

THE LONDON HOSPITAL GAZETTE

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[ONE SHILLING

EDITORIAL.

SINCE our last issue time has passed and left the life of the College almost unchanged. The withdrawal of students for combative service may now be said to have practically stopped, for, as stated in previous numbers, students now join the College in their second year, and such students, in accordance with a recent Army Council Instruction, are allowed to continue their studies. It is not unlikely, however, that many, if not all, students will be withdrawn for a certain period of the curriculum for medical service, either as surgeon-probationers in the Navy or as surgical dressers in the Army. The Admiralty alone requires four hundred students every six months and we believe that this number represents an irreducible minimum.

The war, as is to be seen on other pages, continues to take a heavy toll, and to rob us of some of our best—Acting Brigadier-General A. Anthony Howell, C.M.G., who set an example of high patriotism which we think is not likely to be surpassed; Captain Eric Croft, M.C., and Lieut. J. Chute Ellis, both of the R.F.A., both from New Zealand, and both the very embodiment of geniality and courage; Captain H. L. Burgess and Surgeon K. M. Dyott, though perhaps less prominent among their contemporaries than the others, men of inexhaustible energy and of consummate grit. Many of us, too, had within these sad years, known more intimately Captain Sydney Morris, the Registrar in charge of the Officers' Ward, and had learned to appreciate the placidity of his temper, his geniality, and unaffected warm-heartedness.

To Captains A. C. Ainsley and J. R. Tibbles, of the R.A.M.C., to 2nd Lieut. P. Brain, Royal Fusiliers, and Private W. Shelton, K.R.R., all of whom have been wounded, we offer our warmest sympathy and best wishes for a speedy recovery.

To our Honours List there have been many notable accessions—the high honour of G.C.V.O. has been conferred on Surgeon-General Sir Bertrand Dawson, while Colonel Sir Hugh Rigby has been made a Knight Commander of the same Order. Colonel J. Galloway, C.B., has received the K.C.M.G., Lieut.-Colonel H. R. Kenwood the C.M.G., Dep. Surgeon-General D. J. P. McNabb, R.N., the C.B. (Civil), and Colonel W. Coates, A.M.S., the C.B. (Military).

Staff Surgeon H. Cooper, R.N., Colonel H. W. Grattan, Lieut.-Cols. J. E. H. Davies (R.A.M.C.), and H. S. Newland (A.A.M.C.), Acting Lieut.-Cols. C. V. Bulstrode (R.A.M.C.) and P. G. Bell (C.A.M.C.), Captains H. Gibson and A. H. Habgood, both of the R.A.M.C., have been admitted members of the Distinguished Service Order.

Captain G. D'R. Carr, R.A.M.C., has had the very special honour of being awarded a second bar to the Military Cross.

The following have been awarded the Military Cross:—Capt. (Tp. Major) J. D. Fiddes, Captains M. F. Bliss, R. D. Davy, H. S. de Boer, H. H. Dummere, F. A. Grange, A. A. Lees, J. C. Mackwood, A. G. Maitland-Jones, J. H. Porter, E. C. Sprawson, R. Y. Stones, B. H. Swift, and B. Varvill, all attached to the R.A.M.C., and Captains H. L. Batra, M. Das and H. S. G. Hagi of the Indian Medical Service.

A Knighthood of Grace of the Order of St. John of Jerusalem has been conferred on Colonel H. E. Bruce-Porter.

Peace hath her honours no less renowned than War, and we are all pleased to hear that our Senior Physician, Dr. Percy Kidd, has been chosen by the Royal College of Physicians Harveian Orator for 1918.

May we again point out how meagre is our correspondence, and express the hope that this is merely part of the general winter inactivity, and that with the spring a revival may be expected?

A WEEK WITH AN ADVANCED DRESSING STATION AT THE FLANDERS FRONT.

The following are extracts from a Diary, and may serve to give some idea of the life with an advanced Dressing Station during active hostilities.

Sept. 19th.—B. handed over the charge of the A.D.S. to me this afternoon. It is a safe place (to be *inside*), being cut out of a high bank, and having about 18 feet of solid earth above it. And it needs it, for it is anything but safe outside. Last night I had some experience of this, while superintending the conveyance of medical equipment to an advanced dump, in readiness for the push that is to take place to-morrow. Shells flew just over us, and we had to take what little cover we could find, for a few minutes. On our way back, through the darkness, we had to walk through our own guns, which suddenly opened an intense barrage fire. The blinding flashes dazzled us, and made walking a difficult matter. Poor old Bosch! he must have a terrible time of it.

One of the unkindest things the Bosch has done for us is to cut our electric light installation. He plumped a shell somewhere on the top, the explosion of which must have broken the wires. It reduces us to candle-light for the time being, which means great inconvenience when one gets a rush of seriously wounded.

It is now 3 a.m., but I cannot get to bed. Every few minutes some casualty drops in—although to-night all have been very trivial cases excepting one or two with shell-shock. Besides, as I have said, zero hour comes somewhere in the early morning.

As usual, on the eve of a push, a few men who were on their way to the front trenches, drop in at the A.D.S. on their own account without any authority from their M.O. or any officer. It is sometimes difficult to know what one ought to do with these men. If there are reasonable grounds, of course, one detains them. Otherwise, the best plan is to direct them to the nearest "stragglers' post." There is no chance of their finding their way alone in the darkness to their battalion in the front lines.

Sept. 21st.—The attack opened at 5.40 a.m. on the 20th, with the now usual intense artillery barrage fire. During the next 24 hours or so we passed just 100 wounded through our station, the great majority of them walking cases. Seriously wounded cases were directed by

another route passing through a different A.D.S. We ought to have had many more walking cases, but we learnt subsequently that many of the walking wounded had found their way to the A.D.S. of another Division.

We seem to have got all our objectives, and with only moderate casualties. As the Germans put up some resistance, it is to be hoped that the casualties among them are large.

11.30 p.m.—B. has just turned up, with the news that the A.D.S. at —, the building of which I supervised, had a direct hit about 7 o'clock this evening, and seven men were killed, while three or four others were expected to die. It was full of R.A.M.C. and wounded. This is the A.D.S. to which stretcher cases were directed.

Sept. 22nd.—About 10.30 a.m. cases began to stream in again. Some of these were wounded on the morning of the 20th, and have only now been brought in. I may instance one such case. The man had been wounded in both legs. They were only flesh-wounds—no fracture present—but he had been afraid to move, because of the heavy shelling; result, flies had laid eggs in the wounds, which were seething with maggots when he reached us. He had a good pulse, and seemed in good condition, but mentally dull—whether from toxæmia or exhaustion or as a normal condition, it was difficult so say.

Visited the other A.D.S. in the evening, and was very interested in examining the damage done by the shell. It had bored a perfectly smooth round tunnelled passage through the side of the dug-out (earth, sandbags, and iron cupola), then passed obliquely across the space of the room, and exploded apparently on hitting the opposite side low down by the floor, leaving a ragged opening.

Sept. 24th.—Z . . . A.D.S. (South-east of Ypres).—Yesterday we got orders to move from A.D.S. B. took over — A.D.S. from — Fld. Amb., and I took over this place. It was a bit of a business getting up here. The road presented a very war-worn aspect—quite after the manner of the war-pictures in an illustrated paper—dead horses lying about, empty shell-cartridge-cases strewn the road, which was broken here and there with shell-holes, and the country on either side having the usual desolate greenless appearance which one learns to associate with any area which has at one time been Bosch territory, but from which they have been driven by the devastating fire of our guns;—for there we are traversing ground that we gained in the famous Messines-Wytschaete thrust, of June 7th. The car had to drop us at some distance from the A.D.S., as the road beyond this point was so

pitted with shell-holes that it was impassable for a car. In the walk over the intervening distance we had to take cover for some minutes, the shells flying unpleasantly close.

This place is the most unhealthy spot I have been in, not excluding my experiences with the guns. It is continuously shelled. I have a concreted Bosch dug-out for my quarters, which is safe, though scarcely comfortable, being dark and somewhat smelly. In the middle of the night I was awakened to put on my respirator, as the Bosch was sending over hundreds of gas-shells. I should think we must have sat for 40 minutes with our masks on. There is too much work for one M.O. here, and to-day H— rejoined me at my request.

The conditions now approximate to that of the combatant officer in support lines. The same discomforts, no means of cooking food at times—cannot allow any smoke, therefore must not have any fire—meals at any odd time, a fair risk of being hit whenever you venture outside your dug-out, a dirty Bosch dug-out to live in, hard boards to sleep on, and lucky if you can take your boots off. We have had runs of casualties—nearly all very serious, keeping us busy. My main difficulty is communication with my base. The road is frequently impassable for the motor ambulances, and is now broken up with new shell-holes, and the stretcher-bearers have to carry cases a considerable distance to reach the car.

This evening a couple of mules, whose drivers took refuge here from heavy shell-fire, were hit, and the carcase of one of them blocks the passage to the dressing-room. I found the other, still standing with a shattered leg, and a distraught infantryman in the passage, and we got him to lead it a short way off and shoot it.

Several of our own unit and attached R.A.M.C. of —th Fld. Amb. have reported sick, from the gas last night. Symptoms—chiefly conjunctivitis and vomiting, coming on several hours after the exposure.

Sept. 25th, 11.15 p.m.—We are bombarding the enemy merrily—I believe with gas. Got my dead mule removed this evening—a great relief.

Sept. 26th.—We made another push this morning, and have been more heavily shelled than ever to-day. B. was over about noon, and could not return for some time because the road was so unhealthy. One or two very large shells with a tremendous upheaval of coal-black smoke, have been thrown over us a short way alongside the road—the so-called “coal-boxes,” I suppose.

I shall be very surprised if we do not get a direct hit some day soon, though it almost looks as if the Bosch knew we were a Red Cross station,

and spared us accordingly, while shelling immediately all around us. If so, he shows himself not only a gentleman, but a deuced good shot.

On the 27th I got orders to rejoin headquarters. The journey back from Z— was not uneventful. At B.'s A.D.S., where I had to wait for an hour or two, the Bosch began dropping shells in the immediate vicinity. The final shot landed a shell plump in among a lot of men who were waiting for things to quiet down, and in a minute or two the A.D.S. was full of poor mangled Tommies. One had both legs blown off above the knee. The man I dressed had one leg shattered, and a piece through his liver. Having patched them up as well as possible, and seen them into a motor ambulance, we proceeded on our way to B—, several miles in the rear. Next day one woke to find oneself in a peaceful camp, pitched on a green slope amid trees, and a glorious sun shining in a blue sky, and it seemed strange to think that it was only yesterday that one was in a barren, shell-swept country. A few days later I was in the grip of acute myalgia, and on October 16th was evacuated “sick,” and on November 3rd found myself a patient in my old hospital.

I heard subsequently that the A.D.S. at Z— had to be abandoned shortly after I left. A Corporal and three or four men were left in it at first as a holding party. A shell came along, and the direct hit that I anticipated occurred. The corporal was badly injured and lost an eye, with serious damage to the others.

E. WEATHERHEAD.

“OLD CLO.”

A very famous philosopher once summed up the existence of man in three words, “Cogito Ergo Sum.” If this be strictly true, then a large majority of students and a still larger majority of humanity at large must be but mere phantasms of the living. Without doubt one of the rarest phenomena in this everyday world is the man who *really* thinks. The mere commonplace ringing of the changes on a few hackneyed phrases which is commonly believed to indicate thought, is no more evidence of true thought than the jingling of a handful of coppers in a trouser pocket is the indication that the owner is a millionaire.

Wherein the error! At whose door lies the fault? The curse of our time is that partly from the love of ease we allow the wall of tradition to shut us off from the unknown world

without, and partly from the fear, if we are too venturesome, we shall be looked at askance when we seek promotion. The great majority are content to live in blissful ignorance, and to wallow in the thoughts of others. The iconoclasts in their midst are the bugbears, these restless individuals who are for ever prying into things, who insist on looking at things from the wrong angle, who, cursed with inquisitive minds, want to know why and who insist on creating disturbances, and casting doubt on established things.

But the only hope of advance comes from these adventurous ones. Daily we are finding that in place of the perfect strongholds, we believed we possessed, we have but "castles in Spain." For although we live in a critical and catalytic age we are not critical enough, we are too readily convinced, our examination is not strict enough. The waste of energy is enormous, and now the time is coming when every iota of energy must be conserved.

The moral of the tale is that there is far too great a temptation on the part of the student to accept all *ex cathedra* utterances, and the material obtained from reading as *the* truth, whereas, the absolute truth being unknown, they are merely the dicta which pass for truth for moment. But to swallow whole all the statements is fatal. The student must have imagination, he must have vision, he must test, try, and think. The bane of our present system of teaching and examination is that students are not trained to use what brain they possess. It is true the mental equipment varies, but all possess a modicum at least of grey matter, and it must be used if full advantage is to be taken of these years of serving. We are long past the period when a standard view can be laid down and be held to be the view for all time. No doubt the swallowing of that view suffices for examination purposes; the examination hall being simply a glorified and sanctified *vomitorium*. But pity the student who thinks that he has learned his subject, when he has culled a miserable collection of so-called facts, arranged them in more or less order, and then, like some automatic machine, when the proper button is pressed, disgorged the undigested mass. This at least can be said for the medical curriculum: it is an orderly sequence of training, each and every subject playing its part, provided it be properly used, in the rendering of the callow student a fit and proper person to take the life of man into his hand.

There is another aspect of the question, namely, the value of experience and tradition. Now there is nothing more futile than the chase of chimeras, mere figments of the imagination, the attempt,

for example, to solve such a problem as that of perpetual motion. Occam's razor is still sharp, and it cuts through these shallow sophistries. But on the other hand, tradition and experience, if properly used, indicate the short cuts without blighting originality. The danger lies with the tradition which supports the widespread belief of the sere and yellow leaf being the proper dress of wisdom. Nothing of the sort. The sere and yellow leaf merely indicates that the supply of life-giving sap is running dry.

No matter how enticing the picture, distrust it. It may be right. But if you are bent on getting at the truth, it is infinitely better to hold that a thing is wrong until you can prove it right, than that it is right until it is proved to be wrong. There is a very old adage which is well worth keeping in mind, as it is of very wide application: "All is not gold that glitters." It is much easier to accept current beliefs, it is much more comfortable than to doubt them. No reformer, no real seeker after truth has ever had a peaceful life after he once tries to proselytise. But, after all, to fight is to live, and it is infinitely better to live than to vegetate. Remember there is—
"Something hidden. Go and find it. Go and look behind the Ranges—

Something lost behind the Ranges. Lost and waiting for you. Go!"

E. P. C.

A TRUE TALE.

It was a bright April morning when the M.O. of the 17th Blankshires shook off his blanket and climbed up, blinking, from his dug-out into the sunlight. The immediate prospect was barren and hideous enough, for the stairway opened on a sunken road in what had been, up to the British attack some days previously the rear of a sector of Bosch line. How barren and hideous that means, the war correspondents and photographers have tried to interpret; nor have they exaggerated.

True, he might have walked a few hundred yards to the top of the ridge over which the sun had risen and looked down on a stretch of undevastated country, with real villages instead of brick-heaps with a map reference to them, and an undamaged town—Douai—sparkling in the distance. But he had seen all he wanted of that particular view the evening before, when a small group, of which he was one, was rudely dispersed by a salvo of Hunnish 4.2's. For the future they had decided that imagining oneself Moses gazing at the Promised Land when standing

on the sky line in full view of the enemy, was a form of mental exercise to be avoided. But breakfast was ready; so the M.O. returned to the dug-out, and proceeded to deal with it, meantime rather moodily thinking over the situation.

The 17th Blankshires had come into the line, along with the rest of their Division, at the southern end of the Vimy Ridge. They had taken over in a blinding snowstorm from the captors of those heights, and for the succeeding ten days had lived in sundry dug-outs of Bosche construction, awaiting the time when the weather and consequent movement forward of guns should allow of the next step on the advance. Apparently the time had arrived, for the attack was to be at dawn next morning.

The allotted task of the battalion was one that satisfied no one. Two companies were to form "mopping up" parties for the storming battalions of the brigade, and two companies were to supply men for sundry "strong points" as the advance proceeded, and to provide carrying parties for bombs and ammunition.

Thus the men would be attached to other regiments, the Colonel would find himself with no-one to command, and the M.O. would be out of touch with his bearers and working in some other battalion's aid post. Lots of work and worry and no kudos for the regiment was the general verdict. However, there it was, and someone had to do it.

But his reflections were interrupted by the arrival of the sick, so the M.O. made his way up to the light again. As he expected, there were few to be seen, for hitherto at all events it had been a point of honour in the 17th Blankshires to avoid reporting sick on the eve of an attack.

But then there was the draft.

Of course there had been many drafts, but the last, a very large one, had been composed almost entirely of "Derby" men of the lower grades, and ever since their arrival the daily sick had been above normal. However, a few months in the line had weeded out most of the creaks, and to his relief the M.O. saw only one familiar face, one Pte. Gosling.

Gosling was a typical gardener, about forty years old, and of what the Colonel was pleased to call the "nobbly" type. His face was rough and weatherbeaten, his movements slow, and his joints rheumatic. He could use a pick or shovel to good purpose, was a cheerful worker, and the despair of his platoon-commander.

Possibly it was he who, having failed when on guard to present arms to the Colonel, smiled benignly on him, said "Sorry!" and slowly brought his rifle to the accustomed position.

And here he was reporting again with the old joint trouble.

"Look here, Gosling," said the M.O., "I can't send anyone down the line to-day unless they're really bad. The old trouble, I suppose?"

"Yes, sir. It's the damp at nights, I think, sir."

"Well, you must do your best till we get out of the line. Come and see me then, and I'll get you a job with the Divisional Company—something soft. Can you do that?"

"I can manage that all right, sir. Thank you, sir."

"Good. Must have every man we can for this attack to-morrow. Meantime, rub his knees again, Corporal, and give him some aspirin."

"Didn't know about no attack, sir. Wouldn't 'ave come if I'd know'd about it."

"That's all right. Come and see me when this business is over."

So the old man returned to his company, full of contentment.

"Cheerful old bird, isn't he?" remarked the M.O. to his corporal.

* * * *

Two days later the M.O. was watching the sunset a few hundred yards away from where we last saw him. The attack had taken place in due course, considerable success had been achieved, and the men of the regiment had done good work. Most of the casualties were cleared, so there was time to look about and take the air.

Just before dusk he saw the sergeant-major of B Company coming along—sent out for a short rest, it transpired.

"Well, sergeant-major, how did B Company get on?"

"Did pretty well, I think, sir."

"Many casualties?"

"No, sir. Very lucky on the whole. The first day we only had one killed and a few walking cases."

"Good! Who was the unlucky one?"

"Oh, Gosling, sir. Old client of yours, wasn't he, sir?"

"What? The old man? Yes, his joints troubled him a good deal. . . . How was he hit?"

"He was one of the carrying party on the right, sir. Just dropping over the parapet with his bag of bombs into the Boche trench, when one of our own eighteen-pounders caught him. Head blown right off, I believe, sir."

"A premature, I suppose."

"Suppose so, sir. Good-night, sir."

"Good-night, sergeant-major."

* * * *

"Hullo, doc! You look damned fed up with life," said the adjutant as the M.O. scrambled down into the headquarter dug-out.

"Well, it's a bloody war, isn't it?" growled the M.O.

A. G. W.

BYEGONE MEMBERS OF THE HOSPITAL STAFF

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

NOTE.—*Before proceeding further with these Memoirs, the writer wishes to gratefully acknowledge the valuable assistance he receives, in the compilation of them, from the Dean, Dr. William Wright, whose interest in everything which concerns our College is so well known and so warmly appreciated.*

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

Dr. Frederic Cobb, appointed Assistant Physician Sept. 5th, 1827; Physician, Feb. 17th, 1841; Resigned, Jan. 11th, 1854.

Dr. Cobb was born at Throwley, Kent, Feb. 1st, 1796, being the son of Mr. Henry Cobb, of that town.* At Christmas term, 1808, he was entered at the King's School, Canterbury, under Mr. Christopher Naylor, Head Master.† The date of his leaving the King's School is not entered in the School Register, but it must have been about the year 1817, for in that year he entered our Hospital as a student, and in 1818 was appointed Demonstrator of Anatomy. He then went to the University of Edinburgh, where he graduated M.D., 1st August, 1822, the subject of his graduation thesis being "De Rabie Canina."

Returning to London, he settled at 5, St. Helen's Place, Bishopsgate, and became physician to the German Hospital, and to the Tower Hamlets Dispensary, as well as to our Hospital.

He was admitted a Licentiate of the Royal College of Physicians 24th March, 1824, and a Fellow, 30th September, 1839.

In 1854 he left London and went to live at Frensham, an estate he had purchased at Farnham, Surrey. There he died September 2nd, 1883.

Dr. Cobb, whose wife predeceased him, left property valued at over £10,000, which, in accordance with the provisions of his will, was

* The Cobb family have been settled in the County of Kent since the time of Edward II.

† King's School, Canterbury, is the School at which the celebrated Harvey was educated.

distributed among his six children and two grand children.

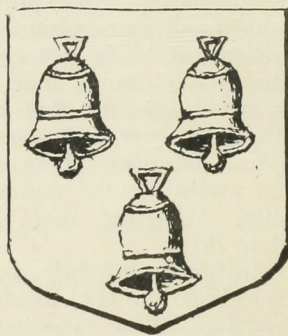
Arms.—In College window.

The only medical publications of which Dr. Cobb is known to have been the author are:—

"De Rabie Canina," his graduation thesis; 8vo., Edin., 1822.

Report to the Chairman of the House Committee of the London Hospital upon the Epidemic now prevailing at Newcastle-on-Tyne (Cholera), printed for private circulation" 8vo., Lond., 1832.

His Will, Munk's Roll. Roy. Coll. Phys.; Clundull's Medical Directory, Medical Times and Gazette, Sept. 8th, 1883; and information kindly supplied by the following gentlemen: Mr. William Fleming, Registrar Roy. Coll. Phys., Lond.; Mr. Spencer Honeyman, Librarian, Brit. Med. Asso., and Mr. Algernon Latter, Head Master, King's School, Canterbury.]



Mr. John Cawood Wordsworth, appointed Assistant Surgeon, Sept. 26th, 1849; resigned Oct. 10th, 1859.

John Cawood Wordsworth was born in 1823 in Manchester, where his father, the Rev. William Wordsworth, a collateral relation of the poet, was a curate.

In 1840 he was apprenticed to a well known Manchester surgeon, Mr. John Jesse, and he always spoke gratefully of the medical training he received from this gentleman. Then in 1841 he entered our Hospital, and eventually became House-Surgeon for two years. He became M.R.C.S. in 1845, and F.R.C.S. in 1862.

He worked very hard as a student, and as a result his health failed. He consulted our physician, Dr. Pereira, who advised him to give up work and go to Madeira. Chance, however, took him to the West Indies and he commenced practice in St. Kitts. A short stay there completely restored his health and in 1849 he returned to London and rejoined our Hospital as Assistant Surgeon and Demonstrator of

Anatomy, and a little later, Assistant Surgeon to the Royal London Ophthalmic Hospital, Moorfields.

In 1854 the Crimean War broke out, and then, as now, there was a call for volunteer surgeons. Mr. Wordsworth was one of those who responded, and readily obtained leave from the Governors of the London Hospital to proceed on his patriotic Odyssey. He went first as surgeon to the Civil Hospital at Smyrna, but here the work was somewhat dull, and insufficient to engage his active surgical acquirements. He petitioned and obtained leave to proceed to the scene of active operations, and his first duty was to attend to those who had been wounded in the attack upon the Redan. Then, during three winter months he was upon the staff of the "Castle" Hospital above Balaclava. Here he found unlimited scope for his energies, and his excellent work was rewarded with the Crimean medal, the Sebastopol Clasp, and the Turkish Medal.

The War over, Mr. Wordsworth returned to London and devoted himself almost exclusively to Ophthalmic surgery. In order to be near the Moorfields Hospital, he resided at No. 41, Finsbury Square, having as a co-tenant the founder of the well-known telegraph service, Mr., afterwards Baron, de Reuter. In 1861 he removed to 50, Queen Anne Street, and finally to 20, Harley Street, where he died.

His health, from the time he had been a student at the "London," had not been good. Apparently he suffered from a latent form of tuberculosis. This had been almost stamped out during his residence in the West Indies, but after his return to this country it appears to have become revived. He became anæmic and lost weight. Frequent attacks of rheumatoid arthritis followed. Then there was muscular degeneration of the heart with pericardial effusion, and finally angina pectoris. He died on February 22nd, 1886, and is buried in Highgate Cemetery.

When at Smyrna he made the acquaintance of a Turkish gentleman, M. Chaussand, whose daughter he married. By this lady he had a son, William John Wordsworth, who became a member of our profession and went to practice in Brighton.

Armorial Bearings—Argent, three bells azure.*

* *Armorial Bearings*.—Dickens, in "Barnaby Rudge," tells us that escutcheons are placed in windows in order that the sunlight shall remind us of the mighty deeds of ancestors. Apparently, with this idea, our College Council have placed in the Library a beautiful oriel window displaying the escutcheons of many members of our hospital staff. As, however, every member is not thus commemorated, the writer will endeavour to fill the *lacunæ* by giving, in these memoirs, as far as he is able, the authentic arms of those with whom he deals.

In addition to the attainments already mentioned, it has to be added that Mr. Wordsworth was a Fellow of the Zoological Society of London, an Honorary Member of the Army and Navy Medical Society, and, at the time of his death, was Vice-President of the Medical Society and of the Ophthalmological Society.

With regard to his character, *The British Medical Journal* (March 13th, 1886), in its eloquent tribute, writes:—"With his patients and in private life he was especially attractive by reason of his gentleness, his thoughtful consideration for others, his sympathetic nature, his geniality, and withal his keen but quiet sense of humour—qualities which always invited, and never disappointed, the fullest confidence."*

Mr. Wordsworth was the author of the following contributions to medical literature:—

Introductory Address, London Hospital Medical College, 1857.

On the Ophthalmoscope, *Medical Times and Gazette*, 1859.

On Nævus, *British Medical Journal*, 1852.

Chloride of Zinc, *Lancet*, 1859.

[*British Medical Journal*, Churchill's *Medical Directory*.]

Dr. Thomas Davies appointed Assistant Physician, Dec. 5th, 1827. Died June 18th, 1839.

Dr. Davies was born in the town of Carmarthen, and at an early age was brought to London, where he received his general education.

He had the good fortune to be nephew to Mr. Price, the then Apothecary of the London Hospital, and in that way became introduced to our institution, which he entered as a student in 1812. His health, however, gave way, and he went to Montpellier. Both there and in Paris he continued his medical study, and, at the Necker Hospital in the latter city, became a pupil of the famous Laennec. He graduated M.D. Paris, 8th Dec., 1821. Upon returning to London he was admitted L.R.C.P. Lond., 30th Sept., 1824, and elected a Fellow of the College 4th July, 1838.

* A curious story is told of Wordsworth's earlier days. Like others who eventually became famous, he, at first, suffered from pecuniary stress. Patients and fees were slow in coming. It was necessary therefore for him to miss nothing. When on duty at Moorfields Hospital he instructed his page boy to come there for him if a patient called. One day the boy came to tell him a patient was waiting to see him. "I'll come at once," replied Mr. Wordsworth. "You need not hurry, sir," replied the boy, "I've locked him in." Upon arriving at his house, Wordsworth was greeted with a terrible banging at the door and clamour to be released by the interned individual, who, when the door was opened, proved to be, not a patient but the tax-collector, a rather unwelcome guest.

While a pupil of Laennec he acquired a thorough knowledge of diseases of the lungs, and of the use of the stethoscope*. This knowledge he imparted to others by a course of lectures he delivered at his private house in Broad Street.†

Dr. Davies' skill as a rising physician soon became manifest, and it was felt desirable to retain his services in connection with our Hospital. There was, however, no vacancy for him, but Dr. Munk (*Roll. of the Royal College of Physicians*) tells us that at the instigation of Dr. Billing, a special post was created for Dr. Davies, and he was appointed Assistant Physician. This was unfortunately the only post which he held, for although Mr. Morris (*History of the London Hospital*) says he was made full physician in 1839, he died before he could enter upon his duties as such.

Dr. Davies at first practiced as a family doctor in the Mile End Road, but upon becoming a consulting physician, he went to reside at 30, New Broad Street. There he died, on June 18th, 1839, in his 80th year. He is buried in the churchyard of St. Botolph, Bishopsgate.

Dr. Norman Moore, who writes his obituary notice in the *Dictionary of National Biography*, says that Dr. Davies always impressed upon his patients the desirability of "keeping up the spirits," but adds that Dr. Davies, in his last illness, failed to observe this wise injunction himself, for his last days were marked by painful melancholy.

Dr. Davies married an Essex lady, Miss Maria Woodfine, by whom he had a family of five sons

* The evolution of the stethoscope is interesting. The story, as far as the writer recollects it, is as follows. Prior to Laennec's time it had been customary to apply the early directly to the chest, back, and front. A handsome young lady, considerably *embonpoint*, came to Laennec's study. Laennec, who was then a young man, hesitated to adopt in her case the usual method of auscultation. Lying upon his study table was a sheet of paper. Rolling this into a tube he applied it to the patient's chest and was delighted to find he could hear the heart sounds quite well. It then occurred to him that if he could hear well through a tube of paper, he would probably hear better through a bar of wood. This he found to be the case. He then had the bar of wood made hollow. Finally he had the ends scooped out to make ear and chest pieces. (The stethoscope was ignored by Sir Henry Hallford and many physicians of the older school who practised long after its invention.)

† This course of private lectures must have synchronised with those given upon the same subject, by Dr. Billing at the London Hospital. Dr. Billing and Dr. Davies, however, were good friends. Both had studied under Laennec in Paris. Any rivalry, therefore, which existed between them would be of a generous nature. At that time, moreover, general practitioners were not admitted to the lectures at the hospital, and students would scarcely be expected at Dr. Davies' private course. It is probable, therefore, that Dr. Davies's lectures would be regarded as a sort of post-graduate study.

and three daughters. One son, Herbert (M.D. Cantab.), eventually became one of our physicians (of whom hereafter).

Arms.—In the College window.

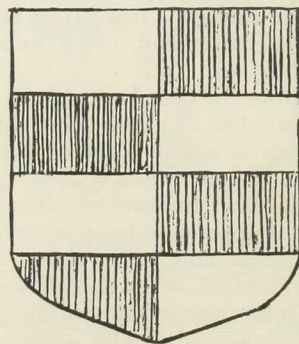
Will.—Dr. Davies left property valued for Probate at £18,000. This sum, however, did not include the value of his real estate, which consisted in house property in Whitechapel, Bishopsgate, and the Minories, and a mill at Kelvedon, Essex.

The most notable of Dr. Davies's writings were his lectures upon Diseases of the Heart and Lungs. There appeared first in the *London Medical Gazette*, but were subsequently published, in 1835, as an 8vo volume, a copy of which is in our College Library.*

[His Will, *Dict. Nat. Biog.*, Boase's *Modern English Biography*, and Munk's *Roll. Roy. Coll. Phys.*]

Mr. Henry John Barrett, appointed Dental Surgeon, June 4th, 1857; resigned April 21st, 1874.

Mr. Barrett belonged to an old Essex family, of which Sir Thomas Barrett-Lennard, Bart., of Belhus, Romford, is now the head.



Mr. Barrett was the son of Mr. Ashley Barrett, and was born at Blackmore, near Ingatestone, in 1824. He received his elementary education at Billericay.

He entered our Hospital as a student in 1844. When appointed Dental Surgeon, he also became Professor of Dental Anatomy and Pathology. The writer remembers Mr. Barrett's lectures upon these subjects as a pleasant instructive course, well illustrated by diagrams and microscopic specimens. When he resigned he was followed in the chair of Dentistry by his nephew, Mr. Ashley William Barrett, of whom hereafter.

In addition to his post at the London Hospital, Mr. Barrett was also, for many years, upon the

* In this work he mentions the curious case of a child who lived 37 days with his heart transfixed by a splinter of wood 3 inches long.

staff of the Dental Hospital, Leicester Square, an institution of which he had been a foremost promotor.

At the Royal College of Surgeons Mr. Barrett became a member in 1847, a Licentiate in Dental Surgery in 1869, and was for some years examiner in Dental Surgery.

When establishing himself in business he went to reside at 42, Finsbury Square, and was associated with Mr. John Livingstone Craigie, who had preceded him as lecturer upon Dental Surgery at our College, although, apparently, this gentleman was never upon the Hospital staff.

Mr. Barrett took a leading part in founding the Odontological Society of London, and was its President in 1869.

As a hobby he took an interest in shooting, yachting, and fishing. A shrewd man of business, he was elected to the Board of the Metropolitan Railway Company.

Upon retiring from practice, Mr. Barrett first went to live at Langford Park, Essex, but afterwards removed to Swakeley's a fine Jacobean mansion near Uxbridge.*

On June 25th, 1892, at Wheathampstead, the seat of the bride's father, Mr. Barrett married the Lady Maud Edith Gundreda, younger daughter of the ninth Earl of Cavan. There was, however, no issue.

Mr. Barrett's last illness commenced while he was upon a fishing expedition at Strathmore, Caithness. His death, which was due to uræmia, occurred at Swakeleys, July 5th, 1901. He is buried at Blackmore, Essex.

Arms.—Per pale, argent and gules, barry of four counter changed.

His estate was proved for the considerable sum of £195,776 5s. 4d. By his will he left £200 each to the London Hospital and to the Dental Hospital and £300 to the Vicar of Blackmore for the repair of the parish steeple.

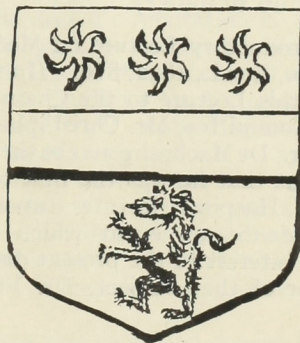
Mr. Barrett was a man of charming personality, and his large circle of friends included the Poet Laureate, Lord Tennyson.

[His Will, *Burke's Peerage and Baronetage*, *Dental Record*, *Journal of the British Dental Association*, and information kindly furnished by Mr. Frederick Walter Barrett.]

* Swakeley's is mentioned by Pepys, and as the comments of that diarist are always refreshing, the writer thinks an apology will scarcely be needed for his reproducing them. "To Swakeleys, to Sir R. Viner's. He took us up and down with great respect. Pretty to see over the screene in the hall the King's head and my Lord of Essex. . . . He showed me a black boy that he had, that died of a consumption, and being dead, he caused him to be dried in an oven, and lies there entire in a box. By and by to dinner, where his lady, I find yet handsome, but hath been a very handsome woman; now is old." (Diary, Sept. 7, 1665.)

Dr. John Macbraire, elected Assistant Physician
Dec. 30th, 1828; resigned June 19th, 1832.

Dr. Macbraire was descended from "an ancient family in Dumfries-shire" (Burke), who bore for arms *Argent, a fesse gules between three estoiles in chief and a lion rampant in base of the last.*



Of this family, James Macbraire emigrated to Newfoundland, where he established himself as a merchant. In 1794-5 upon the outbreak of the French Revolution, and with a view to defending the North-American colonies, he raised and commanded a troupe of one hundred men. The Revolution over, his company was disbanded, and in 1817 he returned to this country, purchased the estates of Tweedhill and Broadmeadows, thus restoring his family to their former place of importance in the south of Scotland.

His son, John, our physician, born at Halifax, Nova Scotia, preceded his father to this country, and in 1815 matriculated as a student in the University of Glasgow. He, however, migrated to Edinburgh, where he graduated M.D. in 1824. In 1823 he had become a Licentiate of the Royal College of Surgeons, Edinburgh.

Dr. Macbraire distinguished his connection with the London Hospital by founding in our College the chair of Medical Jurisprudence. Dr. Macbraire was also Physician to the Tower Hamlets Dispensary and a Vice-President of the Hunterian Society.

Soon after leaving our Hospital he retired to Windsor, where he died, Nov. 9th, 1841.*

By his will, Dr. Macbraire leaves his medical books to Mr. Alfred Hamilton, one of our Surgeons (*Gazette*; Nov., 1913). After bequests to servants,

* It has been impossible to trace Dr. Macbraires' residence in London, as no Medical Directory was published between the years 1800 and 1845, nor has any obituary notice of him either in the lay or medical press been found.

he leaves the residue of his property to his brother, Captain Macbraire, of the Madras Army, from which it would appear that our physician died unmarried.

Dr. Macbraire was the author of two works—

1. "A System of Nosology," Lond., 12mo, 1830. (This may be regarded as a "Cullen" brought up to date.*)
2. An Introductory Lecture on Medical Jurisprudence, Lond., 1832, 8vo. (In the dedication of this Lecture to the Chairman of the House Committee, Mr. Christopher Richardson, junr., Dr Macbraire makes the important statement that he was the first to establish at our Hospital lectures upon Medical Jurisprudence, an event which will be of especial interest to the present distinguished professor of that subject, Dr. Frederick J. Smith.)

[His Will, his works, Burke's *History of the British Commoners*, Glasgow University Graduates List, *Gentleman's Magazine*, and information kindly supplied by Mr. D. P. Eadie, Clerk to the Royal College of Surgeons, Edinburgh.]

Peter Yeames Gowlland, appointed Assistant Surgeon, March 25th, 1858; resigned April 13th, 1862.

The Gowlland family were originally resident in Canterbury, where they were engaged in commercial pursuits for several generations.

Richard Gowlland, merchant and Freeman of Canterbury, married Sarah Sankey, whose brother Mathew, was Mayor of Canterbury in 1798. The issue of this union was two sons, the elder of whom, Captain Richard Gowlland, R.N., was father of our surgeon.

Our surgeon, Peter Yeames Gowlland,† was born in 1825. He received his general education from private tutors. In 1845 he entered our Hospital as a student, and, when qualified, was appointed House-Surgeon. Subsequently he became Demonstrator of Anatomy, Assistant Surgeon, and Lecturer upon Anatomy. As a demonstrator of anatomy he was very successful, and being a good draughtsman, furnished many useful diagrams, which, until quite recently, were used to illustrate the anatomical lectures.

* William Cullen, M.D., Professor of Medicine in the University of Edinburgh first issued his famous *Nosology* in 1768. The work went to four editions, the last of which was published in 1785.

† The name of Yeames is apparently derived from family friends who were Russian merchants.

At the Royal College of Surgeons he became member in 1848 and Fellow in 1853.

In addition to his work at the London Hospital, he was, for ten years, Surgeon to the Islington Dispensary and for some time Surgeon also to the St. Mark's Hospital for Fistula.

He was a Fellow of the Royal Medical and Chirurgical, the Medical, the Pathological, the Hunterian, and the Royal Microscopical Societies.

He was Brigade-Surgeon in the Honourable Artillery Company, and, among his eleemosynary posts, acted as Honorary Surgeon to the Artists' Annuity Fund.

Among his non-medical acquirements it may be stated that he was a Freemason, being a member of the Fitz-Roy Lodge. He was a keen sportsman, and would often repair, for fishing, to Chartham, in Kent. The walls of his dining-room were ornamented with the skulls of deer which had fallen to his gun.

With regard to his character, the *British Medical Journal*, in its obituary notice (August 22nd, 1896), says of Mr. Gowlland that, "He was kind and unselfish to a degree, and had considerable influence over his patients who, not rarely became his friends."

Mr. Gowlland married Elizabeth Rosina Susan, daughter of Mr. John Wilkinson. By this lady he had two children, Peter Yeames, a barrister, whose untimely death at the early age of twenty-eight, greatly distressed his father, and Rose, who married Mr. Douglas Barry.

With regard to his places of residence, Mr. Gowlland first lived at 24, Finsbury Square. In 1893 he removed to 82, Gloucester Terrace, Hyde Park. Here, his death, due to uræmic coma, occurred on August 11th, 1896.

He is buried in Highgate Cemetery in a tomb containing other members of his family. His funeral was attended by Mr. Thomas Bryant, Sir Jonathan Hutchinson, Sir Stephen Mackenzie, and many other personal and professional friends.

Portrait.—A pleasing portrait of Mr. Gowlland has recently been presented to our College by his daughter, Mrs. Barry.

Armorial Bearings.—In College window.

Will.—Mr. Gowlland left property valued at £12,850 6s. 3d., the whole of which he bequeathed to his "dearest and most precious wife," whom he appointed executor and sole trustee.

[*British Medical Journal*, Cowper's *Freeman of the City of Canterbury*, and information kindly furnished by Mr. Stephen Gowlland and by Lieut.-Col. Edward Gowlland, D.S.O., R.A.M.C.]

CROUP.

F. GRAHAM CROOKSHANK, M.D., M.R.C.P.

Croup is a homely word, long since deemed unworthy of admittance to superior terminological society.

The consideration, however, of what we call "croup," is of the greatest interest; not only to the practitioner, but to the pathologist—the pathologist, that is, who studies *disease*, and not merely *post-mortem* specimens. Yet the subject is one that has become involved in a fog of confusion and obscurity; and that, even to-day, is dealt with by some of our most approved writers in a manner that is no less perplexing than perplexed.

The topic cannot be exhausted within the compass of a short paper, even at the expense of jettisoning all historical references; but some points at least may be discussed.

The word croup is a British folk-name originally applied to a certain easily recognized group of symptoms, and was at first used by medical men in this sense without any pathological *arrière-pensée*. It is in this sense alone that it should be used.

Unfortunately, the word has been used, and sometimes still is used, with or without the prefix of various adjectives, such as "true," "false," "spasmodic," and "membranous," to connote particular pathological conceptions; and it has suffered conversion into an adjective—"croupous"—employed to denote a kind of inflammation that may occur, as in "croupous pneumonia," where there is no croup, and that certainly does *not* occur in most cases of "croup."

Yet it is a word that is necessary; for there is none other to take its place: and the caviller may be reminded of the schoolboy who, when asked by his maiden aunt *why* a certain kind of ball was called a "yorker," replied, pertinently enough, "What else *could* you call it?"

Technically speaking, the symptoms constituting croup are: dyspnoea with inspiratory stridor and recession of parts of the thoracic parietes; aphonia, or at least dysphonia; and cough of an indescribably "metallic" but characteristic *timbre*.

Putting on one side, now, out of deference to exigencies of space and time, all allusion to the writings of Home, Cheyne, Field, Ferriar, Gooch, Bretonneau, Trousseau, and Watson, we may agree to use the word only in naming this characteristic symptom-group that has no other appellation: an usage every whit as justifiable as to speak of mania, delirium, the typhoid state, or the facies Hippocratica; and far more correct

than to speak, with surgeons, of "acute abdomens," and with patients, of pains which are "somethink chronic"!

Nevertheless, we must admit that croup, as just defined, occurs, in different cases, under very diverse circumstances; and in relation to sundry proximate causes, which must be very carefully distinguished: since on their recognition depends the ordinance of treatment, the patient's life, and—the doctor's reputation.

Now, although the proximal causes and the obvious conditions of different cases of "croup" differ widely: enabling us in many cases to establish speedily an exact diagnosis, as it is called; yet, in all cases it is not so, and for most cases (at any rate of croup that is not diphtherial) there is a common condition of the patient, recognized by mothers, who declare that their little ones have been "weak on the chest from birth," "always croupy," or "liable to attacks of croup."

In what does this condition consist?

The question cannot be answered in a word; and a complete reply would necessitate a prolonged excursion into the wider domain of biology of which science the study of disease is, after all, a part.

We are a little apt, as medical men, to disregard what may be called the zoological study of the child; and to consider him, or her, as an irritating and incomplete human being characterized by an inability to give good account of his "past history and present symptoms." We regard his ailments as things "going about and seeking what they may devour": things that "attack" him; things that are objective and offensive: like a Bolshevik, or a Hun.

We forget that many of his disorders of function are but hitches in the progressive organization of his functions—disturbances of his physiogeny—brought about oftentimes by relatively trivial "causes." The young child, however healthy and "forward" he may seem, is yet removed by only a few months from the mulberry mass stage of life, and, in spite of the recent and perfunctory recapitulation *in form* of his phylogeny, is, in respect of functional development, relatively unspecialized and unorganized. Form, say some, is determined by function: and so it is, in great part; but, in the *development* of the infant, the moulding of outward form *precedes* the complete organization of the outward function with which the organ or part is to be endowed, or *associated*. (cf. Roux, "*Kampf der Theile*.")

The main creases on the palm of the hand are the result, so say anatomists, of exercise of function. But, as Keith has shown, these lines are present, in the normal foetus, six weeks before

birth—in *anticipation* of the assumption of function by the cerebral motor cortex.

So, although these or those organs of the infant may seem in external form to differ from those of the adult mainly in proportions, and to be as “ready for service” as they are, yet their specialization and systematization of function lags (at least, up to the time of the *seconde enfance* of the French paediatrists) behind that of external form. Moreover, in the child, *inner* functions of cells and tissues—those concerned with self-organization and repair—are also less organized and specialized than in the adult; so that, although the external form of particular organs is more or less settled, yet is there greater affinity, in respect of inner functions, between the several tissues of which the organs subserving common external function are composed, than in the adult: they are less heterogeneous.

In the undeveloped organism all tissues react more or less similarly to the same stimulus; a fact which explains much in the therapeutics of infancy. In the adult there may be disease of this or that organ, and yet not notable disturbance of the function-system into which that organ enters, *as a whole*; and we regard the structural changes associated with disease as spreading, by contiguity, propinquity, or at least along definite channels and paths of least resistance. But, in the child, the inward homogeneity of function-systems is such that we witness nutritional and other changes induced otherwise than by mere material propinquity. What we call *trophic* influences, when seen in disorder, in *degenerative* diseases of the adult, are normal to the infant; and the effects of their derangement are frequently obvious in his illnesses. Thus it is that asthma in the child is overlooked *because* of the “obvious bronchitis”: that in acute poliomyelitis of young children there are swellings and rednesses of the parts paralysed, and that Dr. Warner’s law is so absolutely true. Thus it is that Parrot’s law: “of similar adenopathies,” holds good; that “meningism” arises so easily in the nursery; that teething may bring about such widespread disturbances; and that, in acute disease of the lungs, the parietes are so seriously affected at the time, in respect of movements, and later, in form.

Function-systems comprise *all* organs, parts and tissues subserving a common function, from the highest nerve centres involved to the integuments of peripheral structures; and, in the child, both disorder of outward function and associated structural change brought about by the *local* operation of “causes of disease” tends to become generalized throughout the whole function system implicated, in inverse ratio with the developmental progress realized.

Thus it is that the manifestations of disease in childhood depend so greatly on the stage of organization of the function system implicated, and that causes of disease, most diverse in their nature, *quâ* the adult, tend in infancy to produce apparently similar effects. Thus it is that a baby, thought dying of suffocative bronchitis, quickly recovers from—an asthma! that the convulsions of one boy with worms are worse than those of another with tetanus; and that so many cases of “obvious meningitis” (before the days of lumbar puncture) recovered with the lancing of a swollen gum. Thus it is, too, that such lamentable mistakes are made, in dealing with cases of “croup,” as is so frequently the case.

Children vary moreover widely in what has been called their “genetic impetus”; or, to employ a topical image, their muzzle velocity; and this “muzzle velocity” is one of the factors that determine the curve of their physiogeny and morphogeny: their development of function and of form.

We all recognise this implicitly; but we do not, I think, openly admit how many children there are whose poor muzzle velocity is responsible, not so much for *general* lack of development, as for hypogeny of particular function-systems. The congenital idiot and imbecile we know, of course: and gross imperfections in outward form, attract our attention. But there are children, some of whom exhibit morphological backwardness of their genito-urinary system: others of their nervous system, others of the circulatory arrangements, and others of the respiratory system, accompanied by an even more marked poorness of functional organization, both outer and inner, whereof the latter, by reason of the resultant “physiological tissue inferiority,” as the French say, renders the child particularly susceptible to acute diseases of this or the other system. Sometimes this tardive organization of function is “grown out of” as parents say; but, even so, signs remain, obvious to those who have eyes to see, foretelling a tale of the “degenerative” diseases that will arise during life’s katabasis.

Hypogeny of the respiratory system is met with at all stages of growth (even in adult life some traces persist in those who survive) and in all degrees. At one end of the scale are the cases spoken of by Dr. Sutherland as “cerebral aplasia,” whereof the grossly defective bulbar organization is accompanied by a degraded form of respiration incompatible with life; and there are less marked cases, with “fœtal” or imperfect breathing, sometimes called atelectasis.

At the other end of the scale there are those children who, thanks to a mother’s assiduity, get through life fairly well until, perhaps, in the

field, under the influence of emotion, they develop "shell-shock asthma"—the *catarrhe sec* of the later French military writers!

There are the Mongolian imbeciles—so "prone to die of intercurrent pulmonary affections"—with their strange simian snoring and snuffling noises; and those ill-bred and poorly-developed children who "gag" when the throat is looked at, and either can't put the tongue out to the doctor, or won't keep it in for their mother; whose food is always "going the wrong way" at table; who never learn to gargle, and who are late in acquiring the knack of coughing properly, and spitting. All these signs spell lack of systematization and organization of function, and are usually accompanied by obvious external characteristics. The head is seldom long; the occiput seldom prominent: the nose is small, or flat, and the nares pinched; the face is smooth, since the air-cells are rudimentary; the mouth is small, and the chest is poorly shaped and simian, if not altered by rickets or the effects of continued disease. The body is often fat and neck short.

The naso-pharyngeal vault is cramped, and the vomerine arch sometimes to be felt; the chink of the larynx is small; and the epiglottis a poor folded thing, while, in the lungs, separation of the right upper lobe from the middle one is very frequently delayed. The physiological tissue inferiority of these children is seen in their tendency to weak hyperplasia of lymphatic tissue, and in their liability to suffer certain inflammatory (catarrhal and "croupous") changes; in the softness of the cartilages of their windpipes, in the accessibility of their pleural cavities to micro-organisms, and in the poverty of their chest-walls. The nervous arrangement co-ordinating the various departments of respiratory function are "reflex" and primitive; and the persistent tendency to laryngeal spasm is something to be thought of with the up-going great toe of the child under four years of age. *And it is amongst the children of this class that the subjects of croup are generally to be found.*

I do not suggest that respiratory hypogeny is not frequently a part of general hypogeny, or combined with hypogeny of other systems, for it most certainly is. But I do suggest that it is, *in its less marked forms*, frequently met with amongst children otherwise well-developed; and that we should do well to recognize the sagacity of mothers who "know when a child is weak on the chest and when it isn't, whatever the doctors may say."

So we are justified, I think, as students of disease, in recognising what there is in common between the various kinds of "croup"; though nothing can excuse us, as prac-

tioners, if we evade the responsibility of distinguishing individual cases in respect of those proximal causes on the determination of which depends the issue of the malady and the treatment we prescribe if we shirk making an "exact diagnosis."

The real way to "make a diagnosis," however, is not to pitch on the name which seems most likely to be "right," but to attempt to declare what really is the matter with the patient in terms of the functions disordered, the causes and conditions of the disorder, and the structural changes, if any, associated with it.

(To be concluded.)

CHILDREN'S 'XMAS PARTY.

It is with great pleasure that we record the unqualified success of the Children's Party held at O.P.'s on the 28th of December, 1917. The entertainment given was the first of its kind, being a feast for all sections of out-patient children, although the "Massage Department" had been in the habit of entertaining its patients every year.

The children were all gathered together at the Out-patients' Waiting Hall, which had been tastefully decorated by sisters, nurses, and residents with Christmas trees, toys, and various other familiar Christmas embellishments. A Christmas Tree and a tea-room formed the "Headquarters" of each of the five sections into which the children had been divided.

"At 3 p.m. the raucous sounds of the approaching residents' band gave the signal to the expectant young that the revels were beginning. Soon the band came marching in—a motley crew of clowns, pantaloons, gondoliers, and all the etcetera of pantomime, playing, in martial strains, the familiar music of the "Long, long Trail." After circulating the hall several times to the unbounded delight of the children, they finally assembled on the platform, where the various clowns gathered their allotted number of guests and marched them off to the corner of the hall assigned to them. Here they were seated in front of tables, groaning under the weight of bread and butter, cakes, crackers, and other delicacies of a similar nature. During tea, the residents mingled with the youngsters, serving out tea and amusing them in various ways. The appetite of the children, despite their physical infirmities, was amazing, for they drank their tea and ate their bread and cake with much relish.

After tea the children were assembled in the hall, where they were entertained with a "Punch

and Judy" show. During the performance, Queen Alexandra, Princess Victoria, Lord Knutsford, and Miss Knollys, made their appearance in the balcony and were cheered by the excited youngsters. Her Majesty stayed for an hour and a half, conversed with the children, pulled crackers and took great interest in the proceedings.

The Punch and Judy show over, cinematograph pictures started with a war picture, calculated to stimulate the patriotic instincts of the spectators. Then a picture displaying the antics of the incomparable "Charlie Chaplin" was shown, which, needless to say, caused hearty amusement amongst the children.

The cinematograph show over, the clowns wheeled in several trolleys containing toys of all descriptions. The children before leaving the hospital were given toys according to their taste—dolls for the small ones, Teddy bears for the



little girls, and games for the somewhat older children. The party terminated at 6 p.m. with "Auld Lang Syne," and "God save the King." To say that the venture was an immense success is to state a half-truth. It was more than that. The party, we feel sure, was a bright light on the gloomy horizon of the Whitechapel homes. It lifted the children from their sordid surroundings, and transplanted them to a fairy-land where all the childish dreams of fairies and clowns, bread and cake, queens, and princesses, were materialized.

A word before we close. Thanks are due to all those sisters, nurses, and residents who, directly and indirectly, contributed to the success of the day, making it a lasting memory, not only to the children, but to themselves. And last, but not least, the "Hospital Committee" wish to tender their thanks, through the GAZETTE, to the magnificent response made by the ever-generous public in supplying funds and toys, which, after all, were the basis of the whole affair. S. S.

CHRISTMAS IN THE HOSPITAL.

Christmas Eve arrived, and with it were many unusual events. Sisters and nurses were engaged in the frivolous task of decorating their wards. Gay festoons hung from side to side, bed lamps were frilled, while holly and imitation flowers were in profusion. The whole presented a gala of colours. The various wards seemed to vie with each other in perspectives of polychromic, accordian-pleated and anastomosing strips of paper. In each of the children's wards was a giant Christmas tree, decked with presents and pretty fairy lamps. The little ones were filled with frantic delight. How much better than having a wound dressed, a rib re-sected, or taking the H.P.'s vile medicines! Yet Christmas is but an annual event, and it is so terribly dull to be always good.

At length night arrived, and with it the greater portion of the work of preparation was ended. We wished to seek repose—but the R.R. was very full. Then along the corridors were heard the footsteps of a house surgeon bent on a "ward op." Master Johnnie Horner heard him "scrubbing up," and was suddenly filled with vague fears. However, the very apt remark, "It's only Father Christmas" dispelled all qualms, and the ward carried on, except the unfortunate to-be-doped.

Yet again, later on, other footsteps were heard. A major and minor planet with their two satellites appeared. They rotated into a ward. A few questions were put to a sick child, a palpation made, and Master Acute Appendicitis had his name entered upon a list. The rotation of the celestial tetrad continued. Another unlucky one was questioned, an examination was made, and Miss Femoral Hernia was added to the list. Thus, quite a number were attracted into the planetary system. Soon, all reached perihelion with accelerated velocity. At the focus certain evil ones laboured till long past midnight. At length work ceased, and we sought what few hours of rest remained. Scarcely had we turned in ere there fell upon our tympanic membranes the longitudinal vibrations of "Christians awake." What could it be? Was it a new form of air-raid warning? But we quickly realised, as did Scrooge, that it was Christmas morning. The nurses were following the time-honoured custom of rendering a selection of carols. This was the first item in a long and enjoyable programme. We all greatly appreciated their kind efforts—but surely a few male voices would have completed the harmony! Major Thirds are poor things without Perfect Fifths and Octaves. The nurses made a tour of the wards, where their carols no doubt helped to cheer many a sufferer.

Nor were the Housemen lacking in effort to

make the day as gay as possible. Each donned some strange garb and lined up to form a procession through the various wards. In the van was Father Christmas, then followed a Mandarin, Sinbad the Sailor, Britannia, several clowns, a policeman, with a Glaxo baby forming the rear. The advent of this weird procession was greeted with warm approval. Many of the patients tried in vain to discover their own particular doctor. Some of the clean-shaven men posed as ladies very effectively. Having entered the ward, the stalwart policeman officiously called for (dis)order, and presents were handed to the inmates, accompanied by various war whoops, a tune on the piano, and some rather unmusical instruments.

In the afternoon a number of kind ladies and gentlemen visited the wards for the purpose of entertaining the inmates. In the lobbies small concerts were held. The items included songs, recitations, caricatures, etc. The rendering of Mendelssohn's "Frühlingslied" by the circular vibrations of rubbed glass tumblers was excellent, and thoroughly appreciated by some of us "scientific blokes." The children revelled in a Punch and Judy entertainment—ye gods! even an eminent surgeon was to be seen enjoying the fun. It was delightful to watch their happy faces. Little Billy Bronchitis had only dread fears of a hospital, yet here he had wonderful presents. Don't forget, there was also one for him on the Christmas Tree. Miss Nephritis was eager to show everyone her numerous presents. Daddy sent this, Mammy this, Father Christmas gave her this one, Sister that, etc. For some of us, at any rate, there is no pleasure comparable with that of watching children enjoy themselves.

All too soon the Christmas relaxations came to an end. On all sides we heard how thoroughly the patients enjoyed the annual festival—but not a few temperatures were "up" next day. We take this opportunity of thanking all who so kindly laboured to make the event a success.

W. S.

REVIEWS

THE DIAGNOSIS AND TREATMENT OF HEART DISEASE. By E. M. Brockbank, M.D., F.R.C.P. 3rd edition, crown 8vo., pp. viii and 147. H. K. Lewis, 136, Gower Street, W.C. 1. 4/6 nett.

On opening this little work we recalled the wise man who said "Of making many books there is no end, and much study is a weariness to the flesh"; but it slipped easily into our coat pocket, and we resolved that, like our old guides, West, Gee, Fenwick, Hutchison and Rainey, not to

mention older writers, it should be carried about with us to be read in trains and at breakfast until we had finished it.

We have said before, and when opportunity arises shall say again, that for handbooks and pocket books which students and the studious (not always convertible terms) carry about with them, no binding is better than smooth buckram with thin boards, that corners should be rounded, that edges should be red or sprinkled, and that at least one ribbon marker should be bound in. We have compared the thickness of our authors' 147 pages with a similar thickness of Sir Frederick Treves' "Surgical Anatomy," and we find that the latter is made up of 250 pages. We see no reason why we should be supplied with 16 pages of catalogue at the end of the book, unless to enable us to gum over the advertisements cuttings and diagrams which we desire to preserve. The printing and arrangement are very good.

From the title page we gather that our author is a lecturer as well as a bed-side physician, and we are inclined to think that he has presented us with his notes for lectures. For the matter so put before us we are more than grateful; for the manner in which the matter is served up, we can say nothing. We hope that, when time and leisure permit, Dr. Brockbank will so revise and reconstruct his book, that the more awkward phrases and sentences will disappear from its pages. We do not know whether the censors of the College of Physicians exercise any jurisdiction over the English of their Fellows. Should they have any such powers, we hope that when the war is over they will find time to put them in force. The book itself needs only a little careful pruning to make it a veritable grammar of Heart Disease. Everything in it is of first-rate importance, and nothing can be passed over as unimportant by either student or practitioner. We are reading it through for the second time with great interest, and we hope with profit to ourselves.

The book opens with a full analytical table of contents, setting out the objects of the thirteen chapters into which it is divided. These comprise short and clear accounts of the Anatomy and Physiology of the Heart, its sounds in health and disease, murmurs where heard, and what they respectively are, the heart in disease, anæmia, inflammation, sepsis, functional or nervous irregularities, and, lastly, a dozen pages on Treatment.

One great advantage of this book is the stress which the author lays on bedside methods which can be applied anywhere or anywhen. He is fully aware of the value of the sphygmograph (p. 9), the polygraph (p. 16), and the electrocardiograph (p. 123), but he devotes most of his

book to instructing his readers in the careful use of their own unaided eyes and fingers, and of the stethoscope. We are glad to see that he has a good word for the old wooden stethoscope (p. 30).

The central portion of the book, pp. 51–94, deals with murmurs, and we are inclined to think that it needs some rearrangement. There is apparently some “cross division” in it. The author wavers between two classifications,—“obstructive and regurgitant,” p. 51., “crescendo and diminuendo,” p. 62. The latter breaks into the sequence of later sections (p. 73 and p. 83). The author himself (p. 63 and p. 83) is aware that his teaching is not that which is usually accepted—not that it may not be perfectly correct, all the same. Perhaps this is a fault of manner not of matter, and only needs a little rearrangement.

Chapter XI. seems to us a little too short for the very important and somewhat disconnected subjects which it contains—Septic Endocarditis, Pericarditis, and Angina Pectoris. Perhaps the lesson to be learnt is that no one of these three conditions has any very distinctive signs which can be seen, felt, or heard, and therefore even so expert a clinician as Dr. Brockbank has gathered very little about them in the course of his practice. He has not attempted to draw clinical pictures, after the manner of Dr. H. G. Sutton, perhaps the most eloquent lecturer this Hospital has ever produced (Lectures on Pathology, p. 394). He has given us a grammar of Physical Signs, and their meaning which compares favourably with the classical accounts, as, for example that in Gee’s “Auscultation and Percussion,” ch. xxvii., where Pericarditis receives only a single page.

For Chapter XII. we are really very grateful to our author. He has condensed into a dozen pages the real inwardness of the new learning, and we hope that his readers may be tempted to pursue the subject in the larger works to which he refers on p. 131.

The last chapter deals with Treatment, and is excellent. Diet comes first, before even Digitalis, and our author’s book will not have been written in vain if this excellent principle sticks firmly in its readers’ minds. Like so many recent authorities, he is sceptical as to the value of strychnine. We were somewhat amused to find that he is at one with Dr. Sutton, and the physicians of the last age, as to the value of hot whisky and water! On page 141 is a reference to the old idea (we had almost written “error”) as to the supposed contra-indication of digitalis in aortic regurgitation, so thorough has been our author’s survey of his subject.

With great regret we must take leave of a most useful and suggestive little book, which we heartily commend to our readers,

THE LAW OF THE HEART. *Longmans*, 1s. 6d. net.

This small booklet of some 25 pages is a report of the Linacre lecture delivered by Professor E. H. Starling at Cambridge in 1915. It gives a concise account of our present knowledge of the physiology of cardiac muscle, the governor mechanism, and the adaptability of the heart to demands made upon it. We are pleased to note his paragraphs dealing with modern advance in the physical theory of muscular contraction—in the direction of changes in surface energy—rather than the give-it-up-at-once ideas of vitalism.

MANUAL OF MEDICINE. *By Thomas Kirkpatrick Munro, M.A., M.D.* 4th edition, 1917. *Bailliere, Tindall & Cox.* 18s.

This excellent book has been thoroughly revised and brought up to date. Many improvements have been made as regards the classification of various diseases, anterior poliomyelitis being now included as an acute specific infection rather than as a nervous disease, pure and simple. More attention has been given to the various diseases connected with the ductless glands as our knowledge of these conditions has increased, and acromegaly is now included under this head.

Recent work on the diagnosis and prognosis of heart conditions is dealt with in a clear and concise manner, and many illustrative tracings are reproduced to aid the student.

Articles have been added on conditions seen as the result of active service abroad—trench feet, trench nephritis, trench fever, etc.

The book is excellent, and to be recommended to the student seeking facts on which to build the foundation of sound medical knowledge.

LECTURES ON MEDICINE: A HANDBOOK FOR NURSES. *By Charles Watson, M.D., F.R.C.P.E.* (Livingstone, Edinburgh).

This well-written book supplies a much-needed want, and, generally speaking, Dr. Charles Watson is to be congratulated on the clear and concise way in which he expresses himself and the ground he covers in the limited space.

The chapter on Chronic Nephritis is not so well written as other parts of the book, there being a tendency to confuse the chronic interstitial variety with the chronic parenchymatous variety.

In studying diseases of the blood no mention is made of the diseases of the white cells.

If suggestions are wanted for the improvement of this manual, the chapter on Poisons might be abbreviated with advantage, and a few

words added on Rheumatic Fever and its allied condition—Chorea.

It is certain anyone reading the book will get a good foundation in the elementary principles of medicine.

TROPICAL DISEASES. By *Patrick Manson*. 6th edition, 1917. Price, 16/-. (Messrs. Cassell and Co.)

When a text-book of medicine has reached its sixth edition, it has proved its value, a value usually due to the inclusion of some factor absent from other books. Since the understanding and study of the diseases occurring in tropical climates entails not only an acquaintance with the clinical symptoms, but also a relatively wide knowledge of protozoology and comparative anatomy, a large number of volumes written on stereotyped lines would be required to cover the ground. To anyone travelling in tropical climates it is essential that his library be as small as possible. The popularity of the volume under review is probably due to the fact that the above requirements are all provided for in a small space, a scheme which is maintained in the present edition. With such a volume in his possession the practitioner going for the first time to the tropics will find that he is able to master all his difficulties. There are clear and concise directions of the methods to be employed in the examination for the presence of parasites, followed by a description of their life history and appearances, with an account of the symptoms and treatment of the disease, so that both laboratory and clinical methods are combined in one volume. The early chapters are devoted to Malaria, and form an article which may be regarded as a classic. There is a general description of the parasite followed by its life history, the methods of preparing specimens, the different varieties of the parasite, the pathological changes produced in the human body, and the clinical aspects of the disease and its treatment, the last chapter being devoted to an account of the mosquitoes which act as an intermediary host. A similar plan is adopted in the account of trypanosomiasis, where there are two beautiful plates of the flies concerned. If any criticism could be offered, it is that the position of the intermediary host in the animal kingdom is not very clearly defined, a fault of academic rather than of practical importance, which has been overcome in the case of the protozoa by the inclusion of an appendix.

In the present edition, blackwater fever has been separated from malaria owing to the

increasing evidence that it is a disease apart, and rat-bite disease has been inserted in the section on fevers. The chapter on *Schistosomum hæmatobium* has been largely rewritten and incorporates the recent work of Leiper on the extra-corporeal life history of the parasite.

The book is well put together, and includes several new and beautiful coloured illustrations. Every student of medicine in tropical climates will find it not only useful but essential, and in the present war no officer in the R.A.M.C. detailed to any of the more outlying areas, such as Egypt, East Africa, or Mesopotamia, should fail to provide himself with a copy.

INJURIES OF THE FACE AND JAW AND THEIR REPAIR. By *P. Martinier and Dr. G. Lemerle*. Crown 8vo, pp. xx. and 345. 5/- net. (Baillière, Tindall & Cox, 1917.)

From the title of this compact little volume, and the name of the translator, one naturally would be led to expect an up-to-date treatise on Jaw Injuries as seen in the present war. One finds, however, the bulk of the work taken up with the consideration of appliances for the replacement of parts lost through surgical intervention.

To those unacquainted with Claude Martin's work, whom the authors so largely quote, the book will prove a useful guide.

In his introduction the translator rightly comments on the enormous strides that plastic surgery of the face has made during the present war, and the desirability of obtaining, where possible, æsthetic results without resorting to masks and other permanent prosthetic appliances, when the patients own tissues can be made to serve.

Clearness of expression and elaborate classification have always been notable features in French writings. This work is no exception. The principles which underlie "external immediate and remote" and "internal prosthesis" are treated fully, and several interesting examples of what may be done in each department are given.

The value of immediate prosthesis has often been proved in the present war, for instance, where invaluable aid has been rendered to wounded soldiers by the early application of appliances, preventing unsightly contractions and rendering the later work of the surgeon so much simpler and more satisfactory. The author's view of the possibilities of internal prosthesis seem somewhat exaggerated. The majority of surgeons will agree that although an infinite number of foreign bodies have been introduced into the tissues, the expected success has, in the majority of cases, resulted in disappointment, and

autogenous grafts are the only really satisfactory ones to employ.

The many methods employed at the present time in the treatment of fractures derived from ordinary Orthodontic practice do not come under consideration, and the head-net and chin-cap do not seem to find favour in France.

One wishes that the translator had collaborated with a dental surgeon, as then the translation of technical phraseology, which in some places is faulty, might have been rendered more freely.

The translation is faithfully done, and the book will repay study, and should be in the possession of all those interested in Jaw Injuries.

A PRACTICAL HANDBOOK OF SURGICAL AFTER-TREATMENT. 2nd Edition. By Alan R. Todd, B.Sc., M.S. London; F.R.C.S. Eng., Surgical Registrar and Tutor, Guy's Hospital.

We are glad to see this excellent little book has reached a second edition. After-treatment is too often ignored or so sketchily indicated in the average text-book of surgery, that a compase work dealing with this subject not only needs no apology, but deserves the warmest welcome. It is of particular value to the house surgeon, to the sister, and to the general practitioner into whose care the after-treatment of a patient operated upon by a consultant is so often left. Mr. Todd's book will clear up many a knotty point to these anxious minds, and provide many a useful tip to smooth the inevitably uncomfortable passage of the patient back to the smooth waters of convalescence. A case in point is supplied by the advice (p. 157) to neutralise hydrogen-peroxide before swabbing out the wound left by a mastoidectomy term, and so prevent the smarting produced by the sulphuric acid in commercial peroxide.

The essential features in the after-treatment upon which success or failure of an operation lies are similarly emphasized. The importance of packing a fistula so as to make it heal from the bottom is set forth on p. 156. We are glad to see the utmost stress laid upon the importance of as complete immobilisation as possible in dealing with tuberculosis of joints and bones.

The appendix on local analgesia should be read by the house surgeon or out-patient clinic, upon whom falls the duty of removing foreign bodies, smashed phalanges, etc., from the out-patient. Much needless pain from imperfect anaesthesia would thus be avoided.

To sum up, Mr. Todd's little book supplies a long-felt want and will be appreciated by many.

MIDWIFERY. By Ten Teachers. (Edited by Comyns Berkeley, H. Russell Andrews, and S. J. Fairburn.)

This book has been "frankly written for students preparing for their final examination," and as such should prove extremely valuable. All the authors are well known obstetrical surgeons at the various London hospitals.

The arrangement of the chapters is highly pleasing. Toxaemia of Pregnancy being dealt with early in the book, and the most difficult subject (the Management of Labour with Contracted Pelvis) last of all after the Operative Midwifery. The value of this arrangement is obvious. The chapters on Toxaemia of Pregnancy have been written on a different and more pleasing line than that taken in other text-books. They are clear and concise, much of the older obsolete theory has been omitted, and the whole subject has been placed upon a modern basis.

The book is essentially practical, and contains no unnecessary material, *i.e.*, it is free from "padding." The illustrations are numerous, good, and practical, and the bulk of them are new. The book should prove highly popular with students, and can be thoroughly recommended to all those who wish not only to pass examinations, but who also wish to grasp the subject of Midwifery from a practical standpoint.

MILITARY MEDICAL MANUALS.

UNDER THE GENERAL EDITORSHIP OF DIRECTOR-GENERAL, KEOGH.

We have received from the University of London Press, Publishers to this series, the volumes mentioned below.

The series consists of monographs translated from the French, and whilst their appeal is chiefly to military medical officers, they contain a great deal of information useful to everyone dealing with the conditions which they describe.

The general introduction by Sir A. Keogh calls attention to the chief points of interest in the manuals, and this summary could not, in our opinion, be improved upon.

I. TREATMENT OF INFECTED WOUNDS. By A. Carrel and G. Dehelly; with Introduction by Sir Anthony A. Bowlby.

This book will be warmly welcomed by surgeons practising in British military hospitals, and will prove valuable to all surgeons who are, or will be dealing with wounds in the great industrial armies of the country. The only descriptions of the Carrel-Dakin method we have hitherto seen

have been in the French language. This excellent and readable translation will bring within the reach of us all an account of the method at once authoritative and in full detail. There is nothing new in the employment of hypo-chlorites in wound treatment, but the Carrel-Dakin method is the result of researches by Dr. Darrel and others undertaken to discover how the hypo-chlorites might be used with a maximum of effect and a minimum of irritation.

The first part of the book deals mainly with their experiments; next are given simple directions for the preparation of the solution: and here we must remark an obvious error (p. 175) in which the amount of chlorinated lime used is stated first to be 184 grammes, and immediately after to be 200 grammes. We should have thought it preferable too, not to have called this substance chloride of lime which might possibly be mistaken for calcium chloride.

Then follow full directions for its use, and every possible variety of wound is given, together with the appropriate method of applying treatment to it. Clinical and bacteriological methods are then described, and the surgeon thus learns when the wound is ready for closure by suture, or otherwise, which is next dealt with.

Lastly, the results are given with a series of very striking "before and after" photographs.

The whole book is a clear and simple exposition of a laborious and painstaking research, and brings within the reach of any practitioner who will faithfully follow the directions an easy, practical, cheap, and marvellously efficacious method of cleansing the most infected wounds, thus reducing the length of an illness from weeks to days.

2. THE AFTER EFFECTS OF WOUNDS OF THE BONES AND JOINTS. *By Aug. Broca.* (*Edited by R. C. Elmslie.*)

In a short preface to this book, Major Elmslie gives an excellent summary of the author's aims, and very rightly adds that in this country we are spared the misuse of purely mechanical methods in the correction of deformities. We might point out in addition that while the author finds it necessary to warn his countrymen that heliotherapy, mineral waters and balneology are of no use in the treatment of a bone sinus, it is scarcely necessary to issue the warning to English readers. It must not be forgotten, however, that the book is written by a Frenchman for Frenchmen, which probably explains the lack of reference to our own eminent orthopaedists; this, too, accounts for the laborious way in which the author deals with the mechanism of the mal-union of bones and pre-

supposes on the part of his readers a lack of acquaintance with the normal mechanism of joint movements. This perhaps is not altogether to be regretted. The whole trend of the book, as it should be, in a work designed to teach rather than to discuss, is dogmatic, in fact the teaching of a man who knows and knows that he knows. It is therefore adapted to the wants rather of the beginner than the active surgeon.

The chapter on re-amputations is excellent. The author very rightly condemns the primary guillotine amputation. It compels the surgeon who re-amputates to sacrifice a length of the limb and sometimes a joint that might have been spared. The pathological anatomy of osteomyelitis in amputation stumps is well portrayed, and invests with a new interest those tubular sequestra which abound in museums marking the surgery of a bygone age, and serving now to show how history repeats itself.

Osteomyelitis in general is, in fact, very fully dealt with, and the summing up of the treatment of the resulting sinus could not be better expressed (p. 77). "The persistent sinus in such cases is due to the persistence of osteitis, to the existence of a suppurating cavity, the obliteration of which should be at least as much the object of operation as the removal of sequestra."

The illustrations, though not so clear as the author claims, are well selected and most representative. Every military hospital abound in bone conditions exactly similar to those portrayed; hence the reader knows that the conditions described in the text are precisely those with which he has to deal.

The medico-legal considerations which form the subject of the concluding chapter, while not of a practical interest to R.A.M.C. surgeons, are of great general interest, and will repay study by all medical officers in military hospitals, both commissioned and civilian.

It only remains to say that the translation is beyond praise, and the printing beautifully clear.

3. SYPHILIS AND THE ARMY. *By G. Thibierge.* (*Edited by C. F. Marshall, M.D., F.R.S.,*

This volume deals with Syphilis as seen by French army surgeons.

In the opening chapters, statistics are given showing the source of infection amongst the French soldiers, and these show, both from a national and personal standpoint, the necessity of urging continence on all men to prevent the spread of this destructive disease.

The author states that the volume is not intended as a treatise on the subject, and hence confines his attention for the most part to its primary and secondary manifestations. The

differential diagnosis of extra genital and primary chancres is fully considered, and the methods of examination for the presence of the spirochaeta pallida are also fully stated.

The fallacies which may occur in connection with the Wassermann reaction are noted, and special attention is called to the fact that it is only in the fifth week after the appearance of the chancre that the proportion of positive reactions is high enough for the result to be a reliable diagnostic method.

In the section on treatment the author is in agreement with most British teachers in not relying wholly for his results on modern arsenical preparations. Their suitability, however, in converting a highly infectious form of this disease into the less and more benign stages in the minimum time is strongly insisted on, and thus its advantages in the treatment of soldiers, so that they may resume some duties at the earliest possible date is pointed out.

The mercurial preparations upon which the most reliance is placed are official ones in the French Pharmacopœia, but are not used to any large extent in England, viz., the green iodide and cyanide of mercury.

A short resume is given of the methods at present used to combat the disease in France by venereal clinics, and also of the lectures which are delivered to the French troops. These latter are simple and sensible.

From a student's point of view some confusion may arise by the use of the term simple chancre to designate a soft sore, but the account of its differential characters will easily explain the nature of the condition to which reference is made.

The volume, in our opinion, contains a very readable and helpful account of an important war disease.

4. DYSENTERIES, CHOLERA, AND EXANTHEMATIC TYPHUS. By H. Vincent and L. Muratet. (Edited by Col. Andrew Balfour and G. C. Low.

As Colonel Balfour points out in his preface to this volume, the importance of these diseases in a campaign of the East have been very great indeed, and whilst up to the present the two latter namely, Cholera and Typhoid, have not, with the British Forces, attained any great dimensions, it is important that army medical officers be acquainted with their manifestations, so as to prevent them attaining epidemic proportions, should they at any time occur.

The volume has been extremely carefully edited by Dr. G. C. Low, and where the beliefs of English experts differ from those of the authors, such as the production of dysentery by

the flagellates of the intestine or chilodon dentatus, he has noted this by an explanatory footnote.

In the chapter on treatment we think it would have been interesting had some of the statistical results of treatment of the bacillary form by serum been included.

The section on Cholera contains an excellent clinical account of this disease, and in the section on treatment the excellent results obtained by Rogers' intravenous saline transfusion are given when it is employed as a routine measure.

Typhus is last considered and here the role, of the parasitic body louse, together with the conditions favoring its propagation and distribution and methods for its extermination, are fully considered.

In conclusion, we can cordially recommend this small volume as containing a clinical resume of diseases usually unknown to the large majority of practitioners in England, but which, under the exigencies of war service they may be called upon at short notice to treat.

5. TYPHOID FEVERS AND PARATYPHOID FEVERS By H. Vincent and L. Muratet. (Edited by J. D. Rolleston.)

This volume contains a very full and practical account of "Typhoid Fever" and its allies, "paratyphoid fever A" and "paratyphoid fever B," which have, since the commencement of the present war, sprung into greater prominence than they had previously attained.

The first part of the book deals in an extremely full way with the clinical characters, complications and the clinical differentiation of these closely related diseases.

The authors point out very clearly the part which bacteriological examination must of necessity play in their diagnosis and differentiation. Here they insist on the importance of blood cultures for the exact and early diagnosis of the form of the disease.

We note, however, that in their summary of diagnostic method no mention has been made of the Atropin test which has been found to be of value by British Military medical officers as an aid to diagnosis. A sign which is not often known or used by British medical men, is the one described on p. 106, in which the enlargement of the spleen after the inoculation of 2 c.c. of a concentrated autolysat of living typhoid bacilli sterilised by ether, is obtained.

In the chapter on treatment an excellent account is given of all the usual methods, including hydrotherapy and treatment by vaccines or serums.

In the second half of the work the etiology and prophylaxis are carefully considered, and here