

Roll of Honour.—continued.

Capt. (temp.) W. H. ATTLEE.
 Capt. (") T. R. H. BLAKE, M.C.
 Capt. (actg. Lt.-Col.) H. N. BURROUGHS.
 Capt. (") G. H. DIVE, D.S.O.
 (4th time).

Capt. H. GOODMAN.
 Capt. (temp.) E. C. MACKAY (2nd time).
 Capt. H. F. MARRIS.
 Capt. J. C. NEWMAN.
 Capt. J. M. PLEWS (T.F.).
 Capt. R. B. PRICE.
 Capt. J. RAMSAY.
 Capt. F. A. ROPER.
 Capt. J. C. SALE, D.S.O., M.C.
 Capt. (temp.) K. M. WALKER.
 Capt. G. D. WATKINS, D.S.O.
 Capt. (temp.) F. E. S. WILLIS.
 Lt. (temp.) D. A. H. MOSES.

I.M.S.

Maj. J. J. URWIN.

AUSTRALIAN A.M.C.

Lt.-Col. J. S. PURDY, D.S.O.

CANADIAN A.M.C.

Lt.-Col. (temp. Col.) C. A. PETERS (2nd time).

S. AFRICAN A.M.C.

Lt.-Col. A. B. WARD.

By Gen. Sir A. Murray, late Commander-in-Chief of the Forces in Egypt, dated June, 1917 (published January 14th, 1918).

R.A.M.C.

Capt. (temp.) N. DUGGAN.
 Capt. (") C. LODDIGES.

SPECIAL LIST.

Lt.-Col. (temp.) L. P. PHILLIPS (3rd time).

By Gen. Sir E. Allenby, Commander-in-Chief of the Egyptian Expeditionary Force (published January 17th, 1918).

Capt. (temp.) M. BATES, R.A.M.C.

By the Secretary of State for War, to December 31st, 1917 (published February 13th, 1918).

Col. (temp.) A. E. GARROD, C.M.G., A.M.S. (2nd time).

Col. (temp.) H. H. TOOTH, C.M.G., A.M.S. (2nd time).

Lt.-Col. (temp. Hon.) G. S. BUCHANAN, R.A.M.C.

Lt.-Col. (temp.) G. B. PRICE, R.A.M.C.

Maj. and Bt.-Lt.-Col. R. M. CARTER, I.M.S. (2nd time).

Capt. E. A. P. BROCK, R.A.M.C.

NURSING SERVICE.

Miss W. A. BOND.
 Miss BREEZE.
 Miss H. DEY.
 Miss G. FARQUHAR.
 Miss E. GIBERT.
 Miss M. K. HALL.
 Miss J. MACGILLIVRAY.
 Miss M. MUNRO.
 Miss A. NORRISH LEE.
 Miss RENANT.
 Miss SLINGSBY.
 Miss K. A. SMYTHE.

Promotions and Decorations for Service following Despatches.

K.C.B. (CIVIL DIV.).

Sir G. NEWMAN, P.M.O., Board of Education.

K.C.M.G.

Surg.-Gen. F. H. TREHERNE, C.M.G.
 Col. (temp.) A. E. GARROD, C.M.G., A.M.S.

K.B.E.

W. M. FLETCHER, M.D.

C.B. (MILITARY DIV.).

Col. (temp.) (Lt.-Col., R.A.M.C., T.F.) H. H. TOOTH, C.M.G., A.M.S.

Lt.-Col. (temp. Hon.) G. S. BUCHANAN, R.A.M.C.

Surg.-Lt.-Col. (Hon. Surg.-Col.) R. J. REECE, H.A.C.

Lt.-Col. and Bt.-Col. Sir B. G. SETON, Bt., I.M.S.

Lt.-Col. (temp. Col.) H. S. THURSTON, C.M.G., R.A.M.C.

Maj. and Bt. Lt.-Col. R. M. CARTER, I.M.S.

C.M.G.

Col. W. H. STARR, R.A.M.C.

Lt.-Col. (temp.) W. N. BARRON, M.V.O., R.A.M.C.

Lt.-Col. and Bt.-Col. M. H. G. FELL, R.A.M.C.

Lt.-Col. (temp. Hon.) M. H. GORDON, R.A.M.C.

Lt.-Col. E. V. HUGO, I.M.S.

Lt.-Col. (temp.) T. P. LEGG, R.A.M.C.

Lt.-Col. B. E. MYERS, N.Z.M.C.

Lt.-Col. (temp.) G. B. PRICE, R.A.M.C.

Lt.-Col. G. S. A. RANKING, R.A.M.C.

Lt.-Col. S. B. SMITH, I.M.S.

C.I.E.

Lt.-Col. W. B. LANE, I.M.S.

D.S.O.

Staff-Surg. G. B. SCOTT, R.N.

Lt.-Col. (temp. Col.) C. A. PETERS, C.A.M.C.

Lt.-Col. J. S. PURDY, A.A.M.C.

Lt.-Col. A. B. WARD, S.A.M.C.

Lt.-Col. A. O. B. WROUGHTON, R.A.M.C.

Maj. and Bt.-Lt.-Col. G. BROWSE, I.M.S.

Maj. (temp. Lt.-Col.) F. P. CONNOR, I.M.S.

Maj. G. E. GASK, R.A.M.C.

Maj. (actg. Lt.-Col.) J. M. GOVER, R.A.M.C.

Maj. R. A. LLOYD, I.M.S.

Maj. (temp. Lt.-Col.) C. A. A. STIDSTON, R.A.M.C.

Maj. E. B. WAGGETT, R.A.M.C.

Maj. (temp. Lt.-Col.) R. M. WEST, R.A.M.C.

Capt. G. RIGBY LYNN, I.M.S.

Capt. (temp.) H. B. OWEN, Uganda M.S.

Capt. (") J. C. SALE, M.C., R.A.M.C.

Capt. G. D. WATKINS, R.A.M.C.

Lt. (temp.) J. M. HAMMOND, R.A.M.C.

BAR TO MILITARY CROSS.

Capt. F. G. LESCHER, M.C., R.A.M.C.

Capt. R. A. PETERS, M.C., R.A.M.C., attd. K.R.R.C.

Capt. (temp.) J. C. SALE, M.C., R.A.M.C., attd. R.F.

MILITARY CROSS.

Surg. (temp.) F. H. L. CUNNINGHAM, R.N.

Surg. (") R. G. MORGAN, R.M.

Capt. F. J. ANDERSON, I.M.S.

Capt. (temp.) B. H. BARTON, R.A.M.C.

Capt. (") J. D. BATT, R.A.M.C.

Capt. J. A. BELL, R.A.M.C.

Capt. (temp.) C. L. CHALK, R.A.M.C.

Capt. (") W. C. DOUGLASS, R.A.M.C.

Capt. F. H. ELLIS, S.A.M.C.

Capt. (temp.) J. FERGUSON, R.A.M.C.

Capt. A. G. T. FISHER, R.A.M.C.

Capt. (temp.) L. U. GERATY, R.A.M.C.

Capt. (") R. HOPSON, R.A.M.C.

Capt. L. E. HUGHES, R.A.M.C.

Capt. W. B. JEPSON, R.A.M.C., Sp. R., attd. Devon Regt.

Capt. F. W. KEMP, N.Z.M.C.

Capt. T. R. KENWORTHY, R.A.M.C.

Capt. (temp.) C. LODDIGES, R.A.M.C.

Capt. F. D. MARSH, R.A.M.C.

Capt. (temp.) E. S. MARSHALL, R.A.M.C.

Capt. J. MILLER, R.A.M.C.

Capt. (temp.) R. S. MORSHEAD, R.A.M.C.

Capt. J. B. MUDGE, Notts and Derby Regt., Sp. R.

Capt. (temp.) G. W. PARRY, R.A.M.C.

Capt. J. A. PRIDHAM, R.A.M.C., Sp. R.

Capt. (temp.) F. T. REES, R.A.M.C.

Capt. (") L. L. SATOW, R.A.M.C.

Capt. (") W. H. SCOTT, R.A.M.C., attd. Durh. L.I.

Capt. (temp.) A. C. STURDY, R.A.M.C.

Capt. O. TEICHMANN, R.A.M.C.

Capt. (temp.) G. D. WATKINS, D.S.O., R.A.M.C.

Capt. (temp.) P. H. WELLS, R.A.M.C.

Capt. (") F. E. S. WILLIS, R.A.M.C., attd. Seaf. High.

Capt. (temp.) H. D. H. WILLIS-BUND, R.A.M.C.

Capt. W. V. WOOD, R.A.M.C.T.

Lt. H. S. BELL, R.F.A.

Lt. R. ELLIS (M.B.Lond.), R.A.M.C., Sp. R.

Lt. (temp.) R. G. HILL, R.A.M.C.

Lt. (") C. G. KEMP, R.A.M.C.

Lt. (") D. A. H. MOSES, R.A.M.C.

Lt. (") J. E. SANDILANDS, R.A.M.C.

2nd Lt. (actg. Lt.) C. H. BULCOCK, R.F.A.

2nd Lt. (temp.) H. E. K. ECCLES, R.F.C.

2nd Lt. D. C. FAIRBAIRN, R.G.A., Sp. R.

2nd Lt. (temp.) W. E. M. MITCHELL, R.I.R.

PROMOTION IN THE ROYAL NAVY FOR VALUABLE SERVICES RENDERED IN CONNECTION WITH THE WAR.

FLIGHT COMMANDER.

Flt. Lt. (temp.) E. P. HICKS, R.N.A.S.

PROMOTIONS FOR DISTINGUISHED SERVICES IN THE FIELD.

BREVET-LT.-COLONEL.

Maj. (temp. Lt.-Col.) R. M. CARTER, I.M.S.

Maj. (") W. H. HAMILTON, D.S.O., I.M.S.

Maj. W. H. LEONARD, I.M.S.

Maj. H. M. H. MELHUISE, I.M.S.

Maj. (temp. Lt.-Col.) M. G. WINDER, D.S.O., R.A.M.C.

Maj. (local Lt.-Col.) A. WRIGHT, R. of Off. R.A.M.C.



GORDON DOULTON EAST, M.B., B.C. Cantab., M.R.C.S., L.R.C.P., Capt. R.A.M.C., attd. G.G. [July 4th, 1908.] *Killed in action in France on July 31st, 1917.*



LEONARD EALES FORMAN, Prob. Flight Officer, R.N. [March, 1917.] *Killed whilst flying on August 16th, 1917.*



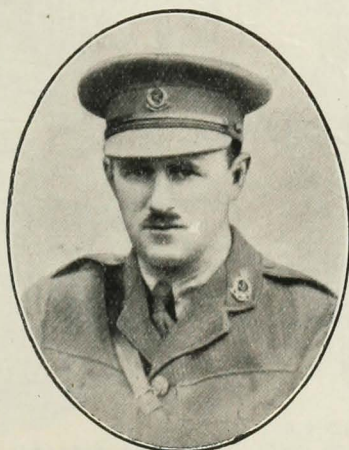
WILLIAM BRIGGS GRANDAGE, M.D. Cantab., M.R.C.S., L.R.C.P., Lt.-Col. R.F.A. [October 1st, 1903.] *Died on May 14th, 1917, from wounds received in action the same day.*



GERALD HENRY GREENFIELD, 2nd Lt. R.F.A. [August 13th, 1915.] *Died on August 17th, 1917, from wounds received in action on August 16th, 1917.*



JOHN MAXIMILIAN HAMMOND, D.S.O., M.B., B.S.Lond., M.R.C.S., L.R.C.P., Lt. R.A.M.C., attd. Devon Regt. [September 30th, 1903.] *Died March 15th, 1917, from wounds.*



HUBERT ALFRED HARRIS, M.R.C.S., L.R.C.P., Capt. R.A.M.C., attd. R.F.A. [September 24th, 1903.] *Killed in action July 31st, 1917.*



EVERARD HARRISON, M.B., B.C. Cantab., Capt. R.A.M.C., attd. Gloucester Regt. [January 29th, 1901.] *Killed by a mine explosion in France, April 17th, 1917.*

We regret that no photograph of the following is available for reproduction:

BENJAMIN COHEN, M.B., Ch.B. Glasg., Lt. R.A.M.C. [December 30th, 1911.] *Died from wounds.*

Date of entry to Hospital is bracketed.

Roll of Honour—continued.

BREVET-MAJOR.

Capt. (actg. Lt.-Col.) G. H. DIVE, D.S.O.,
R.A.M.C.
Capt. (temp.) N. DUGGAN, R.A.M.C.
Capt. (temp. Maj.) E. W. H. GROVES,
R.A.M.C.
Capt. (temp.) H. F. MARRIS, R.A.M.C.

PROMOTIONS FOR VALUABLE SERVICES RENDERED IN CONNECTION WITH THE WAR—HOME SERVICE.

BREVET-COLONEL.

Lt.-Col. C. AVERILL, R.A.M.C.T.
Lt.-Col. L. K. HARRISON, R.A.M.C.T.
Lt.-Col. C. W. M. MOULLIS, R.A.M.C.T.
Lt.-Col. H. J. WARING, R.A.M.C.T.

BREVET-LT.-COLONEL.

Maj. D. T. BELDING, R.A.M.C.T.
Maj. H. A. BERRYMAN, Ret. Pay. R. of Off.
(late R.A.M.C.).
Maj. J. H. DRYSDALE, R.A.M.C.T.
Maj. H. M. GABRIEL, R.A.M.C.T.
Maj. J. W. GILL, R.A.M.C.T.
Maj. F. E. A. WEBB, R.A.M.C.T.

BREVET-MAJOR.

Capt. R. C. ELMSLIE, R.A.M.C.T.
Capt. J. L. JOYCE, R.A.M.C.T.
Capt. E. G. SMITH, R.A.M.C.T.

ALBERT MEDAL FOR GALLANTRY IN SAVING LIFE.

Surg. Prob. R. S. S. SMITH, R.N.V.R.
Capt. C. R. HOSKYN, R.A.M.C.

TERRITORIAL DECORATION.

Lt.-Col. W. G. RICHARDSON, R.A.M.C.T.
Maj. H. L. DE LEGH, R.A.M.C.

ORDER OF ST. JOHN OF JERUSALEM. KNIGHT OF GRACE.

Surg.-Gen. T. M. CORKER, C.B., K.H.P.,
A.M.S.
Col. C. G. WATSON, C.M.G., A.M.S.
Lt.-Col. F. W. BEGBIE, R.A.M.C.

ASSOCIATE.

Capt. H. L. WHALE, R.A.M.C.T.

LEGION OF HONOUR, CONFERRED BY THE PRESIDENT OF THE FRENCH REPUBLIC.

CROIX DE GUERRE, AVEC ÉTOILE D'OR.
Capt. E. G. STANLEY, R.A.M.C.

CROIX DE GUERRE.

Surg. R. G. LYSTER, R.N.
Capt. O. TEICHMANN, R.A.M.C., attd. Worc.
Yeomanry.

ORDER OF ST. SAVA, CONFERRED BY H.M. THE KING OF SERBIA.

3rd Class.

J. BERRY, F.R.C.S.

4th Class.

Capt. (temp.) F. M. BISHOP, R.A.M.C.,
Capt. E. J. Y. BRASH, R.A.M.C.,
Lt. (temp.) B. W. HOWELL, R.A.M.C.,

ORDER OF KARA GEORGE, CONFERRED BY KING OF SERBIA.

4th Class (with Swords).

Temp. Capt. (act. Maj.) E. A. DORRELL,
R.F.A.

SERBIAN RED CROSS DECORATION.

Lt. (temp.) B. W. HOWELL, R.A.M.C.

ORDER OF THE STAR OF ROUMANIA.

JAMES BERRY (4th class).

MILITARY ORDER OF SAVOY, CONFERRED BY THE KING OF ITALY.

Officer.

Fleet-Surg. A. R. H. SKEY, R.N.

ORDER OF THE CROWN OF ITALY.

Cavalier.

Maj. (temp. Lt.-Col.) W. H. HAMILTON,
D.S.O., I.M.S.

ORDER DE LA COURONNE, CONFERRED BY THE KING OF THE BELGIANS.

Officier.

Capt. S. R. DOUGLAS, R.A.M.C. (late
I.M.S.)

ORDER OF ST. ANNE (CLASS 3), CONFERRED BY RUSSIAN GOVERNMENT.

HIND, A.E., F.R.C.S.

ORDER OF ST. STANISLAS, CONFERRED BY RUSSIAN GOVERNMENT.

2nd Class (with Swords).

Fleet-Surg. J. H. PEAD, R.N.
Lt.-Col. and Bt.-Col. M. H. G. FELL,
R.A.M.C.

3rd Class (with Swords).

Surg.-Prob. W. E. HEATH, R.N.V.R.

C.B.E.

Miss McINTOSH, Matron.

BAR TO ROYAL RED CROSS.

Miss ACTON.
Miss BEATRICE JONES.
Miss BEADSMORE SMITH.

ROYAL RED CROSS (1ST CLASS).

Miss APPLETON.
Miss M. L. APPLEYARD.
Miss M. BANFIELD.
Miss HELEN DEY.
Miss D. P. FOSTER.
Miss GIRDLESTONE.
Mrs. KING (née WESTBROOK).
Miss K. LOWE.
Miss AMY MUNN.

ROYAL RED CROSS (2ND CLASS).

Miss K. BARLING.
Miss BRAMWELL.
Miss CUMBERLIDGE.
Miss DAWSON.
Miss GASCOIGNE.
Miss E. GIBERT.
Mrs. GILES.
Miss P. GILL.
Miss HUXLEY.
Miss JACKSON.
Miss S. JARVIS.
Miss G. KNIGHT.
Miss M. MAY.
Miss E. NEVILLE.
Miss NORRISH LEE.
Miss M. PATERSON (Sister Mary).
Miss M. B. PATERSON.
Miss PETERS.
Mrs. E. PICTON.
Miss POTE HUNT.
Miss G. THOMPSON.
Miss E. K. WALLIS.
Miss M. WEBB.

ROYAL NAVAL MEDICAL SERVICE.

TEMPORARY SURGEONS.

AYDON, J., M.R.C.S., L.R.C.P.
BOWER, C. W., L.M.S.S.A.
BRASH, J. B., M.R.C.S., L.R.C.P.
BULLEN, H. B., M.R.C.S., L.R.C.P.
BUTTERY, H. R., M.R.C.S., L.R.C.P.
COBB, G. F., M.R.C.S., L.R.C.P.
COPELAND, A. J., M.R.C.S., L.R.C.P.
COYTE, R., M.R.C.S., L.R.C.P.
CROOK, E. A., M.B., B.Ch.Oxon.
GORDON, E. F. S., M.R.C.S., L.R.C.P.
HALES, H. W., M.R.C.S., L.R.C.P.
HIGGS, S. L., M.R.C.S., L.R.C.P.
JACKSON, H. B., M.R.C.S., L.R.C.P.
JOLLIFFE, W. A., M.R.C.S., L.R.C.P.
JOYCE, H. C. C., M.R.C.S., L.R.C.P.

LLEWELLYN, E. E., M.R.C.S., L.R.C.P.
MUIR, D. M., M.R.C.S., L.R.C.P.
NICOL, W. D., M.R.C.S., L.R.C.P.
PAYNE, T. M., M.R.C.S., L.R.C.P.
PRENTICE, H. R., M.B., B.S.Lond., M.R.C.P.
RUTHERFORD, J. D., M.R.C.S., L.R.C.P.
SARGENT, E. J. G., L.M.S.S.A.
SKEGGS, B. L., M.R.C.S., L.R.C.P.
SMITH, N. F., M.R.C.S., L.R.C.P.
WATSON, F. E. G., M.R.C.S., L.R.C.P.
WOODS, L. H., M.R.C.S., L.R.C.P.

SURGEON PROBATIONERS, R.N.V.R.

GRIFFITH, H. R.
HARRISON, S. G. (formerly R.N.A.S.B.R.).
HEATH, W. E.

JAMES, T.
JEPHCOTT, A. (formerly R.N.A.S.B.R.).
SACKETT, H. L.
SHAW, C.
TAYLOR, A. W.
WATERS, K. V. D.
WELLS, A. Q. (formerly R.N.A.S.B.R.).

ROYAL NAVAL DIVISION.

Sub-Lt. D. F. BAILEY (November, 1915).

ROYAL NAVAL AIR SERVICE.

Prob. Flt. Officer L. E. FORMAN.



WILLIAM CLIFTON VERNON HIGGINSON,
2nd Lt., R.F.C. [October 1st, 1915.]
*Killed in action at La Vacquerie on
November 20th, 1917.*



REGINALD GORDON HILL, M.C., M.B.,
B.S.Lond., M.R.C.S., L.R.C.P., Lt.
R.A.M.C., att'd. C.G. [July 25th, 1905.]
Killed in action October 11th, 1917.



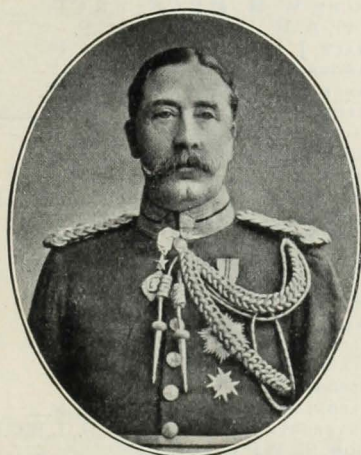
JOHN DOUGLAS JOHNSTONE, Lt. 4th K.O.
(R.L.) Regt. [October 1st, 1915.]
Killed in action July 31st, 1917.



PAUL LINDSEY, 2nd Lt. Oxf. and Bucks.
L.I. [October 1st, 1914.] *Killed in
action June 2nd, 1917.*



JOHN THOMAS LONG, 2nd Lt. R.F.C.
(Observer). [September 29th, 1914.]
*Died on October 10th, 1917, from
wounds received while flying in France
on October 8th, 1917.*



SIR CHARLES PARDY LUKIS, Bart., M.D.
Lond., F.R.C.S., K.C.S.I., Director-
General I.M.S. [October, 1875.] *Died
on October 21st, 1917, at Simla.*



ERIC DOUGLAS MANSON, Cadet Cpl.
R.F.C. [July 10th, 1911.] *Killed in
flying accident on December 24th,
1917.*



JOSEPH NAYLOR, M.R.C.S., L.R.C.P.,
Lt. R.A.M.C. [May 1st, 1883.]
*Drowned on H.M.H.S. "Salta" (mined
in Channel) on April 10th, 1917.*

We regret that no photograph of the following is available for reproduction :

ALFRED FOSTER, 2nd Lt. R.F.A. [April 21st, 1914.] *Killed in action April 14th, 1917.*

Date of entry to Hospital is bracketed.

ARMY MEDICAL SERVICE.

(TEMPORARY COMMISSIONS.)

DEPUTY ASSISTANT DIRECTOR-GENERAL.

Col. (temp.) A. S. WOODWARK, M.D., M.R.C.P.Lond.

ASSISTANT DIRECTORS OF MEDICAL SERVICES.

Col. (temp.) H. H. C. DENT, M.B.Durh., F.R.C.S. (since vacated post).

Col. (temp.) J. A. NIXON, M.D.Cantab., F.R.C.P., Consulting Physician to the 5th Army.

Col. (temp.) L. HUMPHRY, C.M.G., M.D. Cantab., F.R.C.P.

Col. (temp.) C. A. PETERS, M.R.C.S., L.R.C.P., C.A.M.C.

Col. (temp.) R. PICKARD, C.M.G., M.D., M.S.Lond.

Col. (temp.) E. P. SEWELL, D.S.O., M.B., B.C.Cantab.

Col. (temp.) A. R. TWEEDIE, F.R.C.S.

DEPUTY ASSISTANT DIRECTOR OF MEDICAL SERVICES.

Maj. W. P. YETTS, M.R.C.S., L.R.C.P. (formerly Staff Surgeon, R.N., retired).

Col. (temp.) G. E. GASK, D.S.O., F.R.C.S., Consulting Surgeon to H.M. Forces in the St. Omer District.

ROYAL ARMY MEDICAL CORPS.

(TEMPORARY COMMISSIONS.)

TEMPORARY LIEUTENANT-COLONELS.

BERRYMAN, H. A., M.R.C.S., L.R.C.P. (retired Major).

MATURIN, F. H., M.B., B.C.Cantab. (from Hampshire Regt.).

MOORE, E. J., C.B., M.B., B.Ch.Oxon.

TEMPORARY MAJORS.

BLANDFORD, J. J. G., D.P.H.Cantab.

CORBETT, W. J., D.P.H.Cantab., F.R.C.S.

KERR, J., M.D., D.P.H.Cantab.

LANGDON, H. C. T., M.B., B.C., D.P.H. Cantab.

ROBINSON, H., F.R.C.S.

ROBINSON, W., M.D., M.S.Durh., F.R.C.S.

ROWLAND, S. D., M.R.C.S., L.R.C.P. (December, 1914).

TEMPORARY CAPTAINS.

*ALMOND, G. H. H., M.B., B.Ch.Oxon.

*BARNETT, B., M.R.C.S., L.R.C.P.

BASTARD, E. R., L.M.S.S.A.

*BERRY, H. S., B.C.Cantab., M.R.C.S., L.R.C.P.

*BISHOP, F. M., M.R.C.S., L.R.C.P.

BREWER, F. H. W., L.M.S.S.A.

*BREWITT-TAYLOR, R., M.B., B.S.Lond.

*BRICKWELL, F., M.B.Lond.

*BRODRIBB, A. W., M.B., B.Ch.Oxon.

CARLYON, T. B., M.R.C.S., L.R.C.P.

CARSON, H. W., F.R.C.S.

CHANDLER, F. G., M.D.Cantab. (2nd commn.).

COLWELL, H. A., M.B.Lond., D.P.H.Oxon.

COPE, R., M.R.C.S., L.R.C.P. (2nd commn.).

ELLIOTT, C., M.R.C.S., L.R.C.P. (2nd commn.).

GREY, H. M., M.R.C.S., L.R.C.P.

JACKSON, F. W., M.R.C.S., L.R.C.P. (Capt. A.M.S. retired).

*JAMES, A. M. A., M.D.BruX.

*LEONARD, N., M.D.BruX.

*LITTLEJOHN, C. W. B., M.B., B.Ch.Oxon., F.R.C.S.

LEVY, A., M.D., C.M.McGill Univ.

FLOWRIGHT, C. T. M., M.B., B.C.Cantab.

POLLARD, S. P., M.D.Cantab.

RANKEN, D., M.S.Lond., F.R.C.S.

RICHES, R. G., M.R.C.S., L.R.C.P.

ROSS, D., M.D., C.M.Aberd.

*SANDILANDS, J. E., M.D., D.P.H.Cantab.

SELBY, J. S. E., M.R.C.S., L.R.C.P. (2nd commn.).

SHAW, E. H., M.R.C.P.

SPENCER-PHILLIPS, P. T., M.B., B.Ch., Oxon. (from R.F.A.).

STANSFELD, R., M.R.C.S., L.R.C.P. (2nd commn.).

*TAUNTON, T. J., M.R.C.S., L.R.C.P.

TYLOR, C., M.D.Cantab.

*VERRALL, P. J., M.B., B.C.Cantab., F.R.C.S.

WAUGH, R. J. P., M.B., B.S.Lond.

WEDD, E. P. W., M.R.C.S., L.R.C.P. (from Yeo. T.F.).

*WIPPELL, W. P., M.R.C.S., L.R.C.P.

TEMPORARY HONORARY CAPTAINS.

SCOTT, H. H., M.D., M.R.C.P.Lond.

LYSTER, A. E., M.D.BruX.

TEMPORARY LIEUTENANTS.

BEATTY, J. B. H., L.R.C.S., L.R.C.P.Edin.

BEDDOW, H. J., M.R.C.S., L.R.C.P.

BROWN, A. C., M.R.C.S., L.R.C.P.

CANDLER, A. L., M.B., B.S.Lond., F.R.C.S.

CARMODY, E. P., M.R.C.S., L.R.C.P.

CARROLL, F. R., M.B., B.C.Cantab.

CARVER, A.E.A., M.D.Cantab., D.P.H.Oxon.

COULDREY, T. R., M.R.C.S., L.R.C.P.

CRAWFORD, R., M.B., B.C.Cantab.

CROUCH, C. P., M.B.Lond., F.R.C.S.

CUNNINGTON, C. W., M.B., B.C.Cantab.

DIGGLE, F. H., M.B.Ch.B.Manch., F.R.C.S.

*DOWNER, R. L. E., M.D.Lond.

EADY, G. J., L.M.S.S.A.

EDE, A. G., M.B.Lond.

ELLIS, E. S., M.R.C.S., L.R.C.P.

EVANS, A., M.R.C.S., L.S.A.

EWEN, G. S., M.R.C.S., L.R.C.P.

FEARNLEY, A. B., M.D.Lond.

FORRESTER, A. T. W., M.D.Lond.

GILBERTSON, H. M., M.R.C.S., L.R.C.P.

GILLESPIE, T., M.B., B.C.Cantab.

GRACE, E. M., M.R.C.S., L.R.C.P.

GRAHAM, H. E., M.B., B.C.Cantab.

GRAY, L., M.R.C.S., L.R.C.P.

GRIFFIN, W. B., F.R.C.S.

HAINES, R. L., M.R.C.S., L.R.C.P.

HARTLEY, J. D., F.R.C.S.

HARVEY, C. W. C., M.R.C.S., L.R.C.P.

HILL, R. G., M.B., B.S.Lond.

HORSFORD, C. A. B., M.D.Edin., F.R.C.S.

HOWELL, T., F.R.C.S.Edin.

HUGHES, E. O., M.R.C.S., L.R.C.P.

HUTT, C. W., M.D.Cantab., D.P.H.Oxon.

JAMES, H. W., M.R.C.S., L.R.C.P.

JAMISON, R., M.B., Ch.B.Oxon., F.R.C.S.

JENNINGS, A. R., B.C.Cantab.

JOHN, A. H., M.B., B.S.Lond.

JOHNSTON, H. M., M.B., B.Ch., R.U.I., F.R.C.S.

LAIDLAW, F. F., M.R.C.S., L.R.C.P.

LAING, A. W., M.R.C.S., L.R.C.P.

LAURENCE, B. E., M.R.C.S., L.R.C.P.

LEDWARD, H. D., M.B., B.C.Cantab.

LISTER, T. E., M.B., Ch.B.Leeds.

LOVE, H., M.B., B.S.Lond.

MACKENZIE, M.D., M.B., B.S.Lond.

MARRETT, H. N., M.R.C.S., L.R.C.P.

MARSHALL, J. C., M.D.Lond., F.R.C.S.

MATHEWS, F. E., M.R.C.S., L.R.C.P.

McDONAGH, J. E. R., F.R.C.S.

McDONALD, W. M., M.R.C.S., L.R.C.P.

*MEAD, J. C., M.B., B.S.Lond., F.R.C.S.

MELLOR, A. S., M.B., B.C.Cantab.

MIDELTON, W. J., M.R.C.S., L.R.C.P.

MILES, W. P., M.R.C.S., L.R.C.P.

MILNER, S. W., M.R.C.S., L.R.C.P.

NAISH, W. V., M.D.Cantab.

NIALL, E. M. M.D.Lond.

PARAMORE, R. H., M.D.Lond., F.R.C.S.

PARBURY, F. D., M.R.C.S., L.R.C.P.

PAYNE, J. E., M.B., B.C.Cantab., F.R.C.S.

PEARSON, D. G., M.B., B.C.Cantab.

PENNEFATHER, C. M., M.B., B.S.Durh.

READ, W. R., L.D.S., R.C.S.

REICHWALD, M. B., M.B., B.S.Lond.

REID, E. D. W., M.B., B.C.Cantab.

ROACHE, W. H., M.R.C.S., L.R.C.P.

SCOTT, A. B., M.R.C.S., L.R.C.P.

SCRACE, J. J. S., M.R.C.S., L.R.C.P.

STANGER, G., M.B., B.Ch.Oxon.

STANLEY, E. G., M.S.Lond., F.R.C.S.

STEEDMAN, M. T. W., M.R.C.S., L.R.C.P.

THACKER, C. R. A., M.B., B.C.Cantab.

THOMAS, H. S., M.R.C.S., L.R.C.P.

TRAPNELL, F. C., M.D.Cantab.

TREVAN, J. W., M.B., B.S.Lond., M.R.C.P.

UPTON, S., M.B., B.S.Lond.

VAILE, T. B., M.R.C.S., L.R.C.P.

VOSPER, S., M.R.C.S., L.R.C.P.

WADE, R., M.R.C.S., L.R.C.P.

WHINCUP, F., F.R.C.S.Edin.

WHITING, E. W., M.B., B.S.Lond.

WILLIAMS, R. G., M.R.C.S., L.R.C.P.

WILLIS, J. K., M.B.Cantab.

WILSON, H. L., M.D.Cantab.

WILSON, W. B., M.R.C.S., L.R.C.P.

WINTERBOTHAM, L. L., M.R.C.S., L.R.C.P.

WOOD, S., M.R.C.S., L.R.C.P.

WORTHINGTON, R. T., M.B., B.C.Cantab.

WRIGHT, H. N., M.R.C.S., L.R.C.P.

YOUNG, H. W. P., M.D., D.P.H.Cantab.

YOUNG, S. L. O., M.D.Cantab.

* The starred names appeared under "Resigned Commissions" in March, 1917, Supplement, and have now taken fresh Commissions.



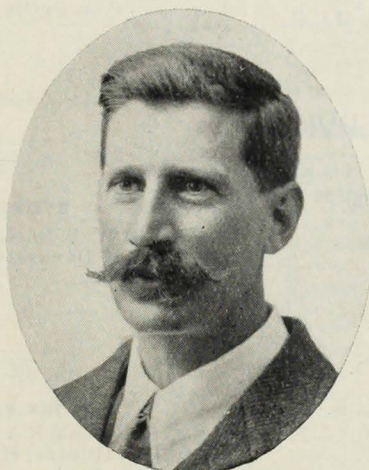
CHARLES ALFRED WHITING POPE, M.B., B.C. Cantab., M.R.C.S., L.R.C.P., Capt. R.A.M.C. [September 29th, 1900.] *Drowned on the torpedoing of s.s. "Transylvania," May 4th, 1917.*



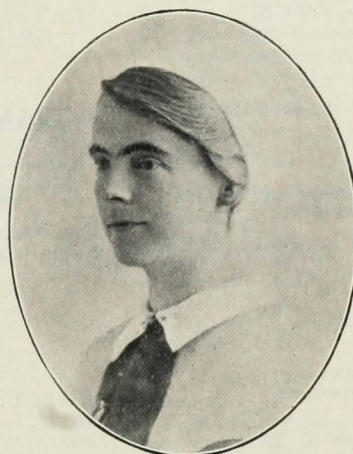
JOHN BEAUFOY RANDALL, M.B., B.S. Lond., M.R.C.S., L.R.C.P., Capt. R.A.M.C., att'd. R.F.A. [October 2nd, 1908.] *Killed in action October 31st, 1917.*



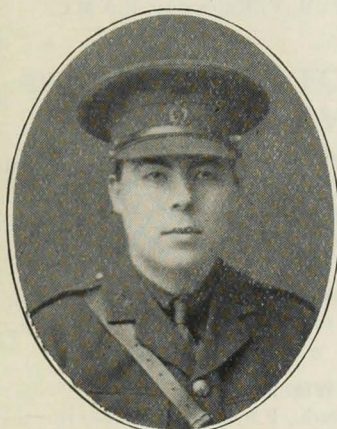
JOHN DOUGLAS RUTHERFORD, M.R.C.S., L.R.C.P., Surgeon R.N. [September 11th, 1911.] *Died on September 13th, 1917, in the East Mediterranean, from tuberculosis.*



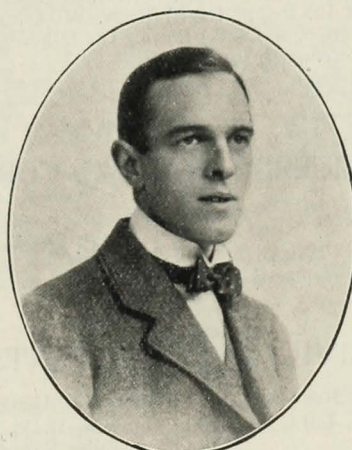
SYDNEY DOMVILLE ROWLAND, M.R.C.S., L.R.C.P., Maj. R.A.M.C. [August 15th, 1894.] *Died on March 6th, 1917, from cerebro-spinal meningitis.*



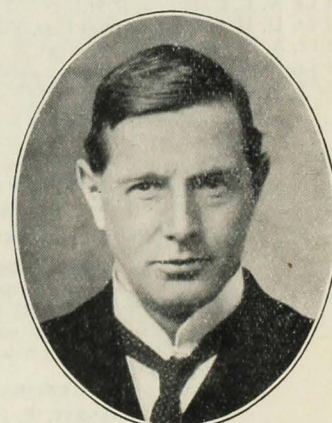
SISTER ALICE WELFORD, Q.A.I.M.N.S.R. *Accidentally drowned at Basra in January, 1918.*



REGINALD SHERMAN, M.B. Cantab., M.R.C.S., L.R.C.P., Capt. R.A.M.C. [June 10th, 1907.] *Died on October 10th, 1917, from wounds received whilst serving with a field ambulance.*



JOHN GODFREY BRADLEY SMITH, M.R.C.S., L.R.C.P., Lt. R.A.M.C. [July 8th, 1910.] *Drowned on torpedoing of H.S. "Arcadian" on April 15th, 1917.*



FRANK WHINCUP, M.R.C.S., L.R.C.P., F.R.C.S. Edin., Lt. R.A.M.C. [December 30th, 1891.] *Accidentally drowned in France, July 2nd, 1917.*

We regret that no photograph of the following is available for reproduction:

FRANK HAY VALETTE THOMPSON, Pte. R.A.M.C. [April 25th, 1916.] *Died from septic pneumonia February 8th, 1917.*

Date of entry to Hospital is bracketed.

ROYAL ARMY MEDICAL CORPS—*continued.*

R.A.M.C. SPECIAL RESERVE OF OFFICERS.

MAJOR.

RANKING, R. M., M.D.Cantab.

CAPTAIN.

ROSSDALE, G. H., M.R.C.S., L.R.C.P.

LIEUTENANTS

BOLTON, A. O., M.R.C.S., L.R.C.P.
 BRAUN, I., M.R.C.S., L.R.C.P.
 CAMERON, D., M.R.C.S., L.R.C.P.
 CHURCHILL, H. J., M.R.C.S., L.R.C.P.
 CORBETT, R. S., M.R.C.S., L.R.C.P.
 DANDRIDGE, W. L., M.R.C.S., L.R.C.P.
 FITCH, A. A., M.R.C.S., L.R.C.P.
 GLENNY, E. H., M.R.C.S., L.R.C.P.
 GOUMENT, L. C., M.R.C.S., L.R.C.P.

IRVING, J. B., M.R.C.S., L.R.C.P.
 LANGTON, E. A. C., M.R.C.S., L.R.C.P.
 LEDGER, L. K., M.R.C.S., L.R.C.P.
 LONGFORD, W. U. D., M.R.C.S., L.R.C.P.
 MASSON, K., M.R.C.S., L.R.C.P.
 MUDGE, J. B., M.R.C.S., L.R.C.P.
 PAGE, S. W., M.R.C.S., L.R.C.P.
 SPACKMAN, E. D., M.R.C.S., L.R.C.P.
 TITTERTON, C. M., M.R.C.S., L.R.C.P.
 VERNIQUET, W. G., M.R.C.S., L.R.C.P.

OVERSEAS CONTINGENTS.

AUSTRALIAN ARMY MEDICAL CORPS.

Maj. (temp.) F. PERSHOUSE, M.D.Brux.,
 D.P.H.Cantab. (January, 1915.)
 Capt. A. E. D. CLARK, M.B., B.S.Lond.

CANADIAN ARMY MEDICAL CORPS.

Capt. ROBIN PEARSE, F.R.C.S.

CANADIAN ARMY DENTAL CORPS.

Capt. K. A. DAMAN, L.D.S.

NEW ZEALAND ARMY MEDICAL SERVICE.

Lt.-Col. C. E. RUSSELL-RENDLE, M.R.C.S.,
 L.R.C.P.
 Lt. (temp.) P. G. HORSBURGH, M.R.C.S.,
 L.R.C.P.

SOUTH AFRICAN MEDICAL CORPS.

Capt. (temp.) H. SYMONDS, M.D.Lond.
 Capt. E. L. WRIGHT, M.R.C.S., L.R.C.P.
 Lt. (temp.) C. F. BEYERS, M.R.C.S., L.R.C.P.
 Lt. (") G. A. BEYERS, M.R.C.S., L.R.C.P.
 Lt. (") P. A. SMUTS, M.R.C.S., L.R.C.P.

INDIAN MEDICAL SERVICE.

Lt.Col. F. P. CONNOR, Consulting Surgeon to Mesopotamia Expeditionary Force.

ASSISTANT DIRECTOR OF MEDICAL SERVICES.

Lt.-Col. (temp.) J. K. S. FLEMING, M.R.C.S., L.R.C.P.

TEMPORARY LIEUTENANTS.

GUILFOYLE, J. M., M.B., B.Ch.Oxon.
 SHAH, J. M., M.R.C.S., L.R.C.P.

RETIRED.

Bt.-Col. Sir W. B. SETON, Bt. (ill-health).
 Col. G. W. P. DENNYS, C.I.E.
 Maj. E. S. PECK.

COMBATANTS.

COMMISSIONS.

Lt. F. P. ADAMS, 57th Brigade, R.F.A.
 Lt. J. J. JACKSON, 4th K.O.R. Lancs. Regt.
 (December, 1915).
 Lt. H. V. LAUDER, K.O.R. Lancs. Regt.,
 1/4 Battn. (January, 1916).
 Lt. R. K. SMITH, The Yorks Regt. (T.).
 Lt. J. H. E. SANDFORD, 4th Bedfordshire
 Regt.
 2nd Lt. N. L. CAPENER, R.M.L.I.
 2nd Lt. D. H. COCKELL, 32nd Roy. Fus.
 2nd Lt. A. DOWNES, S. Staff. Regt.
 2nd Lt. ALFRED FOSTER, R.F.A.

2nd Lt. D. B. FRASER, R.F.A., Sp. R.
 2nd Lt. G. H. GREENFIELD, R.F.A.
 2nd Lt. W. C. V. HIGGINSON, R.F.C.
 2nd Lt. A. E. LORENZEN, R.F.A.
 2nd Lt. B. A. J. MAYO, 51st Notts and Derby
 Regt.
 2nd Lt. W. A. NICHOLLS, 14th (Res.) Battn.,
 Roy. Fus. (June, 1915).
 2nd Lt. A. E. PARKES, 109 Hy. Btty. R.G.A.
 2nd Lt. (temp. Capt.) K. A. WILLS, 15th
 (Co. of Lond.) Battn., The Lond. Regt.
 (August, 1914).

IN THE RANKS.

Pte. R. A. FOUCAR, R.A.M.C.
 Driver J. T. HUNTER, H.A.C., Royal Horse
 Artillery Section.
 Pte. J. H. R. LAPTAIN, Wireless Operator,
 R.F.C., attd. R.H.A.
 Gunner W. H. NETTLEFIELD, R.G.A.
 Lce. Cpl. H. W. PETERSON, 24th Roy. Fus.
 Lce.-Cpl. T. BEN THOMAS, 4th Welsh Regt.
 Pte. F. H. V. THOMPSON, R.A.M.C.

OFFICERS' TRAINING CORPS.

ARTISTS' RIFLES.

Cadet C. HUNTSMAN.

ROYAL FLYING CORPS.

Cadet D. E. NORTH.

CIVIL APPOINTMENTS.

LEWISHAM MILITARY HOSPITAL.

BARNETT, F. S., M.R.C.S., L.R.C.P., Civil Surgeon.

JAMES, A. M. A., M.D.Brux., Anæsthetist.

WELL MARSH MILITARY HOSPITAL,
SHEERNESS.

WINTER, L. A., M.D.Durh., Civil Surgeon.

MILITARY HOSPITAL, NEAR WINCHESTER.

GODWIN, H. J., M.B., B.S.Durh., F.R.C.S.
Edin., Surg.-Specialist.SOUTH AFRICAN HOSPITAL,
RICHMOND PARK.HAWES, C. S., M.R.C.S., L.R.C.P.,
Anæsthetist.

RELINQUISHED COMMISSIONS IN THE SERVICES.

(If another commission has been received the name is preceded by an asterisk and appears elsewhere also.)

TEMPORARY LT.-COLONELS, R.A.M.C.

BROOKS, J. H. (ill-health).

TEMPORARY MAJORS, R.A.M.C.

CROSSE, R. E.
MYDDELTON-GAVEY, E. H. (ill-health).
*RICHES, R. G.
TWEEDY, R. C. (ill-health).

TEMPORARY CAPTAINS, R.A.M.C.

ALMENT, E. W.
ANDERSON, A. J. (ill-health).
ARKWRIGHT, J. A.
BRIGSTOCKE, P. W.
BRINTON, R. D.
BROOK, T. S.
BULLAR, J. F.
BURRA, L. T.
BUTLER, C.
CAMPBELL, F. W.
COOKE, R. T.
CORNISH, C. V.
*DOBSON, W. T. (ill-health).
EVANS, E.
FISHER, J. C.
FREER, G. D. (ill-health).
GILL, G. F.
GILL, R.
GOW, W. J.
GRACE, N.
GRAY, H.
GROVE F. P.
HAMMOND, T. E. (ill-health).
HARMER, J. D.
HATHAWAY, F. J.
HEASMAN, W. G. (ill-health).
HILL, W. J.
HORNER, N. G.
HOSKYN, C. R.

KINGSTON, C. S.
LLOYD, G. W.
MACKAY, E. C.
MORRIS, G. (ill-health).
MURPHY, L. C. E.
PAGE, C. H. W.
PARSONS, C. T.
PARSONS, J. H.
RECKLESS, P. A.
RIVERS, W. H. R.
ROBINSON, C. A.
RUCK, J. E.
RUSSELL, J.
SCOTT, N. A.
SHEPARD, R. H.
SMITH, H. S. (ill-health).
STEVENS, R. C. J.
STONE, G. W.
*STOTT, F. W. A. (ill-health).
STURDY, A. C.
THOMPSON, C. C. B.
WALKER, L. A.
WILLIAMS, R.

TEMPORARY HON. CAPTAIN, R.A.M.C.

*CARSON, H. W.

TEMPORARY LIEUTENANTS, R.A.M.C.

BECKTON, W.
BLOXSOME, A. H.
*CARVER, A. E. A.
CHEESE, F. W.
CROSS, E. W.
DARBY, W. S.
DRAKE, D. J.
FENTON, T. G.
GOODMAN, H.
JOHNSON, W. J. G.
MAGUIRE, J. E. C.

MELLOR, A. S. (ill-health).
MOORE, S. J.
MOSES, D. A. H.
PAGE, G. F.
RANKING, G. L.
RENDEL, A. B.
ROACHE, W. H. (ill-health).
SMITH, J. M.
STERRY, J.
STIVALA-ASPINALL, G.
VERDON-ROE, S.
WILDMAN, W. S.
WILLIAMS, C. L.
WILLIAMS, E. K.

TEMPORARY MAJOR, I.M.S.

ROWCROFT, G. F., Col. I. A.

The following having relinquished their commissions through ill-health contracted on active service are given honorary rank:

HON. LIEUTENANT-COLONEL, R.A.M.C.

Capt. (actg. Maj.) T. H. CHITTENDEN, R.A.M.C.T.

HON. CAPTAINS, R.A.M.C.

BALDWIN, J. H.
DAVIES, J. P. H.
GRIFFIN, F. W. W.
GURNEY DIXON, S.
HANHAM, L. L.
HERNAMAN-JOHNSON, F.
HULBERT, H. L. P.

HON. LIEUTENANT, R.A.M.C.

CROUCH, C. P.
DOBSON, W. T.

KENT VOLUNTEER REGIMENT.

Maj. (temp.) P. G. SELBY, M.R.C.S., L.R.C.P. | Capt. (temp.) A. C. HASLAM, M.D.Lond., F.R.C.S. | Capt. (temp.) A. F. STREET, M.D., D.P.H. Cantab.

PRESENT AND FORMER NURSES OF ST. BARTHOLOMEW'S HOSPITAL
SERVING IN CONNECTION WITH THE WAR.**QUEEN ALEXANDRA'S ROYAL NAVAL
NURSING SERVICE.**

HASLAR.

Nurse NORSTER.
Nurse SINCLAIR.

TERRITORIAL FORCE NURSING SERVICE.

Miss DORA FINCH, Principal Matron.

TERRITORIAL RESERVE.

1ST LONDON GENERAL HOSPITAL.

Nurse HANCOCK.
Nurse UNDERHILL.

**QUEEN ALEXANDRA'S IMPERIAL MILI-
TARY NURSING SERVICE RESERVE.**

Serving at various Home Stations.

Miss CLARKE (Sister Special Probationers' Home) (Worsley Hall War Hospital).

Mrs. COOK (née NORTON) (Welsh Hospital Netley).

Nurse CORNISH (Territorial Hospital, Oxford).

Nurse LANE (War Hospital, Exeter).
Nurse PERRY (Roehampton Hospital).

Serving Abroad.

In France.

Nurse BOND.
Nurse BARR.
Nurse CONNOR.
Nurse COPLESTON.
Nurse FRANCE.
Nurse K. H. JONES.
Nurse PEARSON.
Nurse RAINEY.
Nurse VIDAL.

Nurse SYKES.
Miss EVANS (Sister MARK).

In India.

Nurse K. BAIRD.
Nurse COLLINS.
Miss JAMES (Sister RADCLIFFE).
Nurse McCLURE.
Nurse SANDERSON.

In Salonika.

Nurse E. M. HUGHES.
Nurse MARSHALL.
Nurse REDMAN.

British Red Cross, Italy.

Miss HEATH (Sister OPTHALMIC).

RETIRED COMMISSIONED OFFICERS IN THE SERVICE

NAME OF OFFICER

REGIMENT

DATE OF RETIREMENT

REASON FOR RETIREMENT

DATE OF DEATH

PLACE OF BIRTH

DATE OF ENTRY INTO SERVICE

DATE OF LEAVING SERVICE

DATE OF DEATH

PLACE OF BIRTH

DATE OF ENTRY INTO SERVICE

DATE OF LEAVING SERVICE

DATE OF DEATH

PLACE OF BIRTH

DATE OF ENTRY INTO SERVICE

DATE OF LEAVING SERVICE

DATE OF DEATH

PLACE OF BIRTH

St. Bartholomew's Hospital



"Æquam memento rebus in arduis
Servare mentem."

—Horace, Book ii, Ode iii.

JOURNAL.

VOL. XXV.—No. 8.]

MAY 1ST, 1918.

[PRICE SIXPENCE.]

CALENDAR.

Tues., Apl. 30.—Dr. Calvert and Mr. D'Arcy Power on duty.
Wed., May 1.—Clinical Lecture (Surgery), Mr. D'Arcy Power.
Fri., " 3.—Dr. Morley Fletcher and Mr. Waring on duty.
Clinical Lecture (Medicine), Dr. Calvert.
Tues., " 7.—Dr. Drysdale and Mr. McAdam Eccles on duty.
Wed., " 8.—Clinical Lecture (Surgery), Mr. D'Arcy Power.
Fri., " 10.—Dr. Calvert and Mr. D'Arcy Power on duty.
Clinical Lecture (Medicine), Dr. Calvert.
Tues., " 14.—Dr. Morley Fletcher and Mr. Waring on duty.
Wed., " 15.—Clinical Lecture (Surgery), Mr. D'Arcy Power.
Fri., " 17.—Dr. Drysdale and Mr. McAdam Eccles on duty.
Clinical Lecture (Medicine), Dr. Morley Fletcher.
Tues., " 21.—Dr. Calvert and Mr. D'Arcy Power on duty.
Wed., " 22.—Clinical Lecture (Surgery), Mr. Waring.
Fri., " 24.—Dr. Morley Fletcher and Mr. Waring on duty.
Clinical Lecture (Medicine), Dr. Drysdale.
Tues., " 28.—Dr. Drysdale and Mr. McAdam Eccles on duty.
Wed., " 29.—Clinical Lecture (Surgery), Mr. Waring.
Fri., " 31.—Dr. Calvert and Mr. D'Arcy Power on duty.
Clinical Lecture (Medicine), Dr. Drysdale.
Tues., June 4.—Dr. Morley Fletcher and Mr. Waring on duty.

EDITORIAL NOTES.



WE desire to congratulate Col. J. A. Nixon, A.M.S., on his appointment as Consulting Physician to the 5th Army, B.E.F.

Our congratulations are also due to Lieut.-Col. F. P. Connor, I.M.S., who has been promoted to the post of Consulting-Surgeon to the Mesopotamia Expeditionary Force.

* * *

Two members of the Visiting Staff, Sir Wilmot Herringham, C.B., and Sir Anthony Bowlby, K.C.M.G., K.C.V.O., have been made Temp. Major-Generals, A.M.S. Other "Bart.'s" men to be similarly honoured are: Surgeon-Generals W. G. A. Bedford, C.B., C.M.G., H. G. Hathaway, C.B., O. R. A. Julian, C.B., C.M.G., and Sir Francis Treherne, K.C.M.G.

The following have been mentioned in dispatches for distinguished service:

East African Forces: Capt. G. T. Burke, I.M.S., Capt. A. R. Cook, Uganda M.S., and Major H. B. Owen, Uganda M.S.

Mesopotamia Expeditionary Force: Capt. T. K. Boney, R.A.M.C., Major (Actg. Lieut.-Col.) G. E. Cathcart, R.A.M.C., Major (Temp. Lieut.-Col.) F. P. Connor, I.M.S., Bt.-Col. M. H. G. Fell, C.M.G., R.A.M.C., Lt.-Col. (Temp. Col.) S. F. St. D. Green, R.A.M.C., Major (Temp. Lieut.-Col.) W. H. Hamilton, D.S.O., I.M.S., and Major W. H. Leonard, I.M.S.

Through the Secretary of State for War: Capt. C. G. Aickin, N.Z.M.C., Capt. (Temp. Local Major) J. A. Arkwright, R.A.M.C., Capt. A. G. R. Foulerton, R.A.M.C., Major G. Graham, R.A.M.C., Major T. M. Kendall, R.A.M.C., Capt. (Local Major) C. G. H. Moore, R.A.M.C., Capt. (Temp. Local Major) H. J. Pickering, R.A.M.C., Capt. (Temp. Local Major) C. H. G. Prance, R.A.M.C., Major J. C. A. Rigby, S.A.M.C., Capt. (Temp. Local Major) H. H. Serpell, R.A.M.C., and Major (Actg. Lieut.-Col.) W. P. Yetts, R.A.M.C.

* * *

The King has appointed Capt. A. R. Cook, Uganda M.S., to be an Officer of the Most Excellent Order of the British Empire for services in the Oversea's Dominions.

* * *

We note with much pleasure that several "Bart.'s" men are included in the new Air Force Medical Service. The appointments are as follows: Major-General R. C. Munday (Fleet-Surgeon, R.N.) to be a Member of the Air Ministry; Major C. B. Heald, Surgeon-General Rolleston, and Sir Walter Fletcher, K.B.E., to be Members of the Medical Administrative Committee.

* * *

The following statement of service for which the D.S.O. was conferred is now to hand: "Temp. Capt. J. C. Sale, M.C., R.A.M.C.: During an attack he collected the wounded over a large tract of country exposed to heavy

fire, and continuously went out by night in advance of the front line searching for the wounded, many of whom he brought back over most difficult ground and under heavy fire. His coolness and determination were a splendid example to his stretcher-bearers."

* * *

We are glad to learn that Lieut. C. S. Atkin, R.A.M.C., who some time ago was captured and held prisoner in Germany, has been repatriated.

* * *

It affords us very considerable pleasure to learn that Dr. Norman Moore has been elected President of the Royal College of Physicians of London. We feel sure that all St. Bartholomew's men will wish to join with us in extending to him our heartiest congratulations.

* * *

We desire to give publicity to the following communication which has been sent to us by the Secretary of the Anatomical Society of Great Britain and Ireland:

At its meeting, held on March 1st, at King's College, the Anatomical Society of Great Britain and Ireland, having received and unanimously adopted the report presented to it by its Committee on Nomenclature, resolved without a dissentient vote that the following paragraph from the Report should be circulated among the several Corporations and other Bodies interested in the progress of Medical Education:

"The Committee, after consideration of the matter, unanimously reports that it sees no reason for departing from the use of the Old Nomenclature as the recognised medium of description for employment in Anatomical Text-books and Departments, or by Medical Men in general; on the other hand, it thinks that there are very good reasons to be urged against the adoption of any other nomenclature for this purpose."

We heartily welcome this report, which is practically a protest against the radical changes in anatomical nomenclature suggested by the "B.N.A.," and the wholesale adoption of these in the recent editions of most of the standard text-books of anatomy. It is no secret that commercial considerations have contributed largely to the confusion which has thus prevailed for several years in this country between the old terminology and the new. It will, therefore, be interesting to see what effect this pronouncement will have on the future policy of those editors and publishers who completely capitulated to a new nomenclature, which, almost entirely German in origin, had never received official recognition from the representative Society of Great Britain and Ireland.

* * *

Those of our readers whose knowledge of anatomy has largely been founded on such text-books may, at first sight, be inclined to regard this report with a feeling akin to consternation and to imagine a "scrap-heap" of anatomical names they have studiously learned in vain! But, after all, the differences, for practical purposes, between the old and

the new names are not so great as they are sometimes made out to be, and can always be reconciled by a little thought or discussion *provided always that the structures concerned are really known and understood.*

* * *

Commenting on Lieut.-Col. D'Arcy Power's mid-sessional address, which dealt with some episodes in the history of St. Bartholomew's Hospital, and which was published in this JOURNAL in the January and February issues, the *British Medical Journal* (March 9th, 1918) raises the question as to whether St. Bartholomew's is the oldest hospital.

"If Rahere's foundation," says the *British Medical Journal*, "was truly a hospital and not an alms-house, then it is the oldest English hospital, beating the Angers Hospital founded by Henry II, for which that honour is claimed, by some twenty years or more."

Mr. A. H. Coughtrey, Librarian to St. Bartholomew's Hospital and College, challenges this statement in a letter to the *British Medical Journal* (March 30th, 1918). He writes:

"It comes as rather a shock to many of us to read in your columns that Angers Hospital is claimed to be the oldest English hospital, presumably on the ground that at the time the hospital was founded England possessed that part of France in which it was situated (by-the-bye Henry II did homage to Louis). Doubt is suggested that St. Bartholomew's Hospital was really a hospital. *Liber fundacionis ecclesie Sancti Bartholomei Londoniarum* makes it quite clear that sick people, many of them from distant parts of the country, were received in the hospital, though their cures were attributed to miracles at the shrine of the church. There may be a similar objection to the title of St. Bartholomew's Hospital at Rochester, on the ground that it was a lazaret-house. This noted Kentish hospital was founded by Bishop Gundulf in 1078, forty-five years before its namesake in London, as a hospital for lepers."

In a further note, contributed to the *Hospital Gazette*, Mr. Coughtrey points out that:

"Gundulf's hospital of St. Bartholomew, at Rochester, provided accommodation for lepers of both sexes. It was placed under the protection of, and administered by, the prior of the cathedral church of St. Andrew, in the same way as later St. Bartholomew's Hospital in London was administered by Rahere, the prior of St. Bartholomew the Great. Both these hospitals, however, were institutions quite distinct from the churches from which they were administered, and would certainly seem to be the oldest English hospitals which are still in existence."

* * *

Dr. Robert A. Lyster, Lecturer in Public Health and Forensic Medicine at this Hospital, and County Medical Officer for Hampshire, has been elected Editor of *Public Health*.

* * *

We are asked to state that the date of the Annual Meeting of the St. Bartholomew's Women's Guild, which is always held on View Day, is Wednesday, May 8th. Anyone who is not a member, and would like a card of invitation, may obtain same on application to the Hon. Secretary, Mrs. Norman Moore, 67, Gloucester Place, W. 1.

* * *

We regret to record the death of the following St. Bartholomew's men:

Mr. Herbert Aldersmith, who died on March 24th, had

been for forty-two years Medical Officer of Christ's Hospital. Educated at St. Bartholomew's Hospital, he qualified M.R.C.S.Eng. in 1870, and F.R.C.S. in 1872. Three years later he graduated M.B.Lond. He was one of the few members of the staff who accompanied the boys from London to West Horsham, and continued in office until five years ago, when he retired from practice. He was Hon. Secretary of Horsham College Hospital.

Dr. William Miller Crowfoot, of Beccles, has died from heart failure at the age of eighty years. Trained at St. Bartholomew's Hospital, he graduated M.B.Lond. in 1858. In 1890 he became F.R.C.S.Eng. He was hon. consulting surgeon to Beccles Hospital, a magistrate for Suffolk, and a retired Major and Honorary Lieut.-Colonel of the 2nd Volunteer Battalion of the Norfolk Regiment.

The death took place on February 3rd, at 53, Warwick Avenue, Bedford, of Fleet-Surgeon Alfred Matthew Page R.N. (retired). He was born at Corfu in 1863, and was educated at Stamford Hill and St. Bartholomew's Hospital, qualifying M.R.C.S.Eng. in 1884, and L.R.C.P.Lond. in 1885. He retired from the Royal Navy in 1910, and had recently been a Member of the Medical Recruiting Board, Kempston Barracks, Bedford.

The death occurred at his residence, High Street, Lancaster, on March 11th, of Mr. George Roger Parker, the senior medical practitioner of the town. Mr. Parker began his medical education at St. Bartholomew's Hospital, qualified M.R.C.S.Eng. in 1875, L.R.C.P.Lond. 1877. For forty years he had been in practice in Lancaster, was attached to the Royal Lancaster Infirmary for thirty-six years, and was Chairman of the Medical Committee.

* * *

The number of sons of the Medical Staff of the Hospital, who have fallen in the war, has unhappily been added to by the death of the eldest son of our Consulting Physician, Sir William Church. Lieut. J. W. Church, Herts Regt., was killed in action on March 30th. All St. Bartholomew's men will extend their sympathy to Sir William in his great loss.

* * *

ROLL OF HONOUR.

We very much regret to learn of the death of Capt. Edward Charles Cunningham, R.A.M.C., which occurred on March 23rd as the result of the explosion of a bomb in an advanced dressing-station. He was the only child of Capt. B. Howard Cunningham, Wilts Regiment, of Devizes, who is on active service abroad. Capt. E. C. Cunningham, who was 27 years of age, was educated at Reading and Cambridge, and was studying medicine at this Hospital on the outbreak of war, when he volunteered for military service.

To the relatives and friends of Capt. Cunningham we extend our warmest sympathy.

A CASE OF AURICULAR FLUTTER: THE EFFECT OF TREATMENT BY DIGITALIS.

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



AM indebted to Dr. J. H. Drysdale for his kind permission to publish this case.

The patient, J. B—, æt. 60, was admitted to Rahere Ward, having been seized with pain in the left chest and a sudden attack of dyspnoea.

For twelve years the patient has suffered from chronic bronchitis and asthma, for which he has been treated as an out-patient at this and at other hospitals. In May, 1916, while at work—he is a cigarette-maker—he had a sudden feeling of weakness in both legs, and was seized with pain in the upper part of the chest. This was at first present on both sides, and forced him to sit down. After three or four minutes it became localised to the præcordium and increased greatly in severity, extending ultimately to the left arm.

Since this attack he has had several similar ones at irregular intervals. They appeared to him to be caused by any extra exertion.

On November 1st, 1917, the patient was seized with a similar attack and was brought to hospital.

When seen in the surgery he was rather cyanosed and suffering greatly from dyspnoea. His pulse was said to be uncountable.

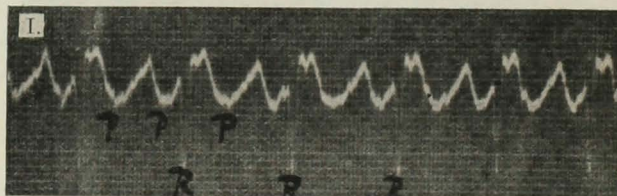
After admission the pulse was regular; the rate was 140. This rate did not vary with posture or exercise.

The chest was emphysematous in shape. The area of cardiac dullness extended five inches to the left in the fifth space and two inches to the right in the fourth. The sounds were distant but natural.

The lungs, except for the presence of scattered *râles* and rhonci, showed no abnormality.

The liver was not enlarged or tender; there was no ascites, albuminuria, or oedema of the feet.

The pulse-rate varied in rate during the first two days after admission between 140 and 90. It did not vary, however, to any extent with posture or exercise. The rhythm was almost uniformly regular; occasionally for one beat the regular succession of beats would be broken.



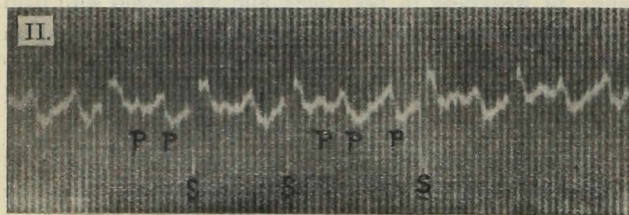
LEAD II. AURICULAR FLUTTER. 2:1 HEART BLOCK.

The patient upon admission was given 60 minims of tincture of digitalis a day. Although his general condition improved, the continuance of his high pulse-rate was, in the

absence of other causes, thought to be due to an abnormal auricular rhythm.

An electro-cardiograph, taken on November 3rd, showed this to be auricular flutter, the auricular and ventricular rates being 280 and 140 respectively, a state of 2 : 1 block existing. It was determined, therefore, to try to cause auricular fibrillation by digitalis, then to omit the drug in the hope that the normal sino-auricular rhythm would return.

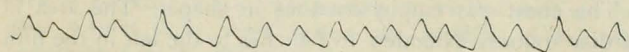
On November 9th the tincture of digitalis, of which he had been taking 60 minims, was increased. The patient, on November 9th, was given 90, and, on the 10th and 11th, 100 minims of the tincture a day. On November 11th his rate was found to be irregular. As the irregularity decreased with exercise, it was considered to be the result of varying degrees of block.



LEAD II. AURICULAR FLUTTER. 3 : 1 AND 2 : 1 BLOCK.

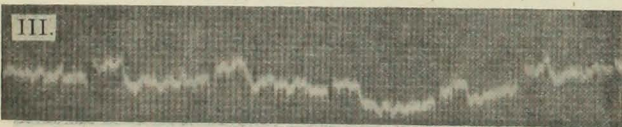
An electro-cardiograph, taken on November 10th, showed the auricle still to be fluttering. The ventricle, however, responded irregularly to the auricular beat. The block varied from 2 : 1 to 3 : 1 every few beats. The P.R. interval, previously '26 of a second, was now '33.

A radial tracing showed pulsus alternans to be present.



RADIAL TRACING SHOWING PULSUS ALTERNANS.

The rate of the ventricle was slowed gradually, presumably by the blocking action of the digitalis, to 68 on November 13th. On this date the irregularity was more pronounced and increased instead of subsiding as a result of exercise. An electro-cardiograph taken showed the auricle to have ceased fluttering and to be in a state of fibrillation.



LEAD II. AURICULAR FIBRILLATION.

The digitalis was, therefore, omitted on November 14th. He continued to fibrillate till November 24th, when his rate was found to be regular. It was hoped that on the cessation of fibrillation the auricle had reverted typically to its normal regular rhythm. The string-galvanometer, on November 26th, showed that the regularity of his pulse was due, not to the normal sino-auricular rhythm, but to a resumption by the auricle of its fluttering condition.

The auricular rate was 216 and the ventricular 72, 3 : 1 heart-block existing.

In spite of this disappointing result, it was determined to attempt a second time to cause fibrillation by digitalis,

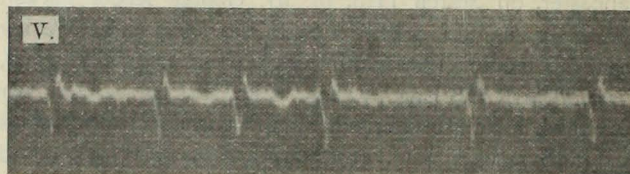


LEAD II. AURICULAR FLUTTER. 3 : 1 HEART BLOCK.

and this time to continue the drug's action over a longer period, in order to break the auricle of its fluttering habit.

He was, therefore, on November 27th given digitalis again. On November 27th he had 45 minims; from November 28th–December 2nd, 90 minims; and from December 3rd–7th, 75 minims of the tincture, a day.

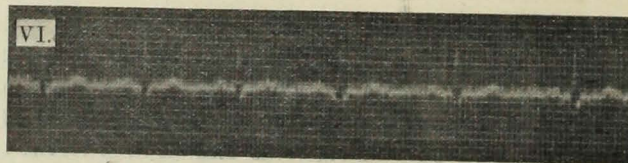
His pulse was regular till November 28th. On this date it was irregular, the irregularity decreasing on exertion. On December 1st it was irregular, the irregularity increasing on exertion, and, therefore, presumably due rather to fibrillation than to flutter with varying degrees of block. This was shown to be so by the electro-cardiograph taken on December 14th.



LEAD II. AURICULAR FIBRILLATION.

This time, however, the administration of digitalis was persisted in for a week after the probable onset of fibrillation, and as a result the ventricular rate fell on December 7th to 50. The digitalis was omitted on this day, since in addition the patient complained of nausea. On December 8th the ventricular rate fell to 44, but rose in six days to about 70 where it remained.

The rhythm was, on December 17th, noticed to be regular. On exertion the rate increased appreciably, and the rhythm remained regular.



LEAD III. NORMAL SINO-AURICULAR RHYTHM. THE SMALL OSCILLATIONS ARE INSTRUMENTAL.

An electro-cardiograph, taken on December 18th, showed that a normal sino-auricular rhythm had become re-established.

The patient's general condition, as regards his subjective

symptoms, varied with the action of his heart. Whilst the auricle was fluttering he felt more comfortable with a slow rather than with a more rapid ventricular rate. When fibrillation was present he had a vague feeling of præcordial discomfort. On the return of his normal rhythm he felt, so he said, better than for many months past.

His physical signs, as regards his cardio-vascular system, showed no alteration during his stay in bed, other than the various irregularities of his heart-beat. He had a chronic bronchitis which was more troublesome while he was fibrillating.

No other abnormality was discovered.

No obvious cause for his auricular disease was found. His Wassermann reaction was negative, he had never had rheumatic fever. The only symptom or sign of arterial disease was the history of anginiform attacks. His radial artery was soft, his blood-pressure was 130-150 mm. of mercury. The pulsus alternans, present during his flutter, was never otherwise observed.

The first attempt to restore his normal rhythm failed, the second succeeded. It may be of interest to record the differences between the two procedures.

During the first he took 560 minims of digitalis in ten days, the drug being omitted on what was probably the second day of his fibrillation; during the second he took 855 minims in eleven days. This time he probably began to fibrillate on the fifth day after starting the digitalis; the drug was persisted in for seven days after the commencement of fibrillation.

The length of the first period of fibrillation was eleven days and of the second seventeen days. The presence of fibrillation was assumed when the pulse irregularity increased, and of flutter with varying block when it decreased on exercise. This assumption was confirmed by the electro-cardiograph.

The patient, nearly three months after his discharge still exhibits a normal sino-auricular rhythm, and leads a natural healthy life. It will be interesting to see whether his immunity from further attacks will be permanent.

SOME OBSERVATIONS IN A RECENT ACTION.

By TEMP. SURGEON K. A. I. MACKENZIE, M.B., R.N.

I SET out to describe the following observations because I feel that they may be of interest to some people, not only from a medical point of view, but also because quite possibly they may be unique, though I have no means at my disposal for finding this out.

The facts were observed in a man, who was killed in a recent action, when he was brought down to the medical

distributing station, and the same phenomenon could be elicited hours afterwards. The man was a leading signaller, and he was very badly hit, but the only wound of importance at the moment was a transverse one across the dorsum of the left hand, a quarter to half an inch deep. The wound only involved the middle portion of the hand, and did not extend right across the dorsum. When seen, the edges of the wound were in apposition to one another, and there was no bleeding or oozing. On separating the edges of the wound, a small flame, about the size of a finger-nail, shot out accompanied by a smell of gas strongly resembling acetylene.

Several theories and suggestions were thought of and put forward to account for this, and inquiries were made as to whether there could be anything in the shell that could cause this to occur. Eventually it transpired that just in front of the man at his action station was hanging a lifebuoy with its case of calcium phosphide attached; the shell which killed him had smashed all this, and a small piece of the calcium phosphide had evidently been driven into the wound in his hand. The blood from the burst vessels of the wound and the tissue juices then acted on the calcium phosphide and produced this small flame from the wound, in the same way as calcium phosphide bursts into flame in coming in contact with water. This phenomenon was not observed on first seeing the man, as the edges of the wound were in apposition and so the calcium phosphide closed in. A slight smell, however, could be detected, and when the edges were separated and air admitted into the wound, it was witnessed very clearly.

The same thing, though in a lesser degree, was noted in another case—a signaller. In this man the right foot was almost blown off, but at the base of the wound a minute flame, with the accompanying smell, was observed. This was obviously caused in the same way and at the same time, as these two men were quite close together at their stations.

These facts were observed by numerous people besides myself, including the mess-deck officer, the master-at-arms, two sick-berth ratings, and several of the first aid and fire parties. It is interesting to note that in the first case the flame and smell could be noticed hours after the action, and in no lesser degree than when the man was first of all brought down to the distributing station; but in the second case this was not possible, as the condition of the foot was such that immediate amputation was necessary.

My thanks are due to Staff Surgeon H. D. Drennan for permission to publish these facts.

A BUSH DOCTOR'S PRACTICE.

By C. D. KERR, M.B., B.S.(Lond.).

AT the invitation of a former Editor of the JOURNAL I venture to relate some experiences acquired in a remote corner of Western Australia, where it was my lot to spend two years, after leaving the Old Country and the peaceful seclusion of Little Britain.

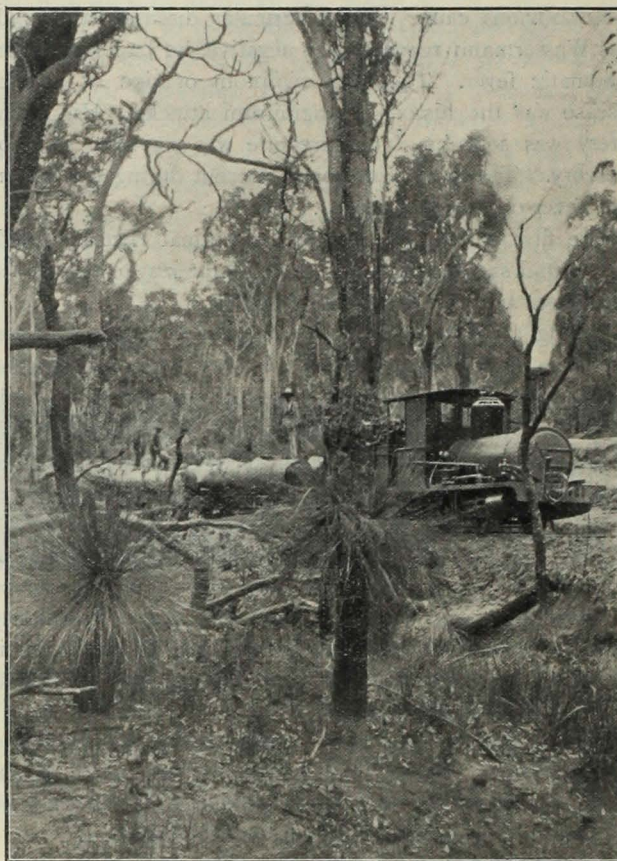
To most of us living at home the Australian Bush conjures up a picture of wonderful possibilities, largely drawn from works of fiction read with avidity in youthful days, when perhaps the exploits of the bold "Kelly Gang of Rangers" vividly appealed to the imagination, but added little to our practical knowledge of actual conditions, existing in a portion of the world comparatively unknown. Further, a young medical with a predisposition for "colonial experience" is invariably fascinated by the careful perusal of official literature supplied by the authorities in Victoria Street, Westminster, where the great life "down under" is portrayed in delightful colours, set in an aureole of pure gold, and penned ostensibly to lure him to the conclusion that Australia is indeed the "Land of the Free," the "Home of Peace and Contentment," and peculiarly desirable in every respect for an active medical man.

With few reservations my own idea of the west had been mainly formed upon such lines as these, when I landed at Albany in 1913, and presently found myself in a Bush centre comprising a large agricultural and timber district, with a population of less than one thousand scattered over an area of about forty-five miles square. The "township," though small, contained two hotels, a Court-house, a police-station, three churches, half a dozen stores, and a Roads Board office.

It boasted one main street, kept in passable repair by the unrelenting zeal of the Roads Board, which, by the way, is assuredly a worthy institution in the Bush, if only a stage in the evolution of a municipality. The members of this Board (or "Town Council" as termed at home) are local influential men who serve gratuitously, and advance or retard the affairs of the district as best suits their personal interests. By common consent it is left with them to suggest public improvements, indicate the avenues for local taxation, and variously promote the welfare of the community by new measures they deem expedient, occasionally including those for public health, though, as a rule, a Health Board separately constituted controls business of this nature.

The post of District Medical Officer is a Government appointment carrying a subsidy of £100 to £150 per annum, which forms a nucleus for local supplementation, and the worthy medico, upon payment of a registration fee of £10, is forthwith free to exercise his healing art and power throughout the district.

The work of the early pioneers of the south-west must have been extremely arduous, as the whole country was densely wooded, and many of the main tracts through the Bush are even now mere beaten paths. Enormous forests of jarrah and red gum had to be ring-barked or felled, and the primitive process of "burning off" was necessarily slow and protracted; but the introduction of spot-mills, and later, of permanent saw-mills, with the assured capital of small companies, secured future success. The foundations of the colossal timber industry of this part of the State were thus established, resulting to-day in operations of such magnitude,



THE BUSH "RAKE" MAKING FOR THE MILL.

and an annual output so gigantic, that they are admittedly one of the minor marvels of commercial enterprise in the Empire beneath the Southern Cross.

In my district the premier landowner was an old settler of rather more than fifty years' standing, and all suitable land within thirty miles had been purchased for purposes connected with agriculture, although much of this was only partly cleared. The old-established farmer—the "Groper" element—is strong in the south-west, and stamped by indiscriminate conservatism. He looks askance at the new doctor, and usually both pragmatic and prejudiced to strangers, becomes a sterling champion when his good

opinion has been won. A quiet eye may also note for future reference, that to him the medicinal value of a prescription is at once decided by the colour of the mixture, and, excepting in hopeless cases, he regards surgery with sentiments approaching horror. Such an attitude of mind probably explains the tardiness with which some "Local Health Boards" adopt improvements, and it often happens that innovations in rural sanitation enacted by the "Central Health Authority" meet with determined "local" opposition.

There were three or four large timber-mills which, between them, provided employment for nearly four hundred men, most of whom were in receipt of high wages. A few of these had accumulated small fortunes during years of incessant toil by frugal living and persistent economy; but by far the greater number confessedly had no use for thrift, save as a temporary expedient avowedly terminating in excesses either at Perth or Fremantle when funds reached the timed high-water mark of anticipated dissipation.

In the townships food is abundant and varied, and an atmosphere of universal competence pervades daily life. Health in the districts of the south-west is, generally speaking, good, and, notwithstanding insanitary defects, typhoid fever is comparatively rare, though one has known a run of it in a centre where ordinary sanitary rules were quite neglected. The conditions under which the wives of "outback" timber-workers live are well-nigh inconceivable: in summer, appalling heat, inferior water supply, fresh meat seldom, no fresh milk, and ceaseless, heavy drudgery day after day from sunrise to sundown, convey an unpleasing picture of dreary monotony—but of such, in truth, is the kingdom of King Jarrah!

From a professional standpoint the timber-mills were difficult to work on account of the distances separating them, the time entailed in regular visits, and the necessity in very serious surgical cases of removing the injured away 150 miles to Perth for special treatment, which, to a keen local surgeon, is, to say the least, exasperating.

A man new to the Bush speedily discovers that the best means of covering the ground is on horseback, tracks being generally unfit for motor use and time not of paramount importance, an hour or two counting of small amount in the Bushman's estimate of punctuality. Pockets of very ample dimensions are essential, for a hand-bag is by no means easy to manipulate in the saddle, and a "District Midwifery Bag," as supplied by Cerholds, wholly out of the question when a ride of perhaps forty miles across Bush country has to be faced. Until to some extent accustomed to existent surroundings, it is difficult to find one's way through the apparent maze of interminable forest, and one can ride for fifty miles or more without striking a boundary wire fence, by which alone the huge Bush paddocks are marked off from each other. At first, distinguishing characteristics have not been memorised; one does not recognise

"gullies" or "ridges" except as experience repeatedly imparts the "lie of the country"—quoting the Bushman—and even with accumulated knowledge gained through long years of careful observation, the shrewdest Bushman fail sometimes to "lift the track," and after spending a weary, stranded night in the open, wait to be guided by the sun at dawn. Of many recollections in the Bush, I can recall none which produced upon my mind a deeper sense of utter helplessness, than when thus caught far out in the forest as the sun went down—"bushed." The stillness of the Westralian Bush is at all times intense, being almost devoid of bird-life. No sound is heard for hours together, and its sustained hush is a silent world, broken only by the laughter of the Bush jackass at rare intervals. Should one perchance hit up a wallaby or trush during the day, it is but to see him dash away affrighted, and the dull thud of one's horse's hoofs is all that strikes the ear; but at night, the weird silence and impenetrable darkness of the vast, endless jarrah, with no means of recovering lost bearings, and the consciousness of no assistance within call for several miles, fill the chill, shrouded hours with a sinister gloom of isolation and loneliness, impossible adequately to describe save in the Bushman's own term—"bushed"!

Following my appointment some weeks elapsed before opportunity presented anything beyond vaccinating the child of an impecunious farmer and extracting the tooth of a hardened aboriginal! The future seemed to hold few chances of surgical work, and my inclinations were already to lock up the instruments and endeavour, so far as possible, to compass the limitations of a circumspect physician, when most unexpectedly one day a message was sent through from a neighbouring mill twelve miles distant, to attend a man who had been "crushed" outback, and brought in to the mill centre on the "rake"—or locomotive engine with attached trucks for the conveyance of jarrah logs from the "outback" country to the "mill-centre."

Expecting to find the case of a trivial nature, I merely collected some tinct. iodi., a couple of curved needles, a few strands of silk-worm gut, a little catgut, made sure my hypodermic outfit contained morphia and a workable needle, and set off. When within a mile or two of the mill, word came along that the man had been jammed between a truck and the landing-skid, and sustained injuries to his lower abdomen. The usefulness of a catheter then dawned upon me, and by a stroke of luck a man whom I met at a store in passing, having personal cause to appreciate their serviceable benefit, lent me a couple of gum-elastics. Equipped with these I reached the mill hall, to find the case sufficiently serious had the appliances of an up-to-date theatre been at hand. The scrotum was completely burst open as far back as the anus, and both testicles were hanging by the cords, retracted somewhat in the region of the umbilicus. The left thigh was punctured at the neck of the femur, and there was a suggestion of urethral hæmorrhage. Having proved

the borrowed catheter and satisfied myself that the bladder was intact, I injected about a grain of morphia and set to work to repair the scrotum. The testicles were returned, a new scrotum formed, and a splint of jarrah, cut in the mill, turned out to be an admirable Liston, for the man was placed on a train four hours afterwards and landed at a Government hospital forty miles away the same night. Apart from some epididymitis and the usual trouble with broken bones, he made an excellent recovery, walking with less than two inches of shortening three months later, and subsequently sailed for Britian where he is now said to be employed in a munitions factory. Obviously the recuperative power of the ordinary bushman is remarkable, but this instance of "crush" taught me a lesson, and, though such cases are few and far between, I was careful to be well furnished with instruments in future.

The weather soon afterwards breaking up into the early winter rains, some half-dozen stalwart youths were laid low with pneumonia—regarded by the bushman as particularly dire, and positively requiring the doctor's assistance. Happily for me, the cases were not of a virulent type, and, as they all lived through their crises, and in due course speedily convalesced, I was temporarily considered safe on a chest condition.

To illustrate the difficulties with which destiny occasionally confronts one in the "outback" country, a single medical case will suffice. A bush-worker came in one night from a sleeper-cutter's camp, twenty miles up, to notify that a woman had been ill for some days gasping for breath and spitting blood, and had rapidly become worse during the past twenty-four hours.

He arrived about two hours before dawn, and being wearied and spent, proposed that we should wait for sunrise before riding out. Accordingly at 5 a.m. we saddled, and the journey was one I shall ever remember. It was mid-summer, and our path led without choice through the heart of the forest for the first seven or eight miles. The Bush fires had already begun their dread work of destruction, and as we proceeded they crept to the very edge of the track on each side, while derelict clumps of jarrah, denuded of their branches, were spitting fire, and the undergrowth, far as the eye could reach, lay burnt and smouldering below. Standard props fixed for supporting wire fences of paddock boundaries, were in many places carbonised and levelled to the ground, but fortunately, my companion was well acquainted with the track, and we pressed through in spite of the overpowering heat and blinding smoke. Beyond the fire we had next to strike across heavy country for nine miles by a rough bridle-path overhung with huge fallen jarrahs and big red gums, which frequently blocked our passage, necessitating dismounting, and a plodding walking *détour* to advance. Progress under these circumstances was distinctly strenuous and fagging, but at last the welcome sound of a bushman's axe "felling the jarrah" reached us; the

sure note announcing a sleeper-cutter at work near by, and perhaps sweeter music to the rider in the silence of the Bush, than the cry of "Tally-ho!" to the huntsman at home. The track for the remaining distance was continually intersected by side paths, which the sleeper carters had made while bringing out the jarrah logs from the depths surrounding the sphere of operations, to the landing-stage at rail head. To a native locally reared, perhaps these paths offer no embarrassment, but it should be borne in mind that they are a labyrinth of snares to the Bush doctor, and may covertly decoy him from the true path directly leading to his objective. Threading forward, we finally sighted the sleeper-cutter's camp—a larger one than those usually met with in the south-west. It broadly consisted of 150 canvas tents, with two quite able to accommodate sixty men in each, and used as boarding-houses for the settlement. The woman was found lying in a small hessian hut, gasping for breath with evidence of failing compensation. Five weeks previously she had given birth to twins, each of whom was barely alive. No doctor had been called in, nor had she received medical aid of any kind. Examination left slight hope of saving either mother or infants, but conveying them without delay to our medical quarters twenty miles down, the trio under treatment ultimately regained moderate health. Strange as it may appear, although advised against returning to the rough life of the sleeping-cutter's camp, with renewed strength she undauntedly responded to the irresistible "Call of the Bush," and in the end went back with the twins to the hessian hut!

Tropical diseases are entirely unknown despite rampant mosquitoes, scarcely controlled by spasmodic efforts of Local Health Boards, who strictly enjoin kerosene sprinkling (our balm of Gilead) on all open tanks. Three cases of infantile paralysis came under my notice, but, having no pathological laboratory for full research, I decided to "blame the stable fly"—as suggested by an ingenious writer in a monograph in the *British Medical Journal*, not forgotten if some time out of date. Chronic intestinal nephritis was much in evidence, as might be expected in a community principally engaged in continual hard manual labour.

During my two years in the Bush I did not meet one case of cancer, and although an appendix condition was seen, it was of the mildly catarrhal type, and the patient choosing to follow the advice of a well-recognised school of thought, requested me to "wait and see" in preference to undergoing an operation. Fortunately for the Bush doctor's purse, the Rooseveltian or Addisonian ideal combines with "Fisher's Bonus" to add substantially to his midwifery practice, while increasing perhaps the perplexities coincident with the professional isolation in which he is placed. Often he must be prepared to do his own nursing, make his own preparations for emergency operations, and ever be ready to act upon personal initiative without con-

sultation. The conditions under which he lives, are anything but agreeable to one accustomed to the refinements of English home life, and the cultured sequestration of Saint Bartholomew's of blessed memory; but the work is really good, and the material at his disposal in most cases sound.

Life in the Bush is certainly dull—but it has its compensations.

OBITUARY.

CAPT. L. G. CROSSMAN: AN APPRECIATION.

IN August, 1916, Crossman came to Mesopotamia as a member of the Staff of the 40th British General Hospital. As there was some unavoidable delay before this hospital took up active work, he asked to be attached to some unit in which he could have medical work, and he was sent to the 3rd British General Hospital. Here he was appointed junior bacteriologist. No amount of laboratory work was too great for him, and he was always ready at any moment, night or day, to give his services to any of the medical officers. He undertook a colossal amount of work, and all he did was carried out with most meticulous care. In addition to his laboratory work he insisted on doing work in the wards, and was for many months in charge of the very heavy dysentery section of the hospital. It was universally agreed that never was this section in better hands. His opinion on all medical cases was soon recognised as being particularly sound, and he added a considerable amount of almost consultant work to his already over-strenuous duties.

Later Crossman was promoted to take charge of the laboratory at the 40th British General Hospital, where he worked with the same unselfish and almost fanatical devotion to his profession.

He had had malaria in the autumn of 1916, and again in the summer and autumn of 1917. For several weeks before his death he was suffering from mild bacillary dysentery, but would not give up his work and go to hospital. He had little reserve strength to withstand the pneumonia to which he succumbed.

Crossman was not an easy man to know, but there are several of us here who were privileged to know him well and to gain his friendship, and to us his death came as a very poignant and personal loss.

If ever a man died through excess of zeal for his work it was Crossman, and the profession has lost one who, before many years, would have made his mark in the medical world.

C. R. T.

ABERNETHIAN SOCIETY.



LECTURE of unusual interest was delivered before the Abernethian Society on March 7th by Mr. J. L. Cope, B.A., on Sir Ernest Shackleton's last Antarctic Expedition. Mr. Cope, who is a student at this Hospital, was one of the members of the Ross Sea Party of the Expedition.

The lecturer first outlined the objects of the undertaking, pointing out that although the Expedition started a month after the commencement of the war, it did so by command, after Sir Ernest Shackleton had offered his men, ships, and stores to the Admiralty. Mr. Cope then proceeded to describe the experiences of Sir Ernest's party in the Weddel Sea, special reference being made to the wonderful boat journey of 750 miles made after the sinking of the "Endurance."

Perhaps the most interesting part of the discourse was Mr. Cope's own experience during the two years he spent on Ross Island. He narrated the story of laying the depôts, and explained the difficulties which resulted from the ship "Aurora" breaking away from her moorings during a blizzard, leaving the men practically without supplies, except the depôt food, which, of course, could not be touched.

The lecture was illustrated with numerous lantern-slides, and the geography of the Antarctic made familiar to the audience by means of a map which the lecturer had drawn on a large scale.

It is of interest to note that since delivering the lecture Mr. Cope has been presented with the Silver Polar Medal, 1914-1916.

CORRESPONDENCE.

THE SOCIAL SIDE OF "RES MEDICÆ."

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

DEAR SIR,—Early in January last a number of medical students from various hospitals were invited to spend a few days at Mansfield House University Settlement in Canning Town. Among these were five representatives from St. Bartholomew's Hospital, and it may be of interest to indicate briefly what kind of knowledge we acquired as the result of our visit.

We started with a lecture on "The Christian Approach to Social Problems," by Mr. Hugh Martin, M.A.; next day the Secretary of the Settlement, Mr. H. A. Mess, gave us a wonderful "Analysis of Poverty." Dr. Jane Walker spoke on "The Building of a Healthy Nation," and Dr. Watkin on "The Health of the District"; Councillor Ben Gardner, an old colleague of Keir Hardie's, on "Trade Unions and the Labour Movement"; Councillor Edith Kerrison on "Twenty-one Years as a Poor Law Guardian"; Miss Searle on "Factory Girls"; Dr. Davies, M.D., M.A., on "The M.O.H. and his Allies."

It might well be thought that so much pabulum might cause us mental indigestion, but we were vitally interested in all the syllabus, and in the discussions subsequent to each lecture we thoroughly

thrashed out each problem. Moreover, we spent a fair amount of time in examining conditions first-hand by inspecting lodgings, streets, cinemas, factories, shops, clubs and other places of social interest—most by special permission. Each day some of us got up at 4.30 and went to the docks to see “a call”—“casual labour at the docks” being a problem on which Mr. Mess, of the Settlement, has studied, written, and is considered something of an authority.

The result of our investigations and experiences leads to this: *Most of the medical students in London—to take ourselves as examples—are absolutely ignorant of the conditions that obtain amongst the poorer classes, are wrapped in a cloak not only of ignorance but of indifference to the suffering that exists, are unconscious of the field which is open to their earnest and sympathetic endeavour.* It was emphatically borne in upon us, as was so pathetically expressed by Dr. Gloyne, of the Victoria Docks Hospital, in the closing address, that the business of a doctor is not merely to dole out remedies as one would sell cloth, but to think of the mental and social side of the patient as well as the physical, and to remember that one minim of intelligent sympathy is worth a drachm of physic.

The “school” was a great success! Moreover, we had a jolly time together, as you can well understand. It is proposed to run others on the lines of the first. May they be as successful and as productive of good.

I am, Sir,

Yours faithfully,

A. C. D. TELFER.

REVIEWS.

THE NAUHEIM TREATMENT (IN ENGLAND) OF DISEASES OF THE HEART AND CIRCULATION. By LESLIE THORNE THORNE. (Baillière, Tindall & Cox.) Fifth edition. Price 5s.

Treatments other than those dependent on the use of drugs always appeal to the physiologist who lurks in most medical men. More especially is this so when dealing with diseases of some obscure toxic source, such as arteriosclerosis. It is in cases of this type, associated with heart failure, that Dr. Thorne Thorne seems to be pre-eminently successful. His book is clearly written and contains explanations of his treatment by bath and by graduated exercise. The impossibility of going to Nauheim now, and the disinclination to go there in the future, make this book especially opportune at the present time.

MILITARY MEDICAL MANUALS.

We have received seven new volumes of the above series of booklets, the first seven of which were reviewed in our January number. The present set are chiefly of interest to the surgeon, and we may say that, in general, they are thoroughly up-to-date, well written and translated, and profusely illustrated. They are published at the uniform price of 6s. per volume.

A small volume on *Artificial Limbs*, by BROCA and DUCROQUET, has been translated and edited by Major R. C. ELMSLIE, M.S., F.R.C.S.; it describes in detail the varieties and methods of application of all forms of artificial limbs after amputation, and a chapter on the re-education of the disabled is appended. The various appliances designed for use in place of the hand, each adapted to some particular trade or employment, are described and illustrated; many of these are undeniably novel and ingenious. There are some 210 wood-cuts and diagrams in this booklet of but 160 pages.

Clinical Forms of Nerve Lesions and *The Treatment and Repair of Nerve Lesions* are two excellent little books, written by Mme. ATHANASSIO-BENISTY and edited by Capt. E. FARQUHAR BUZZARD, M.D., F.R.C.P. The former deals with the signs and symptoms of lesions of the larger individual peripheral nerves, especially those commonly involved in war wounds; a chapter on the vascular lesions which may be associated with them, and one dealing with the cranial nerves are added. The latter describes fully all the various methods of treatment, surgical and otherwise.

Two volumes on the *Treatment of Fractures*, by R. LERICHE and

edited by F. F. BURGHARD, C.B., M.S., F.R.C.S., will be found of great value to the war surgeon. One is confined to a consideration of fractures involving joints, the other to fractures of the shaft. Space will not allow us to give a detailed description, but we can thoroughly recommend them as giving a lucid and reliable guide to the treatment of these important conditions. There are some 203 illustrations.

Fracture of the Lower Jaw, by L. IMBERT and P. REAL, edited by J. F. COLYER, F.R.C.S., I.D.S., and *Fractures of the Orbit*, by FELIX LAGRANGE, translated by Capt. HERBERT CHILD and edited by Capt. J. H. PARSONS, are naturally of chief interest to the specialist, but well deserve a place in the reference library of the general surgeon. Several good reproductions of radiograms are included in the illustrations in the volume on the orbit. That on the lower jaw gives a complete account of the ætiology and pathological anatomy of these features, their symptoms and diagnosis, and their mechanical and surgical treatment.

We understand that the publishers have kindly presented a copy of each of the above books to the library of this Hospital.

GREEN'S MANUAL OF PATHOLOGY AND MORBID ANATOMY. By W. C. BOSANQUET and W. W. C. TOPLEY. (Baillière, Tindall & Cox.) Price 18s.

It is nearly seven years since the last edition of this well-known work appeared, and during this time great advances have been made in pathology, with the result that the twelfth edition is a great improvement on its predecessor.

Several chapters have been entirely rewritten, notably those on Diseases of the Blood, and Immunity. The latter is particularly well done, the paragraphs on “Ehrlich's Side-chain Theory,” “Bacteriolysis,” “The Nature of Complement,” and “Anaphylaxis,” being excellent, although we must say that we prefer the term “toxin” to “toxine.” It might also have been an advantage to separate the chapter on micro-organisms and protozoa rather than lump them together under the one broad term of “Parasites.”

The new edition contains nearly a hundred new illustrations, including four plates in colours, the great majority of which have been specially drawn for this publication.

The illustrations are extraordinarily good, and come out splendidly on the semi-art paper which is used throughout the book.

We desire to congratulate the authors and publisher on the production of an excellent work, which should meet with a hearty reception.

BURNS AND THEIR TREATMENT. By J. M. H. MACLEOD. (Oxford University Press.) Price 6s.

This thoroughly up-to-date little volume is a very timely publication and one which should fill a long-felt want. Dr. Macleod has gained considerable experience at several Royal Flying Corps Hospitals, and the result is an eminently practical treatise. As the author says in the preface, the treatment of burns has undergone a veritable revolution during the last few years. Old-fashioned methods with greasy applications and occlusive dressings have given way to a more rational and “open method” of treatment, whereby dressings are largely avoided, and the terrible ordeal of pain associated with their removal is rapidly becoming a thing of the past.

All kinds of burns are referred to at some length, including burns from electricity, X rays, radium, the sun, and corrosives.

A most interesting chapter is devoted to dermatitis from high explosives.

HANDBOOK OF OPERATIVE SURGERY. By W. J. DE C. WHEELER. With an Introduction by Surg.-Gen. Sir ALFRED KEOGH. (Baillière, Tindall & Cox.) Price 10s. 6d. net.

This book on operative surgery has now reached its third edition and should prove especially useful to students who are literally rushing from the Medical Schools into the service of the Army and Navy.

Surg.-Gen. Sir Alfred Keogh points out in an introductory note that these are days when the younger and less experienced surgeons are often called upon to assume responsibilities which cannot be evaded, and the circumstances of military practice over and over again demand of the surgeon not merely, though most importantly,

accurate diagnosis, but the translation of diagnosis into effective surgical treatment.

The work itself is primarily intended for junior practitioners in surgery. One-third of the book is occupied with descriptions of the ligature of arteries and the various forms of amputations. Other chapters include notes on such subjects as local anaesthesia, the operative treatment of hæmorrhoids and varicose veins, the direct transfusion of blood, tendon transplantation, etc.

The volume is extremely well illustrated, and, for use at the present time, quite one of the most valuable books of its kind we have seen.

INJURIES OF THE FACE AND JAW AND THEIR REPAIR. By P. MARTINIER and G. LEMERLE. Translated by H. LAWSON WHALE, M.D., F.R.C.S. (Baillière, Tindall and Cox, 8, Henrietta Street, Covent Garden.) Price 5s. net.

The book, as the writers state in the preface, is not intended as a technical treatise on prosthetic restoration, but as an endeavour to collect and systematise the innumerable efforts at restoration, especially during the last fifty years. The book is, therefore, taken up largely with the consideration of prosthetic treatment of cases of resection of the jaws for malignant disease, so that it is somewhat disappointing that more space is not devoted to the consideration of war surgery, as might reasonably be expected in a recent publication under the above title.

A very commendable feature of the book is that the early part is devoted to a consideration of the characters of cicatricial tissue and the treatment of vicious scars, and the lengthening of scar tissue by gradual and prolonged pressure by prosthetic appliances; but little appears to have been made of massage and heat.

The description of artificial restoration of the nose, maxillæ, larynx, etc., as well as the description of making cleft palate apparatus, is good, and should prove very helpful in considering the making of artificial apparatus for replacement of lost parts, as late prosthesis will doubtless form the chief problem of the dental surgeon after the war.

Not the least interesting feature of the book, as it now appears for English readers, is a foreword by the translator, who, from his valuable experience in the treatment of gunshot injuries of the face and jaws at No. 83 General Hospital, emphasises the importance of, and interest attached to, this branch of surgery, and contrasts the main points of interest in the book with his own experience.

We have received from Messrs. Menley & James, Ltd., Manufacturing Chemists, samples of "Iodex" and "Bacterol." The former product may be described as an ointment of therapeutically free iodine in a neutral base and distinct from other preparations of iodine in its freedom from solvents, such as alkalis, alcohol, or glycerine. Iodex possesses the advantage of not staining, irritating, or blistering the skin, and has proved remarkably successful in the treatment of enlarged and tuberculous glands, goitre, gout, rheumatism, parasitic skin diseases, etc.

"Bacterol" would appear to be an ideal antiseptic, disinfectant, and deodorant for household, sick-room, hospital, and institutional use. Five types are available for use, namely, "medical," "general," "vaporising," "aeriform," and "veterinary," and we can fully endorse the claims of the manufacturers.

APPOINTMENTS.

BOLAND, C. V., M.B., B.S.Lond., M.R.C.S., L.R.C.P., appointed Government Medical Officer, British North Borneo.

KERR, C. D., M.B., B.S.Lond., appointed Surgeon to the Fremantle Public Hospital and Surgeon to the Venereal Clinic, Fremantle.

SAVAGE, J. J., M.R.C.S., L.R.C.P., appointed House-Surgeon to St. Mark's Hospital for Fistula and Diseases of the Rectum.

EXAMINATIONS.

UNIVERSITY OF LONDON.

First Examination for Medical Degrees.—March, 1918.

Pass List.—R. T. Bannister, A. H. Bennett, D. A. Robertson.

Second Examination for Medical Degrees.—March, 1918.

Part I. Organic and Applied Chemistry.—F. T. Evans, H. C. Killingback, D. M. Lloyd-Jones*, H. W. Needham, C. S. C. Prance, H. G. Shaumer, E. W. C. Thomas*.

* Awarded a mark of distinction.

Part II.—C. H. Andrewes, D. D. R. Dale, J. V. Landau, J. N. Leitch, M. H. Renall, G. M. J. Slot*, W. G. D. H. Urwick.

* Distinguished in Pharmacology.

NEW ADDRESSES.

BAIRD, R. F., Lieut.-Col., I.M.S., East India United Service Club, 16, St. James' Square, S.W.

BARNLEY, R. E., Capt., R.A.M.C., Headquarters, 22nd Division British Salonika Force.

BOLAND, C. V., Jessleton, British North Borneo.

BOUSFIELD, P., 27, Queensborough Terrace, Hyde Park, W.

BUTTERY, H. R., Royal Naval Hospital, Zanzibar.

CONNOR, F. P., Lieut.-Col., I.M.S., Consulting Surgeon, Mesopotamia Expeditionary Force, Basra.

DAVIS, HALDIN, Capt., R.A.M.C., attd. 38th Battn. R. Fusiliers, Egyptian Expeditionary Force.

ELLIS, G. E. D., Surgeon, R.N., 9, Tamar Terrace, Saltash, Cornwall

ELMSLIE, R. C., 1A, Portland Place, W. 1.

GANE, E., Cane Hill Mental Hospital, Coulsden, Surrey.

GIBSON, S. H., 96, Aldersgate Street, E.C. 1, and Royal General Dispensary, Bartholomew Close, E.C. 1.

GILL, J. F., Leicester Royal Infirmary, Leicester.

GRANT, J. DUNDAS, 144, Harley Street, W. 1. Tel. Mayfair 1892.

GREEN, S. L., Waimate, S. Canterbury, New Zealand.

HARMER, W. D., 9, Park Crescent, Portland Place, W. 1. Tel. Mayfair 3488.

HARTLEY, J. D., Lieut., R.A.M.C., 72nd General Hospital, B.E.F., France.

HUSSEY, J., 69, West Street, Farnham, Surrey.

JOYCE, J. L., 126, Castle Hill, Reading.

KERR, C. D., 161, South Terrace, Fremantle, W. Australia.

LINDSAY, A. W. C., Capt., R.A.M.C., 46, Langdale Gardens, Hove.

MOUAT-BIGGS, C. E. F., Capt., R.A.M.C., O.C., 16th, M.A.C., B.E.F., France.

NICOL, W. D., Surgeon, R.N., Medical Officers' Mess, Royal Naval Hospital, Plymouth.

NUNN, J. H. F., Chedworth, Orleans Road, Hornsey Lane, N. 19.

OLDFIELD, J., Lieut.-Col., R.A.M.C., Fortpitt Hospital, Chatham.

ORTON, L., Prioryholme, Priory Road, Hornsey, N. 8.

PALGRAVE, E. F., 203, Pitshanger Lane, Ealing, W. 5.

PALMER, C. Spencer, Elm Cottage, Higher Woodfield Road, Torquay

PARKER, H. F., Glenbervie, Epsom Road, Guildford.

RAWLING, L. B., 6, King Street, Gloucester Place, W.; Tel. 1571 Mayfair (*private*). 16, Montagu Street, Portman Square, W.; Tel. 1201 Mayfair (*consulting*).

RYLAND, A. Capt., R.A.M.C., 73rd General Hospital, B.E.F., France.

SAMY, A. H., R.M.O., Hospital for Facial Injuries, 78, Brook Street, W.

SAVAGE, J. J., St. Mark's Hospital for Fistula and Diseases of the Rectum, City Road, E.C. 1.

STANLEY, E. G., Capt., R.A.M.C., No. 61, Casualty Clearing Station, B.E.F., France.

WAKELING, T. G., Capt., R.A.M.C., 46, Palace Gardens Terrace, Kensington, W. 8. Tel. Park 4442.

WATSON, C. GORDON, Col., A.M.S., G.H.Q., Italian Expeditionary Force.

WOODFORDE, A. W. G., 10, South Avenue, Rochester.

BIRTHS.

- CLEMINSON.—On March 21st, at 1, Albert Road, Regent's Park N.W., the wife of Capt. F. J. Cleminson, R.A.M.C., of a daughter.
- HOSKYN.—On March 18th, at 1, Whitehall Road, Rugby, the wife of C. R. Hoskyn, M.D., B.S.Lond., of a daughter.
- MATTHEWS.—On March 6th, at a nursing home, Hove, the wife of Major (temp. Lieut.-Col.) E. A. C. Matthews, V.H.S., I.M.S., Lancers, I.A., of a son.
- NEAVE.—On April 2nd, at 24, De Vere Gardens, W. 8, the wife of Sheffield A. Neave, of a daughter.
- PAULLEY.—On March 2nd, at Godwyn Lodge, Hastings, Elizabeth Wylmer, wife of Capt. John Paulley, R.A.M.C., of a son.
- PAYNE.—On February 24th, at Holly House, Fulford, York, the wife of Capt. J. Rowland Payne, R.A.M.C., of a son.
- WARREN.—On March 3rd, at 41, Lansdowne Road, W. 11, the wife of Alfred C. Warren, M.D., of a son.
- WINDER.—On March 17th, at Clonmartie, Camberley, the wife of Bt. Lieut.-Col. M. G. Winder, D.S.O., R.A.M.C., of a son.

MARRIAGES.

- BINNEY—CROMPTON.—On February 6th, at St. Peter's Church, Walton-on-the-Hill, by the Rev. T. Eland, Rector of Perivale, West Ealing, assisted by the Rev. E. P. Greenhill, Rector, Capt. Charles Newton Binney, R.A.M.C., of Walton-on-the-Hill, son of the late C. H. Binney, Esq., and Mrs. Binney, of Thelwell, Carshalton, to Evelyn Elizabeth, younger daughter of Ralph Crompton, Esq., and Mrs. Crompton, of Hedgecroft, Walton-on-the-Hill.
- DOBSON—HARWOOD.—On March 4th, at Marylebone Church, J. R. B. Dobson, Capt., R.A.M.C., elder son of the late George Dobson, F.R.G.S., of Penarth, and of Mrs. Dobson, Weston-super-Mare, to Dorothy Blanche, daughter of the late T. H. Harwood and of Mrs. Harwood, Lewanick, Cornwall.
- ELAND—BUTCHER.—On January 30th, at St. George's, Hanover Square, by the Rev. M. J. Eland, Chaplain to the Forces, Capt. Arthur J. C. Eland, R.F.A., only son of the Rev. C. T. and Mrs. Eland, of Burston, Norfolk, to Nellie, elder daughter of the late Frank Butcher and Mrs. Butcher, of Aldeburgh, Suffolk.
- FLETCHER—LAVER.—On April 3rd, at St. Mary's Church, Priory Road, N.W., by the Rev. Ernest N. Coulthard, Vicar of St. Paul's, Winchmore Hill, assisted by the Rev. H. E. Noyes, D.D., Vicar of the Parish, Surgeon Ernest T. Fletcher, M.B., R.N., youngest son of the late Professor Banister Fletcher and Mrs. Banister Fletcher, of Anglebay, West Hampstead, to Muriel, only daughter of the late Mr. and Mrs. Frank Kearsley Laver, of Westgate-on-Sea.
- GRANGE—FORSTER.—On February 7th, at St. Andrew's Church, Corbridge-on-Tyne, Major C. D'Oyly Grange, R.A.M.C., son of Dr. and Mrs. W. M. D'Oyly Grange, of Harrogate, to Dorothea, daughter of the late C. J. Forster, of Gateshead-on-Tyne, and Mrs. Forster, of Paignton.
- GREEN—MORRIS.—On January 12th, at S. Ann's Cathedral, Leeds, Samuel Green, eldest son of A. Stanley Green, M.B., Whitecross, Lincoln, to Mabel, youngest daughter of the late John Morris, Broomhill, Moor Allerton, Leeds.
- GRIFFITH—KENNEDY.—On January 12th, at the St. John's Wood Presbyterian Church, N.W., by the Rev. J. Monro Gibson, D.D., assisted by the Rev. A. M. MacIver, M.A., Minister of the Church, Walter S. A. Griffith, M.D., 96, Harley Street, W., to Ella F. Kennedy, niece of Surgeon-General and Mrs. Don, 52, Canfield Gardens, N.W.
- HODGSON—EARLE.—On January 9th, at St. George's Church, Camberley, Major E. C. Hodgson, I.M.S., to Guelda Kathleen, only daughter of Mr. and Mrs. B. Earle, Meadow Croft, Camberley.
- HOYLE—HALLETT.—On January 16th, at St. Margaret's Church, Cardiff, by the Rev. Canon David Davies, M.A., Dr. William Evans Hoyle to Florence Ethel Mabel, widow of J. H. Hallett, J.P., of Radyr Chain, and daughter of the late T. Hurry Riches, J.P.
- KINDERSLEY—CARLISLE.—On January 19th, at Essex Church, Notting Hill Gate, Charles E. Kindersley, second son of Mr. R. S. Kindersley, of Eton, to Peggy, younger daughter of Mr. and Mrs. John Carlisle, of 22, St. Petersburg Place, W.

- NASH—WORTHAM—DONALD.—On February 5th, at Holy Trinity Church, Royal Leamington Spa, by the Rev. C. T. B. McNulty, assisted by the Rev. G. F. Upton, Capt. F. Leslie Nash-Wortham, F.R.C.S.Ed., R.A.M.C., second son of Mr. and Mrs. H. D. Nash-Wortham, of Deepdene, Haslemere, to Victoria Eugénie Wilgress Donald, youngest daughter of Mr. W. W. Donald and the late Mrs. Donald, of Kincairig, Royal Leamington Spa.
- NICOL—MAYBERRY.—On March 2nd, at St. Petros Church, Padstow, by the Rev. C. F. Trusted, M.A., William Drew Nicol, M.R.C.S. Eng., Surgeon, R.N., only son of J. C. Nicol, M.A., Hillborough Crescent, Southsea, to Norah Stella, youngest daughter of F. G. Mayberry, M.B., M.Ch.Univ. Dub., and J.P., of Riversdale, Kenmare, co. Kerry.
- PARNELL—LANGHORNE.—On December 18th, at the Parish Church, Morden, Surrey, by the Rev. W. H. Langhorne, father of the bride, assisted by the Rev. H. E. Langhorne, brother of the bride, Gerald Crécy Parnell, M.R.C.S.(Eng.), etc., of Bodowen, Forest Hill, S.E., to Lucy Helen, second daughter of the Rev. W. H. and Mrs. Langhorne, of the Rectory, Morden.
- QUICK—HELLINS.—On March 16th, at Holy Trinity, Beckenham, by the Rev. W. Yorke Batley, M.C., Capt. Hamilton E. Quick, M.B., B.S., B.Sc., F.R.C.S., R.A.M.C.(T.), son of Mr. and Mrs. C. H. Quick, of Swansea, to Adelaide Ruth, second daughter of H. H. Hellins, M.Inst.C.E., and of Mrs. Hellins, of Sydenham.
- SKEGGS—TUCKER.—On March 9th, at the Chapel Royal of the Savoy, by the Rev. Charles Clark, assisted by the Rev. Hugh Chapman, Basil Lyndon, only son of Mr. and Mrs. Alfred Skeggs, of Hestercomb, Beckenham, to Gladys Jessie, younger daughter of Mr. and Mrs. W. E. Tucker, of Hughenden, Cator Road, Sydenham.
- STANLEY—PARK.—On December 7th (civil ceremony) quietly at the Mairie, 6me Arrondissement, Paris, and on December 8th, at the American Church, Avenue de l'Alma, Paris, E. Gerald Stanley, M.S., F.R.C.S., Capt. R.A.M.C., to Frances Trenor Park, daughter of the late Trenor L. Park and Mrs. Catlin Park, of New York and Paris.
- WALKER—WEBB.—On December 17th, in London, Lewis Walker, M.D., to Agnes Margaret Webb (née Gribbon).

DEATHS.

- ALDERSMITH.—On March 24th, 1918, at Carlton Lodge, Horsham, suddenly, of heart failure, Herbert Aldersmith, M.B.Lond., F.R.C.S., Medical Officer to Christ's Hospital for 42 years, aged 70.
- BIRD.—On March 30th, 1918, at Wellington, India, Lieut.-Col. Robert Bird, M.V.O., C.I.E., I.M.S., M.D., M.S., F.R.C.S., aged 51.
- CHAPPELL.—On March 8th, 1918, at Coventry House, Haymarket, Col. John James Chappell, M.D. (late 2nd Dragoon Guards, Queen's Bays), in his 85th year.
- CROWFOOT.—On April 6th, 1918, at Blyburgate House, Beccles, Suffolk, William Miller Crowfoot, M.B.Lond., F.R.C.S., J.P., aged 80.

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. 9.]

JUNE 1ST, 1918.

[PRICE SIXPENCE.

CALENDAR.

Wed., June 5.—Dr. Morley Fletcher and Mr. Waring on duty.
Clinical Lecture (Surgery), Mr. Waring.
Fri., „ 7.—Dr. Drysdale and Mr. McAdam Eccles on duty.
Clinical Lecture (Medicine), Dr. Drysdale.
Tues., „ 11.—Dr. Calvert and Mr. D'Arcy Power on duty.
Wed., „ 12.—Clinical Lecture (Surgery), Mr. McAdam Eccles.
Fri., „ 14.—Dr. Morley Fletcher and Mr. Waring on duty.
Clinical Lecture (Medicine), Dr. Calvert.
Tues., „ 18.—Dr. Drysdale and Mr. McAdam Eccles on duty.
Wed., „ 19.—Clinical Lecture (Surgery), Mr. McAdam Eccles.
Fri., „ 21.—Dr. Calvert and Mr. D'Arcy Power on duty.
Clinical Lecture (Medicine), Dr. Morley Fletcher.
Tues., „ 25.—Dr. Morley Fletcher and Mr. Waring on duty.
Wed., „ 26.—Clinical Lecture (Surgery), Mr. McAdam Eccles.
Fri., „ 28.—Dr. Drysdale and Mr. McAdam Eccles on duty.
Clinical Lecture (Medicine), Dr. Morley Fletcher.
Tues., July 2.—Dr. Calvert and Mr. D'Arcy Power on duty.

EDITORIAL NOTES.

THE annual View Day was held on May 8th, and once again the occasion was marked by delightful weather. As in previous years every department of the Hospital was thrown open for inspection. The number of visitors was, perhaps, rather less than usual. Tea was served in the Great Hall, but one missed the teas in the wards which in previous years had been so characteristic a feature.

We were delighted to welcome so many old Bart.'s men, and we were especially pleased to see Sir Archibald Garrod and Sir Anthony Bowlby, both of whom were looking extremely fit.

We cordially welcome the return to our Staff of Capt. Girling Ball, R.A.M.C.T., who has just completed six months' service in France, and who has now resumed his duties as Warden of the College.

For distinguished services rendered during the war,

Surgeon A. G. Williams, R.N., has been awarded the Croix de Guerre, conferred by the President of the French Republic.

* * *

The following have been awarded the Military Cross, and to these gentlemen we offer our heartiest congratulations :

Capt. C. N. Davis, I.M.S.

Temp. Capt. R. Stansfeld, R.A.M.C.

* * *

It affords us much pleasure to congratulate Dr. A. Granville, C.M.G., President Quarantine Board of Egypt, on receiving the Second Class Order of the Nile, which was conferred by the Sultan of Egypt.

* * *

We are very sorry to note that the following are amongst the list of "Missing" :

Capt. A. J. Chillingworth, R.A.M.C., attached Royal West Kent Regiment.

Capt. R. A. Leembruggen, R.A.M.C., attached Suffolk Regiment.

Capt. E. E. Mather, R.A.M.C., attached Durham Light Infantry (believed wounded).

Capt. R. M. Soames, R.A.M.C., attached Norfolk Regiment.

* * *

The following are statements of service for which the Military Cross were conferred, the announcements of which have already appeared in these columns :

Temp. Capt. C. L. Chalk, R.A.M.C. "This officer displayed great initiative under shell fire. When his dressing-station was crowded with wounded he dressed in the open those who were unable to find cover. Through his promptitude and heedlessness of danger in dressing and clearing away the wounded he undoubtedly saved many lives during a critical period."

Capt. W. B. Jepson, R.A.M.C., Spec. Res. "When a shell had smashed in battalion headquarters, although severely shaken himself, he dug out his commanding officer and the adjutant, and attended to them. He continuously

took stretcher-bearers to the front line in daylight through intense shell fire. He established a new forward dressing-station after the battalion had been relieved, and did not return till he had searched the whole front for wounded." We are glad to learn that Capt. Jepson is decidedly better after his severe wounding.

Capt. Frederick William Kemp, N.Z.M.C. "He was untiring in his efforts in attending to the wounded, under heavy fire, during an attack. He worked without rest for seventy-two hours, and set a magnificent example to all."

Temp. Surgeon R. G. Morgan, R.N. "When wounded he carried on his duties under very heavy shell and rifle fire. Even when wounded a second time he worked with the stretcher-bearers in the open for thirty-six hours, until all the ground had been cleared of wounded. It was largely owing to his wonderful example and great exertions that the ground was cleared so quickly."

Temp. Capt. Henry Dewi Hampton Willis-Bund, R.A.M.C. "He was in charge of a dressing-station which was destroyed by shell fire. Though rendered unconscious, he continued to attend to the wounded in the open when he recovered, accompanied the battalion into action, and remained at duty for forty-eight hours. He showed the greatest courage and devotion to duty."

Temp. Capt. F. E. S. Willis, R.A.M.C. "For conspicuous gallantry and devotion to duty in tending the wounded of his own and other units in advance of our front line and in forward positions which were fully exposed under heavy fire. It was largely due to his careful training and skilful arrangements that his bearers evacuated such a large proportion of the wounded of three units from the front area during the two days."

* * *

The following St. Bartholomew's men have been elected to the Fellowship of the Royal College of Physicians of London:

S. W. Curl, M.D.Cantab.; Sir George Newman, K.C.B., M.D.Edin.; Sir W. Morley Fletcher, M.D.Cantab., F.R.S.; A. E. Stansfeld, M.D.Cantab.

* * *

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

House Physicians and Assistant House Physicians—

Dr. Calvert.	P. U. Mawer.
	A. T. Westlake.
Dr. Fletcher.	A. D. Wall.
	E. S. Rose.
Dr. Drysdale.	H. W. Toms.
	H. H. Morrison.

House Surgeons and Assistant House Surgeons—

Mr. Power.	R. H. Reece.
	H. F. Squire.
Mr. Waring.	J. P. Wells.
	M. Jackson.
Mr. Eccles.	C. L. Hewer.
	H. C. Cox.

Intern Midwifery Assistant . . . G. P. Staunton.

<i>Extern Midwifery Assistant</i>	N. B. Thomas.
<i>Ophthalmic House Surgeon</i>	C. E. E. Herington.
<i>House Surgeon to Throat, Nose, and Ear Department</i>	H. N. Hornibrook.
<i>House Surgeon to Venereal Dept.</i>	E. B. Verney.
<i>Resident Anaesthetist</i>	D. Blount.
<i>Military Wing</i>	H. Corsi.

* * *

We regret to record the death, at the age of 79 years, of Mr. Thomas Mapleson Butler, formerly practising at Guildford. He received his medical education at this Hospital, and qualified as a licentiate of the London Society of Apothecaries and a member of the Royal College of Surgeons, England, in 1860. He had been House-Surgeon at St. Bartholomew's Hospital and at St. Mark's Hospital, London, and was honorary consulting medical officer of the Royal Surrey County Hospital.

* * *

ROLL OF HONOUR.

It is with very deep regret that we learn of the death whilst on active service of Capt. H. E. Robinson, R.A.M.C. He was attached to the West Yorkshire Regiment, and was killed on April 26th. He was the fourth son of the Rev. E. C. Robinson, of Malvern, formerly of Hanbury, Staffordshire, and was educated at this Hospital, obtaining the diplomas of M.R.C.S. and L.R.C.P.Lond. in 1915. Shortly after, he took a temporary commission as Lieutenant in the R.A.M.C. and became Captain a year later.

Our deepest sympathy is extended to his parents in their sad bereavement.

SPINAL ANALGESIA AND ITS VALUE FOR CERTAIN OPERATIONS.

By J. D. MORTIMER, M.B., F.R.C.S.

DURING recent years it has been conclusively demonstrated, both by observation of patients and by experiment, that general anaesthetics do not completely block nervous currents from the site of an operation, and that central and reflex disturbances, therefore, accompany every operation and every stage of an operation—although these are not necessarily of such a nature or degree as to be either obvious or of practical importance.

"Shock" accompanying an operation, using the word in the sense in which it is generally used by surgeons, may therefore be described as a condition which is an end-result of such abnormal centripetal impulses.

Some have indeed maintained that general anaesthetics only succeed in preventing "psychic shock," *i.e.* the effects of pain, fright, and other attributes of consciousness, without influencing what may be called "surgical shock," *i.e.*

the effects of impulses from the area of operation upon vital centres (cardiovascular, respiratory) and probably upon other essential parts.

Whilst I cannot accept such sweeping conclusions, I have long been convinced that general anæsthetics, whilst modifying or diminishing such impulses and their results, only do so to a degree which for some patients and during some operations is by no means enough for safety.

Another occasional result of imperfect blocking is *muscular rigidity* (particularly abdominal), which hampers the operator, entails longer incisions, more handling of sensitive viscera, and protrusion of bowels, impedes breathing, and cannot always be overcome even by pushing the anæsthetic to a dangerous extent.

Spinal analgesia, on the other hand, may be expected to render this danger and this difficulty conspicuous by their absence during certain operations in which they are otherwise prone to occur.

It should be clearly understood that spinal analgesia is not a mere alternative to general anæsthesia. They are complementary to one another, each having its own advantages and disadvantages.

As spinal analgesia does not seem even now to be used in this country to the extent it deserves, I have thought some account of the indications for its employment and of the technique I have found satisfactory may be serviceable by amplifying those given in manuals of surgery.

The patients should always be prepared and handled as for a general anæsthetic, and a preliminary injection of morphine and atropine is desirable. At one of the hospitals to which I am attached we try (in Mr. Provis's cases) to procure a "twilight sleep," with encouraging results. (See a similar case recorded in the JOURNAL for October last.)

Its use is indicated for *operations below the umbilicus*, especially if there is:

Shock, either actual from accident, or probable from operation.

When *muscular rigidity* is at all probable.

Unusual risk from full general anæsthesia (respiratory and cardiac affections, diabetes, alcoholism, etc.). Also if a meal has been lately taken, and in cases where after-effects (such as vomiting) would be particularly injurious. It has been stated that there is "no danger" of inhalation of vomit (such as is apt to occur in cases of intestinal obstruction when a general anæsthetic is given), but this is incorrect, for at least one fatality has occurred from this cause when spinal analgesia alone was employed.

Pregnancy.

For *operations in the upper abdomen* it is not so effective, but still valuable, and less general anæsthetic is required.

As regards septic conditions, some have urged its use in preference to general anæsthetics, on account of the additional damage which may be done by the latter to the liver

and kidneys, whilst others fear that a septic myelitis or meningitis may follow from impaired resistance of the tissues at and near the site of injection. Some have considered it entirely contra-indicated by affections, even chronic, of the spinal cord or its membranes, on account of the possibility of an exacerbation which would be attributed (rightly or wrongly) to the injection. It is, of course, not to be done if there is such a condition as emaciation and threat of bedsores. It would probably be dangerous if there is already collapse from hæmorrhage, or great abdominal distension.

For weakly or excitable patients, infants, and children, it is better to induce a light general anæsthesia, to avoid "psychic shock," and to prevent inconvenient (perhaps dangerous) movements during the injection and operation, especially if the latter is likely to be a tedious one. The anæsthetic can be almost or entirely withheld after the injection has been made, the patients often remaining quietly asleep.

Formerly I always used a novocain-glucose solution, but after the outbreak of the war it was impossible to obtain it, and for some time I have used Billon's 10 per cent. stovain-saline solution, which has given very good results. The latter is often supposed to be a "light" solution, *i.e.* as light as the cerebro-spinal fluid or even lighter, but its specific gravity is, in fact, 1.0723 at 37° C. However, after a few (say five) minutes, one can put a patient in the Trendelenburg position without fear of ill-effects from the solution gravitating towards the medulla, so one must infer that it is more quickly expended locally than is a glucose solution. The instruments must be sterilised in water free from soda. The syringe is first charged with the fluid (1 c.cm. or less according to age and physique and the nature of the operation, less being needed for perineal), and the patient turned on the side with the back rounded and the knees bent up as much as possible, and the lumbar region lower than the shoulders and head. If the operation is to be unilateral this side should be undermost. He should be told that, to avoid giving chloroform, and because it will make the operation easier and better for him, something will be put into his back so that he will not feel pain; also that his legs will be numb for a time; and at the moment of injection he should be warned that he will feel a prick in the back, but must try to keep quite still.

The skin having been prepared, one feels for the crest of the ilium, in the line from which downwards is the fourth lumbar spine. The needle, with stilet, is passed in the middle of the 2-3 space. It should be passed near the lower spine rather than the upper, for there is often a tubercle of bone on the under surface of a spine, near its tip. If the point comes on bone the direction must be slightly altered. One can often feel when the point enters the theca, and in any case when it has penetrated enough (about 3 in. in an adult), the stilet is withdrawn. There

should be a steady dropping of clear fluid, of which as much should be allowed to escape as the quantity of solution to be injected. The syringe is fitted on, taking care not to displace the needle, and the solution slowly injected without mixing it in the syringe with the fluid. Collodion and a pad having been quickly applied, the patient is turned on the back, with the knees flexed, and a pillow under the head and shoulders; also a cushion about 2 in. thick under the pelvis, especially if the operation area is supplied by dorsal nerves. After five minutes the cushion is removed, the legs put down, and the operation begun after another few minutes, during which the skin is prepared, towels arranged, etc. The eyes should be lightly covered, or a screen placed in front of them, and there should be as little noise as possible in handling instruments; if there is "twilight sleep" the less talking the better, and in any case remarks must not be indiscreet. Analgesia may be expected when there is loss of patellar reflex, but the face should be watched for any wincing if clips are used to fix towels to the skin, and it is a good plan for the surgeon to prick the skin before cutting it. It is not wise to ask "Does this hurt?" for the question is suggestive, and as common sensation is not abolished, patients are apt to reply "Yes," or, at any rate, to be alarmed. Later on, dragging or pressure may cause discomfort although there is no pain. As all sensations are not annulled spinal *analgesia* is a more correct term than spinal *anæsthesia*. If a glucose solution is used, the head and shoulders must be kept well raised from the first, and for at least a quarter of an hour after injection. I have no experience of moving to the Trendelenburg position after use of a glucose solution, but after using Billon's, as already stated, this is done after five minutes without any ill-effect. Usually the analgesia lasts for about an hour. If it wears off before the end of the operation, a little general anæsthetic should be given in preference to a second injection.

DIFFICULTIES.

In old people, there is apt to be stiffness of the back so that the spaces between the lumbar spines cannot be extended, and there may be bony outgrowths or thickened ligaments and membranes which interfere; in very fat people it is difficult to feel the spines, and a long needle (4 in.) is needed. Sometimes, although the theca seems to have been reached, there is no flow on withdrawing the stilet; if the needle is slightly withdrawn, rotating it at the same time, a flow may appear. If not, the stilet having been re-inserted, it may be slightly withdrawn and pushed in different directions, taking care not to use any force which may bend it, and if this fails another space (3-4) should be tried.

Rarely, there is a flow of venous blood; if so, the needle should be taken out and a fresh needle inserted in another

space. It may happen (but seldom) that there has been no hitch, and yet much pain is evidently felt, for which I know no satisfactory explanation. A general anæsthetic must be given, but far less than usual will be needed, for even in an unpromising case analgesia is imperfect or delayed rather than absent. In a small percentage, there is some pallor and nausea about twenty minutes after injection. This has been attributed to general absorption of the drug, to variations in intrameningeal pressure, and to splanchnic paralysis, with fall of blood-pressure. A stimulant such as hot brandy and water should be given if it begins, and the lower limbs should be raised and the head lowered. Ether and oxygen might be useful if it becomes serious.

AFTER-EFFECTS.

Sometimes there is complaint of headache and stiffness of the back, which may last for a few days. The former has been attributed to splanchnic paralysis and sitting up too soon, but "the pathology is obscure" (Dana, *Journal American Medical Society*, 1917). It certainly may occur in patients kept lying down, with the abdomen bandaged. Massage and a firm pillow under the loins will often relieve backache, also flexing the knees over a pillow, or lying on the side.

On the whole, the general state of the patients is undoubtedly better than after an anæsthetic by inhalation for similar operations. I have never seen any of the serious after-effects which used to be recorded.

A few notes are added in regard to the operations of which I have had most experience.

Prostatectomy (about 200 cases).—It is of great value, for the patients are often bronchitic, with low specific gravity of urine, or otherwise unsuitable for deep general anæsthesia; and there is no trouble from contraction of the abdominal and perineal muscles, nor from shock. Another advantage is that fluids can be taken sooner than after a general anæsthetic (see Page, *The Lancet*, May 15th, 1915, and Mortimer, *idem*, October 23rd, 1915). It is also very useful for external urethrotomy, examination of sensitive tuberculous bladders, and long operations on the rectum.

Hysterectomy: Removal of uterine appendages (about 80 cases).—Here, again, the comparative facility with which, owing to the muscular relaxation, operations can be performed, which sometimes would otherwise be extremely difficult and prolonged, is of great advantage to the surgeon and benefit to the patient, besides the absence of shock.

Radical cure of hernia in the young.—Shock is apt to accompany this operation during manipulation of the peritoneal sac, especially in weakly babies, and may be avoided by a spinal injection. This should be made in the third or fourth space, as the cord reaches lower than in adults—to the second L.V. at three years and to the third at one year. It is, however, advisable to continue a light

general anæsthesia, lest inconvenient vomiting, crying, and movements occur.


Some operations on the lower extremities, especially those liable to produce shock, such as removal of bulbous nerve-ends from stumps, reduction of congenital dislocations at the hip.

It may be added that the technique of spinal analgesia is more simple, and it is more certain in its results than local analgesia (except for minor operations), so that, in circumstances where an anæsthetist cannot be obtained its use may well be extended to other operations than those specially mentioned.

TWO CASES OF SUSPECTED "BOTULISM."

By W. B. CHRISTOPHERSON, M.R.C.S., L.R.C.P.,
and P. U. MAWER, M.R.C.S., L.R.C.P.,

With an Introduction by Prof. F. W. ANDREWES,
M.D., F.R.C.P., F.R.S.

HE appearance of an unfamiliar disease is a striking and none too common occurrence. It naturally arouses discussion and comment, but until we have more information as to the nature of the alleged cases of "botulism" which have appeared in this country during the past two months, some of them being reported in the following paper, it is unwise to do more than review the possibilities as to their true character.

Certain facts are clear. Fairly numerous cases have begun to appear, characterised by stupor and commonly by some form of ophthalmoplegia. The symptoms suggest, in many cases, one of the varieties of basal meningitis, but the cerebro-spinal fluid is usually normal. The chief described disease which seems to fit in with the symptoms is the form of food-poisoning which was described by van Ermengem in 1895, and traced by him to the toxin of an anaërobic bacillus which he called *B. botulinus*. There is, however, an obvious epidemiological difference between the present series of cases in this country and the recorded outbreaks of botulism abroad. The latter have been local outbreaks traced to the consumption of some specific article of food, a number of persons who have eaten the food being simultaneously affected. The cases now occurring in England show no such distribution: they have occurred in many towns at the same time, no connection being traceable between the individual cases. It is, therefore, difficult to associate them with any particular article of food unless we imagine this widely distributed over the country and eaten only here and there by single persons. Our diet has certainly been profoundly modified during the past winter, but the cases run too rapid a course, and end too frequently in speedy recovery to be attributable to "deficiency" disease.

Some think the disease to be infective, but the epidemiological facts hardly suggest it. There is no known connection between the cases to indicate the spread of an infection, though the facts as to cerebro-spinal fever must make us hesitate to exclude infection on this ground alone. Since many of the cases end fatally, opportunities for settling this question are not lacking.

Attention has been drawn to the similarity which the cases present to certain aberrant forms of polio-encephalitis or poliomyelitis—a disease which certainly spreads somewhat after the fashion of epidemic cerebro-spinal fever. But if the cases belonged to this category it is surely a remarkable thing that *all* the cases should be of the aberrant type, and that no classical forms of poliomyelitis should be occurring. It is of course possible that it may be a form of infection akin to, but not identical with, poliomyelitis, and with a special incidence on the ocular centres.

At the moment we must suspend judgment and wait for the positive facts which will doubtless eventually be forthcoming, recognising that the similarity of the symptoms to those of botulism may be misleading.

We are indebted to Dr. Calvert for permission to publish the notes of these cases:

A. B—, male, æt. 17½, was admitted to Luke Ward on March 31st, on account of drowsiness and loss of power in the limbs. The history given was that until March 24th, the patient was quite well. On that day he felt "cold and ill"; he went to bed, became rapidly and increasingly drowsy, with short intervening periods of restlessness. He was unable to move himself, frequently crying out to be turned in bed. He took fluid food well, but refused solids, and slept badly. On March 29th, he complained of sudden loss of sight, which lasted about thirty-six hours. He had not vomited but had been extremely constipated. No headache, sore throat, or cough had been complained of, nor was any rash seen. He is stated to have suffered from meningitis at the age of ten months, and had obvious signs of rickets. On March 31st he became more drowsy and stiff, and so was brought to Hospital.

On admission, the patient was in a dull, apathetic condition, speaking but little. There was ptosis, slight divergent strabismus, and coarse nystagmus to the right; the external and internal movements of the eyes were markedly weak. The tongue was furred, the pupils small and reacted to light. All four limbs were in a state of rigidity, and could only be flexed at the knee and elbow with difficulty. Both knee-jerks were greatly exaggerated, and the tendon-jerks in the arms were also brisk. Kernig's sign was present.

True ankle-clonus was obtained on each side on several occasions, and the plantar reflex was extensor. The

urine was normal, and the Wassermann reaction negative. Lumbar puncture was performed, and 50 c.c. of clear fluid was withdrawn under considerable pressure; the pathological report showed this to be normal cerebrospinal fluid.

On April 3rd he had incontinence of urine and fæces and refused food. He was unable to raise the eyelids, frequently calling out for a nurse to open his eyes for him. He had great difficulty in swallowing even his saliva. The breath was foul. The fundus oculi was examined and appeared normal.

On April 6th the plantar reflex was flexor on both sides; the knee-jerks were still very brisk. The right pupil was larger than the left. At this time the arms were in a condition of *flexibilitas cerea*. During the week the temperature had occasionally risen to 100·8° F., and the pulse from 80 to 136. Constipation was a marked feature of the case during the ten days following admission, enemata having to be used daily.

He began to improve on April 11th, when he began to speak fairly intelligently and was able to move his head and arms, the right arm more easily than the left. Incontinence of urine and fæces became intermittent. The appetite was better, but he was still unable to feed himself. By April 13th he had recovered the use of his right leg. Ptosis was still present until the 16th, when he was able to read a newspaper and feed himself. On the 18th, the plantar reflexes were flexor but ankle-clonus was still obtained in the right foot and the knee-jerks remained exaggerated. On April 25th, the patient had recovered power in all the affected muscles: the fundus was again examined and found to be normal. He was able to walk about the ward on May 2nd and on May 9th was transferred to a convalescent home.

K. A—, female, was admitted to Faith Ward on April 19th suffering from "drowsiness." The history shows that she was well until April 1st, when her husband states that she had a "fit" during the night, throwing herself violently about the bed. She remembers nothing of the three following days. On April 4th, she regained consciousness and tried to get up, but could not get about, as she felt giddy and could not see. She states that her eyes kept shutting and that she could only open them with her fingers. She could walk slowly and talk with difficulty. Her condition became worse and she was admitted.


On admission, the patient was in a semi-comatose condition, could speak very little, lay quite motionless, and was able to move her body and limbs but slightly. Her temperature was 99° F., pulse 84, respirations 20. The face was blank and expressionless, but it was difficult to ascertain whether any definite paralysis of the face muscles was present. The pupils were somewhat dilated, but equal, and reacted to light. There was marked ptosis, slight strabismus, and diplopia; ophthalmoplegia of the

extrinsic muscles. The discs were normal in appearance. The mouth and nose were very dry from lack of secretion. There was no dysphagia. She appeared to take no interest whatever in her surroundings, lying motionless in bed. Her reflexes were normal. The urine was also normal, and the Wassermann reaction negative. The blood-pressure was 88 mm. Hg.

Injections of strychnine were given, but did not appear to produce much improvement. On April 29th there was retention of urine for forty-eight hours, and a catheter had to be passed. This did not recur subsequently. There had been obstinate constipation since admission. As there was a question of the case being one of myasthenia gravis, the electrical reactions were tested, and the result excluded this disease. The temperature was normal, save for an occasional rise to 99° F.

The drowsiness slowly passed off, but on May 12th there was still much difficulty in speaking, speech being slow and weak. The patient can now turn over in bed slowly, and can keep her eyes open, but cannot read owing to inability to focus. The constipation has improved, and she sits propped up in bed by pillows. The face is still expressionless owing to the facial paralysis. Improvement is slow, but definite.

L'ENVOI.

“HE regiment will entrain at midnight.” The order forgot to add that the “pubs.” would also close at 2 p.m., and callously left the men to be suddenly and bitterly disillusioned, an experience only too common to military life.

The departure itself, though, was no surprise. When one manœuvres to the plaudits of the great, entertains divers strange lords and generals to lunch, and finishes with group photos of all concerned, there is only one conclusion—*nos morituri*!

In due course the captains and the kings depart, and the men who do the work get down to business, overhauling, checking, examining, and indiscriminately and amicably swearing at those below them, who in turn pass it on until it reaches the bugler, who is not big enough to swear at anyone—because he might get his head punched!

By dinner everything is ready; the men are prepared, and the officers have bought their iodine ampoules, insect powder, and other unromantic necessities of a campaign. Some, indeed, are like Alice's White Knight, and produce mosquito curtains, lemonade tablets, diaries, cameras, and other sundry.

After mess and the last drink the bugles sound the “fail in,” and each man, wearing a helmet and feeling like a Christmas-tree, pushes his way to the parade ground through a seething mass of well-wishers.

The night is pitch dark, and through the hubbub one hears the voices calling the roll, then the long-drawled "Company," and a silence falls; and again, "Company, 'shun," one click, as the heels come together and the rifles come up; "A Company correct, sir," and following come B, C, and D. The noise breaks out again with the "Stand at ease; stand easy." Within half a minute comes the warning, "Battalion"—dead silence. "Battalion, 'shun," one click. "Slope arms," three clicks. "Battalion will advance from the right in fours," and as the companies march off a storm of cheering breaks out around them and continues, growing ahead and dying down behind.

Eight hours in a train is a bit tiring, and as the journey ends sleepy faces are thrust out of the carriage windows, and repartee, too matutinal to be really effective, drifts out past them.

After the detain the men stand at ease, looking a bit lost. One is plaintively asking who has his whiskey, a bottle obviously purloined in the mess disruption of the night before, but as an officer comes along, his attention becomes centred on the "Carmania" alongside.

Embarkation then begins. All the gangways are loaded with men, mules, motor-cycles, and so on, while overhead the derricks swing their cargoes to and fro, interrupting in the process a fiery recrimination between a peppery captain and a "sub" on the question of a pork-pie belonging to the former, which the "sub" had discovered in a quiet corner and innocently eaten.

The dock is away from the town, and forms a little world in itself. There are no outsiders to get in the way, no relations to wave the troopship out; just work to be done and certain men to do it. The men troop up the gangway to the deck, fall in, and follow their platoon commanders down narrow hatches, through horse lines and corridors to their quarters, where they cluster like bees in a hive, forming a most uncomfortable *multum in parvo*. Messes are arranged, and the kit gradually disappears under the tables, on to the cabin roof, and other recesses, and the rifles are collected and stored in the armoury. In the bow the M.G.O. is lashing his guns, in lively hopes of potting submarines. He never did, though once he saw a tin biscuit box in the Bay with the sun on it—but that is another story.

Work goes on till three o'clock, with a break for lunch, glorified by the discovery that Perrier-Jouet will be five and sixpence a bottle going out.

As tea finishes someone calls from deck to say the ship is moving. Gradually she creeps from the dock to the fairway, and the last hawser connecting her with England falls. A few letters are thrown to the shore, and the men crowd to the rails. Many have never been afloat before; probably few have gone beyond their own small district of the home counties; but they are going now in earnest.

Soon the quiet of the dock gives place to life. Destroyers

gliding by give them a godspeed blast, and the bluff, wood-built training ship mans her yards to cheer them out. As the ship steams into the harbour, other ships take up the hail, till the water rings with the long re-echoing roar of "Bon voyage!" and as the cheers die down, a small torpedo boat comes up to guard them out. The men are rather silent, looking their last at the receding land.

The little escort darts ahead, twisting and pirouetting elfishly in the rays of the setting sun, like some will-o'-the-wisp, dancing and beckoning forward down the broad pathway of the great adventure.

D. D. D.

REVIEWS.

A MANUAL OF MEDICINE. By T. K. MONRO. (Baillière, Tindall, & Cox.) Price 18s. net.

We must frankly admit that our first impression of this volume was somewhat disappointing, but the book is one which improves tremendously on acquaintance. Although containing just over a thousand pages, it is much more condensed than some of the other well-known works on Medicine, owing to the use of larger type. By this it must not be understood that each disease is not discussed in detail. To quote two examples—Botulism and Xerostomia. Desiring information on these somewhat obscure conditions we consulted Monro and found more information at our disposal than could be obtained from two other standard works on Medicine.

Much new matter has been introduced in the present edition, including articles on Vincent's Angina, Chronic Interstitial Enteritis (as recently described by Dalziel), Epidemic or Trench Nephritis, and Trench Foot.

The general arrangement of the book is excellent, the volume being divided into twelve sections. It is a debatable point whether such a large subject as "Diseases of the Skin" should be included in a book of this description, especially as illustrations would seem to be essential when dealing with this branch of Medicine.

We can with confidence recommend the work to our readers.

MINOR MALADIES AND THEIR TREATMENT. By LEONARD WILLIAMS. (Baillière, Tindall & Cox.) Price 7s. 6d. net.

This perfectly delightful work has now reached its fourth edition. We doubt very much whether any medical writer in this country has ever written anything more readable. Dr. Leonard Williams has earned a reputation for the excellence of his phraseology, and for this reason alone the book is well worth reading.

The author in his preface points out that when he first went into general practice he soon found that he was moderately well equipped in the diagnosis and treatment of diseases which he seldom encountered, but soon found that he knew very little about a common cold, less about ordinary indigestion, and nothing at all about the rheumatic conditions.

We venture to suggest that many practitioners are very much in the same position.

The volume is one which should prove most helpful. The article on Constipation alone, specially written for this edition, is worth every penny of the money charged for the complete book.

THE DIAGNOSIS AND TREATMENT OF VENEREAL DISEASES IN GENERAL PRACTICE. By L. H. HARRISON. (Mr. Henry Frowde and Messrs. Hodder & Stoughton.) Price 21s. net.

In all scientific subjects there are standard works, a fact which applies with special cogency in the case of medical subjects. Without doubt Harrison's treatise may be regarded as a standard work on Venereal Diseases. It is hardly necessary to point out the importance of this aspect of medicine. The venereal question is one of vital importance to the community, and, furthermore, provides an enormous field for scientific research.

Harrison has gained a world-wide reputation for his valuable work in this connection, and his book stamps him at once as an authority. The volume is extremely well printed and contains over a hundred excellent illustrations, many of which are in colour. Diagnosis and

treatment of every class of venereal affections are dealt with at length. The laboratory examination of specimens and the interpretation of laboratory reports form two chapters which should prove of the greatest value.

Both author and publisher are to be congratulated on the production of a work which is a credit to the profession.

APPOINTMENTS.

FRENCH, R., M.B., B.C.Cantab., M.R.C.S., L.R.C.P., appointed Temporary Medical Superintendent of the City Isolation Hospital, West Heath, Birmingham.

THORNLEY, R. L., M.D., D.H.P.Lond., appointed County Medical Officer of Health, East County of Yorks.

WHITEFORD, C. H., M.R.C.S., L.R.C.P., appointed Surgical Referee for County Court Circuit No. 58 (Plymouth and District).

EXAMINATIONS, ETC.

UNIVERSITY OF OXFORD.

At a Congregation held at Oxford on May 2nd, 1918, the following degree was conferred:

M.D.—E. Burstal.

UNIVERSITY OF CAMBRIDGE.

At a Congregation held at Cambridge on April 26th, 1918, the following degrees were conferred:

M.D.—H. F. Marris.

M.B., B.C.—R. French.

B.C.—H. W. Hales.

CONJOINT EXAMINATION BOARD.

First Examination.—April, 1918.

Part III. *Elementary Biology*.—F. Asker, A. W. Hart-Prrey, J. P. Hosford, C. A. Moody, T. E. M. Salmon, K. S. M. Smith.
Part IV. *Practical Pharmacy*.—G. Lyon-Smith, G. McK. Thomas, W. G. Hay.

Second Examination. April, 1918.

Anatomy and Physiology.—H. N. Andrews, J. L. M. Brown, K. R. Chapple, H. W. Hammond, H. K. Tucker, E. H. Weatherall.

Final Examination. April, 1918.

The following candidates have completed the examination for the Diplomas of M.R.C.S. and L.R.C.P.: H. C. Cox, H. N. Hornibrook, G. P. Staunton, H. F. Squire, A. D. Wall, E. S. Rose, H. W. Toms, C. L. Hewer, H. Corsi, L. D. Porteous, R. H. Reece, E. B. Verney, C. E. E. Herington, J. P. Wells, M. Jackson, H. Morrison, A. T. Westlake, N. B. Thomas, W. S. Tunbridge.

CHANGES OF ADDRESS.

FRENCH, R., Temporary Medical Superintendent, City Isolation Hospital, West Heath, Birmingham.

GLOVER, N., Welford, near Rugby. Tel. 4, Welford.

GRIFFITHS, G. B., Medical Officer's House, H.M. Prison, Brixton, S.W.

GROVES, E. W. HEY, 25, Victoria Square, Clifton, Bristol. Tel. 1570.

HAMILL, P., 5, Avonmore Mansions, Avonmore Road, Kensington, W. 14.

MATTHEWS, E. A. C., Lieut.-Col., V.H.S., I.M.S., 104th Mhow Indian Cavalry Field Ambulance, Egyptian Expeditionary Force.

WINTER, L. A., Capt., R.A.M.C., 20th General Hospital, B.E.F., France.

MARRIAGES.

BOWER—MCCAUL.—On April 17th, at St. Columba's Church, Pont Street, London, by the Rev. Archibald Fleming, D.D., Capt. Harold James Bower, R.A.M.C., only son of Mr. and Mrs. James Bower, Knowle, Warwickshire, to Mary Esther, elder daughter of Dr. Geo. B. McCaul and the late Mrs. McCaul, of Londonderry, Ireland.

EDMOND—HEADLAM.—On April 10th, at St. Thomas', Hanwood, by the Rev. Morley Headlam, Vicar of St. John's, Keswick, assisted by the Rev. J. Chitty, Rector of the Parish, William Square, Edmond, Capt., R.A.M.C., eldest son of Dr. and Mrs. Edmond, Totnes, Devon, to Margaret Ellen, elder daughter of Maj.-Gen. J. Headlam and Mrs. Headlam, of Hanwood, Shropshire.

LE BRASSEUR—SMAIL.—On April 11th, at the Church of the Sacred Heart, Wimbledon, by Dr. Amigo, Roman Catholic Bishop of Southwark, assisted by the Rector of the Church of the Sacred Heart, Capt. J. H. A. Le Brasseur, only son of Mr. and Mrs. H. Le Brasseur, of Newport, Mon., to Annie, eldest daughter of the late Henry Smail and Mrs. Smail, of Donhead Lodge, Wimbledon.

THOMPSON—WILLIAMS.—On April 15th, at All Souls' Church, Langham Place, W., by the Rev. Canon Troop, Capt. William Farrer Thompson, R.A.M.C., eldest son of the late Rev. Walter Thompson, Vicar of Crowle, Worcester, and Mrs. Thompson, of Hove, to Eva Williams, younger daughter of Mr. and Mrs. Walter Williams, late of Surbiton, and now of Hove.

WATSON—PLATTEN.—On April 3rd, at St. Bartholomew the Great, E.C., by the Rector, assisted by the Rev. J. Miller, Vicar of Shepeth, Surgeon Francis Eaton Gordon Watson, R.N., H.M.S. Callopie, younger son of the Rev. Thomas Henry Gordon Watson, M.A., and of Mrs. Watson, to Lucy Margaret Colman Platten, daughter of Thomas Platten, Esq.

WILSON—JACK.—On April 3rd, at Sefton, Helensburgh, by the Rev. W. J. S. Miller, B.D., West Parish, Helensburgh, assisted by the Rev. J. R. S. Wilson, B.D., North Leith (brother of the bridegroom), Capt. A. S. Wilson, M.B., R.A.M.C., to Jeanie Lawrie (Dolly), youngest daughter of Mr. and Mrs. James Jack.

GOLDEN WEDDING.

LONGHURST—LYSTER.—On April 23rd, 1868, at Dover, Staff-Surgeon Arthur Edwin Temple Longhurst, M.D., to Sophia Harriet Lyster, daughter of the late Major Septimus Lyster, H.M. 94th Regiment. Present address, The Homestead, Chandlersford, Hants.

DEATHS.

BROADBENT.—On April 16th, 1918, at his residence, Den Haag, South Side, Clapham Common, Francis Wesley Broadbent, M.B., F.R.C.S., third son of the late Benjamin Broadbent, of Leicester, and Mrs. Broadbent, of St. Albans, aged 50.

BUTLER.—On April 27th, 1918, at the Firs, Guildford, of pneumonia, Thomas Mapleson Butler, M.R.C.S., L.R.C.P., aged 79.

CRACE-CALVERT.—On May 9th, 1918, from acute pneumonia, George Alfred Crace-Calvert, J.P., M.B., M.R.C.S., L.R.C.P., of Llanbedr Hall, Ruthin, aged 46.

DANIELL.—On April 29th, 1918, at Banbury, Charles Henry Daniell, M.R.C.S., L.S.A., late of Hull, aged 60.

ROBINSON.—Killed in action, on the Western Front, on April 26th, 1918, whilst attending the wounded, Lieut. Henry Ellis Robinson, R.A.M.C., fourth son of the Rev. E. C. Robinson, of Malvern.

ACKNOWLEDGMENTS.

Guy's Hospital Gazette, The British Journal of Nursing, The Nursing Times, Long Island Medical Journal, The Medical Review, The Hospital, Sydney University Medical Journal, New York State Journal of Medicine.

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. 10.]

JULY 1ST, 1918.

[PRICE SIXPENCE.]

CALENDAR.

Tues., July 2.—Dr. Calvert and Mr. D'Arcy Power on duty.
Fri., „ 5.—Dr. Morley Fletcher and Mr. Waring on duty.
Tues., „ 9.—Dr. Drysdale and Mr. McAdam Eccles on duty.
Fri., „ 12.—Dr. Calvert and Mr. D'Arcy Power on duty.
Tues., „ 16.—Dr. Morley Fletcher and Mr. Waring 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., Aug. 2.—Dr. Calvert and Mr. D'Arcy Power on duty.

EDITORIAL NOTES.



are pleased to note that the following St. Bartholomew's men are included in Sir Douglas Haig's Despatch of April 7th, 1918:

A.M.S.—Headquarters Staff: Lieut.-Col. (Temp. Col.) L. Humphry, C.M.G., and Capt. L. R. Tosswill.

Consultants: Temp. Surgeon-General Sir A. A. Bowlby, K.C.M.G., Major (Temp. Col.) G. E. Gask, D.S.O.

R.A.M.C.: Capt. (Actg. Lieut.-Col.) C. Clarke, Temp. Capt. S. J. L. Lindeman, Major (Actg. Lieut.-Col.) H. C. Sidgwick, Temp. Lieut.-Col. G. N. Stephen, Major (Actg. Lieut.-Col.) C. H. Turner, D.S.O., Temp. Capt. G. W. Twigg, and Temp. Capt. W. W. Wells.

R.A.M.C.(T.F.): Major T. A. Barron, Capt. J. M. Hamill, Capt. T. R. Kenworthy, Capt. J. M. Smith, and Major (Temp. Lieut.-Col.) C. A. A. Stidston, D.S.O.

I.M.S.: Major D. H. F. Cowin, Major (Temp. Lieut.-Col.) E. C. Hodgson, and Major E. A. C. Matthews.

R.E.(T.F.): Lieut. (Temp. Capt.) K. E. Shellshear.

* * *

The following are mentioned in Lieut.-General Sir A. A. Barrett's Despatch in connection with the operations against the Mahsuds, August, 1917:

Lieut.-Col. G. G. Gifford, C.I.E., I.M.S.

Capt. J. M. Weddell, R.A.M.C.

* * *

In General Sir Herbert C. O. Plumer's Despatch of April 18th, 1918, the Hospital is again honoured:

A.M.S.—Headquarters Staff: Lieut.-Col. (Temp. Col.) R. Pickard, C.M.G.

R.A.M.C.: Temp. Capt. J. L. Davies, and Capt. H. W. Maltby, Sp.R.

* * *

Surgeon M. B. Scott, R.N., has been mentioned in Despatches.

* * *

It affords us much pleasure to congratulate the following "Bart.'s" men who are among the recipients of Birthday Honours:

K.C.B. (Civil Division): Surgeon-General H. D. Rolleston, C.B., R.N.

K.C.M.G.: Temp. Col. Sir Ronald Ross, K.C.B., A.M.S.

C.B.E.: T. Morison Legge, M.D., Chief Medical Inspector of Factories.

C.B. (Military Division): Temp. Major-General Sir A. A. Bowlby, K.C.M.G., A.M.S.

C.M.G.: Fleet Surgeon F. J. A. Dalton, R.N., Fleet Surgeon D. W. Hewitt, R.N., and Temp. Col. A. S. Woodwark, A.M.S.

C.I.E. (Civil Service): Lieut.-Col. E. A. R. Newman, I.M.S.

O.B.E.: Major E. W. C. Bradfield, I.M.S., W. Fairbank, M.V.O., Capt. J. M. Hamill, R.A.M.C.T., Charles Todd, M.D., and Capt. T. G. Wakeling, R.A.M.C.

M.B.E.: A. C. Butler-Smythe, F.R.C.S.

D.S.O.: Major T. A. Barron, R.A.M.C., Capt. (Actg. Lieut.-Col.) C. Clarke, R.A.M.C., Major (Temp. Lieut.-Col.) E. C. Hodgson, I.M.S., Major E. A. C. Matthews, I.M.S., and Capt. O. Teichmann, M.C., R.A.M.C.

M.C.: Capt. S. M. Hattersley, R.A.M.C., Temp. Capt. H. M. Pentreath, R.A.M.C., Capt. F. H. Robbins, R.A.M.C., and Capt. (Acting Major) R. O. Ward, H.A.C.

The following have received promotions:

To be Brevet Lieut.-Col.: Major (Actg. Lieut.-Col.) C. H. Turner, D.S.O., R.A.M.C.

To be Brevet Major: Capt. (Actg. Major.) A. G. R. Foulerton, R.A.M.C.

* * *

General Sir E. H. H. Allenby's Despatch of April 3rd, 1918, contains the names of the following men who have been mentioned in connection with the operations of the Egyptian Expeditionary Force:

Headquarter Staff: Lieut.-Col. (Temp. Col.) E. P. Sewell, D.S.O., R.A.M.C.

R.A.M.C.: Lieut. (Temp. Capt.) E. Catford.

R.A.M.C.(T.F.): Capt. H. M. McC. Coombs, Capt. A. B. P. Smith, Capt. O. Teichmann, Capt. S. H. H. Waylen.

I.M.S.: Lieut.-Col. R. W. Knox, D.S.O.

* * *

Since the June issue of the JOURNAL we understand that the following four "Bart.'s" men posted as "missing" are prisoners in German hands: Capt. A. J. Chillingworth, R.A.M.C., attached Royal West Kent Regt., Capt. R. A. Leembruggen, R.A.M.C., attached Suffolk Regt., Capt. E. E. Mather, R.A.M.C., attached Durham Light Infantry, and Capt. R. M. Soames, R.A.M.C. To this list we have to add the names of Capt. C. A. Meaden, R.A.M.C., and Lieut. H. M. Gilbertson, R.A.M.C., attached Somerset Light Infantry.

* * *

We regret to hear that Major F. G. Lescher, M.C., Capt. R. M. Coalbank, Capt. C. R. Crowther, and Capt. A. H. Little, all of the R.A.M.C., have been reported "Missing."

* * *

We note with much interest that the President of the Royal College of Surgeons of England has appointed Lieut.-Col. D'Arcy Power as Bradshaw Lecturer for the ensuing year.

* * *

Lieut.-Col. Sir Robert Armstrong-Jones has been appointed Gresham Professor of Physic, succeeding the late Dr. F. M. Sandwith.

* * *

We feel sure that our readers will be delighted to learn that Sir Thomas Horder has consented to write a series of short clinical and pathological notes for the JOURNAL, the first of which appears in this issue. These notes are written largely for teaching purposes; in fact, as Sir Thomas says, an effort will be made to put into print some of the remarks which, he fears, may have fallen too often upon deaf ears in the Out-patient Room and in the wards.

Sir Thomas Horder has earned a reputation for remarkable accuracy and care in diagnosis, and we feel sure that the notes will be appreciated to the full by both student and practitioner alike.

* * *

We regret to have to record the death of Surgeon-Major William Jasper Rendell in his eighty-sixth year. He was educated at Truro Grammar School and St. Bartholomew's Hospital, and joined the Army as Assistant Surgeon in the Royal Scots at Castlebar in 1853. A year later he was transferred to the 55th (Border Regiment) in the Crimea. He served in Scutari and the trenches throughout the campaign. He also took part in the suppression of the Indian Mutiny, including the Relief of Lucknow, and served through the first Bhootan campaign. Subsequently he was transferred to the 13th (Somerset Light Infantry), and retired in 1875.

* * *

ROLL OF HONOUR.

It is with very much regret that we learn of the death of Capt. D. Spurway, The Yorkshire Regt. Capt. Spurway was killed in action, but details are not yet to hand. He had been a student here since October, 1914, when he won an Entrance Scholarship.

* * *

To the friends of Capt. Spurway we extend our deepest sympathy.

AN OBSCURE ABDOMINAL CONDITION.

By C. LANGTON HEWER, M.R.C.S., L.R.C.P.



HE following case is of some interest in showing the difficulty of making an exact diagnosis even after an exploratory operation.

The patient, a man, æt. 55, gave the following history: On May 7th he was feeling quite well and went to work as usual. At 9 a.m. he had a cup of tea and at 10 a.m. he noticed a dull pain all over the abdomen, which rapidly became worse. He vomited and was taken to the Metropolitan Hospital, but as they did not have a bed they sent him to St. Bartholomew's Hospital, where he arrived at 4 p.m.

The patient stated that two years ago he had a somewhat similar but milder attack, and that he always suffers from bronchitis.

On admission, the patient was pale and obviously in much pain, which was not localised. The abdomen was somewhat retracted, but moved fairly well on respiration. On palpation there was generalised tenderness and rigidity, especially on the right side. No tumour could be felt. His tongue was furred, and nothing could be found in his chest beyond some signs of bronchitis. His pupils reacted to light, and his knee-jerks were obtained. Temperature, 100. Pulse-rate, 80. Respiration, 28.

A tentative diagnosis of acute appendicitis was made, and the patient was operated upon by Major Eccles at 6.45 p.m. A "gridiron" incision was made over the right iliac fossa. When the peritonæum was incised, a considerable amount of clear, somewhat sticky, serous fluid escaped, a specimen

of which was taken for pathological investigation. The appendix appeared normal, but was removed. A second incision was next made in the mid-line above the umbilicus. Clear fluid again escaped in considerable quantity, but no gas was present. The stomach, duodenum, gall-bladder, liver, and pancreas appeared normal. The abdomen was therefore closed, a drainage tube being left in each incision. The patient made a good recovery from his operation, but four days later began to have diarrhoea and finally to pass liquid which appeared identical with that in his abdominal cavity. On one occasion he also passed bright blood. His condition then steadily improved and he finally passed normal stools. He complained a good deal of cough and brought up a fair quantity of green sputum. This was examined, but failed to show any tubercle bacilli. The peritoneal fluid also failed to grow any organisms.

His blood-count was: Red blood corpuscles, 4,370,000 per c.mm.; hæmoglobin, 100 per cent.; colour index, 1.12; white blood corpuscles, 11,000 per c.mm.; polymorphs, 8500; lymphocytes, 1870; large mononuclears, 440; eosinophiles, 110; basophiles, *nil*.

There was a slight degree of anisocytosis.

The discharge from the drainage-tubes gradually ceased. The upper tube was removed on May 11th; the lower one on May 12th; and the patient was discharged on May 23rd, practically well with the exception of his bronchitis.

The main interest of this case lies in the diagnosis, which was doubtful up to the end, and it also shows, in spite of what we have heard recently, that the surgeons do occasionally have cases which call for a certain amount of thought.

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

MEDICAL NOTES.

By Sir THOMAS HORDER, M.D.

Although it be a more new and difficult way, to find out the nature of things, by the things themselves; than by reading of Books, to take our knowledge upon trust from the opinions of Philosophers; yet must it needs be confessed that the former is much more open, and less fraudulent, especially in the Secrets relating to Natural Philosophy.—

WILLIAM HARVEY.

I. ON METHODS AND TERMS.



N diagnosis one physical sign is of more value than many symptoms.

(2) As "probability is the guide of life" so is it the guide of diagnosis. *Cæteris paribus*, a common disease is more likely than an uncommon one to be the explanation of any particular set of signs and symptoms. This is a

statement which it would seem absurd to make if the fact were not so frequently forgotten.

(3) The fewer the physical signs found during the examination of a patient, the more extensive should be the search for them. For where there is little or no guide to the true nature of a case, light may appear in an unexpected quarter—in the blood, in the fundus oculi, in the stools.

(4) The terms "weak," "poor," "feeble," often applied to the pulse, are to be avoided on account of their ambiguity. The notion which the observer attempts to convey by means of them should be analysed, in so far as this is possible, into definite elements, such as frequency, volume, tension.

(5) The introduction of instruments of precision into diagnosis has marked a great advance in medicine, but the art of careful observation by the unaided senses has suffered in consequence. The student has ceased to recognise the presence of fever apart from the help of the thermometer, he frequently fails to note a soft or a hard pulse until he "measures the blood-pressure," and he does not trust himself to say a patient is anæmic before the hæmoglobin is estimated. The great value of an instrument is to determine the *degree* of a condition rather than its existence.

(6) In order to obtain the best results during an examination of the chest the following points are worthy of attention: Choose a quiet room, one that is not too lofty and one that is not too bare of furniture. Place the patient in a good light. If the patient is nervous defer the examination until he is reassured; the breathing of a nervous patient is shallow, and deep breathing is essential to proper examination of the lungs; the heart's action in a nervous patient is unduly forcible, and this may simulate disease. If the patient is chilly, warm him; muscular shiver may be mistaken for cardiac bruit or even for pleural friction. Place yourself exactly opposite to the patient and upon the same level; assuming that he is an adult, stand if he is standing and sit if he sits. See that your hands are warm, that your stethoscope fits your ears comfortably, and that you have ample time for the examination; cold hands have poor tactile sense, ears that are in pain cannot attend to the sounds that reach them, and a pre-occupied mind does not tend to make accurate judgments.

(7) There are four methods of eliciting physical signs, whether in examination of the chest, abdomen or other region of the body: Inspection, palpation, percussion auscultation. Let not the student be tempted to depart from the traditional sequence of these methods, for it results in fuller and more accurate data than does any other. Knowledge of this fact explains why the experienced

observer, who could the more afford to, rarely changes the sequence; ignorance of the fact explains why the beginner, bent on novelty, frequently does.

(8) It is noticeable that percussion is performed in two different ways by different observers. In one way the percussing finger strikes forcibly and deliberately, and attention is directed to the single sound thus produced before the tap is repeated. In the other way a rapid series of very light percussions is used and judgment is passed upon the summation of sound effects. No doubt there are individual differences in the observers themselves that make one method of greater use than the other. The first method has the advantage that the sense of resistance—a very important observation during percussion, and one which led to the universal discarding of plexors and pleximeters—is much better appreciated. And is it not perhaps a testimony to the greater value of the first method that the second is frequently used for the abdomen—a region where percussion is notoriously fallacious in its results, and therefore does not invite a very discriminating method—even by those observers who favour the first method in examination of the chest?

(9) If a physical sign which is present in health is found to be less marked on one side of the chest as compared with the other, the difference should be referred to in terms of the side showing the lesser degree of the sign. Thus, say "vocal fremitus is diminished over the left base," or, "vesicular breathing is diminished at the left apex"; do not say, "vocal fremitus is increased over the right base," or, "vesicular breathing is increased at the right apex." The reasons for this advice are two: (i) It is more difficult to judge the increase of a normal sign than its decrease, always bearing in mind that we have no absolute criterion of normal physical signs, but that we compare one side of the patient's chest with the other. (ii) The side upon which the sign is diminished is probably the abnormal side; it is likely that other physical signs of disease will therefore be found upon this side; attention is thus concentrated from the first upon the abnormal side, and is not required to shift from side to side during the recital of the physical signs.

(10) Voice sounds are, in general, of less service in diagnosis than are breath sounds. For this reason they are by some observers wholly discredited. But to do this is to forfeit a valuable means of obtaining clinical data. All that is necessary is to remember that the interpretation of changes in the voice sounds calls for greater care than in the case of breath sounds.

SURGERY VERSUS MEDICINE.



MOST interesting debate took place at St. Bartholomew's Hospital on May 23rd, 1918, under the auspices of the Abernethian Society, the subject under discussion being "*Surgery versus Medicine*."

The Abernethian Room had been arranged in the form of a miniature House of Commons—"ayes to the right, noes to the left"—members of the junior staff occupying the "Treasury Benches."

The exact wording of the motion was: "That, in the opinion of this House, the study of surgery at the present time is of greater importance than the study of medicine."

Major L. BATHE RAWLING, on rising to propose the motion, referred to the formidable task before him, and paid a graceful compliment to the two eminent physicians who were to speak against the motion.

In the first place he did not propose to make an attack upon medicine. No surgeon would think of doing so. Each stands safe on its own merits. At the same time he held that surgery was of greater importance than medicine, and will remain so for many years to come. He requested both sides to steer clear of pathology. "I may add," remarked the speaker, "that Prof. Andrewes told me to-day that if he had been able to come this evening he would have proposed an amendment to the effect that pathology was more important than either medicine or surgery."

After paying Abernethy a glowing tribute in regard to his medical knowledge, Major RAWLING said that he considered that anatomy and physiology were ruled out, as these two subjects respectively formed the basis of both medicine and surgery. At the same time he contended that dentistry, orthopædics, throats, ears, and gynæcology should certainly be included in the broad term surgery, and supported the statement by pointing out that in his younger days all these posts were held by the surgeon. This was, in his opinion, a wonderful example of the extraordinary progress which had taken place in the art of surgery.

He quite realised that the physician had every right to be proud of the advances that had been made in such branches of medicine as bacteriology, public health, and tropical diseases. Especially was he in a position to appreciate the importance of tropical medicine. His experiences in India had taught him that such conditions as cholera, dysentery, etc., were being taken in hand by the physician in a way that compelled his admiration. He did not agree that the subject of public health was necessarily a medical subject any more than was the feeding of infants or the care of the poor.

Sweeping aside these "lusty branches of the tree of medicine and surgery" and coming to medicine and surgery in their actual application, Major RAWLING said that if you enlarged on one you must cut down the other, and in his

opinion medicine must certainly go. "In France at the present moment," said the speaker, "it is surgery and not medicine that counts. The War Office conscripts everyone and immediately converts them into surgeons. The physician is not wanted abroad except in a few cases here and there, and even after the war the demand for surgeons will still remain. Men will be coming back in countless thousands, maimed and crippled, and these will need attention."

With regard to the needs of the civil population he contended that if necessary the surgeon can always "wield the stethoscope," whereas the physician cannot "wield the scalpel." "The mantle of medicine can be thrown over the surgeon," said Major RAWLING, and he proceeded to illustrate this by his own experiences in India. A large proportion of the cases there were medical, and he evoked much amusement by saying that he himself proved to be a most skilled physician. In fact, he established quite a reputation in Bombay, more especially as the result of one case which he diagnosed as pleuritic effusion.

Major RAWLING contended that the general practitioner would be much better off if he knew more surgery. This he considered was not so much the fault of the surgeon as the methods of teaching. "Do not spoon-feed so much," said the speaker. He realised the incessant demand on the part of the public for medicine, and caused some laughter by his graphic description of the patient sampling his medicine outside the hospital and determining there and then whether it was likely to do him any good. The result of all this is that the general practitioner becomes at once involved in minor medical complaints and his knowledge of surgery becomes lost. His advice was to educate the British public. Medicine and surgery have each a stronghold and there is a "no man's" land. Years ago physicians owned everything, but of recent years surgery had advanced the quicker. His advice was to instil into students the necessity and importance of surgery and train them more in this all-important subject.

Sir THOMAS HORDEK, on rising to oppose the motion, said that the wording of the motion before the House had been a little altered from the original when he reluctantly consented to champion the cause of medicine. Presumably the phrase "at the present time" meant war time, and at a superficial glance it might appear that, as gun-shot wounds were the most obvious troubles arising out of the war, surgery seemed more important just now than medicine. The physician, however, is given to think more deeply than the surgeon, and the speaker did not think the introduction of these words materially altered the question.

In mentioning Abernethy, the opener of the debate was obviously employing the method of "camouflage," and, in suggesting a truce in respect of certain branches of medicine, he appeared to be conducting a "peace offensive." But he found it difficult to understand in what particular

the feeding of infants had surgical bearings, seeing that neither feeding by nasal tube nor by gastrostomy could be regarded as the ideal to be aimed at. It was, indeed, difficult to see quite where infant feeding overlapped with "present-time" medicine or surgery.

Then with regard to the ability of surgeons to "wield the stethoscope," the speaker was not sure that the stethoscope was an instrument which gave the most helpful results if it were "wielded." Major Rawling's pride in his skill as a physician reminded him of a consultation he once had with a very distinguished predecessor and surgical colleague of theirs, who, after examining the chest in a rather obvious case of empyema, remarked that the reason why he knew the patient had a pneumonic lung was that he "could hear him shoutin' through it"!

Coming to the question before the House, what are the matters with which the doctor has to deal? We had first of all the recruit, and his fitness or otherwise for military service, a matter almost solely in the hands of the physician. In the actual field of war the surgeon's scope is limited. The first-aid work, of vital importance, was best carried out by well-trained orderlies and their N.C.O's. At the C.C.S. and at the Base in France a few expert surgeons sufficed for the limited amount of major surgery that it was advisable to do there. In the early days of the war there was a great deal too much of this work done, with consequent bad results upon exhausted, shocked, and anæmic men. On the Eastern fronts the medical work is, as Major Rawling admitted, far in excess of the surgical. During the long waiting at Salonika the needs for major surgery resolved themselves into an occasional acute appendix, a displaced semilunar cartilage tempting radical treatment because of the general inactivity, and the perforation of a nurse's stomach. On the other hand, the man with a knowledge of medicine was never idle, with malaria, dysentery, and many other diseases. At home three large groups of cases had to be dealt with, and these all required medical knowledge: Heart cases, nerve cases, and cases of trench fever. It was surely due to our shockingly amateurish notions in regard to the principles of research that it was only recently that any adequate investigation had been undertaken concerning trench fever. In preventive work medicine had scored very heavily; inoculation against the enteric group, and carefully worked-out knowledge in regard to cerebro-spinal fever, had almost eliminated these two terrors from modern warfare.

As a matter of fact, urged Sir Thomas, we were just beginning to take more intelligent views of the relative importance of medicine and surgery when the outbreak of war plunged us back into more primitive notions. For who would deny that official conceptions of all these matters were of the most primitive sort? The War Office calls a man who is suffering from acute pulmonary œdema after gassing "*wounded*," and if it wishes to confer a high dignity

upon a distinguished physician the Admiralty calls him *Surgeon-General*.

The House was asked to reduce the time devoted to the study of medicine even further than had already been done ; but had it not already reached the irreducible minimum ? Sir Thomas trusted members of the House to think of these things carefully, and if they used the divine gift of intelligent deliberation he had no doubt as to the result when the question was put to the vote.

Capt. GIRLING BALL, in his opening remarks, said that he was disappointed with those of the last speaker in that he had not stuck to the point in question, which was that "at the present time" the need of teaching in surgery was greater than that in medicine. Sir Thomas Horder had merely taken the relation of the two subjects as a general rule, and thus had left him little opportunity to discuss his remarks. He put forward as one of his remarks that surgeons were obviously not needed because they were commanding officers, in which post a knowledge of surgery was not required ; this, according to the speaker, only spoke of their sagacity, in that there were other compensations than those of using the knife. He agreed that medicine and surgery were both good subjects, but thought that at the present time the student required more training in the latter than he was obtaining. He then went on to speak of his recent experiences in France.

Among the chief points of his remarks were these : In the first place, it was more often than not that, of the younger medical officers coming out, by far the larger proportion of them stated that they knew nothing of surgery of the war, and so used to prowl round the hospitals to see the surgeons at work, and in this way pick up the methods that should have been taught to them in this country. Secondly, he criticised the statement of Sir Thomas Horder that surgery was not done in the casualty clearing stations, pointing out that, as a matter of fact, the majority of the surgery is at the present time done in those hospitals. It is appreciated by all that to get the best results the majority of the operative work must be done in these places. He also pointed out that the Base hospital work is largely surgical, supporting this fact by stating that at least two-thirds of the beds in the latter are given up to that work, and that in times of push even a greater proportion.

In his opinion, our chief object at the present time is to win the war, and to do this the man-power must be kept up to the best of our ability. Patients suffering from wounds are the most likely to return to the Front, as many of the medical cases are permanently incapacitated, except for the most trivial ailments, none of which required any special knowledge.

He then went on to deal with the question of the infection of wounds, and stated that at the present time the treatment of these is very badly taught in our hospitals. More especially he desired that the newer methods of treatment,

most of which are not used in this country, should be demonstrated to students ; all of this required more time.

He also pointed out that, so far as the medical side was concerned, there were only a few conditions which required to be dealt with—*e.g.* trench fever, nephritis, heart and lung troubles, all of which came under the cognisance of the student in the ordinary course of his training. Shell-shock was a condition which was becoming an unknown quantity, largely owing to the moral effect which the medical officers had over their men—a factor which did not require any special medical knowledge. The prevention of shell-shock by suggestion was having a most beneficial effect in limiting the number of cases occurring.

It was true that all officers of the R.A.M.C. had at times to till the earth for the sowing of potatoes, but he pointed out that the physicians always had more digging to do than the surgeons owing to the larger proportion of their time that hung on their hands. They were often at it from nine o'clock in the morning until six at night. (Laughter.)

The treatment of sepsis and fractures should monopolise a large proportion of the time of the student at the present time, and, looking to the future, he ventured to predict that surgery would be the predominant science for the next ten years to deal with necessarily resultant deformities, and for these reasons he maintained that the resolution required the most earnest consideration of the meeting.

Dr. A. E. STANSFELD, in supporting the Opposition, commenced by saying that he felt that he was at a disadvantage in not having had any personal experience of conditions at the Front, but that he had had opportunities of discussing their work with a very large number of old Bart.'s men home on leave. The physicians were maintaining that medicine was, at least, as important as surgery, and demanded as much study. Within the last few years the time required of students in the medical wards had been increased from three to six months, thus raising medical training to the same admitted importance as surgical training. Why had the surgeons suddenly increased their demands ? Possibly they were suddenly overwhelmed by the eminence of the medical side of the Hospital.

As a matter of fact, both surgeons and physicians have the same aim—the advancement of the profession as a whole. Dr. Stansfeld referred to some of the diseases with which the physicians had had to contend during the war. They were by no means as limited as the surgeons would have us believe. The results achieved in such conditions as shell-shock, enteric fever, dysentery, and meningococcal meningitis were as brilliant as anything the surgeons could show.

Discussing medical work as it would affect the young medical officer, he said that the work in France would necessarily be different to anything which could be included in training here. He gathered from men who had been in France that there were two chief types of work—first-aid

work, most of which could be done quite well by a properly trained R.A.M.C. orderly, and men who declared sick were really fit for duty or not. Often it was a very difficult matter to decide whether a man was "swinging the lead," and medical experience was of far greater assistance than surgical experience in this connection.

Dr. Stansfeld said it would certainly appear that in France they have all the surgeons they need. One thing is certain—the young medical officer is not going to be given special surgical jobs—the surgeons have these already. And some account must be taken of the future needs of the nation. It would be disastrous to turn out a number of imperfectly equipped men to deal with the population after the war. A three-months' house appointment (a condition which, unfortunately, had to be at the moment) was too short, but it was far better than nothing, and the post of "house physician" had always been regarded as more generally useful to the future practitioner than that of "house surgeon." While agreeing that the physician could be turned for a time into a sanitary officer or a surgeon, he maintained that the surgeon could not be turned into a physician. Save for mere "carpentry," the physician had to deal with every kind of case which came into the surgeon's hands. On the other hand, there were a great many medical conditions with which the surgeon never came into contact at all.

Dr. Stansfeld felt strongly that surgery could be more easily "picked up" than medicine; the third-year student invariably felt much more at home in the surgical wards than in the medical wards. Early in the war the visiting staff at the Metropolitan Hospital had taken turns in doing night duties, and the physicians had exhibited greater readiness in coping with work to which they were unaccustomed than had the surgeons. The fact that the gynæcologist had been more successful still did not affect the question at issue.

Several members took part in the discussion, Mr. WELLS' attack on the physicians being especially vigorous, and Major RAWLING and Sir THOMAS HORDER briefly replied. One member caused some amusement by crossing the floor of the House, and another member refused to go into the "Lobby." The figures, as announced by the President (or perhaps better, by Mr. Speaker) were:

For the motion	27
Against	50

It is hardly necessary to state that the large majority was the signal for a tremendous outburst of applause on the part of the supporters of medicine.

J. S. W.

THE PREPARATION OF CATGUT.

We are indebted to Dr. C. Hubert Roberts, who in turn desires to thank "Sister Thomas," of the Queen Alexandra Military Hospital, for the following very useful details:

Roll catgut loosely on glass reels or microscope slides; place in glass jar, and cover with *methylated ether* for twelve hours to remove any grease. Then place in the following solution:

Tr. iodi	1 fl. ounce.
Aq. dest.	6 fl. ounces.
Sp. rect.	10 fl. ounces.

This is a three weeks' preparation. To the above solution add 1 fl. ounce tr. iodi at the beginning of the second and third weeks. At the end of the third week the catgut is ready for use.

If the catgut is to be kept indefinitely, use the following solution for the gut as prepared by the previous method:

Iodine	0.5 per cent. = 80 grains.
Glycerin (pure)	5 per cent. = 2 ounces.
Alcohol	50 per cent. = 38 fl. ounces.

REVIEWS.

THE LAW OF THE HEART (Linacre Lecture). By ERNEST H. STARLING. (Longmans, Green & Co.)

The Law of the Heart, as expounded by Starling in 1915, has now been published for the first time in monograph form. It is of some thirty pages only and deals with the factors governing the mechanism of the healthy heart free from nervous control; pathological considerations are not discussed.

The recognition of the various cardiac conditions met with in practice and especially in war time demands a thorough knowledge of the working of the normal heart, and we strongly recommend the perusal of this monograph to all practitioners and students who wish to be up-to-date in this important branch of medicine.

INFECTED WOUNDS. By A. CARREL and G. DEHELLY. (Baillière, Tindall & Cox.) Price 6s. net.

So important has the "Carrel method" become in the treatment of infected wounds that it has been found necessary to issue a second edition in spite of the fact that the first edition only appeared in May of last year.

The authors have taken the opportunity of introducing details descriptive of the technical improvements which have been effected during the last few months in addition to demonstrating the fresh results which have been obtained in the treatment of old wounds, old fractures, and other surgical affections.

We quite agree with the authors that where failure has occurred it has been due invariably to faulty technique. Sir Anthony Bowlby in an excellent introduction lays special stress on this fact, and points out that where it has been thoroughly carried out the method has accomplished all that is claimed for it by its author. It is also important that no change whatever should be made either in the Dakin's solution itself or in the use of the tubes for instilling it.

The volume is one which should be in the hands of every surgeon, especially those engaged in hospital work.

MEDICAL MILITARY MANUALS.

We have received seven new volumes in the above series, making up the total number now published to twenty-one. Two of the new set are medical and five surgical. Our previous commendation of the series as a whole is gratefully extended to these recent additions. They are published at 6s. per volume, with the exception of one on *The Localisation and Extraction of Projectiles*, a larger book of some 386 pages, which is priced at 10s. 6d. It is written by L. OMBREDANNE and R. LEDOUX-LEBARD, edited by Lieut.-Col. ARCHIBALD D. REID, C.M.G., with a preface on the "Extraction of Projectiles in the Globe of the Eye" by Col. W. T. LISTER, C.M.G. The greater part of the work is devoted to a detailed description of the radiological methods of localisation—method of two intersecting axes, method of the double image, etc. There are chapters on radio-

stereoscopy and about a hundred pages are devoted to the indications and contra-indications for extraction, the processes of extraction, and the search for projectiles by non-radiological methods. A special feature of the book is the large number of excellent diagrams, illustrations and plates, some 233 in all.

Wounds of the Vessels, by L. SENCERT, and edited with a preface by F. F. BURGHARD, C.B., M.S., F.R.C.S.; *Wounds of the Skull and Brain*, by C. CHATELIN and T. DE MARTEL, also edited by F. F. BURGHARD, and prefaced by Prof. PIERRE MARIE; and *Wounds of the Abdomen*, by J. ABADIE, edited and prefaced by Sir W. ARBUTHNOT LANE, Bart., C.B., M.S., are three well-written and clearly-translated little volumes on these three branches of regional war surgery. The last-named is particularly recommended as a reliable guide to this important part of the subject; the first section is devoted to a consideration of what treatment is to be recommended in penetrating wounds of the abdomen, the second to the surroundings and conditions in which laparotomy is advisable, and the third to the methods to be adopted in the presence of a deep-seated abdominal wound. A bibliography of some 88 references, 69 illustrations, and 4 plates are added. In the volume on wounds of the skull and brain, lesions of the latter are considered in order according to their anatomical situation, and such complications as meningitis, abscess, and epilepsy are fully dealt with; the section on wounds of the skull contains an account of the methods and sequelæ of craniectomy, the extraction of projectiles, cranioplasty, and lumbar puncture. Sencert, in his book on wounds of the vessels, devotes about half the volume to the general features of such lesions—external and internal hæmorrhage, reactionary hæmorrhage, traumatic anæmia, diffuse hæmatoma, aneurysm, and the like—while the latter half deals with wounds of individual vessels.

Lack of space forbids us from considering in detail the following three volumes: *War Otitis and War Deafness*, by H. BOURGEOIS and M. SOURDILLE, English translation edited by J. DUNDAS GRANT, M.D., F.R.C.S. *Abnormal Forms of Tetanus*, by M. COURTOIS-SUFFIT and R. GIROUX, with a preface by Prof. WIDAL, edited by Surgeon-General Sir DAVID BRUCE, C.B., F.R.S., LL.D., and FREDERICK GOLLA, M.D.; and *Malaria in Macedonia*, by ARMAND-DELILLE, ABRAMI, PAISSEAU, and LEMAIRE, translated by J. D. ROLLESTON, M.D., edited with a preface by Sir RONALD ROSS, K.C.B., F.R.S., LL.D., D.Sc., who concludes his preface with the remark that "the work should be in the hands of everyone called upon to treat malaria." We hope to return to these three valuable monographs in a later number.

APPOINTMENT.

CANE, L. B., Capt., R.A.M.C., appointed Specialist in Dermatology for the Burma Division.

CHANGES OF ADDRESS.

CANE, L. B., Capt., R.A.M.C., Station Hospital, Maymyo, Burma.
HEMMING, J. J., 8, Eaton Road, Margate.
MANGIN, F. M., Lieut.-Col., R.A.M.C., Meerut, U.P. India.
STEPHENS, H. W., "Kilcreggan," Woodstock, Cape Province.
TURNER, P. E., 11, Downs Road, Clapton, E. 5.

HENRY EDGAR WILLIAM HOFFMEISTER has changed his name by deed poll to EDGAR WILLIAM SEYMOUR.

BIRTHS.

CARTE.—On May 23rd, at Hollybank, Seymour Avenue, Plymouth, the wife of Temp. Surg. G. W. Carte, R.N.—a daughter.
CUDDON-FLETCHER.—On April 29th, at Glenfield House, near Leicester, the wife of A. Cuddon-Fletcher, of Dunans, of a daughter.
EVANS.—On April 25th, at Brynawelon, Criccieth, the wife of Capt. T. J. Carey Evans, M.C., I.M.S. (on foreign service)—a daughter.
HAMILTON.—On February 5th, at Bombay, the wife of Major W. G. Hamilton, I.M.S.—a daughter.

HANBURY.—On Sunday, June 2nd, at Foxbury, Woldingham, the wife of Reginald Janson Hanbury of a son (William Janson).

KEYNES.—On May 24th, at Newnham Grange, Cambridge, Margaret (née Darwin), the wife of Geoffrey Keynes, M.D., R.A.M.C., of a daughter (prematurely), who survived her birth only a few hours.

MANSFIELD.—On April 26th, at "Helmsdale," Chalmers Street, Edinburgh, the wife of H. Y. Mansfield, M.D., Captain, R.A.M.C., of a daughter.

MEAD.—On April 18th, at 2, Manilla Crescent, Weston-super-Mare, the wife of J. C. Mead, Lieut., R.A.M.C., of a daughter (stillborn).

MELLER.—On May 15th, at The Limes, Rushmere, Ipswich, the wife of Temp. Surg. R. W. Meller, R.N.—a daughter.

PEARSON.—On March 29th, at 208, London Road, Leicester, the wife of Dudley Garencieres Pearson, M.B., R.A.M.C.—a daughter.

PERRIN.—On May 24th, at Curlew Hope, Weybridge, to the wife of Capt. Maurice N. Perrin, R.A.M.C.—a daughter.

SOAMES.—On April 21st, the wife of Capt. R. M. Soames, R.A.M.C., attached Norfolk Regiment, of Ridgeway, Reigate Hill, Reigate, of a son.

STANSFELD.—On April 30th, at 19, Bentinck Street, W. 1, to Dr. and Mrs. A. E. Stansfeld—a daughter (Harriette Mary).

WELLS-COLE.—On June 6th, at 93, Vicarage Road, Eastbourne, the wife of Capt. G. C. Wells-Cole, R.A.M.C.—a son.

SILVER WEDDING.

LYNDON-CHARLETON.—On May 27th, 1893, at St. Paul's, South Hampstead, by the Rev. A. J. Beaumont, M.A., Arnold Lyndon, M.D. (Lond.), M.R.C.S. (Eng.), of Wellington, Somerset, fifth surviving son of the late George Lyndon, of Addlestone, Surrey, to Charlotte, widow of Robert A. Charleton, B.A., of Clifton, and daughter of William Ransom, J.P., of Fairfield, Hitchin.

MARRIAGES.

LESCHER-LLEWELLYN.—On May 18th, at St. James's Church, Spanish Place, W., by the Rev. Cyril Martindale, S.J., very quietly, owing to the recent death of the bridegroom's father, Major Frank Graham Lescher, M.C., R.A.M.C., younger son of the late F. Harwood Lescher, of 8, Prince Edward's Mansions, Palace Court, W., to Evelyn Mary Bridget, youngest daughter of Mr. and Mrs. Arthur Llewellyn, of Seabridge, Newcastle, Staffs.

DEATH.

BALLS-HEADLEY.—On March 7th, 1918, suddenly, at Miramichi, Proctor, B.C., Walter Balls-Headley, M.A., M.D. (Cantab.), aged 76.

ACKNOWLEDGMENTS.

The Shield, *The Kitasato Archives of Experimental Medicine*, vol. i, No. 1, *The Natures of Pyrexia and its Relation to Micro-organisms*, *Journal of the Department of Public Health, Hospitals and Charitable Aid*, *Bulletin of the Johns Hopkins Hospital*, *New York State Journal of Medicine*, *Giornale della Reale Società Italiana d'Igiene*, *The Middlesex Hospital Journal*, *London Hospital Gazette*, *St. Mary's Hospital Gazette*, *The Medical Review*, *Long Island Medical Journal*, *The Hospital*, *Guy's Hospital Gazette*, *The British Journal of Nursing*, *The Nursing Times*.

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.

St. Bartholomew's Hospital



"Æquamemento rebus in arduis
Servare mentem."

—Horace, Book ii, Ode iii.

Journal.

VOL. XXV.—No. 11.]

AUGUST 1ST, 1918.

[PRICE SIXPENCE.]

CALENDAR.

Tues., July 30.—Dr. Drysdale and Mr. McAdam Eccles on duty.
Fri., Aug. 2.—Dr. Calvert and Mr. D'Arcy Power on duty.
Tues., „ 6.—Dr. Morley Fletcher and Mr. Waring on duty.
Fri., „ 9.—Dr. Drysdale and Mr. McAdam Eccles on duty.
Tues., „ 13.—Dr. Calvert and Mr. D'Arcy Power on duty.
Fri., „ 16.—Dr. Morley Fletcher and Mr. Waring on duty.
Tues., „ 20.—Dr. Drysdale and Mr. McAdam Eccles on duty.
Wed., „ 21.—**St. Bartholomew.**
Fri., „ 23.—Dr. Calvert and Mr. D'Arcy Power on duty.
Tues., „ 27.—Dr. Morley Fletcher and Mr. Waring on duty.
Fri., „ 30.—Dr. Drysdale and Mr. McAdam Eccles on duty.
Tues., Sept. 3.—Dr. Calvert and Mr. D'Arcy Power on duty.

EDITORIAL NOTES.

T affords us much pleasure to congratulate Capt. (Actg. Lieut.-Col.) R. B. Price, R.A.M.C., on receiving the D.S.O. "Prior to the division going into action, Lieut.-Col. Price took over the duties of Assistant Director of Medical Services at half an hour's notice. When on one occasion all casualty clearing stations in the neighbourhood of the division were withdrawn, his improvisation on the previous night of an emergency casualty clearing station further to the rear proved of such inestimable value that a large number of casualties were able to be dealt with and all the wounded evacuated with the utmost despatch. Owing to his resource, forethought, and exceptional powers of organisation the smooth and successful evacuation of all wounded was carried out during the period of twelve days' heavy and continuous fighting in which the division was engaged."

We also desire to congratulate Temp. Capt. F. T. Hill, M.C., R.A.M.C., on being awarded a Bar to the M.C. The official details are as follows: "Several hundred casualties of all branches of the service were passed through his unit during the day, and were evacuated promptly, thanks to his zeal, energy, and efficient organisation. When the enemy were advancing his unit was the last to leave the neighbourhood, and finally withdrew, when ordered to

do so, and when every case had been evacuated, to join the division. He displayed outstanding devotion to duty."

* * *

The name of P. Franklin, F.R.C.S., appears in the list brought to the notice of the Secretary of State, for valuable services rendered during the war in connection with the Air Ministry.

* * *

Capt. R. M. Coalbank, R.A.M.C., and Capt. A. H. Little, R.A.M.C., previously reported "Missing," are now officially reported prisoners in German hands.

* * *

We note with much interest that Dr. A. E. Shipley, F.R.S., Vice-Chancellor of Cambridge University, has been appointed a Vice-President of the Royal Colonial Institute.

* * *

It will be a matter of much satisfaction to Bart's men to learn that, at the annual election to the Council of the Royal College of Surgeons of England, Major W. G. Spencer and Major E. W. Hey Groves were successful candidates.

* * *

The following details in connection with the D.S.O. awarded to Lieut.-Col. C. A. Stidson, R.A.M.C., are now to hand: "For conspicuous gallantry and devotion to duty when his dressing station was very heavily shelled throughout a whole day and received several direct hits. It was impossible to remove the wounded, and throughout the day he moved about continuously, arranging for their safety with utter disregard of danger. It was owing to his fearless example and splendid organisation that all the wounded were finally removed without further casualties."

* * *

It also affords us pleasure to publish the following details of deeds of valour for which the M.C. was awarded:

Capt. J. A. Pridham, R.A.M.C., Spec. Res.—He was in charge of an advanced dressing station, where there were a large number of wounded, when the enemy attacked. The task of removing the wounded was an extremely difficult one owing to the proximity of the enemy and heavy shell

and machine-gun fire, but he carried it out successfully, remaining on the spot until all the wounded had been evacuated. By his courage and devotion to duty he was the means of saving many lives.

Temp. Lieut. D. A. H. Moses, R.A.M.C.—For conspicuous gallantry and devotion to duty in working continuously at his aid post during three days' operations under heavy shelling. Frequently shells dropped close by killing and wounding several men, but he remained at work and showed the utmost indifference to danger.

* * *

We congratulate Temp. Col. Sir R. Ross, K.C.B., A.M.S., and Temp. Col. A. S. Woodwark, C.M.G., A.M.S., on being mentioned in recent despatches.

* * *

From *The Times* of June 28th we learn that Dr. W. A. Dingle has been gazetted out of the Royal Army Medical Corps (T.F.) with permission to retain the rank of Major and to wear the prescribed uniform.

Dr. Dingle, who practised for so many years in Finsbury Square, has served for nearly thirty years in the Volunteers and Territorial Force, and was promoted to his present rank sixteen years ago. He has just completed three and a half years' active service at home, and our readers who know him—and they are many—will be glad to hear that he is strong and well.

ROLL OF HONOUR.

It is with much regret that we have to record the deaths of Surgeon E. J. G. Sargent and of 2nd Lieut. W. McKenzie.

Surgeon E. J. G. Sargent was the son of Dr. W. G. Sargent, of Padstow, Cornwall. He was educated at Malvern College, and entered the Hospital in October, 1910. In 1916 he volunteered as a Surgeon-Probationer in the R.N.V.R., and, returning to qualify, took the L.M.S.S.A. in August, 1917, after which he was given a Temporary Surgeoncy in the Royal Navy. He died from paralysis in Bombay on June 25th. No further particulars are at present to hand.

2nd Lieut. W. McKenzie was the son of Mr. and Mrs. McKenzie, of Farnborough, Hants, and joined the Hospital on October 1st, 1915. He entered the Army as a private in the London Scottish, and was wounded on two occasions, on the Somme in July, 1916, and at Delville Wood in September, 1916. At the end of October, 1917, he was given a commission in his own regiment, and after a short stay in England went to Palestine in January of this year. On April 30th the battalion was called into action, and Lieut. McKenzie was hit by a bullet which passed through the back of his head. He was taken, under considerable difficulties, to a Greek monastery used as a casualty clearing station, and, although it was hoped he would recover, he died on June 12th.

We express our sincere sympathy with their relatives and friends.

SOME EXPERIENCES IN A BASE HOSPITAL.*

By W. GIRLING BALL, Capt. R.A.M.C.T.,
Surgical Specialist, — General Hospital, B.E.F.



R. PRESIDENT, LADIES AND GENTLEMEN,—It was with a feeling of much trepidation that I accepted the invitation of your Secretaries to give the midsessional address of the Abernethian Society, primarily because of my inexperience in performing such a function, and secondly of my inability to maintain the high traditions set by my predecessors. However, so much appreciated was the honour of having been asked to do it that I agreed to "carry on."

The selection of a subject which might interest you did not readily occur to my mind, especially as the time at my disposal did not permit of my acquiring sufficient information on the subject I might have chosen. However, after stimulation by certain people, the present time did not appear to me to be inappropriate for the relation of some part of my experiences during the past six months as a surgical specialist in a base hospital in France. Many of you, no doubt, will think that any other subject than one dealing with the war might have been more desirable; if this is so, perhaps you will pardon me for my selection. For those of you who are almost qualified, or, being so, are nearer the front line, the subject will be of more than ordinary interest as giving you some sort of idea of what you are in for. For those of you who are not so situated, the experience of one who has had the opportunity of going through it will no doubt present some points of interest.

Among those going to France there is certain to be a considerable proportion who will obtain a first-hand knowledge of such a life. Your stay in a base hospital will be a variable quantity; for example, your residence may be for one night only on your way to a nearer view of the enemy; it may be that you will lie dormant for some time, apparently, but not really, forgotten by the authorities, and you will be living in an expectant state of not knowing what is going to happen to you; or you may remain there for the rest of your time if you happen to have a label attached to you marked "permanent base," under which circumstances you will acquire knowledge such as it has been my lot to obtain. In any case I would advise you all to have a look at such a hospital, and you will no doubt marvel to see what wonders have been done by the R.A.M.C. in producing institutions of a temporary nature which would well serve the purpose of many a permanent hospital in some parts of the world.

Base hospitals are situated far from the line and for the most part on the sea coast, close to the points of exit to England. They are presumed to be immune from the

* Midsessional address delivered before the Abernethian Society at St. Bartholomew's Hospital on June 6th, 1918.

attentions of the enemy, and to be placed where the soldiers can recover from their wounds in peace and quietness. As you already know, and as I have personally experienced, this is not always the case. As Englishmen, we cannot understand the attitude of the man who will hit another while he is down, and so we cannot excuse the despicable mode of warfare which is being carried on against our wounded brethren. However, despite these attentions from the air, the wounded Tommy, who shows exemplary courage during these times, much appreciates base hospitals as havens of rest. For the first time he gets a more or less permanent idea that he stands a chance of getting home to "Blighty," an idea often mythical rather than real, but still one that leads him to think that, having got so far, he may get farther.

Base hospitals grow together in groups, in our base there being as many as sixteen. They are under the superintendence of the D.D.M.S. of the district. The selection of the site of the hospital, its planning, and its erection are under the control of the engineers. The site on which our hospital was placed was the best the neighbourhood could provide, so there was no reason for us to complain on that score; moreover, largely owing to the tact of our own executive officers, the planning of the hospital was extremely good.

Delightful as the surroundings of the camp were, its beauties did not appeal to me on my arrival one dark night in November last. Imagine my feelings after having had a bad crossing, arriving cold, wet, and hungry; imagine me having an altercation with the cab-driver who could not understand English and whose accent was so inferior that he could not manage my French, and also imagine me being driven round the slums of ——— by the said cabby in order to find the D.D.M.S., to whom it was my business to report. Then take your mind a little further and mentally witness my journey into the country in an ambulance to the camp of which neither the driver of the ambulance nor myself knew the whereabouts, and still further, having found the camp, to come across an orderly, into whose charge I was given, who did not know the way to the officers' mess. The trials of the surgical specialist had indeed begun.

I must tell you that, prior to my arrival, my friends had forewarned me of the miseries of their mess; how that they lived in a marquee which was blown down by the wind as frequently as possible, and even when it remained standing how they had to partake of their meals in their overcoats with their legs surrounded by blankets in order to keep warm. Imagine my surprise, therefore, to find that this was far from the case; the mess was in reality a palatial corrugated iron structure lit by electric light and heated by coal stoves. One could not help noticing the eagerness with which they hastened to inform me that this was the first night of their arrival in these quarters; still it did not matter, for at this stage my mind

was in a condition to believe anything and to forgive any travesties that may have arisen previously.

A number of old friends I found to be my colleagues, and right welcome they made me. The sleeping quarters consisted of bell-tents arranged in lines, closely adjacent to the mess. Now, a bell-tent has its uses, and no doubt, in the summer time, or even in the winter when one has become gradually acclimatised, is an acceptable residence, but to one who is suddenly plunged into a bell-tent in bad weather there are certain disadvantages which so far outweigh the advantages that the summer may give it, as to make it an unpleasant habitation. On the night of my arrival, and for many weeks after, the weather was bad, and the wind had a playful habit of making itself very evident in this quarter of the camp. The experience under these conditions, especially when the rain joined in the fray, made the possibility of a comfortable night often unrealisable. During the period of snowstorms we found that the snow had a peculiar habit of finding its way into the interior of such structures; rats, mice, and moles also found it a happy hunting ground. I remained in my tent for two months when by good fortune I discovered an unused concrete structure built for a bath-house which in the absence of baths was uninhabited; into this my goods were bundled, and there I spent a life of comparative comfort. At the end of the winter, when the weather was really becoming fine, wooden huts were provided in order that we might be comfortable. You will all learn to look out for any means for obtaining comfort, and you will soon get into the habit of doing it and enjoying it, especially if it be at the expense of a less fortunate brother officer, in the same way as I did.

Let me now try to describe to you the camp in which we lived. It was situated in a large field on the side of a hill about three miles from ——— and three-quarters of a mile from ——— and the sea. In this hamlet was the railway station from which the patients were detrained to the hospital by means of an ambulance run by the British Red Cross Society. Behind us were hills and vales, amongst which were situated a number of villages, each having its château and its *estaminet*. The country was delightful, and lent itself to short excursions when one was able to take a walk abroad. The main road of the camp ran over the top of a rather steep hill in a northerly and southerly direction and divided the camp approximately into two equal parts, that part on the east containing the medical division, together with the administrative building and nurses' home; that on the west the surgical division, the officers' quarters, and the men's mess. Between the two was the most important structure of all—the cook-house. For purposes of administration and for work the planning was ideal. The surgical division, the portion in which I was chiefly interested, was again divided by a main road known as "Princes Street," on each side of which were placed the wards capable of holding about 700 patients, the whole

hospital complement being 1040 beds. For the major part of the winter these wards were canvas marquees with four wooden huts set apart for the worst cases. As soon as the weather commenced to improve these marquees were replaced by more wooden huts.

The wards contained either forty-four or twenty-eight beds, placed very close together and very inconvenient in many ways for carrying out surgical dressings. They were badly lit, especially after the application of *camouflage* material to the exterior. They were very cold, small oil-stoves only being provided for warming purposes; there were four of these in each ward. During the latter part of my time these, however, were replaced by stoves ingeniously inserted into the wards which rendered them very much more comfortable. Oft-times during the winter months it was impossible to do one's work without the aid of an electric torch or a hurricane lamp which invariably shone the light on to the wrong spot. The arrival of wooden huts very materially ameliorated these conditions, so that during the Amiens push we were indeed fortunate in having a sufficient number of huts erected to accommodate most of the worst cases in such a manner as they could be dealt with efficiently.

It may interest the nursing staff to know how these wards were nursed. Two wards making seventy-two beds in all fell to the care of a sister, under whom were placed a staff nurse, two V.A.Ds, and two orderlies. During the times of rapid evacuation and intake these people had their work cut out for them. It is true that they had the help of the convalescent patients, still the times must have been very strenuous for them; besides the ordinary ward work they had to do the majority of the dressings.

On my first arrival, the operating theatre was a little wooden hut placed in the centre of the surgical division and had attached to it in the same building a sterilising room, anæsthetic room, X-ray room, and pathological laboratory—an arrangement which added largely to the efficiency of the theatre work. Later on we were provided with a much larger theatre in a building made of ferro-concrete with the same arrangement as before, but in addition a ward capable of holding twenty beds. This proved a most valuable asset, for into it we could place the severe cases of secondary hæmorrhage, gas gangrene, etc., when they had to be operated on and for whom it was inadvisable to be carried across the camp to the other wards. This structure might have been the pride of many a hospital in this country to have had. The nursing arrangements in the theatre were a little different from what we are accustomed to here. Usually we had two tables working at the same time, and often a third was placed so that one surgeon could pass from one table to the other and thus avoid delay. Each surgeon, of whom two was our regular number, had attached to him a sister who acted as his assistant, a V.A.D. who looked after the

instruments, gloves, etc., and an orderly who did the usual odd jobs, looking after splints and holding limbs during the operation; an anæsthetist was attached to each surgeon, thus completing the team.

Now let me tell you something of the work that we had to do in the hospital. Apart from the executive officers, padres, etc., during the whole of the winter months there were only five medical officers to do the work of 1040 beds. It is true that seldom more than 700 of these were filled at any time, but during the last two months we were continuously over-full. Each medical officer had a large number of beds to look after, and the majority of the operations fell to myself as the surgical specialist of the hospital. One of the duties common to us all, and perhaps the one which constituted the greatest variety in occupation, was that of orderly officer. This office was taken on for a period of twenty-four hours, and during that time one really became a great fellow. Amongst the lighter duties were the admission and discharge of all patients to and from the hospital during that period. Among the more arduous and more important military duties one had to inspect the swill tubs, to visit the cook-house, to see that all cooking utensils were clean, to taste the peas to confirm the complaint of one man amongst the whole that the peas were hard, and that he was really justified. I did not know that as a surgeon I was a particular adept at this sort of thing, but on taking on this duty I recognised how important a thing it was in one's training to learn about these matters. The mode of discovering complaints amongst the men consisted in making a routine round of the wards at meal-time together with the orderly sergeant and shouting out with the most military intonation the word "plaints," but one took care, ere a patient had time to make a remark, to disappear at top speed out of the ward in a manner somewhat similar to that of the Steward on his round of the hospital on View Day.

Another and a more pleasant occupation was the night round carried out after 12 o'clock. Every ward had to be visited and the orderly stirred up if he appeared to be indulging in a somnolent siesta in front of the oil-stove already mentioned. On these occasions I was reintroduced to the pernicious habit of tea-drinking—that standby of the nursing profession the whole world over. It is difficult to divine for what purpose this institution was invented, but the result was the same there as it used to be in my time when I was house-surgeon at this hospital, namely, the spreading of little pieces of gossip which add to one's joy in life. It was often my delight to start some quite improbable piece of news on one orderly day in order to see how far it got by the next, with surprising results. Still, this was quite unofficial, but it will give you some idea of the importance of the duty of the orderly officer; indeed, I am not quite sure that it was not really of greater military significance than that of surgical specialist.

In reality the chief part of all these duties was the reception of the patient on his arrival at the hospital, and to see that he was deposited in the appropriate ward. He was taken from the ambulance by the orderlies, and the card containing his medical history was handed over to the officer, who had to decide on the distribution of the patients amongst the wards, to which they were then carried. Despite the low category to which these orderlies belonged, they did their work extremely well. Those of you who have learned to carry a man on a stretcher for any distance know what an arduous task it is. These men were carrying patients round the camp, either on their admission or discharge, and to the operating theatre, for many hours on end—it is no sinecure to be an orderly in the R.A.M.C.

On his arrival at the ward the patient was put to bed and made comfortable, and it was my practice, unless there was some indication to do otherwise, to allow the man to have some sleep before his dressings were interfered with. After perhaps some ten or twelve hours' travelling, it was sleep he mostly required.

The duration of the stay of the patient in the hospital varied considerably. During the slack period there was no urgency in getting him sent over to England. The rule was that if he was likely to recover from his injury within a period of three weeks he should be kept in hospital for that time, and subsequently sent to a convalescent camp. The patient then knew that his only chance of getting to "Blighty" was a sudden request from the D.D.M.S. for an evacuation of beds preparatory to the reception of a large convoy. In the case of more serious injuries the men were allowed to remain until such time as they were fit to travel. During the periods of severe fighting the evacuation of beds was rapid, so that on occasion a ward almost completely changed its inhabitants within twenty-four hours. This led to strenuous efforts on the part of the M.O., for it was essential that his records should be written, always in duplicate, one record being kept at the hospital and the other forwarded with the patient for disposal at his destination. We prided ourselves that, as far as possible, this should always be done.

The type of surgical case seen in a base hospital can usually be placed in one of three groups: (1) Trivial wounds of the skin, sore heels, trench feet, etc., forming a very large group indeed. (2) Severe wounds of the soft tissues. (3) Those associated with compound fractures. Injuries to the abdomen, chest, and skull are almost invariably dealt with at the C.C.S. or special hospitals provided for that purpose. During the last two months, however, all types of cases came to us at the base, so that we were virtually acting as the C.C.S., with the disadvantage that the cases were arriving so many hours later than they are accustomed to deal with in these institutions.

(To be continued.)

MEDICAL NOTES.

By Sir THOMAS HORDER, M.D.

METHODS AND TERMS—*continued*.

(11) In examination of the thorax and abdomen, whether at rest or with respiratory movement, the important question of symmetry is often settled more definitely by inspection from the foot or from the head of the bed than from the side. And the observer's eye should be nearly on a level with the patient's body.

(12) In auscultation of the chest it is important to secure close and accurate apposition of the stethoscope to the skin. The object of this is to eliminate those adventitious sounds which are introduced either by a slight skating movement of the instrument on the surface of the chest or because the whole circle of the chest-piece is not making contact with the body-wall. It is also in order to exclude extraneous sounds that the careful practitioner chooses thick-walled tubing for his instrument, and is particular to detect the first sign of any perishing of the rubber near its junction with the metal and to remedy the fault. (By their stethoscopes ye shall know them.)

(13) Having taken pains to eliminate adventitious sounds, as well as muscle sounds (*vide* § 6), another broad principle should be observed—to get the stethoscope as near to the bony thorax as possible. Witness the ease with which auscultation is performed in a thin man and the difficulty oft-times attending it in a fat one. Witness also the loudness of the heart-sounds heard over the præcordium of a woman whose breast and pectoral muscle have been removed by operation. It is in the observance of this principle that the following points are attended to in practice: (i) The patient's shoulders are thrown well back when the front of the chest is being examined and they are made to droop when the back is being examined; in this way the soft parts are stretched over the thorax in as thin and even a layer as possible and are not bunched together. (ii) The mamma is well raised in women, and pendulous fat in both sexes. (iii) During auscultation of the back the scapulæ and their muscles are flattened out by bringing the patient's arms forwards. (iv) An extra inch or two of the thorax, in a very important region, can be uncovered by asking the patient to place the hand of the side under examination upon the opposite shoulder, thus rotating the scapula outwards. (v) Advantage is taken of the fact that the thorax is relatively free from musculature in the axilla. (vi) In fat subjects the heart-sounds are often heard quite clearly in the region of the ziphoid.

(14) If we speak of this principle as, in effect, an effort to get as near as possible to the organ under investigation, then it holds good also in palpation of the abdomen; he who

attends to the principle most strictly gets the most information from his examination. (i) The muscles are relaxed by placing the patient in a suitable posture, by securing easy breathing, by warming the hands, and by putting the patient's mind at rest. (ii) The bi-manual method is employed in dealing with the liver, the spleen, and the kidneys. (iii) The genu-pectoral position is utilised whenever it is thought that an organ or a tumour may thereby fall forwards and be more easily defined. (iv) The erect posture is adopted if a condition of ptosis of either of the viscera is suspected.

(15) *Ægophony* is bronchophony possessing a marked nasal quality. It was thought by Lænnec to be pathognomonic of pleural effusion. "His own pupils could not follow him: nor will we." But so nearly pathognomonic of pleural effusion is it that its presence should always lead to pleural puncture.

(16) A good many authors do not distinguish between the terms *Apex-beat* and *Impulse* in examination of the heart. This is a pity, because a different and a useful meaning can be given to each term, and, provided the strict definitions of the terms are maintained, each yields separate information. The *Apex-beat* is the point on the surface of the chest, furthest downwards and outwards, at which the impulse can be distinctly felt. It is best located by exploring the intercostal spaces, from below upwards and from without inwards, with one finger. The *Impulse* is the thrust of the heart against the chest-wall, produced during systole (of the ventricles). Its character is best appreciated by close apposition to the chest of the whole hand.

(17) A full note on auscultation of the heart should include the features of both heart-sounds as heard (i) at the apex-beat, (ii) at the aortic base, (iii) at the pulmonary base. By apex-beat is here meant, not the area of the normal apex-beat, but the area of the apex-beat in the case of the patient under examination. There are several reasons for making this distinction. To mention only one: the præ-systolic bruit of mitral stenosis is usually heard best, and is sometimes heard only, over the apex-beat of the patient, and may in this latter case be entirely overlooked if auscultation be confined to the position of the normal apex-beat.

(18) It is surprising how often a very definite degree of hypertrophy of the left ventricle goes unnoticed. The oversight is generally due to the omission to observe carefully the character of the heart's impulse. The word "heaving" most aptly describes its character in hypertrophy, for the term includes the three notions of (i) force which is (ii) exerted over a period of time, and not suddenly, and which (iii) leads to displacement of the thoracic wall. The word "forcible" is ambiguous, because it does not connote the time-element; it might be used with as much propriety to

describe the sudden, slapping, localised impulse of mitral stenosis.

(19) The best word to describe the character of the first sound of the heart in hypertrophy of the left ventricle is "booming"; the term includes the elements—low pitch, prolongation of the sound, and resonance.

(20) Accentuation of the second sound at the aortic base sometimes gives it a musical character; it is then termed "ringing." If this feature is very marked, and the listener is unfamiliar with it, the sound may be mistaken for some-thing adventitious.

(To be continued.)

"THE LUMBAR PUNCTURE."



HE H.P.

Dear —, Confound these clinical clerks! They waste all my precious time, and expect me to allow them to do minor operations, however much else I have in hand. To day a youthful one—Heaven help his patients if he ever qualifies!—asked me to show him how to puncture, and spoilt all chances of a count by running into a vein. I thought at first he had penetrated to the aorta, there was so much blood. Tell me—was I once like that? To think that youth is within a year of qualifying!

The C.C.

Dear —, Did an L.P. (lumbar puncture, you know) this morning. Quite a minor operation, you know. Awfully fascinating. You feel the needle arrangement going right in through all the tissues one after another, right into the theca (that's a canal, you know, connected with the hollow in the brain), and at last—after what seems an interminable long while—you come up against the bone. Quite a success, too, this morning; but that's a fluke, this being my first. Tell Sis I shall L.P. her every time she has a headache when I come home.

Sister.

Dear —, I've got one of those H.P.'s now, who think my nurses have nothing to do but wait around while he shows off his newly-acquired knowledge to the open-mouthed young clerks. This morning he spent half an hour showing a clerk how to puncture, and that, of course, on Monday, when the laundry has to be sorted, and the floor-polishers turn the ward upside down; and, of course, Nurse — must go and have a septic thumb, and she can't do anything in the way of work. Why is it that a doctor is always more conceited the younger he is? And then he expects me to laugh at his jokes all the time.

Nurse.

Dear —, We have such a nice H.P. now; he seems to know much more about things than the last one. He

lectures to the clerks, and so I learn quite a lot. This morning he did a "puncture" on a man with a headache. Of course, I don't think the man really is a "meningitis," but an "L.P." is often done just for diagnosis. I expect it will turn out to be "compression" or something simple, although there wasn't much pressure when the fluid came.

Pro.

Dear —, I am very happy indeed in my new life, and don't mind the hard work a bit, because I feel that I am helping to relieve a little of the suffering in the world. But sometimes I feel that even the doctors themselves are a little thoughtless, and they seem to do things just so as to find out, and without taking the patient into consideration at all. We have a man with a headache on whom an operation was performed this morning. The man shouted like anything at the time, and I am sure it hurt him; and yet the doctor said he was only doing it because it would be interesting to see what the fluid was like. And even Sister — (whom I really adore) seems a little inhuman sometimes. *P.S.*—Perhaps I oughtn't to say this last.

The Patient.

My Dear Fanny,—I feel I am now on the road to recovery. All this long time I have been lying here without even any medicine (except some sweet stuff that isn't a bit nasty). But yesterday the young doctor did something or other—rather painful it was—and stuck a needle into my back. And now I am improving every hour, and shall soon be once more in the bosom of our little family.

D. W. W.

OBITUARY.

G. A. CRACE-CALVERT, M.B.

THE announcement in the June number of the JOURNAL that Dr. G. A. Crace-Calvert had died at Llanbedr Hall on May 8th "of pneumonia after a short illness" must have been a great shock to a large number of Bart's men throughout the world. He was one of the best of men and beloved by all who knew him.

Born in Tasmania in 1871, he came to England in 1880, and completed his school education at Dulwich. He joined the Hospital in 1889, and won the Jeaffreson Scholarship in 1890. He qualified in 1895, and graduated in the London University in the same year. Unfortunately his health broke down, and he went to Tasmania for a trip. On his return to England, there being no improvement, he went as a patient to Dr. Walther's Sanatorium at Nordrach. Whilst there he, with his invariable keenness and thoroughness, made himself master of the principles of treatment employed at that institution, and later on acted as Assistant Medical Officer at the Crawley Sanatorium. In 1901, after scouring the country for a suitable place, he discovered

Llanbedr Hall, Ruthin, North Wales, and there, in partnership with the late Dr. Fish, opened the Vale of Clwyd Sanatorium, which has since gained such an enviable reputation. His partner broke down and died some years ago, since when he has carried on alone.

He was a keen, persevering student, and he remained the same throughout his career. His knowledge of his special branch of medicine was almost complete. Every special method of treatment was thoroughly tried out, and no man knew better which case would be most benefited by one particular treatment. Patients who were fortunate enough to secure admission to Llanbedr Hall did remarkably well, largely because of the great and particular attention he bestowed on each case. His personal influence with his patients was such that he seemed to have no difficulty in enforcing his wishes with regard to the carrying out of his treatment. One of his patients said of him: "He makes you *wish* to do what other men would *order* you to do."

To say that he was beloved by all his patients is expressing the truth too mildly. Few men have had such a full return of love and gratitude as he. His genial nature, his kindness of heart, his hospitality, his keenness for work endeared him to a very large circle of friends who had known him as fellow-student, patient, friend, or fellow-practitioner seeking his advice. All will mourn his death, and the deepest sympathy will be felt for his widow and daughter.

Llanbedr Hall Sanatorium is the pattern of such institutions, its situation, structure, and surroundings are ideal, and the alterations and additions were planned and carried out by a master. Difficult as it will be, one cannot but hope that the work of Crace-Calvert there will be carried on by some worthy successor.

G. H. S.

REVIEWS.

ANTI-MALARIAL WORK IN MACEDONIA. By W. G. WILLOUGHBY and LOUIS CASSIDY. (H. K. Lewis & Co.) Price 3s. net.

This useful little book of some sixty-eight pages is an excellent description of the writers' experience in connection with anti-malarial work in Macedonia. The interest is chiefly centred in the improvements which have been effected in the work in 1917 as compared with 1916. To make the account more complete for those with little knowledge of malaria, the authors have added a brief description of the mosquito and its connection with the disease.

The illustrations of the various malarial districts are of great interest, and the book should prove a valuable help to medical officers going East.

AIDS TO RATIONAL THERAPEUTICS. By R. WINNINGTON LEFTWICH. (Baillière, Tindall & Cox.) Price 3s. 6d. net.

In these days when the necessity of qualifying at the earliest possible moment is a national necessity, the series of "aids" should prove of the greatest value to the student. Not the least important of the series is this unique volume. Hitherto, in all text-books of medicine diseases have been grouped according to the organ affected, but a book which places in the same group diseases of allied pathology has at least the elements of originality about it. Such an

arrangement no doubt has its advantages, but it results in some queer combinations; for example, we find under the "Transient Spasm Group" Asthma, Precipitate Micturition, and Hiccough. Even in spite of the scheme some thirty-one pages have to be devoted to "Ungrouped Diseases."

The book contains much useful information and is full of sound common sense, and it will be interesting to see if it finds favour with the student and practitioner.

A TREATISE ON MATERIA MEDICA AND THERAPEUTICS. By R. GHOSH. (Simpkin, Marshall, Hamilton, Kent & Co.) Price 7s. 6d. net.

This book has now reached its seventh edition, which alone is sufficient evidence of its usefulness. Containing nearly 700 pages and thoroughly revised and brought up to date in accordance with the requirements of the 1914 *British Pharmacopæia*, we can with confidence recommend it to both practitioner and student as an excellent book of reference. The volume is divided into seven parts, comprising chapters on Materia Medica Proper, Pharmacy and Dispensing, Administration of Drugs, Pharmacology, Materia Medica and Therapeutics, Vaccine and Serum Therapeutics, and Organotherapy.

The last two parts are extremely well done and form quite one of the most up-to-date and complete summaries of this class of therapeutic products we have seen.

Much of the data in a volume of this description must necessarily be of a stereotyped nature, but it will undoubtedly form a valuable addition to any medical library.

EXAMINATIONS, ETC.

UNIVERSITY OF OXFORD.

Second M.B. Examination, July, 1918.

Materia Medica and Pharmacology.—K. F. D. Waters.

Forensic Medicine and Public Health.—J. C. Dixey, C. F. Krige, W. V. Robinson, K. F. D. Waters

Medicine, Surgery and Midwifery.—W. V. Robinson, J. J. Savage, K. F. D. Waters.

At a Congregation held at Oxford on July 6th, 1918, the following degrees were conferred:

M.B.—W. V. Robinson, J. J. Savage*, K. F. D. Waters.

* In absence.

UNIVERSITY OF CAMBRIDGE.

First Examination, June, 1918.

Part II. Physics.—E. B. Brooke.

Part III. Elementary Biology.—E. B. Brooke.

Second Examination, April, 1918.

Part II. Pharmacology and General Pathology.—H. Franklyn, C. Griffith-Jones, W. E. Heath.

Third Examination, June, 1918.

Part I. Surgery and Midwifery.—G. A. Fisher, F. Gray, N. Rumboll, J. Whittingdale.

Part II. Medicine, Pathology and Pharmacology.—A. B. Appleton, I. de B. Daly.

The following degrees have been conferred at Cambridge during June, 1918:

M.D.—W. J. Fison.

M.C.—H. J. Gauvain.

B.C.—A. W. Stott.*

* By proxy.

UNIVERSITY OF LONDON.

Third (M.B., B.S.) Examination for Medical Degrees, May, 1918.

Pass.—G. Bourne, R. M. Dannatt, H. E. Griffiths, G. P. Staunton.

Supplementary Pass List.

Group I. Medicine.—J. E. A. Boucaud, J. A. van Heerden.

Group II. Surgery and Midwifery.—G. F. Cooke, H. C. Cox, H. N. Hornibrook, B. H. Pidcock.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

Final F.R.C.S. Examination, May, 1918.

A. Morford, E. F. Murray.

CONJOINT EXAMINING BOARD.

Second Examination, June, 1918.

Anatomy and Physiology.—C. H. Bulcock, J. L. Cope, F. T. Evans, S. A. Gunter, K. W. Leon, W. B. A. Lewis, L. S. Morgan, J. L. Nisbet.

CHANGES OF ADDRESS.

BROWN, W. LANGDON, Major, R.A.M.C.T., 31, Cavendish Square, W. 1. Telephone unaltered: Mayfair 4162.

CAHEN, E., c/o The National Explosives Co. Ltd., Hayle, Cornwall.

COOK, A. R., O.B.E., P.O. Box 125, Kampala, Uganda, British East Africa.

CLARK, FRANCIS, Medical Superintendent, Pinewood Sanatorium, Wokingham, Berks.

DOBSON, W. T., The Red House, Uxbridge.

FAWKES, M., returned to The White House, Midhurst, Sussex.

GIBSON, R. W. B., Capt., R.A.M.C., c/o Standard Bank of South Africa, 10, Clements Lane, E.C.

MACPHAIL, A., Capt., R.A.M.C.T., 24, Park Crescent, W. 1.

MAPLES, E. E., The Gables, High Road, N. Finchley, N. 12.

MATTHEWS, E. A. C., Lieut.-Col., D.S.O., I.M.S., 34th Combined Clearing Hospital, Egyptian Expeditionary Force.

MORFORD, A., 98, St. James' Road, West Croydon, Surrey.

SMYTH, F. G. A., Capt., R.A.M.C., c/o Grindlay & Co., Bombay.

WOODROOFE, G. B., c/o Mrs. Jameson, 14, Clarendon Road, Holland Park, W. 11.

BIRTHS.

ALLNUTT.—On June 30th, at 11, Horncliffe Road, Blackpool, the wife of Capt. E. Bruce Allnutt, M.C., R.A.M.C.—a son (George Anthony).

FOX.—On June 20th, the wife of E. H. B. Fox, M.R.C.S., L.R.C.P., Coplehayes, Yealmpton, Devon, of a son.

HEWITT.—On June 20th at 26, Bernard Gardens, Wimbledon, the wife of Fleet-Surgeon D. Walker Hewitt, C.M.G., F.R.C.S., R.N., of a daughter.

PRATT.—On June 17th, at Aldershot, Rose (née Winckley) the wife of Major O. B. Pratt, R.A.M.C.—a daughter.

DEATHS.

LYDDON.—On June 26th, 1918, at Victoria House, Deal, Richard Lyddon, Surgeon, aged 68.

McKENZIE.—On June 12th, 1918, from wounds received in action in Palestine on April 30th, 2nd Lieut. W. McKenzie, the London Scottish, son of Mr. and Mrs. McKenzie, of Farnborough, Hants, aged 22.

SARGENT.—On June 25th, 1918, in Bombay, from paralysis, Edwin John Goswyck Sargent, Temporary Surgeon, R.N., son of Dr. W. G. Sargent, of Padstow, Cornwall, aged 25.

WILLIS.—On June 26th, 1918, at 7, Regent Street, Nottingham, W. Morley Willis, F.R.C.S.

ACKNOWLEDGMENTS.

The Hospital, The British Journal of Nursing, The Nursing Times, New York State Journal of Medicine, St. Mary's Hospital Gazette, The Medical Review, Long Island Medical Journal, Sydney University Medical Journal, Guy's Hospital Journal, Bulletin of the Johns Hopkins Hospital, Training for Social Work, Journal of the Department of Public Health, Hospitals and Charitable Aid.

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.

St. Bartholomew's Hospital



"Æquam memento rebus in arduis
Servare mentem."

—Horace, Book ii, Ode iii.

JOURNAL.

VOL. XXV.—No. 12.]

SEPTEMBER 1ST, 1918.

[PRICE SIXPENCE.]

CALENDAR.

Fri., Aug. 30.—Dr. Drysdale and Mr. McAdam Eccles on duty.
Tues., Sept. 3.—Dr. Calvert and Mr. D'Arcy Power on duty.
Fri., " 6.—Dr. Morley Fletcher and Mr. Waring on duty.
Tues., " 10.—Dr. Drysdale and Mr. McAdam Eccles on duty.
Fri., " 13.—Dr. Calvert and Mr. D'Arcy Power on duty.
Tues., " 17.—Dr. Morley Fletcher and Mr. Waring on duty.
Fri., " 20.—Dr. Drysdale and Mr. McAdam Eccles on duty.
Tues., " 24.—Dr. Calvert and Mr. D'Arcy Power on duty.
Fri., " 27.—Dr. Morley Fletcher and Mr. Waring on duty.
Tues., Oct. 1.—Dr. Drysdale and Mr. McAdam Eccles on duty.

EDITORIAL NOTES.

IT is again our duty to record the passing of another year. In our retrospect, which appears in this issue, we have endeavoured to summarise briefly some of the most important events of the year in connection with the Hospital. Considering the difficulties which obtain as the result of four years' war, it is really amazing that things have gone on so smoothly. The Medical School is flourishing, although the sports to a very great extent have had to be abandoned; the Abernethian Society has held several successful meetings, while the Students' Union still keeps its head "above water." The difficult problem of food, with the added difficulty of food cards, the precautions against air raids, the scarcity of drugs, and the shortage of labour are only a few of the difficulties which have arisen, and the Hospital is to be congratulated on the magnificent way it has carried on.

We believe that it is an editorial privilege at the close of the Hospital year to say a word about ourselves, and in doing so we feel it our first duty to thank the numerous Bart.'s men who have so willingly come to our help and assistance. Without them it would have been impossible to carry on in these abnormal times. The enormous increase in the cost of production (paper alone is nearly six times as much as formerly) has added very largely to

the responsibilities of the Publication Committee. In spite of everything, the JOURNAL has managed to keep going. The year has seen a change in editorship, and we wish to take this opportunity of acknowledging the kindnesses we have received on all sides. Especially do we wish to thank those contributors who have so generously given up valuable time in order to favour us with articles and clinical notes.

* * *

This issue of the JOURNAL is sent to all St. Bartholomew's men whose address can be traced, and we want to appeal again to those who are not subscribers. It is no secret to say that the Publication Committee have had to consider very carefully the financial position, and the necessity of discontinuing the JOURNAL has been seriously discussed. We feel sure that this is the last thing Bart.'s men would wish, and we look forward with confidence to unprecedented support in order to avoid what we feel sure would be deemed by all Hospital men as most unfortunate.

* * *

Congratulations to Surg. E. A. Fiddian, R.M., of H.M. Trawler *Daniel Henley*, on receiving a Bronze Medal for gallantry in saving life at sea. Surg. Fiddian played a prominent part in rescuing a shipwrecked British crew in the White Sea last January.

* * *

We note with much pleasure that the Military Cross has been awarded to the following Bart.'s men: Temp. Capt. E. A. Aldridge, R.A.M.C., Temp. Capt. E. W. D. Hardy, R.A.M.C., and Temp. Capt. R. B. Taylor, R.A.M.C.

* * *

We desire to congratulate Capt. G. M. Roberts, R.A.M.C., Spec. Res., on being mentioned in despatches by Lieut.-Gen. Sir J. L. van Deventer, K.C.B., for distinguished services during the operations of the British Force in East Africa.

* * *

Major F. G. Lescher, M.C., R.A.M.C., who was previously reported "missing," we understand is now reported "prisoner in German hands."

We hear further that Capt. M. Donaldson, R.A.M.C., who was reported "missing," is also a prisoner.

* * *

The following are the official statements of services for which the Military Cross has been conferred:

Temp. Capt. W. C. Douglas, R.A.M.C.—"While returning from the regimental aid posts he came under a heavy barrage, and was slightly wounded. Seeing that some men further back had been wounded, he at once went to their assistance, got them under the only available cover, attended to their wounds, and organised stretcher parties for their removal. His prompt and gallant action saved the lives of two seriously wounded men."

Temp. Capt. P. H. Wells, R.A.M.C.—"He attended to the wounded of several units who were lying out in an exposed position under fire. He worked throughout the night, often under an intense bombardment of gas and high-explosive shells, and by his courage and self-sacrifice saved many lives."

Temp. Capt. E. A. Aldridge, R.A.M.C.—"For conspicuous gallantry and devotion to duty at the dressing-station, remaining until the enemy were upon him, and having cleared his aid post, working his way back, collecting the wounded, and attending to them under heavy shell fire. His courage and self-sacrifice set a splendid example, and were worthy of the highest praise."

* * *

Dr. Arthur E. Shipley, Vice-Chancellor of Cambridge University, has been appointed chairman of a committee on the subject of bee-keeping and the "Isle of Wight disease."

It will be remembered that in November, 1914, Dr. Shipley took up the question of the supply of leeches, which had been cut off by the war, and was instrumental in obtaining a fine supply from India.

* * *

We note with much interest that Col. J. T. Lloyd Jones has returned to this country upon his retirement after a service of over thirty years in India as the Assay Master of the Royal Mint in Bombay, and previous to that in the Calcutta Mint. Col. Lloyd Jones, who is a brother of Lieut.-Col. Sir Robert Armstrong-Jones, studied medicine and graduated from this Hospital. He obtained a high place after competitive examination in the Indian Medical Service, in the military department of which he remained for some years. Later he studied at the Royal Mint in London, and took up research work in chemistry, metallurgy, and geology, upon which he was selected for the responsible duties of Assay Master in India. Whilst holding this office he was elected a Fellow of the Institute of Chemistry and a Fellow of the Chemical Society.

We congratulate Col. Lloyd Jones upon his most useful public record and also upon his well-earned retirement.

We trust he may long be spared to apply some part of his leisure towards work of a cognate type in his native country.

* * *

At the quarterly *Comitia* of the Royal College of Physicians, held on July 25th, the following were among the Fellows of the College elected officers:

Censor.—Sir Humphry D. Rolleston, M.D.

Treasurer.—Sir Dyce Duckworth, M.D.

Registrar.—J. A. Ormerod, M.D.

Curator.—F. W. Andrewes, M.D.

L. G. Guthrie, M.D., and P. Horton-Smith Hartley, M.D., were elected members of the Council.

* * *

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

House Physicians and Assistant House Physicians—

Dr. Calvert.	R. J. Perkins.
	C. G. J. Rayner.
Dr. Fletcher.	V. A. T. Spong.
	N. Rumboll.
Dr. Drysdale.	I. de B. Daly.
	T. Higgins.

House Surgeons and Assistant House Surgeons—

Mr. Power.	W. E. Heath.
	M. V. Boucaud.
Mr. Waring.	K. F. D. Waters.
	B. F. W. Armitage.
Mr. Eccles.	J. Whittingdale.
	H. Corsi.

Intern Midwifery Assistant . . . J. A. van Heerden.

Extern Midwifery Assistant . . . L. Handy.

Ophthalmic House Surgeon . . . G. G. Havers.

House Surgeon to Throat, Nose, and Ear Department . . . W. V. Robinson.

House Surgeon to Venereal Dept. . . S. R. E. Davies.

Resident Anaesthetist . . . D. A. Blount.

Military Wing . . . J. E. A. Boucaud.

* * *

It will come as a shock to a large number of St. Bartholomew's men to learn of the death of Dr. F. E. Batten, of Harley Street.

In our next issue we hope to publish an account of Dr. Batten's distinguished career.

* * *

We regret to have to record the death of Dr. Thomas J. Dabell of Nottingham, who died after a short illness on July 14th in his 55th year. He received his medical education at this Hospital, where he gained the Treasurer's prize in Anatomy. In 1887 he took the diploma of M.R.C.S. Eng., and soon after began practice in Nottingham. He served for many years on the City Council, both as elected representative and Alderman. In 1904 he was made a Sheriff and appointed to the Commission of the Peace. He was a member of the Nottingham Division of the British Medical Association, and in 1905 was President of the Nottingham Medico-Chirurgical Society. Dr. Dabell leaves a widow and three daughters.

ROLL OF HONOUR.

It is with much regret that we have to record the death of Capt. George Hely-Hutchinson Almond, M.A., M.B., B.Ch. Oxon., R.A.M.C., who was killed in action on August 9th.

Capt. Almond was the eldest son of the late Hely-Hutchinson Almond, Headmaster of Loretto, and was educated at Loretto, Oxford, and at this Hospital, where he filled the post of House Physician. He served in the South African War as a combatant, and held the Queen's medal with two clasps. He practised medicine in Bath, and was honorary assistant pathologist to the Mineral Water and Royal United Hospitals. In 1915 he volunteered for active service, and until the beginning of last month held the post of pathologist at the Front. His brothers, Capt. R. L. Almond, R.E., and Lieut. H. Tristram Almond, Gordon Highlanders, fell in 1914 and 1916 respectively.


Our sympathy goes out to his sorrowing wife and sons in their sad bereavement.

* * *

We also learn with much sorrow of the death of Capt. Edward Parker Wallman Wedd, M.C., Yeomanry and R.A.M.C., who was killed on July 13th. Capt. Wedd was the elder son of Mr. E. A. Wedd, J.P., of Great Wakering, Essex, and was educated at Mr. Foster's school at Stubbington, at Cheltenham College, and at Caius College, Cambridge. He stroked the Cheltenham boat in 1901 and rowed for Cambridge against Oxford in 1905. He went to the Front in November, 1914, and had seen service there continuously until the date of his death. While serving with the Yeomanry he was given a Staff appointment, which he held for fifteen months. As, however, he was a member of the medical profession, he was transferred to the R.A.M.C. in 1917, and last April was awarded the Military Cross for courage and devotion to duty in action.

Our deepest sympathy is extended to his sorrowing relatives.

OUR RETROSPECT.

N reviewing the past year the Roll of Honour must still remain pre-eminent. As we write a spirit of optimism permeates everywhere, and more than ever are we proud of the part which the Hospital has played in this mighty conflict.

The year has added considerably to our Roll of Honour list, which now reaches the total of over 2,250. The numbers who have died on active service, fortunately, is not quite so high as in previous years, but even then twenty-two have been called upon to make the great sacrifice.

The decorations in connection with the war have been very numerous. These have been reported in our columns in detail, and it will suffice here to say that the list includes the following :

K.C.B., 2 ; K.C.M.G., 2 ; K.B.E., 1 ; C.B.E., 1 ; C.B., 4 ; C.M.G., 8 ; C.I.E., 2 ; O.B.E., 6 ; M.B.E., 1 ; D.S.O., 20 ; M.C., 39 ; Bar to M.C., 1 ; Mentioned in Despatches, 147 ; Albert Medal, 3 ; Promotion for Valuable Service in the Field, 14 ; Order of St. Anne, 1 ; Croix de Guerre, 3 ; Order of the Nile, 1 ; Order of the Star of Roumania, 1 ; Order of St. Sava, 4 ; Knight of Grace to the Order of Hospital of St. John of Jerusalem, 1 ; Order of Kara George, 1 ; Order of St. Stanislas, 1 ; Cavalier of the Order of the Crown of Italy, 1 ; Serbian Red Cross Decoration, 1.

With the great depletion in the Staff it is a matter of great satisfaction that the Hospital has carried on so successfully. We believe we are correct in stating that Bart.'s is the only Hospital in which the House appointments have been continuously filled by qualified men.

The number of students in the Medical School has been in excess of the last two years. The War Office appears to have realised at last the urgent necessity for medical men, with the result that several second and third year students have returned to the Hospital to complete their course of study. The full course of lectures and laboratory classes have been held as usual, and if anything the percentage of successful candidates has been even greater than last year.

It is with much regret that we have to record the death of several past students of the Hospital. Prominent amongst these is the name of Sir Charles Purdey Lukis, who passed away on October 22nd, 1917. He entered the Hospital in 1875 and the Indian Medical Service in 1880. After seeing service in Waziristan and in the Zhob Valley, he was transferred to the Civil branch, becoming Civil Surgeon of Simla in 1899, and Honorary Surgeon to the Viceroy in 1905. The same year he received the appointment of Professor of Materia Medica at the Calcutta Medical College, and subsequently Professor of Medicine and Principal of the College. 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 till his death. As a reward for his services he was made a Companion of the Order of the Star of India, and in 1911 was advanced to be a K.C.S.I. He was gazetted Honorary Surgeon to His Majesty the King in 1913.

Death has also removed another well-known figure in the person of Dr. Edward Burd, of Shrewsbury. In many respects Burd was a remarkable personality, and was the acknowledged head of his profession in that part of England. He obtained the qualification of M.B.Cantab. in 1851, M.B. in 1859, and in 1863 the newly-instituted degree of M.S., which qualification, incidentally, he was the first to receive. He was on the Staff of the Salop County Hospital for more than half a century ; President of the Shropshire Branch of the British Medical Association ; and a Justice of the Peace.

We also have to record the death of Dr. W. Gilmore

Ellis, which occurred in Singapore after an operation. Dr. Ellis, at the time of his death, was Principal Civil Medical Officer of the Straits Settlements, a post which he had held for nearly eight years. He was regarded as an authority on beri-beri, of which disease he had made a special study.

During the year many appointments have been made which add to the credit of the Hospital.

Dr. Horder has received the honour of Knighthood.

The honour of K.C.M.G. has been conferred on Col. A. E. Garrod, C.M.G., A.M.S.

Sir Anthony Bowlby, K.C.M.G., K.C.V.O., and Col. H. H. Tooth, C.M.G., A.M.S., have received the C.B. (Military Division).

Sir George Newman, M.D., has received the K.C.B.

Dr. Norman Moore has been elected President of the Royal College of Physicians of London.

Among other distinctions awarded to St. Bartholomew's men we may mention the following:

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

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

Col. G. E. Gask, D.S.O., A.M.S., has been appointed to the post of Consulting Surgeon to the Forces in the St. Omer District.

Lieut.-Col. D'Arcy Power has been appointed a Member of the Court of the University of Bristol.

Dr. Robert H. Lyster has been elected Editor of *Public Health*.

Dr. Stansfeld has been elected to the Fellowship of the Royal College of Physicians of London.

The President of the Royal College of Surgeons of England has appointed Lieut.-Col. D'Arcy Power as Bradshaw Lecturer for the ensuing year.

Lieut.-Col. Sir Robert Armstrong-Jones has been appointed Gresham Professor of Physic.

The Hospital has more than maintained its reputation during the year in regard to various examinations.

At the University of Cambridge two have taken the degree of M.D., one the M.C., two the M.B., B.C., two the B.C., and one the D.P.H.

At the University of Oxford one has taken the degree of M.D., and four the M.B.

At the University of London one has taken the degree of M.D., and five the M.B., B.S.

At the Royal College of Physicians of London four have been elected Fellows, and one has obtained the M.R.C.P.

At the Royal College of Surgeons of England three have obtained the F.R.C.S.

Of the Conjoint Board Examinations fifty-eight have obtained the Diploma of M.R.C.S., L.R.C.P.

Two have taken the diploma of L.M.S.S.A.

As in pre-war days the Scholarships and Prizes have been

well contested, and the following is a list of the winners during the year 1917-1918:

Lawrence Scholarship.—No award.

Luther Holden Scholarship.—No award.

Brackenbury Medical Scholarship.—No award.

Brackenbury Surgical Scholarship.—J. Whittingdale.

Matthews Duncan Prizes.—(1) J. Whittingdale, (2) K. F. D. Waters.

Willett Medal.—K. F. D. Waters.

Walsham Prize.—J. Whittingdale.

Bentley Prize.—S. G. Galstaun.

Hichens Prize.—A. C. D. Telfer.

Wix Prize.—E. H. Weatherall.

Sir George Burrows Prize.—R. J. Perkins.

Skynner Prize.—R. J. Perkins.

Shuter Scholarship.—W. E. H. Banks.

Junior Scholarships: Biology, Chemistry, and Physics.—(1) I. Frost, (2) F. Gray.

Junior Scholarships: Anatomy and Physiology.—(1) G. J. V. Nelkin, (2) F. T. Evans.

Harvey Prize.—J. V. Landau, C. W. Narbeth (prox. acc.)

Kirkes Scholarship and Gold Medal.—R. J. Perkins.

Senior Scholarship in Anatomy, Physiology, and Chemistry.—E. H. Weatherall.

Junior Practical Anatomy (Treasurer's Prize).—(1) G. J. V. Nelkin, (2) E. W. C. Thomas.

Senior Practical Anatomy (Foster Prize).—(1) C. H. Andrewes, (2) E. H. Weatherall, (3) C. W. Narbeth.

Senior Entrance Scholarships in Science.—(1) I. Frost, (2) F. Gray.

Junior Entrance Scholarship in Science.—H. C. Killingback.

Entrance Scholarship in Arts.—E. B. Brooke.

Jeaffreson Exhibition.—C. O. S. B. Brooke } *Æq.*
A. Walk }

SOME EXPERIENCES IN A BASE HOSPITAL.*

By W. GIRLING BALL, Capt. R.A.M.C.T.,
Surgical Specialist, — General Hospital, B.E.F.

(Continued from p. 93.)

One of the prominent facts that is soon appreciated at a base hospital is the excellence of the results that can be obtained by the treatment of a wound at the earliest possible moment after its infliction. The work done in the majority of our C.C.S. is extraordinarily good. There is no doubt in my mind that it is at the C.C.S. that the major part of the surgery of war wounds should be carried on; even the delay of a few hours so materially affects the results of treatment and so increases the difficulties of the surgeons that it hardly needed the experience that we had to substantiate this statement. We were in reality back in the old conditions, much as they existed at the beginning of the war. It may not be out of place here to rapidly run over the marvellous changes that have occurred during this war since the major part of the surgery has been transferred to the C.C.S. I believe that the French surgeons appreciated

* Midsessional address delivered before the Abernethian Society at St. Bartholomew's Hospital on June 6th, 1918.

the necessity for doing this before we did, and it is from them we have learned a great deal in the treatment of wounds. As an example of this, it is only during the last six months that we have universally adopted the early suture of wounds as a routine measure—one already in use in the French Army for over two years. During this period one of the most obvious changes in the condition of the wounds on arrival at the base hospitals has resulted from the adoption of these methods. You will some of you remember that in the early stages of the war the wounds used to arrive in this country in a specially offensive condition. A wound caused by shrapnel which was not suppurating profusely was uncommonly seen. Antiseptics of all kinds were in use, and each had its adherents; the multiplicity of these antiseptics alone proved that probably few of them had an efficient effect. The first improvement occurred when it was realised that the wounds required more efficient drainage. This was followed by the use of the salt pack, which led to good results on the part of those who understood and used the underlying principles intelligently. The excision of damaged tissues in the early stages of the infection of the wound was really the first great step, however, towards obtaining better results. There was still a great error, for in the majority of these the wounds were allowed, and still are by a large number of surgeons, to granulate, leading to the formation of masses of scar tissue, with the necessary resultant deformity owing to the contraction of these scars. At the present time the surgeon has commenced to profit by these experiences, and the aseptic surgeon is once again coming into his heritage. The use of antiseptics is once again becoming a thing of the past and the suppurating wound is becoming conspicuous by its absence. It is true that in a certain percentage of cases these results cannot be obtained, still progress is being made in the right direction, and time alone will serve to get rid of those few mishaps, if they may be called so. The general principle which underlies this latter-day treatment is that so soon as the surgeon can satisfy himself that he has excised all the damaged tissues and removed all foreign bodies and portions of clothing from the wound, that that wound should be sutured. The French, who have practised this method for a prolonged period, claim that this can be done in 80 per cent. of all wounds, and that in 80 per cent. of these the wounds will heal by primary union. We were beginning to see a large number of cases treated in this way at the C.C.S. and arriving at the base, the wounds having healed and the men being ready for convalescent treatment. I have practised this myself with excellent results and am convinced of the desirability of carrying out the method.

You will say that it appears to be a risky procedure; well, all I can say is, that with ordinary care and the observance of a few general rules which I cannot enter into here, it is quite justifiable. If there is any doubt, the

wound can be left open and treated by aseptic methods for twenty-four hours, at the end of which time the desirability or otherwise of suturing it is self-evident. Suture carried out in this way is known as delayed primary suture; 80 per cent. of cases dealt with thus will also heal by first intention. Apart from all that may be of interest to the patient, the rapid healing of his wounds and his speedy convalescence, together with his early return to duty, will make you readily understand the great saving of labour that there is in carrying out the dressings of a large ward, the great saving of dressing material and the avoidance of painful manipulation of the limbs.

This method of treatment is chiefly applicable to wounds of the soft tissues but it is not only limited to them, it is being also used in the treatment of fractures, converting them from compound into simple fractures. This procedure has also met with considerable success. By its use those long and tedious illnesses and serious complications in these lesions with which one unfortunately becomes so familiar are altogether avoided, provided the operative measures instituted at the C.C.S. are a success and a good judgment is used in selecting and performing suture methods. The major part of my work during the six months was to deal with cases on these lines and to watch the results of those who had adopted them elsewhere. As I stated before, it is due to our French *confrères* that we should try their methods, and we ought to be grateful to them for initiating them.

Perhaps one thing that stands out more than another in one's experience is the institution of methods of treating fractures. In a civil hospital, owing to lack of accommodation rather than anything else, fractures do not receive the attention that they ought to do, yet an injury to a bone is more liable to limit a man's capacity for work than any other injury. The teaching of the treatment of fractures is seriously neglected, and as the result of this those who have had experience and opportunities of acquiring knowledge in this department of surgery come very much to the fore in the base hospitals and expose one's ignorance. The old principles of proper immobilisation, the reduction of deformities and extension methods still hold good; it is the method of carrying these into practice which is the outstanding feature out there.

It has become the custom, almost universally, to treat all forms of fracture by the use of a Thomas's splint or some modification of it. The use of a universal splint is in itself a great advantage. This particular form, moreover, lends itself admirably to the treatment of compound fractures so long as one is provided with the knowledge of how to use it. Many devices have been invented by various surgeons who are carrying on this work; much ingenuity has been used and a great deal of patience exercised, with the result that those of us who have witnessed the treatment since the beginning of the war are cognisant of the fact that a great advance has been made in this branch of

surgery. The greatest difficulty has been experienced in obtaining continuity of the same line of treatment amongst the large number of surgeons through whose hands these cases have to pass, with the result that it has been difficult to obtain the best results. This, however, was recognised in our base where a first step has been taken in treating all the cases of fractured femora in one hospital under a certain Major Sinclair, one of the most diligent workers on the subject, and in his hospital it is possible to keep the cases until the union of bones has taken place. This is a step in the right direction, and I am sure in his hands a great benefit has been granted to men suffering from wounds of these bones.

The work that had to be done during the winter months, you will gather, was interesting, but it is not to be denied that there was not a sufficient quantity of it. You will appreciate this when I tell you that very frequently the work for the day was finished by 10.30 in the morning, despite any effort which might be made to find more to do. The hours of the day had to be filled in as best one could. To beguile away the time a variety of occupations presented themselves, not without their interest and perhaps of some use. It was a new thing for me, for instance, to dig a potato patch and thus acquire a preliminary knowledge of how to deal with the hospital square if in the tenth year of the war it is decided to plant cabbages for the consumption of the hospital inmates. It was not altogether an uninteresting occupation to partake of a dish of tea with a dear old lady of some seventy summers and thus obtain a superficial knowledge of the French language as used in conversation. The study of the habits of the birds of the air was very fascinating, as also was the witnessing of manœuvres of naval forces both on the sea and in the air in the defence of the ———. From my point of view, after three years of very hard work, it is impossible to imagine a better form of holiday in times such as these. I can hear some of you carping at these remarks and asking why it is that there is so great a demand for doctors. It is not incumbent upon me to answer this question, but it may be well, having had some experience, to cite one or two reasons which seem to me to be self-evident. The possibility of effecting exchanges of doctors in home and war service is not so easy as might be imagined. In the first place, taking the treatment of the wounds themselves, the methods utilised here and abroad in the various stages of healing are so widely different that it is essential for those doing the surgery of the war to become fully cognisant of all methods before their services are of value. In however minor a post a man may be situated, he has to learn these methods so as to initiate a continuity of treatment; this takes time. A man who suddenly goes out because there is a push on is, with few exceptions, not only useless, but he is a nuisance, unless he has had previous experience. Those already there, in addition to their own work, have to

teach him what to do at a time when they are themselves already over-occupied. The newcomers are willing enough to learn, but the old stagers have not got the time to teach them. The sudden inrush of a squad of new doctors into the hospital becomes an incubus; although as a rule in the base they only remain for a few days, they all want to learn. Apart from any surgical experience, there is also a considerable amount of clerical work which constitutes a part of the routine of a medical officer of the hospital. These things can be taught and learnt in times of slackness, and thus the number of army doctors is kept up during that period in an attempt to make our service the most efficient, which I have little doubt it is. This sort of thing is irksome, but it has got to be done.

Now let me picture to you the opposite scene, namely, a base hospital in times of stress. I say "Base Hospital," for so it was, but it became a C.C.S. in a rather disadvantageous position. It was no longer a place in which one could study this method or that method as a means of advancing knowledge, but one in which principles had to be put to the test and large numbers of patients not only efficiently but rapidly dealt with. The call of the higher authorities was for evacuation, evacuation and still further evacuation. You arrived at breakfast, and the colonel said that more men must be sent to England; he repeated it at lunch and again at dinner, and it was his last call before retiring to bed. The conditions were completely changed. It was not a question of how to get an hour's work done in the day, but how to get ten minutes' rest. On March 22nd we got the news that a German offensive had started on the Somme, and as all our beds had been evacuated as far as possible we realised that, although the fighting was in the southern sector, we should get the overflow cases from other bases, and so we very soon did. We commenced to take them in from that date, but the real stress began on the 24th and lasted without abatement—in fact, rather with an increase of violence—until April 24th. I cannot give you exact figures of the number of patients that we admitted during that period, but it was very considerable. We started off with the same number of medical officers that we had during the winter, namely, five, two of whom were surgeons. My surgical colleague spent all his time seeing the cases as they arrived and deciding as to whether urgent surgical treatment was requisite, which was carried out by myself, the rest of the officers devoting their time to seeing the other cases, a large number of whom were gassed, and seeing that their records were written, and, in turn, giving anæsthetics.

On the first day twenty-four major operations fell to my lot. It was after we had finished dinner on this day that there was an inroad of fifteen Americans, Canadians, and one Englishman into our mess. They did not remain long, but we managed to stick to the Englishman, a man for whose services we later learned to become thankful.

He was one of the few exceptions mentioned above. The cause of his arrival was peculiar, and is an excellent instance as to what might happen if the Army Medical Service were not kept up in periods of slackness. He was a senior man marked for home service only, but on the request of the War Office for volunteers he undertook to come out to France for a fortnight. He was a very useful addition to the mess, and, being keen on anæsthetics, he joined my team as a permanent member of it, thus relieving the other officers in that duty. He was so impressed by what he saw during that fortnight, and as the authorities appeared to have forgotten him, he decided to stay on, and, so far as I know, is doing so at the present time, as he finds the air agrees with him. His invariable cheerfulness is one of the cheeriest memories of those strenuous days, for it added much to the gaiety and good fellowship of our team.

On the fifth day, having worked, continuously operating, for ten or twelve hours of each day we applied for another surgeon, whom we obtained with some little difficulty, and thus we remained with the addition of three other medical officers, making nine in all, until the end of the push.

The heaviest day was one on which two of us got through sixty-seven operations—thirty-seven of these I did myself, including seven trephinations, two large abdominal operations with removal of portions of the bowel, and eleven amputations; the remainder consisted of excisions of damaged tissues, removal of foreign bodies, etc. On that day we started at 9.30 in the morning and did not finish until 2.30 next morning. It was due to the jovialty of my anæsthetist and the great willingness of the rest of my team, who managed to put up with my normally irritable temper, that we managed to get through. It was greatly to our credit that we managed to get to bed in the best of good tempers, which, under other circumstances, might have led to a permanent dislike each for the other. This sort of thing went on for the whole of this period, during which we performed over 800 operations, exactly 500 falling to my lot. The large majority of these, some 250, were wounds of the soft tissues, requiring excision of damaged tissues with the removal of clothing, foreign bodies, etc. This may sound a small matter, but in reality calls for a considerable amount of judgment in knowing exactly how much to do for the safety of the patient and at the same time with as little damage as possible to structures which may be of fundamental importance in the end result. Not only is knowing what to do of primary importance, but how to do it is often a matter of difficulty. In my experience the efficient removal of damaged tissues is by no means an easy operation to perform. It is to be remembered also that all these cases were of a serious character, for those of a trivial nature had to be sent to England for treatment owing to the constant demand for beds. The work was also complicated by the fact that the cases had been many hours, often two days, in

arriving with us after their injury, the wounds being already the seat of infection and frequently already suppurating ere they reached us.

Amongst the 500 cases only 80 of them allowed of primary suture or delayed primary suture, so that you can appreciate the disadvantage to the men of having to wait all these hours for their treatment. The number compares very badly with the 80 per cent. claimed by the French writers, whose statistics are derived from conditions dealt with at the clearing station close to the line.

Only nine wounds of the abdomen came my way, and despite the late hour of their arrival it is gratifying that five of them recovered. Seven wounds of the chest were explored with good results. Twelve trephinations were performed, all with severe brain injuries, and with one exception all died. Thirty amputations were performed and a large number of miscellaneous and interesting operations, each of which seemed to possess some character peculiar to itself.

It was during this period that I became acquainted with gas gangrene, that most pernicious of war wound infections. The feeling of hopelessness and the great anxiety which these cases give to the surgeons is indescribable; although there are a number of clinical varieties of it varying from the strictly localised to the massive involvement of the tissue, there is always the possibility of the sudden collapse of the patient with which one is quite incapable of coping. Beyond the fact that one knows that this infection occurs in men who have lost a considerable quantity of blood, and in whom very frequently portions of clothing have been left in the wound, there is no indication as to which wound is liable to become involved. Even pathological investigations do not help, for so many of the anaerobic bacilli found in wounds are non-pathogenic, and ere each has been recognised by suitable tests the mischief may have occurred. An attempt is being made at the present time to immunise these patients by giving them sera, but as a curative measure we did not meet with any success. Still further measures are being taken to give prophylactic doses together with anti-tetanic serum as soon as possible after the patient has been wounded, but time alone will prove the value of this measure.

We had another scare by the sudden appearance of a series of tetanus cases such as we had not previously experienced during my stay in France. It is interesting to note that in each of these cases the prophylactic anti-tetanic serum had been omitted, presumably owing to the rush with which the patients had been transported from the field to the base. In no case where the men had received the serum did tetanus develop.

Time will not permit me to go into a very large number of other matters which might be of interest to you, but you might like to know that there was a social side of our life. Amongst a large number of hospitals, situated as we

were, it was obviously likely that we would meet a number of friends, and so it was. Whenever we got tired of our own particular mess it was only necessary to walk over to one in the near vicinity and you were made welcome as they were when they came to visit us. Especially was this the case at Christmas time, when all sorts of entertainments were devised to make us feel as if we were at home; pierrot parties appeared from all corners. During the periods of snow we entered with some little zest into some winter sports of our own arranging.

Occasional visits into ——— with dinner parties were looked upon as treats of a special quality. We were a little differently placed from the many thousands who must have gone through that port since the war commenced in that we were more or less permanent residents, for whom the French often had a special corner in their minds on our appearance in their restaurants.

I cannot finish without referring to the great admiration which I learned to acquire for our sisters in the nursing profession. In their hospital work they are doing extraordinarily well, and no praise of mine can be too high. Not only is this true of those who have fulfilled their full training as nurses in our own hospitals at home, but also of those belonging to the V.A.D. The conditions under which they have to live are the same as those of the men, and it is a marvel to me that they work so well as they do. The British Tommy has got much to be thankful for if he really appreciates all they are doing for him.

May I once again tell you what pleasure it gives me to be amongst you all again, and to thank you for having listened to a somewhat rambling account of my doings during the past six months. To those of you who will be shortly fulfilling a similar function, let me wish you the best of good luck and a safe return.

MEDICAL NOTES.

By Sir THOMAS HORDER, M.D.

(Continued from p. 94.)

ON CARDIAC BRUITS.

(21) Of any cardiac bruit the observer should carefully note and record:

- (i) Its time; whether systolic, diastolic (*i.e.* early diastolic) or præsystolic (*i.e.* late diastolic).
- (ii) The place where it is best heard; whether apex, aortic base, pulmonary base, or elsewhere.
- (iii) The direction and extent of its conduction.
- (iv) The total area over which it can be heard.
- (v) Its constancy or inconstancy in regard to the posture of the patient and the respiratory rhythm.
- (vi) Its acoustic characters; whether loud, faint, musical, crescendo, etc.

Being expressed as an adjective (vi) is for conveni-

ence put first in the description of the murmur, though it is of far less importance than (i) to (v). *Example:* The typical bruit of mitral regurgitation is a soft blowing systolic murmur, heard best at the apex-beat, conducted towards the axilla; it is heard over a considerable area of the chest-wall, and at the angle of the left scapula; it is constant with posture and respiration.

(22) In "timing" any event in the heart-cycle during ordinary clinical examination it is well for the beginner to remember that systole of the ventricles, the first sound of the heart, and the impulse are synchronous events. It therefore follows that a bruit can often be "timed" best by simultaneous palpation and auscultation.

(23) The existence of cardiac bruits having little or no importance has been known for many years, and careful teachers have always warned their students against arriving at any conclusion with regard to a patient's heart from the mere discovery of a murmur over it. We are now told that too much importance is attached to murmurs in general. This is scarcely possible, for the detection of a bruit over the heart is a matter of primary importance. The point that should be emphasised is that a bruit needs careful analysis before its significance can be appreciated, and that even then it is only one of several data that are necessary before an opinion can properly be given as to the integrity of a patient's heart.

(24) For all that may be said concerning the unimportance of cardiac bruits in the presence of good cardiac muscle, as judged by all possible investigations, the fact remains that a systolic bruit heard in the region of the apex, conducted towards the axilla, and unaffected by posture and respiration, is *in practice* taken to mean that the heart producing it must not be trusted to stand prolonged or excessive effort, and is likely to fail under strain. If experience dictates this practice we need not heed the doctrine that "mitral regurgitation, even from a damaged valve, is seldom, if ever, of much importance." For the practical decision admits—what should never have been forgotten—that the circulation is based upon principles of hydraulics.

(25) The characters of "functional" or "hæmic" murmurs are, in the main, as follows: They are systolic in time; they are much more common at the base than at the apex, and at the pulmonary base than at the aortic base; they usually lack conduction; they are generally louder in the recumbent than in the erect posture, and may only be heard in the recumbent posture; they are frequently affected by respiratory movement.

(26) The first thing to say (to oneself) about a systolic bruit heard at the aortic base is that the case is probably not one of aortic stenosis. More likely causes of the bruit are the following: atheroma of the base of the aorta, anæmia (and other general conditions associated with "functional" bruits), mitral regurgitation, and aneurysm of the ascending part of the arch of the aorta. But if, in addition to the pres-

ence of a systolic aortic bruit, the following features are also made out during the examination: good conduction of the murmur towards the right side of the neck, considerable hypertrophy of the left ventricle, systolic thrill in the second right costal interspace, and a small pulse: it may be said with confidence that the patient suffers from aortic stenosis.

(27) The diagnosis of tricuspid regurgitation is assisted very little by its characteristic bruit—a blowing systolic murmur heard best in the region of the xiphoid cartilage. The diagnosis is much more often made by observing that the right heart is enlarged, that the veins in the neck are full and pulsating, that the liver and kidneys are congested, and that there is œdema of the legs. All these things may be present without any bruit, or without any bruit that can with certainty be attributed to tricuspid regurgitation rather than to the mitral regurgitation which is usually also present. No doubt the reason of this is that the systolic force of the right ventricle, never very strong, is diminished owing to the state of general cardiac failure; the regurgitant stream through the tricuspid orifice therefore produces no audible eddy.

(28) The statement is frequently made that ulcerative endocarditis may exist in the absence of cardiac bruit. The statement is correct, but it makes an appeal to the mind of the reader that is disproportionate to the importance of the fact. The statement should be balanced by the additional information that this state of things is only likely to be present in very acute primary cases of the disease, and when the condition is a terminal infection, in both of which instances there is, as a rule, a considerable degree of heart failure from the first.

(29) Another attractive statement often made in accounts of ulcerative endocarditis, and needing some qualification, is that in this disease the murmurs are apt to “change from day to day.” If this means that fresh bruits are prone to appear as the disease progresses, the words form a somewhat loose statement of fact. But if the words are read literally, then it should also be added (i) that the mere change in the character of a bruit from day to day in a case of acute endocarditis by no means implies that the endocarditis is of the ulcerating type, not even when the bruit disappears and reappears; and (ii) that in ulcerative endocarditis the bruit or bruits may be extraordinarily constant.

(30) Two auscultatory signs give valuable indications of approaching failure of the “renal heart” (hypertrophy of the left ventricle in chronic nephritis): (i) *bruit de galop*, or reduplicated first sound, and (ii) a soft systolic bruit in the region of the apex-beat. The appearance of either of these signs in a heart, examination of which has not hitherto revealed it, should be regarded as ushering in a state of dilatation of the left ventricle. These signs frequently disappear with appropriate treatment, often to reappear later, when the limit of response to treatment is being reached.

(To be continued.)

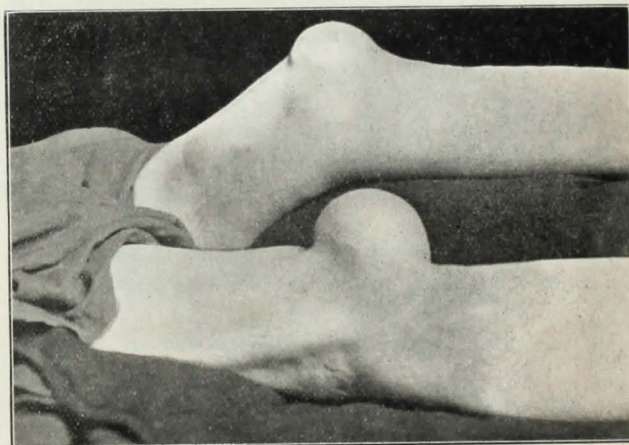
A CASE OF BILATERAL PREPATELLAR BURSÆ.

By H. C. Cox, M.R.C.S., L.R.C.P.



SINCE the interest of this case is centred chiefly on the pictorial presentation of these swellings, a few words of description will suffice.

The patient, a woman, æt. 62, was for many years engaged in much scrubbing, with the result that four



BILATERAL PREPATELLAR BURSÆ.

years ago a swelling appeared below the right patella, and gradually increased to its present size.

The smaller swelling below the left patella is of more recent formation, having reached its present size in two months.

The treatment was by excision. The bursæ were exposed by vertical incisions in the longitudinal axis of the limbs, and dissected out.

The writer is indebted to Major Eccles for permission to present this case, and to Mr. Zerolo for the most excellent illustration.

GUNSHOT WOUND OF THE RIGHT COMMON CAROTID ARTERY.

By CAPT. THOS. B. CARLYON, R.A.M.C.,
—th General Hospital, France.



THE following case may be of interest to readers of this JOURNAL.

A man was admitted into my ward with a recent bullet wound of his right axilla, extending into the neck, and fracturing the sternal end of the clavicle *en route*.

Examination showed a large swelling in the right supra-clavicular region and right neck, with hæmatoma extending downwards over chest-wall. Heart apex one inch outside nipple line, but no cardiac murmur heard. On the day of admission an arterio venous bruit was heard. Within twenty-four hours this developed into a systolic bruit over the neck area.

On the second day of admission an incision was made over the course of the common carotid and towards the acromion end of the clavicle. After clearing out a quantity of organised blood-clot the artery was exposed, revealing a portion of the bullet, transfixing it below its bifurcation. A ligature was applied above and below, the intervening portion being excised. The wound was left open.

The case made an uninterrupted recovery, with an absence of any cerebral or peripheral symptoms, and was evacuated to England a fortnight later.

The systolic bruit was probably caused by the impaction of the "F.B.," which in itself stopped any serious degree of hæmorrhage.

I am indebted for permission to publish this case to Col. Shea, C.O., and to Capt. Burrows, who operated.

RAHERE LODGE.

THE Installation Meeting of the Rahere Lodge, No. 2546, was held in the Great Hall of St Bartholomew's Hospital on June 18th. Bros. Howard Jones, Armitage, and Cardinall were passed to the second degree by the W.M. W.Bro. C. H. Perram and W.Bro. Ernest Clarke. The W.M. then installed W.Bro. A. Hepburn as W.M. for the ensuing year.

The following officers were appointed and invested :

W.Bro. A. HEPBURN, L.R.	W.M.
W.Bro. C. H. PERRAM, L.R., P.P.G.D., Beds.	I.P.M.
W.Bro. J. SWINFORD EDWARDS	S.W.
Bro. E. W. BREWERTON	J.W.
Bro. The Rev. R. B. DAND	Chaplain.
W.Bro. ERNEST CLARKE, P.M., P.G.D.	Treasurer.
W.Bro. E. LAMING EVANS, P.M., L.R.	Secretary.
W.Bro. T. G. A. BURNS, P.M., P.G.D.	D.C.
Bro. H. PRITCHARD	S.D.
Bro. GIRLING BALL	J.D.
W.Bro. M. L. TRECHMAN, P.M., L.R.	1st Asst. D.C.
W.Bro. H. MORLEY FLETCHER, P.M., P.G.D.	2nd Asst. D.C.
W.Bro. P. S. ABRAHAM, P.M., P.G.D.	Almoner.
Bro. NORMAN F. SMITH, Asst. G.O. Oxfordshire	Organist.
Bro. A. L. MORETON	Asst. Secretary.
W.Bro. FRANCIS W. CLARK, P.G.D.	I.G.
W.Bro. E. P. FURBER, P.P.G.J.W., Surrey	Sen. Steward.
Bro. J. H. GRIFFITHS	Steward.
W.Bro. G. H. WHITAKER, L.R.	Steward.
Bro. J. CUNNING	Steward.
Bro. F. A. ROSE	Steward.
W.Bro. A. H. COUGHTREY	Tyler.
Bro. E. W. HALLETT	Asst. Tyler.

The charges were delivered by W.Bros. Perram, Laming Evans, and Theodore Burns.

During the year a sum of 100 guineas was voted to the War Emergency Fund of the Royal Medical Benevolent Fund, and a sum of 25 guineas to the Special Fund of Grand Lodge for interned civilian prisoners of war.

An emergency meeting of the Lodge was held on July 16th, at which Bros. Pascoe Wells, Howard Jones, Cardinall, and Armitage were raised to the degree of Master Masons by W.Bro. Hepburn.

OBITUARY.

CAPT. E. P. W. WEDD, M.C., R.A.M.C.



CAPT. E. P. W. WEDD was killed by shell-fire on July 13th, 1918.

Of his early life, I fear, I know little, and it is difficult to glean facts out here. From Cheltenham, he went to Cambridge, where, apart from the fact that he obtained his "blue" for rowing, he stood out amongst the men of his year. There was something big about his character which compelled admiration.

Entering Bart.'s in 1908, he qualified in due course, and held the appointments of House-Surgeon at the West London Hospital and Extern at Bart.'s.

At heart, I think, he rather loved soldiering, and his chance came with the war. He went to France with the Essex Yeomanry in command of his troops. He was soon recommended for an Artillery Staff Captaincy, a post which he held for over a year, and one for which, as one of the officers of the Brigade said, he was eminently fitted, his powers of organisation being extraordinarily good.

It was somewhat of a disappointment to him when he had to transfer to the R.A.M.C., but characteristically he threw his whole weight into his work and never seemed to tire. All the men of the batteries loved him and eagerly looked forward to his visits. His whole being radiated energy and cheerfulness, and, as his Commanding Officer remarked, not only was he such an excellent Medical Officer, but the very best of good fellows. He was awarded a well-deserved Military Cross about six weeks before his death.

In these abnormal days, when men are herded together away from the refining influences of home, they are apt to lose something of their former standards. With Parker Wedd it was not so; he was a man of the highest ideals and steadfastness of purpose. He never did an ungenerous act, and I never heard an unsavoury thing said in his presence. To those of us who were privileged to witness that last solemn ceremony, both officers and men, came that feeling of personal loss which is irreplaceable.

C. G. M.

CORRESPONDENCE.

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

SIR,—I have read with interest and much amusement the account of the debate of the Abernethian Society reported in your issue of July, and as, for the moment, quiet reigns on our front I am tempted to offer a few remarks to you.

Firstly the result of "the division" on the motion "That in the opinion of this House the study of Surgery at the present time (italics are mine) is of greater importance than the study of Medicine" could have had no other showing than it did, viz. a large majority of "Noes."

I am inclined to think that if the champions of surgery had had any experience of forward area work in France the "Ayes" lobby would not have justified its existence. Major Rawling is reported to have said: "In France at the present moment it is the surgery and not the medicine that counts." In my opinion no more fallacious, dangerous, or untrue statement could have been made. The same speaker also said: "That the War Office conscripts everyone and immediately converts them into surgeons; also the physician is not wanted abroad. . . ." Now, I submit that these statements are absolutely untrue and misleading; that they do great injustice to all those doing medical work out here, and that though a misstatement of facts may be "parliamentary" it is not a practice to be encouraged even in the Abernethian Room.

I feel that had Major Rawling any personal experience of R.A.Ps., A.D.Ss., or C.C.Ss., he would not have made these prejudicial remarks. Does Major Rawling know the establishment of a C.C.S.? Does he imagine that only wounded are treated there?

Three weeks ago a certain C.C.S. had over 300 sick on its books, most of whom needed a careful diagnosis after a thorough examination (such as Sir Thomas Horder outlines in his "Aphorisms" in the same issue of the JOURNAL), and competent medical treatment, and they got it. At the same time those needing surgical treatment were few. This is no exception, although I admit that this would only hold in times of "peace." The Acute Medical Ward is nearly always full, and the M.O. in charge takes as much time with, and is at least as conscientious towards, his patient, as even a physician going his round at Barts. in the afternoon. In fact, medicine in a C.C.S. at ordinary times predominates as 50 to 1 over surgical cases. Who is the most needed, the physician or the surgeon?

I would remind Major Rawling that the thoracic cavity is penetrated by missiles as well as other cavities, and that every case so injured will have blood—and other things in the thorax. In fact, C.C.Ss. have a separate Chest Ward, and why? Because if a surgeon is not a competent "physician" a "real" physician will be in charge of this Ward and daily and most carefully employ his medical knowledge and experience in finding physical signs and interpreting them.

That the War Office "immediately converts conscripts into surgeons" is so obviously an incorrect statement that I need not attempt to refute it, and the same applies to the remark that "the physician is not wanted abroad, except in a few cases here and there." One word would aptly answer this, but it is an "unparliamentary" one.

I must also take up Sir Thomas Horder. He says that a few surgeons suffice for the limited amount of surgery that it was advisable to do there (i.e. at a C.C.S.) Capt. Girling Ball pointed out the incorrectness of this statement. Of course, all the surgery that can be done at a C.C.S. is done there, and it is the place *par excellence* where it is "advisable," nay, imperative, to do it. What does Sir Thomas Horder imagine is done with these "exhausted, shocked, and anæmic men"? Sent straight on by train to the base, after a ride by car of anything from five to twenty miles to the C.C.S.? Where should abdominal and chest wounds be operated upon, as instancing his "major" surgery, if not at a C.C.S.? Has Sir Thomas Horder no fear of gas-forming organism infection of every wound, if not operated upon at a C.C.S.?

He says that a "few expert surgeons suffice." I submit that he would have different ideas at the time of a "push" or even a "raid" if he were then to visit a C.C.S. As many as nine teams have been added to a C.C.S. establishment in times of activity, and even then it is good work if 30 per cent. of all wounded are operated upon.

Finally, I believe the whole *crux* of the matter is this: The so-called "surgery" done out here is not surgery, it is very necessary butchery, and I believe that any intelligent man who can use his hands can quickly be taught to cut out a wound; it is all very simple, and this is all it is; excising wounds. Abdominal surgery is just as simple; during the operation no judgment is needed, if you see holes you shut them up; if the wound is more extensive, you

again cut it out, though it be gut. Wounds of the chest need skilled medical attention in diagnosis and treatment. The war surgeon is very easily trained; the physician is not, some experience is essential.

Teach more medicine—we will teach the newly-qualified man, or him inexperienced in war surgery to cut out his pound of flesh.

With apologies for trespassing on your space.

I am, Sir, etc.,

GERALD STANLEY,

Major, R.A.M.C.

CASUALTY CLEARING STATION, B.E.F.

July 11th, 1918.

REVIEWS.

ASPECTS OF DEATH AND CORRELATED ASPECTS OF LIFE IN ART, EPIGRAM, AND POETRY. By FREDERICK PARKES WEBER, M.A., M.D., F.R.C.P., F.S.A. Third edition. (London, 1918, T. Fisher Unwin and Bernard Quaritch, Ltd.) 8vo, pp. xxxix + 784.

The second edition of this deeply interesting work was noticed in the ST. BARTHOLOMEW'S HOSPITAL JOURNAL so recently as 1914 (vol. xxii, p. 14). Dr. Parkes Weber is to be congratulated therefore upon the fact that another edition has been called for so quickly. The present edition contains no less than 290 pages more than the last; there are 19 additional figures and the double-columned index more than occupies 45 pages, yet by the use of a thinner paper the volume is neither larger nor heavier. Much additional material has been skilfully interwoven, and we are glad to notice that Dr. Weber has laid under contribution many of the papers contributed to the historical section of the Royal Society of Medicine. The book bids fair to become a classic and we welcome it the more gladly because it shows that the medical profession still contains a virtuoso and scholar of the first rank and in the best sense of the term.

SURGICAL APPLIED ANATOMY. By Sir FREDERICK TREVES, Bart. Seventh Edition. Revised by ARTHUR KEITH and W. COLIN MACKENZIE. (Cassell & Co., Ltd.) Price 10s. 6d. net.

In many cases it is not until the student comes to apply his knowledge of anatomy that the value of his laborious hours of dissection is appreciated, and after all it is the application of anatomy to surgery that is the all-important factor. Treves' excellent volume, first published in 1883, is quite a standard work on the subject, and the author will forgive us, perhaps, for saying that its value has, if anything, become enhanced in the hands of the two distinguished anatomists whose names are now associated with the Editorship.

In spite of the 700 pages which go to make up the volume, it is remarkably compact and will readily slip into the pocket. The book contains 153 illustrations, half of them being coloured. Quite a pleasing feature of this edition, in our opinion, is the statement in the preface to the effect that the Editors see no reason why they should abandon the use of the nomenclature which has stood British anatomy and surgery in such good stead. For this reason the Basle nomenclature takes a second place, although in all cases it is inserted in brackets.

THE ACTION OF MUSCLES. By WILLIAM COLIN MACKENZIE. (H. K. Lewis & Co.) Price 12s. 6d. net.

Disabilities of an orthopædic nature is one of the greatest problems which the surgeon has had to contend with at the present time; in fact, in Army medical circles the view is generally held that of the wounded men returning from the French battlefields some 65 per cent. are suffering from injuries of this description.

Whether it is muscle, bone, joint, nerve, or central nervous system which is involved, the question of muscular function becomes of prime importance for purposes of treatment.

For this reason we heartily welcome this volume on the action of muscles, more especially as it includes much information on muscle rest and muscle re-education.

The first chapter deals with Principles, and under this heading are included such subjects as the nature of muscle, relation of bone to muscle, ligaments, the evolution of muscular action, testing for muscle action, specialisation of muscle function, etc. The other chapters are descriptive of muscles in different regions, three extremely useful chapters being devoted to median nerve, ulnar nerve, and musculospiral nerve paralyses respectively.

Not the least interesting part of the book are the excellent illustrations, many of them photographs on art paper of actual war cases. Both author and publisher are to be congratulated on the production of a unique volume.

EXAMINATIONS, ETC.

UNIVERSITY OF LONDON.

First Examination for Medical Degrees, July, 1918.

Pass List.—R. S. Anderson, C. O. S. B. Brooke, E. A. Coldrey, C. J. East, M. Erfan, J. P. Hosford, R. Hunt Cooke, C. M. Jennings, B. M. Tracey*, R. H. Wade, R. G. R. West.

* Distinguished in Physics.

Second Examination for Medical Degrees.

Part I. Organic and Applied Chemistry.—M. F. C. Fisher, C. M. Gwillim, B. D. Hughes, B. L. Jeaffreson, A. K. Kerr, W. E. M. Mitchell, G. J. V. Nelken, W. H. Nettelield, H. Tothill, R. A. Walsh†.

† Awarded a mark of distinction.

Part II. Anatomy, Physiology, and Pharmacology.—C. W. Narbeth, A. C. D. Telfer, E. H. Weatherall.

CONJOINT EXAMINING BOARD.

First Examination, July, 1918.

Chemistry.—R. R. Foote, K. S. M. Smith, J. Jackson, A. Q. Wells, F. Asker, C. A. Moody.

Physics.—R. R. Foote, K. S. M. Smith, J. Jackson, A. Q. Wells, F. Asker, E. A. Austen, A. W. Hart-Perry, A. G. Hurry.

Elementary Biology.—R. G. Cochrane, R. R. Foote, J. Jackson, E. Obermer, A. Q. Wells, A. G. Hurry, C. de W. Kitcat.

Practical Pharmacy.—M. A. Refaat.

Final Examination.

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

B. F. W. Armitage, M. V. Boucaud, J. D. Byrd, S. R. E. Davies, S. el D. A. El Daab, S. G. Galstaun, L. Handy, G. G. Havers, W. E. Heath, T. C. Higgins, R. J. Perkins, C. G. J. Rayner, N. Rumboll, V. A. T. Spong, J. Whittingdale.

SOCIETY OF APOTHECARIES OF LONDON.

June, 1918.

The following candidate has been granted the Diploma of the Society entitling him to practise Medicine, Surgery, and Midwifery: H. M. Waller.

CHANGES OF ADDRESS.

CAZALY, Major W. H., I.M.S., 8, St. Alban Road, Bedford.

RAWLING, L. BATHE, 11, Wyndham Place, Bryanston Square, W. 1. (private address), (Tel. Pad. 1286).

VERHEYDEN, C., 21, Welbeck Street, Cavendish Square, W. 1 (Tel. Mayfair 4572).

BIRTHS.

BREWERTON.—On August 6th, at 73, Harley Street, the wife of Elmore Brewerton, F.R.C.S. of a son.

MONCKTON.—On July 15th, at 14, Sumner Place, S.W., to Elizabeth and Vernon Monckton—a son.

ROPER.—On August 17th, at Exeter, the wife of Major F. A. Roper, R.A.M.C. (T.), of a daughter.

MARRIAGES.

BULLEN—DIXON.—On July 9th, at Christ Church, Gipsy Hill, Upper Norwood, S.E., by the Rev. H. J. Cossar, M.A., assisted by the Rev. C. Wilson, M.A., B.D., Vicar of the Parish, Horace Braithwaite Bullen, Surgeon, R.N., youngest son of the late Mr. Robert Bullen, of Ealing, W., to Dorothy Hamilton, only daughter of Mr. and Mrs. George Fraser Dixon, and granddaughter of Major-General T. Fraser Dixon, of Gipsy Hill, Upper Norwood.

BURN—LA NAUZE.—On June 26th, at the Parish Church, Glenealy, co. Wicklow, by the Rev. A. Baker, M.A., Capt. John Southarden Burn, R.A.M.C., eldest son of Dr. and Mrs. Burn, of Tudor House, Richmond, to Nell La Nauze, younger daughter of the late Thomas Storey La Nauze, and of Mrs. Scott Mansfield, of Holly-wood, Glenealy, co. Wicklow.

CUMBERBATCH—GIBBONS.—On July 18th, at Christ Church, Ealing, by the Rev. W. Templeton-King, B.D., Elkin Percy Cumberbatch, M.A., M.R.C.P., of 15, Upper Wimpole Street, W., to Isabel, second daughter of the late Richard Gibbons, of Valparaiso, Chili.

CUNNINGTON—WEBB.—On July 20th, at St. Mary Abbott Church, Kensington, C. Willett Cunnington, M.B., Lieut., R.A.M.C. (temp.), of Tatchley House, Dollis Avenue, Church End, Finchley, N., to Phillis E. Webb, M.B., of 7, Scarsdale Villas, Kensington, W.

DAVID—GALLIE.—On August 17th, very quietly, at the Parish Church, Tavistock, Capt. T. W. David, R.A.M.C., to Betty Lockhart, only child of the late Major Arthur Lockhart Gallie, and of Mrs. Gallie, Littlecourt, Tavistock.

GRIFFITHS—JAMES.—On August 13th, at Charles Street Congregational Church, Cardiff, Hugh Ernest Griffiths, M.B.Lond., F.R.C.S.Eng., second son of Mr. and Mrs. T. Longdon Griffiths, of Claude Road, Cardiff, to Doris Eirene, youngest daughter of the late Mr. W. H. James and Mrs. James, of Penylan, Cardiff.

MOORE—SPENCE.—On July 8th, at St. Marylebone Church, London, W., by the Rev. J. H. Roberts, Lieut. Desmond Garratt Fitzgerald Moore, Yeomanry, twin son of Mrs. Fitzgerald Moore, of 3, Lansdowne Road, Bedford, and the late W. B. Fitzgerald Moore, and Katharine Olive, only daughter of Mrs. Spence, 80, New Cavendish Street, London, W., and the late Dr. W. F. Spence, formerly of Bedford.

SQUIRE—WALTER.—On July 23rd, at St. John's Church, Hove, Lieut. Henry Fremlin Squire, B.A., M.R.C.S., L.R.C.P., eldest son of the late Rev. L. Harding Squire, and Mrs. Squire, of Kenley, Surrey, to Dorothy Ima Violet, only daughter of Captain and Mrs. J. W. Walter, of 16, Tisbury Road, Hove.

WHITE—LAMR.—On July 24th, at Holy Innocents' Church, Fallowfield, Manchester, by Rev. John White, Rector of Pitsford, brother of the bridegroom, assisted by Rev. H. D. Lockett, Rector of the Parish, Charles Powell White, M.A., M.D., F.R.C.S., fourth son of the late Preby. L. Borrett White, D.D., to Lettice Mary, second daughter of Prof. Horace Lamb, D.Sc., F.R.S., of the University of Manchester.

DEATHS.

ALMOND.—Killed in action, August 9th, 1918, Capt. George Hely-Hutchinson Almond, R.A.M.C., M.A., M.B., B.Ch.Oxon., eldest son of the late Hely-Hutchinson Almond, Headmaster of Loretto, and of Mrs. Almond and dearly-loved husband of Violet Almond, 6, Brock Street, Bath, aged 41.

BATHE.—On July 21st, 1918, at his residence, "Adjai," Westwood Road, Southampton, Henry Harsey Bathe, Surgeon E.I.R. (retired), aged 67.

BATTEN.—On July 27th, 1918, Frederick Eustace Batten, M.D., F.R.C.P., 22, Harley Street, W., of collapse, following operation, aged 52.

POLLARD.—On July 5th, 1918, 2nd Lieut. Wilfred Walter Pollard, R.A.F., in R.A.F. Hospital, London (from illness contracted on active service in France), only son of Dr. and Mrs. W. H. Pollard, Hagley Road, Edgbaston, aged 19.

WEDD.—Killed in action (instantaneously), on July 13th, 1918, Capt. Edward Parker Wallman Wedd, M.C., Yeomanry and R.A.M.C., the elder son of E. A. Wedd, Esq., J.P., of Great Wakering, Essex, aged 34.

ACKNOWLEDGMENTS.

The British Journal of Nursing, The Nursing Times, Guy's Hospital Gazette, The Hospital, The Journal of Public Health, Long Island Medical Journal, The Medical Review, Sydney University Medical Journal, The Magazine of the London (Royal Free Hospital) School of Medicine for Women, The Medical Times, St. Mary's Hospital Journal, New York State Journal of Medicine.

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.

