THE HOSPITAL.

**T**HE Christmas festivities at "Barts" were a great success and everyone concerned is to be congratulated on their efforts. The decorations compared very favourably with previous years, the soldiers' wards especially being greatly admired. A novelty in Charity Ward consisted of a model of a front line trench complete with wire entanglements, a supporting line, model guns, trench mortars, communicating trenches, telephone, and wireless stations. The Battalion, Brigade, and Divisional Headquarters were also represented.

In this ward also several Tommies who had seen active service in East Africa, had constructed an East African native kraal complete in every detail.

In Harley and Kenton Wards several fracture cases had been put up with the Morris Sinclair apparatus, and the structures lent themselves admirably for decoration with evergreens, flags, chinese lanterns, etc.

Every ward in the Hospital was charmingly decorated, and it would be invidious to make any distinctions.

Several concert parties toured the wards during the afternoon. Those taking part were: The Roland Ramblers, The Cheerohs, Miss Warren Fisher's Party and, last, but not least, the Resident Troupe who described themselves as the "Bolos." The latter were particularly popular and caused roars of laughter in their original costumes, consisting chiefly of operation gowns and bowler hats.

As in previous years a member of the junior staff, excellently got up as Father Christmas, distributed numerous presents to the various patients. Thanks to the foresight of the authorities all the patients were able to partake of the usual Christmas puddings, the ingredients for which were bought as far back as last October.

The usual Resident Staff Dinner was held in the evening, and later the Matron, Warden, and Steward were all visited in turn, the day closing with the singing of "Auld Lang Syne" in the Hospital Square.

A word of thanks is due to the organisers of the War Emergency Concert Party under the direction of Mr. Isidore de Lara, which entertained the soldiers and patients so admirably on Boxing Day. A feature of the festivities this year was a children's party, instituted by the soldiers, and to which all the children in the Hospital who could walk were invited. It is hardly necessary to say that this proved a tremendous success and constituted an excellent finish to a memorable Christmas.

## SIR RICHARD CROFT, BART.

By S. D. CLIPPINGDALE, M.D., F.R.C.S.

**F**EBRUARY 13th marks the anniversary of the death, by his own hand, of a brilliant but unfortunate "Bart's Man."

Sir Richard Croft was the sixth holder of a Baronetcy conferred upon his ancestor by Charles II.\*

Croft commenced his medical training with his step-mother's brother, Mr. Chawner, a surgeon-apothecary of Tutbury, Staffordshire. According to the *The Times* (Obituary Notice, February 16th, 1818) he was apprenticed to Mr. Chavasse,† a surgeon-apothecary of Burton-on-Trent, wishing, however, to improve his medical education he came to London.

Practising in London at that time was Dr. Thomas Denman, a distinguished obstetric physician, whose name is so well remembered to us in *Denman's System of Midwifery*, and *Denman's Forceps*, father of Thomas, Lord Denman, Chief Justice of England. Dr. Denman resided in Queen Street, Covent Garden, and into his house he received resident medical students.

Upon entering Dr. Denman's house, Croft found he had as a fellow student Matthew Baillie who afterwards became, perhaps, the foremost general physician in the Metropolis.

Dr. Denman had two daughters, twins—Margaret and Sophia. Proximity often leads to proclivity, proclivity to friendship and friendship to a warmer sentiment. It is not surprising, therefore, to learn that Croft and Baillie married these young ladies; Croft married Margaret and Baillie married Sophia. Thus a personal relationship was established between these two gentlemen which, subsequently, in the case of the unfortunate Princess Charlotte of Wales, whom they both attended in her fatal confinement, became a professional one.

After a certain stay with Dr. Denman, Sir Richard Croft entered St. Bartholomew's Hospital. Unfortunately, there is no record at the Hospital, for the Student's Register does not commence until 1820—two years after his death, and Mr. Hayes, Clerk to the Governors, who has most kindly had the Hospital records searched, informs the writer that there is no entry of Sir Richard having received a House appointment. That he was a student of St. Bartholomew's, however, is averred by the *Dictionary of National Biography*, *The*

\* The family of Croft is of great antiquity. Landowners in the County of Hereford before the Norman Conquest, their name naturally finds a place in the Domesday Roll. Roger de Croft, for aiding Prince Edward to escape from Hereford, was granted by Henry III the lion passant, which still appears in the family arms.

† The Chavasse family, of Huguenot origin, practised medicine in the Midlands for over a century. Of this family was Mr. Thomas Chavasse, F.R.C.S., the writer of well-known works on hygiene for women. Mr. Chavasse was father of the beloved and bereaved Bishop of Liverpool, the fatal heroism of whose sons has elicited so much praise and so much sympathy.



*Gentleman's Magazine*, and by other authorities who also state that while a student at the Hospital, he lived with his father, a lawyer, in the Charterhouse close by.

At the end of his studentship in London, but without receiving a technical "qualification," which at that time was not necessary, Sir Richard returned to Tutbury and joined his relative in practice there.

Returning to London, Croft succeeded to the practice of his father-in-law, Dr. Denman, and at once became famous as an obstetrician. Among his distinguished patients was the Duchess of Devonshire whom he was sent for to attend in Paris.

In 1816 he succeeded to the baronetcy, upon the death of his brother, Sir Herbert, and his professional reputation was enhanced by his social position. To be near his fashionable patients he went to reside in Burlington Street, Piccadilly.

#### THE CASE OF THE PRINCESS CHARLOTTE.

King George IV, it will be remembered, had no son. His only hope of an heir depended upon the fruitful issue of his only daughter, the Princess Charlotte of Wales. This lady married Prince Leopold of Belgium. The marriage took place in London, and Claremont Palace, near Esher, was assigned the Royal couple as a place of residence.

When it became known that the Princess was pregnant great excitement prevailed throughout the country, from the King downwards, and a fervent hope expressed that the issue would be the birth of a prince.

Every possible precaution was taken to safeguard the welfare of the Princess and her promised child. The Court wished the confinement to take place at Kensington Palace; the Princess, however, preferred Claremont, thirteen miles from London, and at times not easily accessible. Queen Charlotte, consort of King George III, had been attended in her thirteen confinements by a midwife, Mrs. Draper, with the happiest results. It was decided, however, that the Princess Charlotte should be placed, for greater security, under the care of male practitioners. Three were employed—Sir Richard Croft, who as an obstetric specialist had supreme charge of the case; Dr. John Sims, a second obstetric specialist, and Dr. Matthew Baillie, Sir Richard Croft's brother-in-law, who would take charge of the non-obstetric requirements of the patient.

All these physicians were in residence at Claremont at the time of the confinement which took place on November 5th, 1817, the Princess being in her twenty-first year.

The case caused the doctors the greatest anxiety. A path in the Palace grounds is still shown, which Sir Robert Croft paced in an agony, not knowing what to do for the best. The statement, therefore, that he neglected his patient is an infamous libel upon a suffering gentleman.

The labour was abnormal and prolonged. There was hour-glass contraction of the uterus. The infant was known

to be dead some hours before it was born, yet no attempt was made to remove it or to terminate the labour.\* Finally, there was post-partum hæmorrhage.

In accordance with the doctrine of the time, the patient had been frequently bled until within a few days of her labour. She had been much confined to her room, and her bowels had been neglected. She was, therefore, in a state of enfeeblement when the labour commenced. She was naturally delivered about midnight, and died two hours later.

The death of the Princess and of her infant, which was a boy, caused the greatest consternation, and there was much outcry. The King ordered a post-mortem examination. This was carried out by two of the King's surgeons—Sir Everard Horne and Sir David Dundas—who reported to His Majesty that everything had been done which "human science could devise or human skill effect.† Nevertheless, great clamour continued to be made. Sermons were preached and pamphlets were written upon the subject. In one of the latter Mr. Jesse Foote, the author, stated, upon the authority of the nurse, that, when the baby arrived, all three doctors were fast asleep. This, however, is refuted by Dr. Sims, who, in a letter, which will be found in *Playfair's Midwifery*, writes: "They say we had all gone to bed. This is not the case. Baillie had retired. I lay down in my clothes on the outside of the bed, but Croft never left her room."

#### DEATH OF SIR RICHARD CROFT.

Notwithstanding every possible consideration shown him by the Royal Family, the unfortunate result of the confinement at Claremont greatly distressed Sir Richard Croft, who seems to have been a man of sensitive disposition. Probably it affected his professional reputation; yet his services were still sought by ladies of a high social position.

Among these were the wife of the Rev. Dr. Thackeray, Provost of Trinity College, Cambridge. To be under Croft's care, in her approaching confinement, Mrs. Thackeray took a room in a Nursing Home in Wimpole Street, kept by a Miss Cotton. When Sir Richard Croft was wanted he was in the country. He arrived in Wimpole Street late at night. Partly from his journey and partly from his depression, he was in such a state of exhaustion that the nurse would not allow him to attend Mrs. Thackeray, but insisted upon his lying down in another room until he was wanted. When the nurse went to call him, she found him lying dead upon his bed, a pistol in each hand, and his skull literally blown to pieces. Upon a chair by his bedside was an open copy of Shakespeare's "Love's Labour Lost," with the words: "God save you; where is the Princess."‡

\* Forceps, which had been introduced by Peter Chamberlen during the reign of James I, were, at the time, in common use.

† The result of the post-mortem examination was published in a special issue of the *London Gazette*.

‡ *Love's Labour Lost*, Act V, scene



The Coroner's inquest was held upon the day but one following Sir Richard Croft's death. In those days there were no mortuaries and no coroners' courts. The body, therefore, had to remain, and the inquest held in the house where Mrs. Thackeray lay recently confined. Fortunately, this lady was kept in ignorance of these unwonted proceedings under the same roof as herself.

Mr. Stirling, the Coroner, called the following witnesses :

(1) The Rev. Dr. Thackeray, who testified as to his wife's coming to London to be delivered by Sir Richard Croft.

(2) A local surgeon, who had been called in to complete Mrs. Thackeray's confinement.

(3) Mr. George Hollings, Surgeon, of Green Street, who testified as to aberration of intellect; that Croft answered questions incoherently or not at all, and had exclaimed: "Good God, what will become of me!"

(4) Dr. Latham, who had recently dined with Sir Richard, who had told him he was engaged to attend a lady in her confinement, but would give £600 to withdraw from the case.

(5) Dr. Mathew Baillie, the deceased's brother-in-law, who gave painful evidence to the same effect.

The jury returned a verdict that the "Deceased died by his own act, being at the time in a state of mental derangement."\*

Sir Richard Croft left estate valued for probate at £16,000, the executors of his will being his widow, Dame Margaret Croft, and his brother-in-law, Dr. Mathew Baillie.

† The baronetcy, of course, passed to Sir Richard's eldest son, Thomas, who, dying without issue, was succeeded by the second son, Archer Denman. A third son, Richard, graduated in medicine at Oxford (Balliol College). This gentleman, bearing the same christian name as his father, has probably been mistaken for him by those who think Sir Richard took the M.D. during his residence in Oxford.†

## SOME EPISODES IN THE HISTORY OF THE HOSPITAL.‡

By D'ARCY POWER, F.S.A.

(Continued from page 31.)

A.D. 1539.—These joyous days soon passed. The clouds came thick upon us and we were reduced to the lowest ebb of poverty and distress. Our Hospital was separated from the priory, with which we had always been associated in so friendly and helpful a spirit. Our revenues were taken by the King and we were left with but two or three beds. Our

\* These details are taken from a report of the inquest in *The Times*, February 16th, 1818.

† See correspondence on this subject, in which Dr. Alexander Morrison, Dr. Kingston Fox, and the writer took part (*The Lancet*, December, 1917).

‡ Midsessional address delivered before the Abernethian Society at St. Bartholomew's Hospital, on December 6th, 1917.

Mayor and the Recorder petitioned that the Hospital might be given to the City, but, alas, for five years no answer was received and we lived as best we might and in the most dire despair. At last we were granted a new corporation. A priest for master and four chaplains, to whom were given the site, the buildings, and church of the old Hospital of St. Bartholomew's the Less, which we had loved so well and where we had worked so hard, with all its goods, jewels, and chattels, but without any other endowment. It soon appeared how bad was the management of the master and chaplains, for they sold our property, destroyed our library, and removed so much of the furniture as hardly to leave sufficient accommodation for three poor harlots great with child. Then it was that the great City, of which we are proud to be members, came to the rescue.

A.D. 1547.—The Hospital and its endowments were vested in the Lord Mayor, Commonalty, and Citizens of London, because "of the miserable state of the poore, aged, sick, low, and impotent people, as well men as women, lying and going about begging in the common streets of the said City and the suburbs of the same to the great paine and sorrowe of the same poore, aged, sicke, and impotent people, and to the great infection, hurt, and annoyance of His Grace's loving subjects, which must of necessity goe and passe by the same poore, sick, low, and impotent people, being infected with divers great and horrible sicknesses and diseases," so ran the Letters Patent, and with them came an endowment of 500 marks per annum on condition that the citizens should raise annually a like sum to secure a total revenue of 1000 marks, or £666 13s. 4d. This they did gladly and quickly, and we started work again with 100 beds all allotted to surgical cases. I remember that we had three surgeons to attend upon them, but there was no physician for the next fourteen years, and then he had but eight out-patients under his care.

A.D. 1555.—But if things went badly within the Hospital, they were much worse outside, and I look back with horror, and even with terror, to that stake set up between our gate and the gate of the Priory Church, where so many martyrs testified to the constancy of their faith. Of those scenes I often dream and wake shuddering to find that in our spacious times they can never be repeated. The first I saw was that of our meek pastor of St. Sepulchre's, Master John Rogers, of the University of Cambridge, Artium Magister, the friend of Tindall and Miles Coverdale. Him the Bishop of London had given a Prebend in Paul's, and the Dean and Chapter there chose him to read the divinity lecture, in which place he remained till the time of Queene Marie. In the morning of the fourth of February, Anno 1555, I tell the story as it is told by my colleague, Dr. Timothy Bright, who dwells with me in the Hospital, and has invented that short method of writing which is called stenography. He is a better story-teller than I am: "Being munday hee was warned sodainely by the keeper's wife of



Newgate to prepare himself to the fire (who, then being sound asleep, scarce with much shogging could bee awaked), and being bid to make haste; then, said hee, 'If it be so, I shall not need to tye my poyntes.' And so was he had downe first to Boner to be disgraded; that done, he craved Bishop Boner that he might talke a few wordes with his wife before his death. This Boner would not suffer: So was hee brought into Smithfield by Master Chester and Master Woodrofe, then Sheriffes of London, and cheerefully ended his martirdome in the fire; washing his handes in the flame as he was in burning. His pardon was brought him at the stake if he would have recanted; but hee utterly refused it, and was the first martyr of Queene Marie's daies."

The fires thus lighted seemed unquenchable, for, again in May, on the 30th day, there suffered together in Smithfield John Cardmaker, the preacher, Prebendary of the Church of Wells, and John Warne, upholsterer, of the parish of St. John in Walbrook, who was of the age of 29 years. And when they came to the stake, first the Sheriffs called Cardmaker aside and talked with him secretly so long that in the meantime Warne had made his prayers, was chained to the stake, and had wood and reed set about him, so that nothing wanted but the string, but still abode Cardmaker talking with the sheriffs. And we onlookers, having heard before that Cardmaker would recant and beholding this manner of doing, were in a marvellous dump and sadness, thinking, indeed, that Cardmaker should now recant at the burning of Warne. At length Cardmaker departed from the sheriffs, and came towards the stake (and in his garments as he was) kneeled down, and made a long prayer in silence to himself; yet the people confirmed themselves in their fantasie of recanting seeing him in his garments, praying secretly, and no semblance of any burning.

His prayers being ended, he rose up, put off his clothes unto his shirt, went with bold courage to the stake and kissed it sweetly: he took Warne by the hand and comforted him heartily, and so gave himself also to be bound to the stake most gladly. We, seeing this so suddenly done contrary to our fearful expectation as men delivered out of a great doubt, cried out for joy (with so great a shout as hath not lightly been heard a greater), saying: "God be praised, the Lord strengthen thee, Cardmaker, the Lord Jesus receive thy spirit." And this continued while the executioner put fire to them, and they both passed through the fire to the blessed rest and peace among God's holy saints and martyrs.

And the fires being lighted by that most wicked Bishop, he was no longer content to burn one at a time, but sent whole companies—men and women alike—and together to undergo that most cruel fate. And most I pitied that worthy martyr and servant of God, Master John Bradford, so learned and godly a man that he had the accounts of

Sir John Harrington when he was the King's Treasurer at Boulougne, and had been given a Fellowship at Pembroke College in the University of Cambridge. Him with John Leafe, an apprentice to Humphrey Gawdy, the tallow-chandler—our neighbour in the parish of Christ's Church—they brought to Smithfield in the month of July, 1555. And first, when they came to the stake to be burned, Master Bradford lying prostrate on one side of the stake and the young man, John Leafe, on the other side, they flat on their faces praying to themselves the space of a minute of an hour. Then one of the sheriffs said to Master Bradford: "Arise, and make an end; for the press of people is great."

And at that word they both stood upon their feet, and then Master Bradford took a faggot in his hand and kissed it, and so likewise the stake. And when he had so done, he desired of the sheriff that his servant might have his raiment. "For," said he, "I have nothing else to give him; and, besides that, he is a poor man." And the sheriff said he should have it. And so forthwith Master Bradford did put off his raiment and went to the stake, and, holding up his hands and casting his countenance to heaven, he said thus: "O, England, England, repent thee of thy sins, beware of idolatory, beware of false anti-christs, take heed they do not deceive you." And, as he was speaking these words, the sheriff bade tie his hands, if he would not be quiet. "O, Master Sheriff," said Master Bradford, "I am quiet; God forgive you this, Master Sheriff." And one of the officers which made the fire, hearing Master Bradford so speaking to the sheriff, said: "If you have no better learning but that you are but a fool, and were best hold your peace." To the which words Master Bradford gave no answer; but asked all the world forgiveness, and forgave all the world, and prayed the people to pray for him, and turned his head to the young man that suffered with him, and said: "Be of good comfort, brother, for we shall have a merry supper with the Lord this night." And so spake no more words that any man did hear; but, embracing the reeds, said thus: "Strait is the way and narrow is the gate that leadeth to eternal salvation, and few there be that find it."

And thus they ended their mortal lives most like two lambs, without any alteration of their countenance, being void of all fear, and hoping to obtain the price of the game that they had long run at.

I mind me that it was reported that the surly Sheriff Woodroffe soon came by his own. He it was that when Master Rogers was in the cart going towards Smithfield, and on the way his wife and children would have spoken with him—eleven children there were and one sucking at her breast—the people making a lane for them to come to him, that most wicked sheriff, I say, bade the carman's head should be broken for staying his cart; nor would he suffer Master Bradford to make an end of his prayers. But



what happened? He was not come out of his office the space of a year but he was stricken by the sudden hand of God, the one half of his body in such sort that he lay benumbed and bedridden, not able to move himself, but as he was lifted of other, and so continued in that infirmity the space of eight or ten years till his dying day.

A.D. 1565.—Brighter times came when our good Elizabeth was Queen. We had pageants again, the Hospital throve and did much good. But our surgeons were rough, and I often had much ado to keep the peace between them. Master Clowes in particular—good surgeon as he was—had a very rough side to his tongue, and I have known him come to our Company's Hall in Monkwell Street—where it still stands—and not only miscall those who were unfriendly to him but actually stand in our midst and with scoffing words and jests attack each of us in turn sitting there in our fur gowns, a very reverend assembly, calling us great bugbears, stinging gnats, venomous wasps, and counterfeit crocodiles. Indeed, no longer ago than 1577, on the 25th of March, which some used to call our Lady's Day, he and George Baker, contrary to order and to the good and wholesome rules of our house, misused each other and fought together with their fists in the fields, though both were surgeons to the Queen's Highness. Which I hearing of as Master of the Company, or as you would now say President of the College of Surgeons, did cause them to be brought before me, but I pardoned them this their great offence in hope of amendment and wishing that they might be and continue loving brothers together.

But if our surgeons were rough in their manners they were absolutely honest of purpose and sought in all things to make us from a trade into a profession and to scotch quackery. Have I not heard Master Gale say, "I did see in the two Hospitals of London called St. Thomas's and St. Bartholomew's no longer ago than in the year 1562 to the number of 300 and odd poor people that were diseased of sore legs, sore arms, feet and hands with other parts of the body so sore infected that 120 of them could never be recovered without loss of a leg or an arm, a foot or a hand, fingers or toes, or else their limbs crooked so that they were either maimed or undone for ever. All these were brought to this mischief by witches, by women, by counterfeit javels, that took upon them to use the art, not only robbing them of their money but of their limbs and perpetual health. And I with certain others diligently examining these poor people, how they came by these grievous hurts and who were their chirurgeons that looked upon them and they confessed that they were either witches, which did promise by charms to make them whole, or else some women which would make them whole with herbs and such like things, or else some vagabond javil which runneth from one county to another promising them health only to deceive them of their money. This fault and crime of the undoing of this people were laid unto the chirurgeons—I will not say by part of those who

were masters of the same hospitals—but it was said that carpenters, women, weavers, cobblers, and tinkers did cure more people than the chirurgeons. But what manner of cures they did I have said, such cures as all the world may wonder at, such cures as maketh the devil in hell to dance for joy to see the poor members of Jesus Christ so miserably tormented.

At this time too, I remember we got our lay sisters and nurses under a matron instead of those meek sisters who used to be directed by the Mother Superior as to what they might and might not do. The work of nursing was a new thing to our lay sisters, and it was necessary to keep them a little more strictly than is now the case. They came not out of the ward every night after the hour of seven o'clock in the winter and after nine o'clock in the summer except some great and special cause befel—as the present danger of death or the needful succour of some poor person. They washed and purged the unclean clothes of the patients and other things and, in their spare time when they were not occupied about the poor, they were set to spinning the flax provided by the governors of the Hospital, or to such other manner of work that may avoid idleness and be profitable to the poor of the house. Knitting and crochet work have now replaced the more useful spinning. Above all things they were told to abhor and detest scolding as a most pestilent and filthy vice. Money perhaps went farther in those days but the sisters were no more overpaid then than they are now.

A.D. 1747.—They acquired in time a right to certain small perquisites of which our governors found it hard to deprive them. Thus the matron had an old and accustomed fee of one shilling for the use of a pall to cover the coffin of every patient buried from the Hospital, whilst the sisters did demand and take of the patients and their friends one shilling for earthenware and other necessities and the nurses likewise sixpence. The nursing staff in the wards devoted to the reception of patients to be cut for the stone had a special allowance, the sister half a crown for each operation and the nurse or helper there one shilling. In the two fluxing wards or foul wards for the reception of the class of patients which is now admitted to the "Shelter" in Golden Lane the Sister received six shillings and six pence for every patient who was salivated, but in return she had to provide flannels and other necessities and pay her nurses one shilling.

A.D. 1821.—There were 24 wards in the Hospital nursed by a staff of 24 sisters, 48 nurses and 26 night nurses. The salaries of the sisters ranged from fourteen to twenty-seven shillings a week, whilst the nurses received seven shillings a week, and the night nurses ninepence a night. It is not surprising if the women who were tempted by these wages should sometimes develop into the prototypes of Mrs. Gamp, Betsy Prig, and Mrs Harris. They were, however, the exceptions, for I know that a searching investigation was made into every department of the Hospital, and it was



reported that "there was no complaint of any misbehaviour of the sisters or nurses of this Hospital, and the committee is of opinion that the sisters and nurses have done their duty." The predecessors of our present magnificent nursing staff, uneducated as they were, could still have taught us much that is valuable in the art of practical nursing and the handling of sick men and women. Indeed, I often think as I watch our present sisters and nurses going so deftly about their work that much of what they do is based upon the tradition handed down from these women and is the accumulated experience of nearly 400 years.

Our Hospital increased steadily in reputation under the guidance and fostering care of the great business men of the City who have never spared time or money in making it second to none. The medical and surgical staff became known throughout the world. William Harvey shed the lustre of his name over us; Percivall Pott, famous amongst the great teaching surgeons of Europe, instructed John Hunter and was thus associated with the first great revolution in modern surgery. But ever as we became a great school of medicine and surgery we became more and more self-centred and our immediate surroundings became more squalid.

The butchers, as always from the foundation of the Hospital, were our immediate neighbours, and in time Smithfield, that open place for jousts and meetings and burnings, was occupied by live cattle, an unclean place, noisy with shouts of drovers, the lowing of cattle and the bleating of sheep. Dangerous at all times and actually impassable at Bartholomewtide when the fair was held, it is no wonder, therefore, if it was rarely visited except by those whose business or needs brought them to the Hospital. Bartholomew Fair was abolished (A.D. 1855) before my time, but I well remember as a small boy the perilous passage of the Smithfield cattle market when we went to tea with my father's friend who afterwards became my own Master—[Sir] William Savory—then living in Charterhouse Square.

And thus my visions end, and I come into the recollections of my own life. How, when I came to this school fresh from Oxford just forty years ago, I found myself amongst an indulgent body who at once appointed me a teacher, invited me to their Christmas dinner and told me that they had given me the opportunity of winning my spurs should I be so inclined. The whole staff of the Hospital then numbered twenty-eight. Doubtless they had their rivalries and little jealousies, but I was too young to be interested in them, and to me everyone proved a good friend. All now are dead except Sir William Church, Sir Dyce Duckworth, Dr. Wickham Legg, Sir Francis Champneys, Dr. Vincent Harris, and our present Poet Laureate, Dr. Bridges, who was then the senior Casualty Physician. May God long preserve them in their present health and strength.

Gradually as I have watched it the school has grown, both

as regards the numbers of the personnel and the buildings wherein they are housed. First, the anatomical rooms and these lecture theatres, then the library and museum block, afterwards the out-patient block with its magnificent accommodation for the special departments and the apothecary's shop; still more recently and within the memory of many of you the pathological block has been built.

I have to-night told you many visions of things past: there remains one of a thing to come. I have a vision of a time when the present nurses' home shall have been swept away and in its place there has arisen in Little Britain a fine building with a good lounge, a pleasant drawing-room, a well-equipped library, fine baths, plenty of hot and cold water, a separate little bedroom for each, a lift for tired nurses, and an infirmary on the topmost floor made as little like a hospital ward as possible. Such a building has been long overdue but it must come, for our present arrangements are disgraceful and are a standing reproach to the great City of which we have formed an integral part for nearly a thousand years.

### CHANGES OF ADDRESS.

- BREWER, A. H., "Home Rest," Totland Bay, Isle of Wight.  
 BRODRIBB, A. W., Capt., R.A.M.C., 72nd General Hospital, B.E.F., France.  
 MAPLES, E. E., P.O., Box 33, "The Warren," Calabar, Southern Nigeria.  
 MILLER, T. M., Capt., R.A.M.C.Sp.R., 23rd Field Ambulance, B.E.F., Italy.  
 MOBERLEY, S., Capt., R.A.M.C., Alexandra Hospital, Cosham, Hants.  
 MORFORD, A., 1st London General Hospital, Cormont Road, Camberwell, S.E. 5.

### ACKNOWLEDGMENTS.

*The Nursing Times, New York State Journal of Medicine, The Medical Review, The Hospital, The British Journal of Nursing, Guy's Hospital Gazette, Charing Cross Hospital Gazette, Journal de Médecine de Bordeaux, Long Island Medical Journal, Le Monde Médical, Middlesex Hospital Journal, The Shield, St. Mary's Hospital Gazette, London Hospital Gazette, Journal of the Department of the Public Health, Hospitals, and Charitable Aid, Magazine of the London (Royal Free Hospital) School of Medicine for Women.*

### NOTICE.

- All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, Smithfield, E.C.*  
*The Annual Subscription to the Journal is 5s., including postage. Subscriptions should be sent to the MANAGER, W. E. SARGANT, M.R.C.S., at the Hospital.*  
*All communications, financial, or otherwise, relative to Advertisements ONLY, should be addressed to ADVERTISEMENT MANAGER, the Journal Office, St. Bartholomew's Hospital, E.C. Telephone: City 510.*  
*A Cover for binding (black cloth boards with lettering and King Henry VIII Gateway in gilt) can be obtained (price 1s. post free) from MESSRS. ADLARD & SON & WEST NEWMAN, LTD., Bartholomew Close. MESSRS. ADLARD & SON AND WEST NEWMAN have arranged to do the binding, with cut and sprinkled edges, at a cost of 1s. 9d. or carriage paid 2s.—cover included.*



# St. Bartholomew's Hospital



"Æquam memento rebus in arduis  
Servare mentem."

—Horace, Book ii, Ode iii.

## JOURNAL.

VOL. XXV.—No. 6.]

MARCH 1ST, 1918.

[PRICE SIXPENCE.]

### CALENDAR.

Fri., Mar. 1.—Dr. Morley Fletcher and Mr. Waring on duty.  
Tues., " 5.—Dr. J. H. Drysdale and Mr. McAdam Eccles on duty.  
Fri., " 8.—Dr. J. Calvert and Mr. D'Arcy Power on duty.  
Tues., " 12.—Dr. Morley Fletcher and Mr. Waring on duty.  
Fri., " 15.—Dr. J. H. Drysdale and Mr. McAdam Eccles on duty.  
Tues., " 19.—Dr. J. Calvert and Mr. D'Arcy Power on duty.  
Fri., " 22.—Dr. Morley Fletcher and Mr. Waring on duty.  
Tues., " 26.—Dr. J. H. Drysdale and Mr. McAdam Eccles on duty.  
Fri., " 29.—Dr. J. Calvert and Mr. D'Arcy Power on duty.  
Tues. Apl. 2.—Dr. Morley Fletcher and Mr. Waring on duty.

### EDITORIAL NOTES.



Feel sure that many old Bart.'s men who chanced to see a paragraph in the papers a few weeks ago to the effect that considerable damage had been done to the Hospital as the result of fire must have experienced a certain amount of alarm.

As a matter of fact the catastrophe might have proved very serious indeed if the discovery had not been made at an early stage. The fire, which occurred early on the morning of Sunday, January 20th, started in the Nurses' dining room and quickly spread as far as the cubicles. The cause does not appear to be known, but the fire certainly commenced in the basement.

Some thirty fire engines were quickly on the spot and rapidly extinguished the flames, but not before much damage had been done.

H.M. The King was informed, and forwarded the following telegram to the Treasurer :

"The King regrets extremely to hear of the fire which occurred at St. Bartholomew's Hospital, and is thankful to learn that the damage done was not more serious. His Majesty is gratified to hear from report of the splendid manner in which the Nurses and Hospital Staff behaved."

\* \* \*

It is very gratifying to learn that surgeon probationers are proving so useful in the Navy—so much so, in fact, that the

Admiralty has asked for still larger numbers. It is hoped that sufficient third and fourth year men will be forthcoming to meet the demand, failing which it may be necessary to institute some form of compulsion.

The idea at present is that students who have passed Anatomy and Physiology and have had some little clinical experience shall serve for a period of six months and then be allowed to return to complete their studies, their place being taken by another batch prepared similarly to serve for six months.

Bart.'s, as usual, is setting an excellent example, at least twenty men having already volunteered for service. We have no doubt that students at other hospitals will show themselves to be equally patriotic, and that it will not be necessary to have to introduce any form of compulsion. The scheme should work admirably, and has the advantage that delay in qualification is reduced to a minimum.

\* \* \*

The following have been mentioned in despatches for distinguished services rendered with the Egyptian Expeditionary Force :

Temp. Capt. N. Duggan, R.A.M.C., Temp. Capt. C. Loddiges, R.A.M.C., Temp. Lieut.-Col. L. P. Phillips, Special List, Temp. Capt. M. Bates, R.A.M.C.

\* \* \*

The King has been pleased to confer the following awards for distinguished services in the field, and to these gentlemen we offer our congratulations :

Temp. Lieut.-Col. C. A. A. Stidston, R.A.M.C., receives the D.S.O., and Temp. Capt. C. L. Chalk, R.A.M.C., Temp. Lieut. D. A. H. Moses, R.A.M.C., Capt. J. B. Mudge, Notts. and Derby Regt., Sp. R., and Capt. J. A. Pridham, R.A.M.C., Sp. R., the Military Cross.

\* \* \*

It affords us much pleasure to learn that Capt. H. D. Clementi-Smith, R.A.M.C., and Flight-Lieut. R. G. Mack, R.N.A.S., have been repatriated, and that Capt. J. C. W. MacBryan, Som. L.I., is now interned in Holland, having been included in the list of officers sent from Germany.



We desire to congratulate the following recipients of decorations awarded by the Allied Powers for distinguished services rendered:

Temp. Capt. (Acting Major) E. A. Dorrell, R.F.A., receives the Order of Kara George, 4th Class (with swords), and Capt. E. J. Y. Brash, R.A.M.C., and Temp. Capt. F. M. Bishop, R.A.M.C., the Order of St. Sava, 4th Class.

\* \* \*

We regret to announce the death of the following Bart.'s men:

Surgeon-Lieut.-Colonel William Benjamin Chatterton Deeble, R.A.M.C. (ret.), died at a nursing home at Ryde, Isle of Wight, on December 28th, 1917, æt. 59. He was educated at St. Bartholomew's Hospital, took the diplomas of M.R.C.S. and L.R.C.P. Edin. in 1881, and entered the Army as Surgeon on February 3rd, 1883, becoming Surgeon-Lieut.-Col. on July 23rd, 1903, and retiring on September 27th, 1911. Most of his service was passed in the Household Brigade as Medical Officer of the 1st Life Guards. Col. Deeble saw service in the Boer War, and was with Sir George White in the siege of Ladysmith. For his services he had the Queen's Medal with two clasps.

The death occurred on January 28th of Dr. George Henry Eccles, who had practised in Plymouth for over fifty-five years. After qualifying here he held the post of House Surgeon to the Hospital. Dr. Eccles was a man of remarkably strong character, and sacrificed much for his religious convictions.

Dr. Alexander Hampton Brewer, late of Dalston, has died at Totland Bay, in his seventy-fifth year. He received his professional education at St. Bartholomew's Hospital, and was Medical Officer of the Provident Department of the Metropolitan Hospital.

Mr. Harold Frederick Mole, a well-known Bristol practitioner, has died at the age of 51. He received his professional training at Bristol and St. Bartholomew's Hospital, qualifying M.R.C.S. Eng. L.R.C.P. Lond. in 1890. In 1892 he became F.R.C.S. Eng. At the time of his death he was Surgeon to Bristol Royal Infirmary, and had formerly been Surgeon in charge of the aural department of that institution.

At his home in Hampshire, on January 8th, the death took place of James Collings Hoyle, M.D. Dr. Hoyle received his training at this Hospital. For many years he held the important post of Medical Officer for Rangoon, and subsequently practised at Bournemouth. By his death the medical profession is the poorer, and his conspicuous zeal and marked professional acumen won for him the love and admiration of a wide circle of friends.

\* \* \*

The following statements of services for which the decorations of M.C. were conferred are now to hand:

Temp. Lieut. Reginald Gordon Hill, M.B., R.A.M.C.

"During an attack he continually attended to wounded under a heavy barrage, and on the objective being gained he quickly formed a dressing-station, where he was indefatigable in his attention to the wounded of his own and another battalion, although under continuous fire for two days. By his cheerfulness and splendid devotion to duty he set a fine example to all ranks."

It will be recalled that Lieut. R. G. Hill has since been killed in action, and his name has appeared in a former roll of honour.

Temp. Capt. Frederick Tavinor Rees, R.A.M.C. "For conspicuous gallantry and devotion to duty when in command of bearer divisions. He displayed tireless energy in making preparations for the attack, and during the operations carried out the duties with splendid devotion, frequently working under difficult and dangerous conditions. Early in the action he went forward under fire and made a thorough personal reconnaissance over difficult ground, thereby facilitating the clearance of the wounded."

\* \* \*

The following gentlemen were nominated to the Resident Staff, commencing February 1st, 1918:

*House Physicians and Assistant House Physicians—*

Dr. Calvert.	W. B. Christopherson.
	T. M. Payne.
Dr. Fletcher.	E. T. D. Fletcher.
	H. B. Jackson.
Dr. Drysdale.	G. Bourne.
	W. M. Heald.

*House Surgeons and Assistant House Surgeons—*

Mr. Power.	R. B. Sharp.
	V. S. Pandit.
Mr. Waring.	E. R. Batho.
	W. A. Jolliffe.
Mr. Eccles.	A. G. Shurlock.
	A. V. Lopes.

*Intern Midwifery Assistant* . . . R. French.

*Extern Midwifery Assistant* . . . D. M. Muir.

*Ophthalmic House Surgeon* . . . G. Cooke.

*House Surgeon to Throat, Nose, and Ear Department* . . . J. E. A. Boucaud.

*House Surgeon to Venereal Dept.* . . . A. V. Pegge.

*Resident Anæsthetists* . . . (D. Blount.  
J. A. van Heerden.

*Military Wing* . . . G. K. Stone.

\* \* \*

ROLL OF HONOUR.

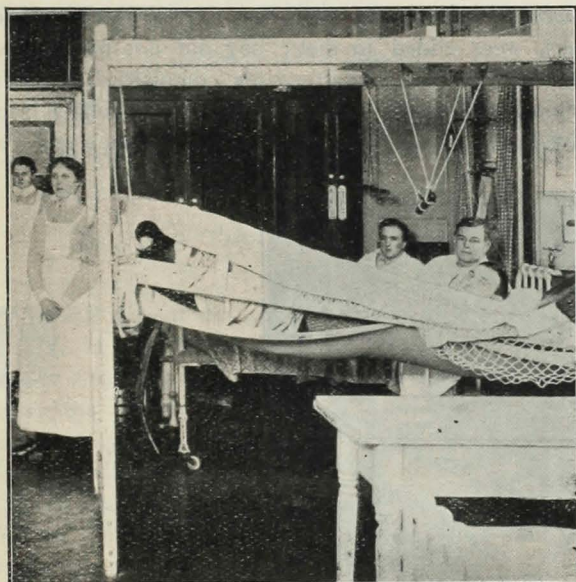
It is with much regret that we have to record the death of Second Lieut. W. C. V. Higginson, R.F.C., which took place while flying in France. He was the son of Mr. and Mrs. Higginson, of Leicester, and was a student at this Hospital until September, 1916, when he joined the R.F.C. After the battle of Cambrai he was reported missing, and is now officially reported killed.

To Mr. and Mrs. Higginson we extend our sincere sympathy.



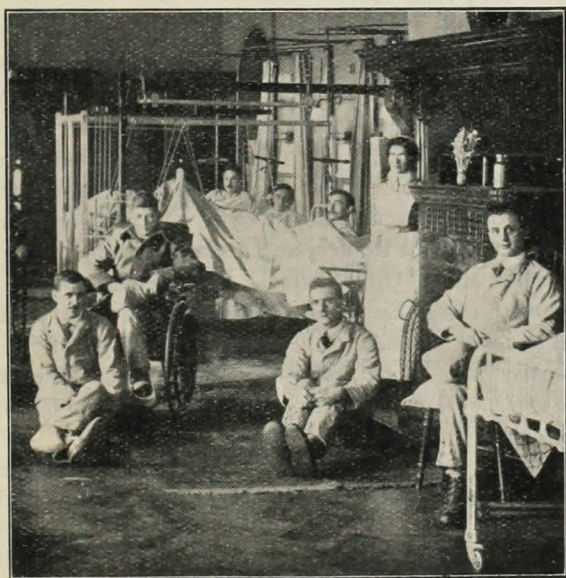
## THE MEURICE SINCLAIR APPARATUS.

**T**HE Meurice Sinclair apparatus for the treatment of fractured femora is being used with much success in the military wards of St. Bartholomew's Hospital. The introduction of the apparatus into this Hospital is due



1.—THE BACK WARD OF KENTON.

to Capt. Harold Wilson, who has recently returned from France, and, in the absence of Capt. Girling Ball, is acting as officer in charge of the military wing.



2.—THE FRONT WARD OF KENTON.

The first photograph, taken in the back ward of Kenton, shows a net bed as designed and used by Major Meurice Sinclair of the — Stationary Hospital, B.E.F., for fractures of the upper third of the femur. Its chief advantages are :

- (1) Securing of full abduction.
- (2) Ease in nursing.
- (3) Comfort of the patient.

The second photograph, taken in the front ward of Kenton, depicts a modified Sinclair suspension frame for supporting a Thomas's splint when used for the treatment of fractures of the middle and lower thirds of the femur.

For permission to use the third photograph, reproduced on the following page, we are much indebted to the courtesy of the *British Medical Journal*.

## NOTES ON TWO CASES OF DIABETES MELLITUS.

By P. HORSBURGH, M.R.C.S., L.R.C.P., and W. D. NICOL, M.R.C.S., L.R.C.P.



D—, æt. 7, was admitted to Mark Ward, under the care of Dr. Morley Fletcher on October 28th, on account of excessive thirst and wasting.

Seven weeks before it was noticed that the boy was very thirsty and was getting thin.

The parents were told he had diabetes, and must take no "starchy foods."

His diet has consisted of meat, green vegetables, brown bread, and milk. He was referred to the Hospital, as he continued to waste.

There is no family history of diabetes.

On admission, the urine contained a large quantity of sugar, S.G. 1040. Rothera reaction quick, but moderate. Ferri perchlor. reaction absent.

October 29th.—He had a "hunger day," and urine became sugar-free. Rothera test gave a very faint reaction. This was followed by two egg and vegetable days, then meat, bacon, sardines, and tea were added at two-day intervals. No sugar appeared in the urine, and Rothera reaction was absent after the first day on which meat was given.

November 13th.—A "hunger day" was given, followed by a vegetable day, preparatory to adding carbohydrate to the diet.

November 15th.—On waking, child complained of nausea and refused food, seemed slightly drowsy; a specimen of urine obtained at 8.30 a.m. showed no sugar, a quick, strong Rothera, and marked iron reaction. Child had a "hunger day" and was given sodium bicarbonate, gr. xxx, 2-hourly. No constipation, but it was thought advisable to give a soap enema.

November 16th.—Child was listless and slightly drowsy,



looked very ill; had vomited once. Green vegetables 200 grms. added to fluids, and whiskey, 5 drachms in the 24 hours. Urine the same as previous day.

*November 17th.*—Vomited at 4 a.m. Rothera reaction less marked.

*November 18th.*—Child very drowsy, complained of feeling tired; had again vomited. Rothera absent, iron reaction very slight. As child seemed to be going downhill it was decided to try the effect of adding carbohydrates to his diet, milk 600 c.c. (carbohydrate 24 gm.) being given in 24 hours; by the evening the child seemed much brighter.

*November 19th.*—Boy much better. Urine normal.

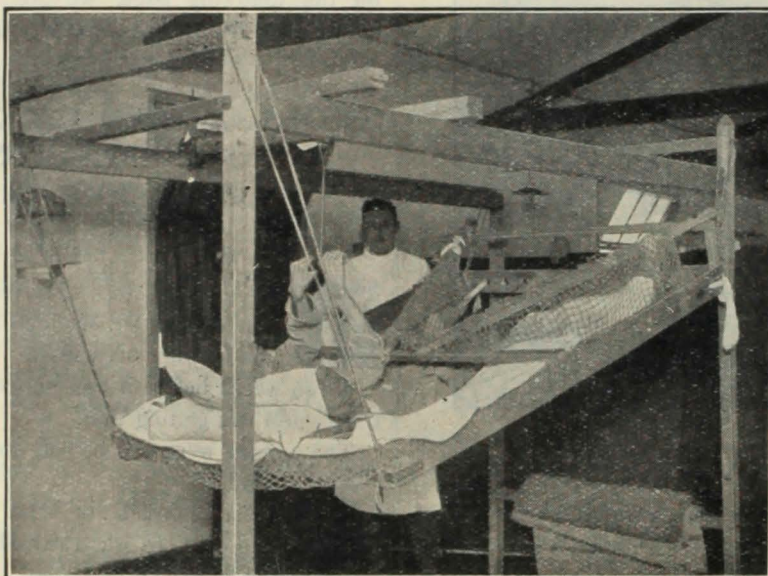
On admission, urine was found to contain a large amount of sugar, S.G. 1037, no Rothera or iron reactions.

*November 20th.*—Had two "hunger days." There was a faint trace of sugar the first day, but none on the second.

*November 22nd.*—Two egg and vegetable days. Sugar absent. Rothera very faintly positive.

*November 23rd.*—Urine normal.

*November 24th.*—Meat, 50 grms. (25 for dinner, 25 for supper), were added to diet; boy did not take all his supper, and immediately afterwards complained of severe abdominal pain and became drowsy; specimen of urine obtained at 7.30 p.m., gave quick, strong Rothera and iron



3.—THE "MEURICE SINCLAIR" NET BED, SEEN FROM ABOVE.

Fish, eggs, bacon, sardines, and meat were slowly added to diet, and the amount of sodium bicarbonate was gradually reduced. Child gained a little weight, and urine continued normal.

*December 4th.*—Bread 10 grms. was added to diet; same quantity added on 9th and 13th, without any appearance of sugar in the urine.

*December 14th.*—Began getting up, and on the 20th went home to continue same diet.

The amount of carbohydrate taken in a day was 50 grms. and calorie value 1200.

S. G.—, *æt.* 13, was admitted to Mark Ward on November 19th, care of Dr. Calvert, on account of excessive thirst.

Three weeks ago it was noticed the boy was very thirsty, but there was no loss of weight or feeling of fatigue, and he attended school as usual.

One week ago he was seen by a doctor, who found sugar in the urine, and ordered a diet of meat, green vegetables, milk, and toasted brown bread.

reactions. 8 p.m., milk 200 c.c. (carbohydrate 8 gm.) were given, and another 200 c.c. during night. Sodium bicarbonate, gr. xl 2-hourly. B.o. 3 times.

*November 25th.*—Boy quite bright, still some abdominal pain. Milk 1000 c.c. added to diet and meat omitted; by the evening pain had entirely gone. Urine showed no sugar, and very faint Rothera and iron reactions.

*November 26th.*—Urine normal. Boy seemed well.

*November 28th.*—Fish, bacon, sardines, and ham added to diet at 2-day intervals.

*December 7th.*—Bread 10 grms. added at 2-day intervals till 50 grms. were being taken. Boy was then allowed up. Urine remained normal.

*December 23rd.*—Went home to continue same diet, which contained carbohydrate 80 grms. and has a calorie value of 1800.

The interesting points in these two cases are the success of the "hunger and vegetable" diets in the younger boy on admission and the failure a fortnight later, for which reason



it was not tried in the second case when the child showed signs of impending coma, and the tolerance of large quantities of carbohydrate (24 grms. in first and 40 grms. in second case) added suddenly to the diet. It was not possible to keep them long enough to ascertain how much carbohydrate they could have tolerated, as the relatives wished to have them home for Christmas.

We are much indebted to Drs. Calvert and Morley Fletcher for permission to publish these cases.

## A CASE OF A FOREIGN BODY IN THE TRACHEA REMOVED THROUGH A HIGH TRACHEOTOMY WOUND.

By PH. A. SMUTS, M.R.C.S., L.R.C.P.

**T**HE patient was a man, æt. 37. While taking part in Christmas festivities on Christmas evening, 1917, patient choked while eating nuts. During the violent fit of coughing which followed he noticed about a teaspoonful of blood in the mucus he coughed up. Immediately after he commenced having difficulty in breathing, with a tight feeling in his throat. The dyspnoea increased gradually, and he was seen next day (December 26th) by a doctor. On December 29th Dr. Stansfeld was consulted, and he sent the patient up to St. Bartholomew's. He was then seen by Dr. Calvert for Dr. Morley Fletcher.

When seen at this hospital at 7 p.m. patient was in a most distressed condition. His dyspnoea was urgent, and his condition was aggravated by violent attacks of coughing. He was blue, and had recession. His temperature was 100° F., and pulse 120. He could not speak above a whisper. He coughed up mostly mucus, frothy with some pus and blood.

Mr. Rose saw the patient at about 10 p.m., and an examination of his larynx showed his cords to be red, and moving naturally. No obstruction was seen in his larynx, but some white substance was seen lower down. The nature of this substance could not be settled because of the amount of mucus in the larynx and the stress to which the examination subjected the patient.

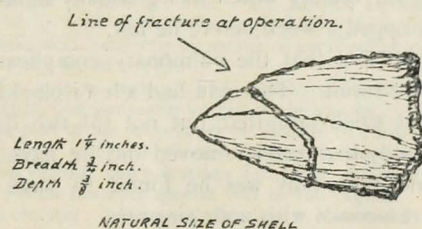
Arrangements were at once made for doing a tracheotomy. The high tracheotomy operation was done under a local anæsthetic (cocaine) by Mr. Rose and afforded instant relief. The patient was transferred to Abernethy Ward and coughed a good deal all night. By morning the nature of the coughed-up material was much more purulent and most offensive. The discharge through the tracheotomy tube was profuse, and at 11 a.m. (December 30th, 1917) it was found necessary to remove the tube and insert a pair of dilators to enable the patient to cough up some blood-clot

which was blocking the tracheal opening of the tracheotomy tube.

Patient was fairly comfortable all day, but the tube had to be changed again at 11 p.m., the profuse discharge having all but blocked the tube.

On December 31st a laryngoscopic examination showed the condition of the larynx to be practically unchanged, except that where the white substance had been seen on December 29th a black mass could be made out. Whether it was the tracheotomy tube, or a foreign body lying above it, could not be determined.

Mr. Rose decided to pass a bronchoscope on January 1st, 1918, to clear up the nature of the tracheal obstruction. By this time the patient showed signs of impending bronchopneumonia. Isolated *râles* could be heard all over the chest. A rectal anæsthetic was decided upon. Morphia gr.  $\frac{1}{4}$ , atropin gr.  $\frac{1}{100}$ , and hyoscine gr.  $\frac{1}{100}$  were given hypodermically three quarters of an hour, and a mixture of ether 3v, olive oil 3ij, paraldehyde 3ij, was given *per rectum* half an hour before the patient was taken to the theatre.



The patient was pretty well anæsthetised when the operation was commenced, but some chloroform was administered to overcome spasms of coughing when the bronchoscope was introduced.

On introducing the bronchoscope a foreign body could be made out lying below the larynx, and between it and the tracheotomy tube. It occupied the posterior half of the concavity of the trachea and seemed firmly fixed. An attempt was made to grip it through the bronchoscope with a Patterson's forceps, but it was hard, and apparently firmly fixed. Mr. Rose then decided to approach it through the tracheotomy wound. The tracheotomy tube was removed, and the foreign body located through the wound. It was found to be lying against the posterior wall of the trachea, and itself presented a concave anterior surface. It was so firmly fixed that it could not be removed *en masse*. It was gripped above and below with two pairs of Spencer-Wells forceps and broken in two with a pair of scissors, and the two halves removed through the wound in turn.

The two pieces fitted well, and no splinters were found. The body removed proved to be a portion of a shell of a Brazil nut.

The bronchoscope was again passed, and no trace of foreign body seen below the larynx. The tracheotomy tube was replaced.



Next day (January 2nd, 1918) patient's general condition was much improved and the discharge through the tracheotomy tube much less offensive.

On January 3rd, 1918, the tracheotomy tube was removed, and the patient breathed comfortably through the nose when the tracheotomy wound was covered.

On January 4th, 1918, patient complained of pain on coughing at the base of the right lung at the back. He was found to have a small area at the back which was dull on percussion with poor air entry, and harsh breathing.

Under the medical treatment, advised by Dr. Morley Fletcher, the lungs became normal in ten days. The discharge from the tracheotomy wound was slight and clear by this time, and by January 15th the patient was longing for a smoke.

His voice was normal and all inflammation in the larynx had subsided.

He left hospital on January 21st, 1918.

The patient had been a free drinker which led to the disaster of Christmas evening. It was thought advisable to keep him on brandy which was gradually reduced, and completely stopped a week before he left.

It was interesting that the pulmonary complication had no more severe result. The man had a few isolated *râles* all over his chest when admitted, but not till two days after the foreign body had been removed did he have pain on coughing, and then only was he found to have an area of impaired resonance with poor air entry.

The prognosis at this time (January 4th, 1918) was necessarily doubtful, but he improved in the most remarkable way during the next two days.

The evening before the shell was removed, he was put into the genupectoral position to give him what chance there was of coughing up the foreign body. No success attended this manoeuvre.

The trachea was not examined at the time of the tracheotomy operation, because of the volume of blood and mucus which constantly obscured all view through the tracheotomy wound.

The size of the portion of shell which passed through the larynx is further worthy of notice. Its edges were sharp, and it is almost certain that where it was found at the operation was where it had become fixed in the first instance.

I am much indebted to Mr. Rose and Dr. Morley Fletcher for permission to publish this case.

### *Inbenes dum sumus.*

*A portion of a manuscript found in the cellars of the college, possibly of great antiquity and probably the diary of a gentleman engaged in medical study at the time.*



ONDAY, 8 a.m. Am awook in a rude manere by a noise on ye doore. Do gette from ye bedde to bathe and dresse.

9.10 a.m. To ye chirurgerie and carefull to war of ye man yclept Tuttonius. Do note that he at seeinge me do write in a booke. Sneake out of ye chirurgerie by ye other doore and go to breakfast, where do meete Districte clerkes who make much talke of such unwift thynges of 'bebeae, 'pepeaich,' and the like.

9.30 a.m. To ye chirurgerie againe. See gretter crowde of ye afflickted and maimd than ever before, and they clamouring withal to be cured of theyre aylements. Houfe chirurgeon asketh me where I hath tarried. Tell him that I hath been in ye other boxe. He looketh unbelievyng. [Must have lived in ye college himselfe!] Did fee one with a greyte plaster on his legge. Did hewen it off with a sawe. [Did also hew parte of legge, but carefull to bandage it uppe before houfe chirurgeon noticed itte.] Gave ye snagges much 'Gent. cum. Rheo.' and 'Lin. Sap.'

10 a.m. Tell other students that I go to ye wardes. Sneake into ye Abernethian Roome. See houfe chirurgeon there. Beate ye strategick retreat.

10.50 a.m. To ye wardes. Dame in blue who appeareth to have greyte authoryte, telleth me that there is a cafe in ye backe warde. Haften thither. Find there a varlet who maketh much talke of paines in ye belly. I list not to his talke, but look atte ye belly and do digge my hande in ye righte side thereof. The knave shrieketh and jumpeth from ye bedde on to ye floore. In rush house chirurgeon and ye dame in blue and they very abusive to me. Fedde uppe with ye warde and croffe ye square to ye taverne oppofite. There have a posfit.

12.15 p.m. Feilyng much stronger, go up to ye discourse by a learned phyfician. Finde a seate in ye back erowe and go to sleepe. Did wake to hear phyfician fayinge that such discourfes were of no manere of use, feeyng that ye subiecte was better expresse in ye bookes.

1.5 p.m. Descended to ye lowre regiones to take my midday repaste, and tollen ye wenche to fetch a pastie. After some titering was tolden itte was 'off.' Gadzooks!

1.30 p.m. After poore fayre did walke to ye fountaine, where I behelde a motley crowde of students and greyter ones. After a whyle saw ye greyte man with ye houfe chirurgeon and joyned them. Did ascend in ye bus [? Edit.] to a roome with a full unfavourly smell. There saw many phyficians, and makynge much talke. Asked



what they were talkynge aboute. Was tolden they were makinge theyre 'Diagnoses.' Afterwards did go to ye toppe of ye East blocke to witnesse ye merveillous feates of ye chirurgeon. Did see ye varlet of this mornynge broughte in—and he very blue and puffyng mightylie withal! Did find myfelfe in the waye of many maidens carrynge bowles. Menewhyle fat on ye finke with Mafter Cutter and saw one play with many pretye strynges—and he very septick! Did accept an invitation of Mafter Cutter to dine at a goodlie taverne in Fleete streete that nighte.

4.30 p.m. Did regale myfelfe after ye dayes harde work.

5.15 p.m. To Mackenzie's where I espied a greyte cloude of fmoke, and in the midft thereof, foure gentlemen atte cardes—and they very loude atte Oathes. Did fitte downe and take uppe five cardes, and after three more. Finde I have three Queenes and two Knaives. Did wager much monye and lose game to a varlet with foure kynges. Thence backe to ye college.

7.15 p.m. With Mafter Cutter to ye taverne. Did heare from him newes of one who tried to performe a mervellous amputacione with many wonderfull futures, and laughed hugely. Thence to ye mufick halle.

12.15 a.m. And thence to bedde.

## A CHANCE FOR A QUALIFIED MEDICAL STUDENT.



WE are indebted to Capt. L. B. Lane, Cherat, N.W.F.P., India, for the following cutting, the writer pointing out that the italics are his own:

"Wanted, by a Nobleman in the Madras Presidency, an experienced, energetic and qualified Doctor (European or Indian). None need apply who are *not* below the standard of an L.M. & S. grade. Salary according to qualifications.—Apply with latest photo and testimonials to M.56, Pioneer Press, Allahabad."

## CORRESPONDENCE.

### THE HOSPITAL AND THE SMITHFIELD.

To the Editor of the 'St. Bartholomew's Hospital Journal.'

SIR,—The charming series of articles by Col. D'Arcy Power ends with the relationship of site between the Hospital and the Meat Market.

How the popular mind connects surgery and butchery in other ways is brought to my mind by two incidents.

When I was dressing for Howard Marsh, I was doing out-patients and a man came in with a hand badly gashed. "Well, where do you come from?" I asked him, as I did up his bandages. "Oh, from the other meat shop over there, guv'nor," he answered, jerking his head across the way—the "other" was superb!

When I was given the duty of raising a Field Ambulance in 1914, a man wrote to me—

"Sir,—I should like the honour of enlisting in your Ambulance. I want to join the R.A.M.C. I am a butcher by trade and if you accept me I could bring my tools with me and carry on."

Whether he meant as a cook in the men's mess, or as surgical assistant on the staff, or whether he thought we should work in Germany I never discovered.

All success to you in your new Editorial Chair.

Yours, etc.

FORT PITT HOSPITAL,  
CHATHAM.

JOSIAH OLDFIELD,  
Lieut.-Col., R.A.M.C.

## REVIEWS.

THE VENEREAL DISEASES PROBLEM. (A Book more especially for Nurses and Midwives.) By J. K. WATSON, M.D. (Edin.). (Baillière, Tindall & Cox.) Price 2s. 6d. net.

This little book, which is a very timely production, may be of considerable help to nurses in venereal centres as well as to midwives.

The writer starts on the differential diagnosis of the primary lesion in syphilis. In speaking of the mode of spread of the disease, the author states: "Again, the poison has been known to have been conveyed by the bites of fleas, bugs, lice, and other parasites." Fortunately he states in the preface that he claims no originality for the contents of the book, otherwise we might have challenged such a statement, which certainly must be received with the greatest caution if it is to be entertained at all.

On p. 15 the writer says—"Salvarsan acts directly on the spirochaetes, killing them . . ." and here, again, his reference book is somewhat out of date, for ever since Ehrlich showed that atoxyl has no action *in vitro* on spirochaetosis of hens the opinion has been that salvarsan acts indirectly by means of a spirochaetocidal substance produced in the blood-stream.

Later the author says: "The gonococcus seldom attacks the female urethra, but generally lodges in the vagina." While accepting the first part of the statement, we venture to point out that if the latter were only half true there would have been no necessity to describe the various complications following the emigration of the gonococcus from the uncongenial soil of the vagina. His statistics in the final chapter—"Venereal Disease a National Problem"—are interesting and most impressive.

PRACTICAL GUIDE TO DISEASES OF THE THROAT, NOSE, AND EAR  
By W. LAMB. (Baillière, Tindall & Cox.) Price 8s. 6d. net.

The fourth edition of this work is essentially the previous edition brought up to date, with some eighteen pages of new matter added. The book as an introductory guide is second to none, and the writer once more emphasises the importance of acquiring a mastery of the methods of examination of cases. The good qualities of the book have called for a new edition, and it deserves a most hearty reception.

THE PRACTICE OF MEDICINE. By Sir FREDERICK TAYLOR, M.D. (J. & A. Churchill.) Price 24s. net.

The eleventh edition of this most excellent work has just been published, and more than ever is the work justified in being included in the list of standard works on the art of medicine. It is quite impossible in the space at our disposal adequately to review the book, which has been subjected to a thorough revision; it will be of interest, however, to point out that the new subjects introduced include Trench Fever, Progressive Lenticular Degeneration, Pulmonary Embolism, Diaphragmatic Hernia, so-called Soldiers' Heart, Poisoning by Trinitrotoluene, Infantile, Renal Haemorrhage, Osteogenesis Imperfecta, and Trench Frost-bite.

Much new matter has been introduced in the sections on the Ductless or Endocrine Glands, Dysentery, Paratyphoid Fevers, Poliomyelitis, Tetanus, Hysteria, Diseases of Muscles, Pleurisy, Arterial Tension, Examination of the Heart, Diseases of the Tonsils, Diabetes, and Beri-beri.

The number of illustrations in the text is increased in the present edition from seventy-one to eighty-five.

To those students who are looking out for a standard book on medicine we have no hesitation in recommending Taylor. It is excellently written, it is thoroughly up to date, and reflects great credit on author and publisher alike.



## APPOINTMENTS.

- BOUSFIELD, P., M.R.C.S., L.R.C.P., appointed Demonstrator in Morbid Anatomy to St. George's Hospital Medical School. Appointed also a member of the Special Medical Board, Ministry of Pensions.
- BUTTERY, H. R., M.R.C.S., L.R.C.P., Surg., R.N., appointed Surgeon to the Royal Naval Hospital, Zanzibar.
- DINGLE, Percival A., M.R.C.S.Eng., L.R.C.P.Lond., appointed Principal Medical Officer, State of British North Borneo.
- HARTLEY, J. D., F.R.C.S., Lieut., R.A.M.C., appointed Surgical Specialist to the 72nd General Hospital, B.E.F.
- SAMY, A. H., M.R.C.S., L.R.C.P., appointed R.M.O. at the Hospital for Facial Injuries, 78, Brook Street, W.

## EXAMINATIONS, ETC.

## UNIVERSITY OF CAMBRIDGE.

*Second M.B. Examination.—October, 1917.*

*Part II. Pharmacology and General Pathology.—P. B. Kittel, J. V. Sparks.*

*First M.B. Examination.—December, 1917.*

*Part II. Physics.—A. I. Cheyne.*

*Part III. Elementary Biology.—A. I. Cheyne.*

*Third M.B. Examination.—December, 1917.*

*Part I. Surgery and Midwifery.—I. de B. Daly, R. French, C. E. Kindersley, H. Morrison, A. G. Shurlock, E. B. Verney.*

*Part II. Medicine, Pathology, and Pharmacology.—E. T. D. Fletcher, R. French.*

At a Congregation held Friday, January 18th, 1918, at Cambridge, the degrees of M.B. and B.C. were conferred upon E. T. D. Fletcher.

## Diploma of Public Health.

A J. Gibson has passed the examination for the Diploma of Public Health.

## UNIVERSITY OF LONDON.

*M.D. Examination.—December, 1917.*

*Branch I. Medicine.—G. W. Lloyd.*

*First Examination for Medical Degrees.—December, 1917.*

*Pass List.—E. J. Buxton, M. F. C. Fisher, E. Gelfer, A. K. Kerr, W. E. M. Mitchell, H. Tothill.*

*Second Examination for Medical Degrees.—December, 1917.*

*Part I. Organic and Applied Chemistry.—K. H. Doouss, H. K. Tucker.*

## CONJOINT EXAMINATION BOARD.

*First Examination.—January, 1918.*

*Part I. Chemistry.—R. C. Glover, S. Gordon, C. Huntsman.*

*Part II. Physics.—R. C. Clover, C. Huntsman.*

*Part III. Elementary Biology.—F. R. L. Miller.*

*Part IV. Practical Pharmacy.—H. Franklyn, A. E. A. A. Khair, W. E. Heath.*

*Second Examination.—January, 1918.*

*Anatomy and Physiology.—C. H. Andrewes, T. James, L. M. Jennings, M. H. Renall, E. Savage.*

*Final Examination, January, 1918.*

The following candidates have completed the examination for the Diplomas of M.R.C.S., L.R.C.P.: W. M. Heald, A. G. Shurlock, H. M. A. Menagé, D. M. Muir, A. V. Pegge, T. M. Payne, W. B. Christopherson, B. B. Sharp, W. A. Jolliffe, H. B. Jackson, V. S. R. Pandit, E. R. Batho.

## BIRTHS.

BINNS.—On January 23rd, at 34, Humberstone Road, Leicester, the wife of C. C. H. Binns, M.A., M.B., of a son.

CRUDDAS.—On January 10th, at Mardan, India, the wife of Major (Temp. Lieut.-Col.) H. M. Cruddas, C.M.G., I.M.S., of a son.

DOBSON.—On February 4th, at 96A, Addison Road, the residence of her mother, Rosetta, wife of Capt. E. L. Dobson, H.A.C., R.A.M.C., of a son.

HEALD.—On January 3rd, at Grafton, Weybridge, the wife of Capt. C. B. Heald, R.A.M.C., of a daughter.

MACKENZIE.—On January 19th, the wife of Surgeon K. A. I. MacKenzie, M.B., R.N., of 11, Shelley Court, Tite Street, Chelsea, of a son.

MOLE.—On January 25th, at 24, College Road, Clifton, Bristol, the wife of the late Harold F. Mole, F.R.C.S., of a daughter.

NELIGAN.—On February 3rd, at the British Legation, Teheran, Persia, the wife of A. R. Neligan, M.D., of a son.

SOWRY.—On December 26th, at Newcastle, Staffs, the wife of Geo. H. Sowry, M.D., F.R.C.S., of a son.

TURNER.—On February 14th, at 18, Harley Street, the wife of Col. Aldren Turner, C.B., M.D., of a son.

WEST.—On December 25th, at Water Stratford Rectory, Buckingham, the wife of J. Frankland West, R.A.M.C., of a son.

## DEATHS.

BAILEY.—Reported wounded and missing, on April 23rd, 1917, now officially presumed killed in action on that date, Donald Frank Bailey, Sub-Lieut., Royal Naval Division, dearly loved son of the late John Robert Bailey and Elizabeth Wenham, Vicarage, Builth, Wells, aged 23.

BREWER.—On January 28th, 1918, at Home Rest, Totland Bay, Isle of Wight, Alexander Hampton Brewer, M.R.C.S., L.R.C.P., L.S.A., late of Dalston, London, aged 74.

CROSSMAN.—In December, 1917, in hospital, from double pleurisy and pneumonia, Lionel Gordon Crossman, M.B., B.S.(Lond.), Capt, R.A.M.C.T., younger son of Councillor John Crossman, of Penllwyn Park, Carmarthen.

DEEBLE.—On December 28th, 1917, at the Sherwood Nursing Home, Ryde, Surgeon-Lieut.-Col. William Benjamin Chatterton Deeble, late 1st Life Guards Regiment and A.M.D., aged 59.

ECCLES.—On January 28th, 1918, at Sherwell House, Plymouth, George Henry Eccles, aged 76.

HOYLE.—On January 8th, 1918, James Collings Hoyle, M.D.(Durh.), of Upham, Hants, aged 50.

LONG.—On October 10th, 1917, from wounds received in a flying accident, Second Lieut. J. T. Long, R.F.C. (observer), son of J. T. Long, of 8, Belgrave Road, Ilford.

MANSON.—On December 24th, 1917, in a flying accident at Fort-worth, Texas, U.S.A., Eric Douglas Manson, only son of the late Capt. Manson, of Bury St. Edmunds.

MOLE.—On December 21st, 1917, at 24, College Road, Clifton Bristol, Harold Frederic Mole, F.R.C.S.(Lond.), elder son of the late Frederic M. Mole, of Edgbaston, Birmingham, aged 51.

PAGE.—On February 3rd, 1918, at 53, Warwick Avenue, Bedford, passed peacefully away Fleet Surgeon A. M. Page, R.N., retired.

ROBERTS.—On January 14th, 1918, at Sion Hill, Garstang, Henry Roberts, M.R.C.S., L.R.C.P.(Lond.), M.D.(Brux.), aged 56.

## NOTICE.

*All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, Smithfield, E.C.*

*The Annual Subscription to the Journal is 5s., including postage. Subscriptions should be sent to the MANAGER, W. E. SARGANT, M.R.C.S., at the Hospital.*

*All communications, financial, or otherwise, relative to Advertisements ONLY, should be addressed to ADVERTISEMENT MANAGER, the Journal Office, St. Bartholomew's Hospital, E.C. Telephone: City 510.*

*A Cover for binding (black cloth boards with lettering and King Henry VIII Gateway in gilt) can be obtained (price 1s. post free) from MESSRS. ADLARD & SON & WEST NEWMAN, LTD., Bartholomew Close. MESSRS. ADLARD & SON and WEST NEWMAN have arranged to do the binding, with cut and sprinkled edges, at a cost of 1s. 9d. or carriage paid 2s.—cover included.*



# St. Bartholomew's Hospital



"Æquam memento rebus in arduis  
Servare mentem."  
—Horace, Book ii, Ode iii.

## JOURNAL.

Vol. XXV No. 71

APRIL 1ST, 1918.

[PRICE SIXPENCE.]

### ST. BARTHOLOMEW'S HOSPITAL JOURNAL.

Owing to the enormous increase in the cost of producing the JOURNAL, the Publication Committee, after much consideration, have reluctantly decided to publish this number of the ST. BARTHOLOMEW'S HOSPITAL JOURNAL WAR SUPPLEMENT unaccompanied by the usual monthly issue.

For some time past it has been customary to issue a special number of the JOURNAL twice a year, and to send a copy to all St. Bartholomew's men whose addresses could be traced, a practice which involved the printing of 4000 copies. Many of those to whom the JOURNAL has been thus sent are not subscribers, and the Committee take this opportunity of urgently appealing to them for the support which is necessary if the publication of the JOURNAL month by month is to be continued in these exceptional times.

The Committee will also be glad if subscriptions are remitted as soon as notification of their being due is received, and particularly if any which are in arrears are paid without further delay.

Lt. R. G. HILL, M.C., R.A.M.C., attd. C.O.  
Lt. J. D. JOHNSTONE, K.O.R. Lancaster Regt.  
2nd Lt. C. A. BROWN, K.O. Yorks L.I.  
2nd Lt. ALFRED FOSTER, R.F.A.  
2nd Lt. W. C. V. HIGGINSON, R.F.C.  
2nd Lt. P. LINDSEY, Oxf. and Bucks L.I.

#### Accidentally Killed.

*Killed whilst Flying.*

Prob. Flt. Officer, L. E. FORMAN, R.N.  
Cadet Cpl. E. D. MANSON, R.F.C.

#### Died of Wounds.

Capt. R. SHERMAN, R.A.M.C.  
Lt. B. COHEN, R.A.M.C.  
Lt. (temp.) J. M. HAMMOND, R.A.M.C.  
2nd Lt. V. H. BUTCHER, The Essex Regt.  
2nd Lt. G. H. GREENFIELD, R.F.A.  
2nd Lt. J. T. LONG, R.F.C.

Pte. F. H. V. THOMPSON, R.A.M.C.

#### Accidentally Drowned.

Lt. F. WHINCUP, R.A.M.C.  
Sister ALICE WELFORD, Q.A.I.M.N.S.R.

#### Missing, believed Drowned.

Capt. C. A. W. POPE, R.A.M.C., in s.s. "Transylvania."  
Lt. J. G. BRADLEY SMITH, R.A.M.C., in H.M.H.S. "Arcadian."  
Lt. J. NAYLOR, R.A.M.C., in H.M.H.S. "Salta."

#### Wounded.

Surg. R. G. MORGAN, R.N.  
Surg. A. G. WILLIAMS, R.N.  
Surg.-Prob. T. JAMES, R.N.V.R.  
Capt. R. S. ASPINALL, R.A.M.C.  
Capt. C. N. BINNEY, R.A.M.C.

### the War.

No. 4.

, with the list of those connected with period, will, it is felt, be of interest to to make it as accurate and complete

etors of the *Lancet*, the *British Medical*

nearly 2200.

Capt. N. J. BOXALL, R.F.A.  
Capt. H. D. CLEMENTI-SMITH, R.A.M.C.  
Capt. F. H. CLEVELAND, R.A.M.C., attd. Hussars.  
Capt. E. S. CUTHBERT, R.A.M.C., attd. Middlesex Regt.  
Capt. W. C. DOUGLASS, R.A.M.C.  
Capt. E. EVANS, R.A.M.C.  
Capt. J. FERGUSON, R.A.M.C., attd. Liverpool Regt.  
Capt. W. B. JEPSON, R.A.M.C., attd. Devon Regt.  
Capt. J. KEARNEY, R.A.M.C.  
Capt. J. R. KEMP, M.C., R.A.M.C., attd. Essex Regt.  
Capt. T. R. KENWORTHY, R.A.M.C.  
Capt. T. MARTIN, R.A.M.C.  
Capt. T. M. MILLER, M.C., R.A.M.C.  
Capt. H. E. ROBINSON, R.A.M.C.  
Capt. J. C. SALE, M.C., R.A.M.C.  
Capt. E. H. SCHOLEFIELD, R.A.M.C.  
Capt. L. R. SHORE, M.C., R.A.M.C.  
Capt. J. A. SMITH, R.A.M.C., attd. Gordon Highlanders.  
Capt. R. A. S. SUNDERLAND, R.A.M.C.  
Capt. D. P. THOMAS, R.A.M.C.  
Capt. R. VINCENT, R.A.M.C., attd. R.F.A.  
Capt. (temp.) F. E. S. WILLIS, R.A.M.C.  
Lt. F. P. ADAMS, R.F.A.  
Lt. A. B. COWLEY, R.F.A.  
Lt. J. J. JACKSON, K.O.R.L.R.  
Lt. W. H. ORTON, R.A.M.C.  
Lt. D. S. PRACY, R.A.M.C.



# St. Bartholomew's Hospital



"Æquam memento rebus in arduis  
Servare mentem."  
—Horace, Book ii, Ode iii.

## JOURNAL.

VOL. XXV.—No. 7.]

APRIL 1ST, 1918.

[PRICE SIXPENCE.]

## St. Bartholomew's and the War.

### SUPPLEMENTARY LIST, No. 4.

The following Roll of Honour for the twelve months ending February 28th, 1918, with the list of those connected with the Hospital and Medical School who have joined the Navy or Army during that period, will, it is felt, be of interest to all old St. Bartholomew's men and present students. Great care has been taken to make it as accurate and complete as possible, but the Editor will be glad to hear of any errors or omissions.

Many of the photographs are produced from blocks kindly lent by the Proprietors of the *Lancet*, the *British Medical Journal*, and the Sport and General Press Agency, Ltd.

This List brings the total number of those serving to nearly 2200.

### Roll of Honour.

#### Killed in Action.

Sub-Lt. D. F. BAILEY, R.N.D.  
Lt.-Col. W. B. GRANDAGE, R.F.A.  
Maj. A. DREWE, R.G.A.  
Capt. B. A. BULL, R.A.M.C., attd. 2/3 Lond. Regt.  
Capt. G. D. EAST, R.A.M.C., attd. G.G.  
Capt. H. A. HARRIS, R.A.M.C., attd. R.F.A.  
Capt. E. HARRISON, R.A.M.C., attd. Gloucester Regt.  
Capt. J. B. RANDALL, R.A.M.C.  
Lt. R. G. HILL, M.C., R.A.M.C., attd. C.G.  
Lt. J. D. JOHNSTONE, K.O.R. Lancaster Regt.  
2nd Lt. C. A. BROWN, K.O. Yorks L.I.  
2nd Lt. ALFRED FOSTER, R.F.A.  
2nd Lt. W. C. V. HIGGINSON, R.F.C.  
2nd Lt. P. LINDSEY, Oxf. and Bucks L.I.

#### Accidentally Killed.

*Killed whilst Flying.*  
Prob. Flt. Officer, L. E. FORMAN, R.N.  
Cadet Cpl. E. D. MANSON, R.F.C.

#### Died of Wounds.

Capt. R. SHERMAN, R.A.M.C.  
Lt. B. COHEN, R.A.M.C.  
Lt. (temp.) J. M. HAMMOND, R.A.M.C.  
2nd Lt. V. H. BUTCHER, The Essex Regt.  
2nd Lt. G. H. GREENFIELD, R.F.A.  
2nd Lt. J. T. LONG, R.F.C.

#### Died of Wounds as Prisoner in Germany.

Capt. A. B. BERNARD, K.R.R.C.

#### Died.

Surg. J. D. RUTHERFORD, R.N.  
Director-General Sir C. PARDY LUKIS, K.C.S.I., I.M.S.  
Maj. (temp.) S. D. ROWLAND, R.A.M.C.  
Surg.-Capt. R. A. BOSTOCK, Scots Guards.  
Capt. L. G. CROSSMAN, R.A.M.C.,  
Pte. F. H. V. THOMPSON, R.A.M.C.

#### Accidentally Drowned.

Lt. F. WHINCUP, R.A.M.C.  
Sister ALICE WELFORD, Q.A.I.M.N.S.R.

#### Missing, believed Drowned.

Capt. C. A. W. POPE, R.A.M.C., in s.s. "Transylvania."  
Lt. J. G. BRADLEY SMITH, R.A.M.C., in H.M.H.S. "Arcadian."  
Lt. J. NAYLOR, R.A.M.C., in H.M.H.S. "Salta."

#### Wounded.

Surg. R. G. MORGAN, R.N.  
Surg. A. G. WILLIAMS, R.N.  
Surg.-Prob. T. JAMES, R.N.V.R.  
Capt. R. S. ASPINALL, R.A.M.C.  
Capt. C. N. BINNEY, R.A.M.C.

Capt. N. J. BOXALL, R.F.A.  
Capt. H. D. CLEMENTI-SMITH, R.A.M.C.  
Capt. F. H. CLEVELAND, R.A.M.C., attd. Hussars.  
Capt. E. S. CUTHBERT, R.A.M.C., attd. Middlesex Regt.  
Capt. W. C. DOUGLASS, R.A.M.C.  
Capt. E. EVANS, R.A.M.C.  
Capt. J. FERGUSON, R.A.M.C., attd. Liverpool Regt.  
Capt. W. B. JEPSON, R.A.M.C., attd. Devon Regt.  
Capt. J. KEARNEY, R.A.M.C.  
Capt. J. R. KEMP, M.C., R.A.M.C., attd. Essex Regt.  
Capt. T. R. KENWORTHY, R.A.M.C.  
Capt. T. MARTIN, R.A.M.C.  
Capt. T. M. MILLER, M.C., R.A.M.C.  
Capt. H. E. ROBINSON, R.A.M.C.  
Capt. J. C. SALE, M.C., R.A.M.C.  
Capt. E. H. SCHOLEFIELD, R.A.M.C.  
Capt. L. R. SHORE, M.C., R.A.M.C.  
Capt. J. A. SMITH, R.A.M.C., attd. Gordon Highlanders.  
Capt. R. A. S. SUNDERLAND, R.A.M.C.  
Capt. D. P. THOMAS, R.A.M.C.  
Capt. R. VINCENT, R.A.M.C., attd. R.F.A.  
Capt. (temp.) F. E. S. WILLIS, R.A.M.C.  
Lt. F. P. ADAMS, R.F.A.  
Lt. A. B. COWLEY, R.F.A.  
Lt. J. J. JACKSON, K.O.R.L.R.  
Lt. W. H. ORTON, R.A.M.C.  
Lt. D. S. PRACY, R.A.M.C.



## Roll of Honour—continued.

Lt. R. K. SMITH, The Yorks Regt. (T.)  
Lt. R. T. WORTHINGTON, R.A.M.C.  
2nd Lt. N. E. D. CARTLEDGE, Middlesex Regt.  
2nd Lt. H. E. K. ECCLES, R.F.C.

### Gassed.

Lt. E. S. ELLIS, R.A.M.C.

### Prisoners of War in Germany.

Lt. G. B. McMICHAEL, Herefordshire Regt.,  
attd. R.F.C.  
2nd Lt. A. DOWNES, S. Staffs Regt.

### Formerly Prisoners in Germany, now Repatriated.

Flt. Commander R. G. MACK, R.N.A.S.  
Capt. H. D. CLEMENTI-SMITH, R.A.M.C.

### Interned in Holland from Germany.

Capt. J. C. W. MACBRYAN, Som. L.I.

### Mentioned in Despatches.

By Field-Marshal Sir D. Haig, Commander-  
in-Chief of the British Armies in France,  
dated April 9th, 1917 (published May  
14th, 17th, 29th, and June 1st, 1917).

Acting Flt. Commander R. G. MACK, R.N.A.S.  
Capt. (temp.) P. T. SPENCER-PHILLIPS,  
R.F.A.

#### HEADQUARTERS STAFF.

Col. S. WESTCOTT, C.M.G., A.M.S. (3rd time).  
Lt.-Col. (temp. Col.) H. S. THURSTON,  
C.M.G., R.A.M.C. (5th time).  
Capt. D. C. G. BALLINGALL, M.C., R.A.M.C.  
(2nd time).  
Capt. J. J. H. BECKTON, R.A.M.C. (2nd time).  
Capt. A. J. GIBSON, R.A.M.C.  
Capt. (temp.) E. S. MARSHALL, R.A.M.C.  
(2nd time).

#### R.A.M.C.

Maj. (temp.) G. E. GASK (2nd time).  
Maj. ( „ ) J. M. GOVER.  
Maj. (temp. Lt.-Col.) R. M. WEST (2nd time).  
Capt. J. M. HAMILL.  
Capt. H. W. LANCE.  
Capt. H. W. MALTBY, Sp. Res.  
Capt. (temp.) R. S. MORSHEAD.  
Capt. J. A. NIXON.  
Capt. (temp.) K. PRETTY.  
Capt. ( „ ) J. F. ROBERTSON.  
Capt. ( „ ) H. B. G. RUSSELL.  
Lt. (temp. Capt.) R. ELLIS (M.B.Lond.)  
Lt. (temp.) K. M. WALKER.

#### AUSTRALIAN A.M.C.

Lt.-Col. J. CORBIN (2nd time).

By Gen. Sir A. Murray, late Commander-in-  
Chief of the Army in Egypt, for the  
period October 1st, 1916–February 28th,  
1917 (published July 7th, 1917).

#### STAFF.

Maj. G. C. TAYLOR, R.A.M.C.

#### R.A.M.C.

Maj. (temp. Lt.-Col.) H. T. SAMUEL.  
Capt. H. R. DIVE.  
Capt. O. TEICHMANN (2nd time).  
Capt. T. YOUNG.

#### INDIAN ARMY.

Maj. R. W. KNOX, D.S.O. (2nd time).  
Capt. R. B. S. SEWELL.

By Lt.-Gen. G. F. Milne, Commander-in-Chief  
of the British Forces in Salonika, dated  
March 29th, 1917 (published July 23rd,  
1917).

#### R.A.M.C.

Maj. E. B. WAGGETT (2nd time).  
Capt. C. CLARKE.  
Capt. F. H. ROBBINS.  
Lt. (temp.) J. M. HAMMOND, D.S.O. (since  
died from wounds).

By the Secretary of State for War  
(published July 28th, 1917).

Lt.-Col. (temp.) W. N. BARRON, R.A.M.C.  
Lt.-Col. F. W. BEGBIE, R.A.M.C.  
Lt.-Col. M. H. GORDON, C.M.G., R.A.M.C.  
Lt.-Col. B. E. MYERS, N.Z.M.C. (2nd time).  
Lt.-Col. G. S. A. RANKING, R.A.M.C. (late  
I.M.S.), (2nd time).

Lt.-Col. and Bt.-Col. Sir B. G. SETON, Bart.,  
I.M.S.

Lt.-Col. S. B. SMITH, I.M.S.  
Surg.-Lt.-Col. (Hon. Surg.-Col.) R. J. REECE,  
H.A.C.

Maj. (temp. Lt.-Col.) R. M. CARTER, I.M.S.  
Maj. (temp. hon.) T. G. M. HINE, R.A.M.C.  
Capt. G. J. O. FENWICK, N.Z.M.C.  
Capt. A. G. R. FOULERTON, R.A.M.C.

By Lt.-Gen. Sir Stanley Maude, Commander-  
in-Chief of the Mesopotamia Expedi-  
tionary Force, dated August 15th, 1917  
(published August 16th, 1917).

#### STAFF AND HEADQUARTERS.

Surg.-Gen. F. H. TREHERNE, C.M.G. (5th  
time).

#### R.A.M.C.

Col. W. H. STARR, A.M.S. (3rd time).  
Bt.-Col. M. H. G. FELL (6th time).  
Lt.-Col. (temp.) T. P. LEGG.  
Capt. T. K. BONEY, Sp. R.  
Lt. (temp.) L. W. EVANS.

#### I.M.S.

Lt.-Col. E. V. HUGO.  
Bt.-Lt.-Col. (temp. Col.) G. BROWSE (2nd  
time).  
Maj. F. P. CONNOR (2nd time).  
Maj. H. FALK.  
Maj. (temp. Lt.-Col.) W. H. HAMILTON,  
D.S.O. (3rd time).  
Maj. R. A. LLOYD (2nd time).  
Maj. H. M. H. MELHUSH (2nd time).  
Capt. G. R. LYNN.

By Secretary of State for War (published  
September 19th, 1917).

Surg.-Prob. H. K. DENHAM, R.N.V.R.  
Surg.-Gen. (hon.) W. R. SMITH, R.A.M.C.T.  
Col. J. R. DODD, A.M.S.  
Col. S. S. HOVLAND, R.A.M.C.T. (2nd  
time).  
Col. F. P. NICHOLS, R.A.M.C. (2nd time).  
Lt.-Col. F. W. BEGBIE, R.A.M.C. (2nd time).  
Lt.-Col. T. H. F. CLARKSON, R.A.M.C.  
Lt.-Col. (temp.) H. G. COOK, R.A.M.C.  
Lt.-Col. A. H. MORRIS, R.A.M.C.  
Lt.-Col. C. W. M. MOULLIN, R.A.M.C.T.

Lt.-Col. H. K. PALMER, R.A.M.C.  
Lt.-Col. E. V. A. PHIPPS, R.A.M.C.  
Lt.-Col. D'ARCY POWER, R.A.M.C.T.  
Lt.-Col. M. SWABY, R.A.M.C.  
Lt.-Col. (temp.) W. WRANGHAM, R.A.M.C.  
(2nd time).

Maj. R. A. BICKERSTETH, R.A.M.C.T.  
Maj. (temp.) C. B. DOBELL, R.A.M.C.  
Maj. C. H. HOPKINS, R.A.M.C.  
Maj. (temp.) D. W. HUME, R.A.M.C.  
Maj. ( „ ) C. NOON, R.A.M.C.  
Maj. ( „ ) R. G. RICHES, R.A.M.C.  
Maj. W. E. WYNTER, R.A.M.C.T.  
Capt. W. G. BALL, R.A.M.C.T.  
Capt. E. C. BRADFORD, R.A.M.C.T.  
Capt. (temp.) R. H. BREMIDGE, R.A.M.C.  
Capt. E. A. P. BROCK, R.A.M.C.  
Capt. (temp.) E. L. DOBSON, R.A.M.C.  
Capt. N. S. FINZI, R.A.M.C.T.  
Capt. (temp.) S. L. HINDE, R.A.M.C.  
Capt. T. J. HORDER, R.A.M.C.T.  
Capt. (temp.) H. C. T. LANGDON, R.A.M.C.  
Capt. H. A. SCHOLBERG, R.A.M.C.T.

By Lt.-Gen. G. F. Milne, Commander-in-Chief  
of the British Forces in Salonika, May-  
October, 1917 (published November 29th,  
1917).

Flt.-Lt. E. P. HICKS, R.N.A.S.

#### R.A.M.C.

Maj. E. B. WAGGETT (T.F.) (2nd time).  
Capt. (temp. Maj.) G. H. COLT (T.F.).  
Capt. (temp.) H. H. L. ELLISON.  
Capt. ( „ ) J. G. FORBES.  
Capt. J. F. GASKELL (T.F.).  
Capt. R. M. VICK (T.F.), (3rd time).

By Field-Marshal Sir D. Haig, Commander-  
in-Chief of the British Armies in France  
(published December 12th, 1917).

Surg. A. G. WILLIAMS, R.N.  
Lt. (temp.) (actg. Maj.) A. DREWE, R.G.A.  
(killed in action).  
2nd Lt. (temp. Capt.) D. SPURWAY, York-  
shire Regt.

#### HEADQUARTERS STAFF.

Lt.-Col. H. S. THURSTON, C.B., C.M.G.,  
R.A.M.C. (6th time).  
Maj. L. V. THURSTON, D.S.O., R.A.M.C.  
(2nd time).  
Capt. G. O. CHAMBERS, R.A.M.C.  
Capt. A. J. CLARK, M.C., R.A.M.C., Sp. R.

#### CONSULTANTS.

Surg.-Gen. Sir A. A. BOWLBY, K.C.M.G.,  
K.C.V.O. (4th time).  
Surg.-Gen. Sir W. P. HERRINGHAM, C.B.  
(3rd time).  
Col. C. GORDON WATSON, C.M.G. (2nd  
time).  
Lt.-Col. C. S. MYERS.

#### R.A.M.C.

Lt.-Col. A. H. MORRIS.  
Lt.-Col. A. O. B. WROUGHTON (2nd time).  
Maj. T. A. BARRON (T.F.).  
Maj. (actg. Lt.-Col.) A. D. DUCAT (T.F.)  
(2nd time).  
Maj. (actg. Lt.-Col.) J. M. GOVER (T.F.)  
(2nd time).  
Maj. G. W. MILLER (T.F.).  
Maj. (temp. Lt.-Col.) M. G. WINDER, D.S.O.  
(2nd time).  
Capt. (temp.) E. A. ALDRIDGE.





DONALD FRANK BAILEY, Sub-Lt. R.N.D.  
[September 7th, 1912.] *Presumed  
killed on April 23rd, 1917.*



ARTHUR BASIL BERNARD, Capt. K.R.R.C.  
[October 1st, 1914.] *Died on May 4th,  
1917, as a prisoner in Germany, as a  
result of wounds received in action,  
April 22nd, 1917.*



ROBERT ASHTON BOSTOCK, M.R.C.S.,  
L.R.C.P., Surg.-Capt. Scots Guards.  
[June, 1881.] *Died on August 17th,  
1917, from an illness contracted on  
active service.*



CHARLES ARTHUR BROWN, 2nd Lt., 4th  
K.O. Yorks L.I. [April 23rd, 1915.]  
*Killed in action on July 5th, 1917, at  
Nieuport.*



BENJAMIN ALLEN BULL, L.M.S.S.A.,  
Capt. R.A.M.C., attached 2/3 Lond.  
Regt. [September 30th, 1912.] *Killed  
in action September 16th, 1917.*



LIONEL GORDON CROSSMAN, M.B., B.S.  
Lond., M.R.C.S., L.R.C.P., Capt.  
R.A.M.C. [October 1st, 1910.] *Died  
in hospital in Mesopotamia from  
double pleurisy and pneumonia about  
December 17th, 1917.*



ADRIAN DREWE, Maj. R.G.A. [August  
13th, 1914.] *Killed in action July 12th,  
1917.*

We regret that no photograph of the following is available for reproduction:  
VIVIAN HAWEIS BUTCHER, 2nd Lt. The Essex Regt. [May, 1911.] *Died from wounds.  
Date of entry to Hospital is bracketed.*