

there is a portrait of the founder of the firm displaying a clear resemblance to the subject of this memoir.

As a hobby, it will not be surprising to learn, that with his high degree of mentality, he was devoted to chess, and he is said to have been one of the best amateur chess players in England. He took keen interest also in gardening, and in his garden at 22, Finsbury Square, he erected a summer house (one searches in vain, at the present day, for the summer house, or even for No. 22).

Marriage and Children.—Mr. Rivington married, on July 27th, 1870, at Fyfield, Essex, Anne, fourth daughter of the Rev. Henry Gibson, rector of that place.*

The result of this union was nine children, namely :—

1. Walter Reginald Gibson, mining engineer, married Miss Rosalie Johns.
2. Henry Gibson, solicitor, married Miss Muriel Fairbanks Smith.
3. Anna Maud Gibson, married Mr. Herbert Bucknall Creed, solicitor,
4. Mabel Gibson, married Mr. Frank Hitching, a shipbuilder, U.S.A.
5. Ida Muriel, died unmarried in 1916.
6. Albert Gibson, solicitor, married Miss Elizabeth Walkham Allen.
7. Gladys Muriel Gibson, unmarried.
8. Harold Victor Gibson, Lieut., married Miss Mary Williams.
9. Eveleen Blanche Gibson, M.B., B.S.Lond.

Death and Burial.—Mr. Rivington died at Epping, May 8th, 1897. As to the cause of death, the *British Medical Journal* states that he lost health after the death of his wife, to whom he was devotedly attached, two years previously, that he had an attack of influenza followed by inflammation of the right lung, but that the immediate cause of death was hæmorrhage from the bowel. A lady, however, who was in close attendance, has informed the writer, that by those around him, the cause of death was believed to be typhoid fever, due to eating oysters at a public dinner in London. Mr. Rivington lies buried in the graveyard of the church (St. Nicholas, Fyfield), where he had been so happily married twenty-seven years before.

Places of Residence.—Mr. Rivington at first resided at 10, St. John's Villas, Upper Holloway. In 1862, he removed to 22, Finsbury Square, then to 85, Wimpole Street, and in 1892, he took the house "Coniston" at Epping, where he died.

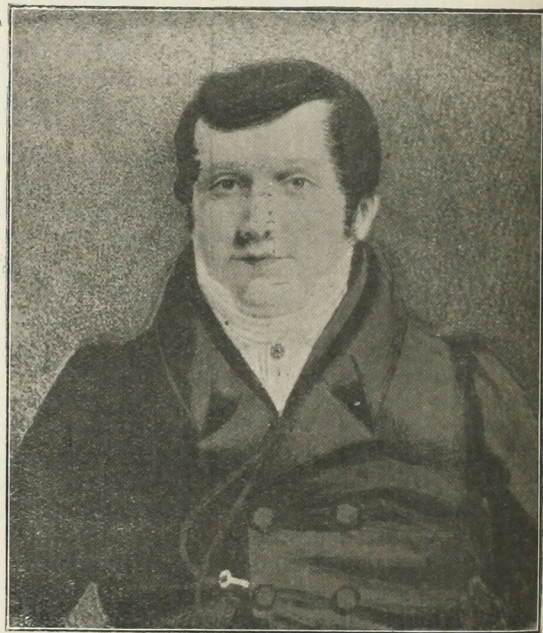
Armorial Bearings.—These, a modification of the old Rivington Arms, but granted in 1892 to

* Tyfield is a small village, about three miles north of Ongar, with a fine old church dating from Norman times.

our surgeon's uncle, Mr. Charles Rivington, of Appleby, will be found in the oriel window of our College Library.

Mr. Rivington, who died intestate, left property valued for probate at £7,429.

[*Times, Lancet, British Medical Journal, The Publishing House of Rivington*, by Septimus Rivington, Lond. 8vo. 1894, and information kindly furnished by Mrs. Sangster Rivington, Mrs. Herbert Bucknall Creed, Dr. Eveleen Rivington, Mr. E. W. Morris, Secretary to the Hospital, Colonel Openshaw, C.M.S., Surgeon to the Hospital, Mr. Victor Plarr, Librarian, Royal College of Surgeons, and personal recollection.]



DR. THOMAS DAVIES.
(Father of Dr. Herbert Davies).

Dr. HERBERT DAVIES, appointed Assistant Physician, August 5th, 1845; Full Physician, January 25th, 1857; Consulting Physician, February 10th, 1874. Died January 4th, 1885.

Dr. Herbert Davies was the eldest son of our physician, Dr. Thomas Davies, whose memoir appeared in the March number of this GAZETTE.

Born in London on September 30th, 1818, he received his early education at the North End House School, of which he became Head Boy. He used to relate that upon one occasion the prizes at this school were to be distributed by Mr. Campbell, the celebrated poet.* Mr. Campbell, how-

* Thomas Campbell (1777-1844), author of *Ye Mariners of England*, *The Pleasures of Hope*, and *Gertrude of Wyoming*.

ever, was somewhat forgetful of his appointments, and Davies was sent in a coach to London to bring him.

In 1836 he entered the London Hospital as a student, but in 1838 he was successful in obtaining a scholarship for, and entered Garville and Caius College, Cambridge, his private tutor there being Professor Potter, of University College. In 1844 he was elected to the Edward's Fellowship at Queen's College. In 1842 he had graduated B.A., and placed 31st Wrangler, but would undoubtedly have held a much higher position had it not been for an affection of the eyes which prevented him reading by artificial light. He graduated M.B. in 1844, and M.D. in 1848, the subject of his thesis

absence of self-seeking caused him to be liked as well as appreciated by his medical contemporaries."

"His character," says the *Lancet*, "was stamped with straight-forwardness, high integrity and Christian faith." He was especially beloved by his Jewish patients. In the East of London, and in the Eastern Counties, where he had a large consulting practice, he was known as "the King of the East."

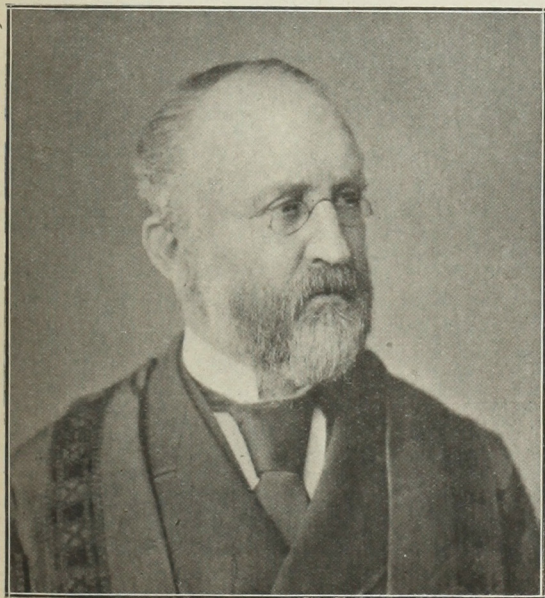
In addition to his work at the "London," Dr. Davies was physician to the Hospital for Disease of the Chest, the National Assurance Society, and the Bank of England. He was a member of the Pathological, the Hunterian (of which he became President) and the Clinical Societies. Upon retiring from the London Hospital he was presented by the Governors with an Address of Thanks and a present of plate. The latter he bequeathed to his son, Dr. Arthur T. Davies.

During the whole of his active career, Dr. Davies resided at 23, Finsbury Square, but towards the close of his life he retired to Vale Mount, Hampstead.

The cause of his death was heart disease. He had for some time suffered from dilatation, which at first was fairly compensated, but during the last year of his life, heart failure set in and he suffered distressing paroxysms of cardiac dyspnoea.

He is buried in Hampstead cemetery, beneath a handsome cross of red granite, standing upon three grices. Within the same grave is interred his second daughter, Miss Mary Elizabeth Mildred Davies and his little granddaughter Miss Joyce Catherine Davies, daughter of Mr. Arthur Templar Davies, who died at the age of three years.

Dr. Davies' Work in Scientific Medicine.—There can be little doubt that Dr. Davies must be regarded as one of the foremost physicians of his time, especially with regard to diseases of the heart and disorders of the circulation. He was the protagonist of the "Blister Treatment" for Acute Rheumatism. His idea in this matter was that the *materies morbi* which caused the disease was located in the immediate locality of each affected joint, and that by blistering the joint the poison would be eliminated and the disease shortened. The treatment was at once taken up by Legroux and Dechilly of Paris, and by Senator of Berlin (who adopted it extensively in the Berlin Charité), as well as by many physicians in the country. Dr. Davies' plan was to raise a blister by cantharides around each joint. The blister was then incised and the serum induced to flow by means of hot poultices. The patient



DR. HERBERT DAVIES.

for the latter degree being "The Origin of Gout," translated into Latin by Dr. H. Wilkinson, Master of Clare.

Upon leaving the University he travelled abroad for three years, continuing his medical studies in Paris and Vienna.

Upon returning to this country, he became a Member of the Royal College of Physicians, and in 1850 was elected to the Fellowship. Subsequently he served the office of censor. At Cambridge he was appointed one of the Assessor Examiners in Medicine.

When first appointed to the staff of our Hospital, he lectured upon *Materia Medica*, but, subsequently, upon *Medicine*.

"He continued to study medicine," says the *Dictionary of National Biography*, "throughout his life, while his kindly disposition and entire

certainly obtained relief from this treatment. The writer was appointed one of the House Physicians at what might be called the "close of the Blister Era," and certainly observed beneficial results from Dr. Davies' system. This treatment, however, was soon replaced by the Salicine and Cotton Wool system, the superiority of the latter being quickly apparent.*

Another matter which engaged Mr. Davies' attention was the capacities of the four chambers of the heart and the relation of these capacities to the dimensions of the valves. The result of his observations Dr. Davies contributed in two valuable papers to the Royal Society. They are the outcome of the mathematical bent he displayed throughout his life.

Among Dr. Davies contributions to medical literature were:—

Several papers in the *London Hospital Reports* and in the *Transactions of the Pathological Society*.

Lectures on the Physical Diagnosis of the Heart and Lungs, Lond., 1837, second edition, 1854, translated into German and into Dutch.

On the Treatment of Rheumatic Fever in its Acute Stage exclusively by Blistering, Lond., 1864.

Dr. Davies' papers upon the *Forms and Areas of the Heart's Orifices* will be found in the Proceedings of the Royal Society for 1870 and 1872.

Introductory Address, London Hospital Medical College, London, 1862.

Marriage and Children.—Dr. Davies married, on August 24th, 1850, at Lymington, Hants, Caroline Templar, daughter of John Wyatt, Esq., of that place; Mrs. Davies, now in her ninetyeth year, resides at Ealing.

The issue of this marriage were:—

1. Edith Templar, married Mr. Ernest A. Holmstead, of the Falkland Islands.
2. Herbert Wyatt, solicitor.
3. Arthur Templar, M.D., Trin. Coll., Camb., F.R.C.P., Physician to the Bank of England.
4. Mildred May Elizabeth, died July 12th, 1913.
5. Ernest Wyatt, M.A., Trin. Coll., Camb., author of a popular work, *Outlines of English History for Catholic Schools*.
6. Clara Annett, married Lt.-Col. Ashton Street, M.B., F.R.C.S.
7. Adelaide Emily, unmarried.

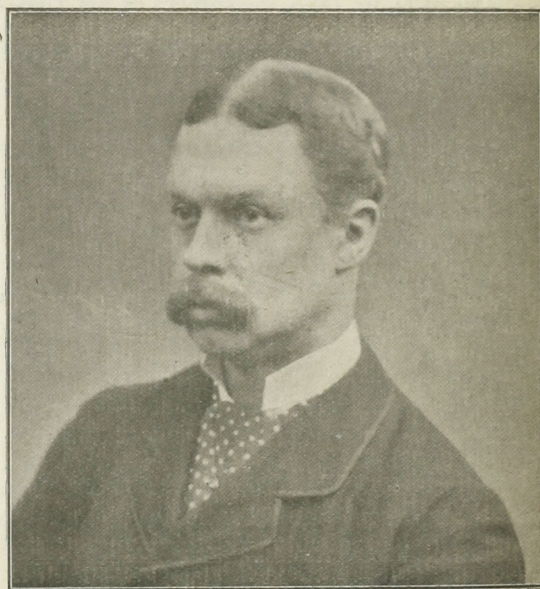
Dr. Davies left property valued for probate at £13,000.

* The writer had the privilege of communicating to the *Medical Press and Circular* of February 24th, 1877, a list of the earliest cases treated by Salicine and the Salicylates admitted to our hospital under the care of Dr. Ramskill and Dr. Samson.

[*Times*, *Diet. Nat. Biog.*, Boase's *Modern English Biography*, *Lancet*, Luard's *Graduati Cantobrigiensis*, and information kindly furnished by Dr. Arthur Templar Davies, who also supplies the portrait.]

JAMES EDWARD ADAMS, appointed Assistant Surgeon, September 2nd, 1868; Full Surgeon, September 3rd, 1879; resigned, September 16th, 1884.

"Jimmy Adams," as he was affectionately known to his friends, was the second son of another of our surgeons, Mr. John Adams, whose memoir



MR. JAMES ADAMS.

appeared in our GAZETTE for December, 1913. He was born in St. Helen's Place, Bishopsgate, in 1845.

His general education he received at the Merchant Taylor's School,* and graduated in Arts at the London University.

Upon entering our school he developed a character for work, and in 1865 took the Gold Medal for Medicine. The same year he was appointed Medical Registrar, and in 1867 became House Surgeon.

Upon promotion to the staff he was, as is usual, appointed Demonstrator of Anatomy. Subsequently, he lectured upon Anatomy, and, finally, became Professor of Surgery.

* Among other prominent doctors educated at the Merchant Taylors' School, were Henry Cline, the great St. Thomas' Surgeon, and Albert Smith, author of that amusing book *The London Medical Student*.

He took Ophthalmic Surgery as a specialty, lectured upon it in our school, and was appointed one of the Surgeons at Moorfields.

His other appointments included the office of Consulting Surgeon to the Eastern Dispensary and to the Merchant Seaman's Orphan Asylum.

Mr. Adams was a bold operator and a brave man. On one occasion he amputated through the hip joint. The patient nearly succumbed from loss of blood. Mr. Adams insisted upon his own blood being transfused into the patient. This expedient saved the patient's life for the time being, but, unfortunately, death ultimately ensued.

Both Mr. Adams and his father might have been described as typical Englishmen. Both were frank and fearless. Both rotund in body and robust in health. Both were devoted to athletic sports. In fact, they were ideal "John Bulls."* Mr. James used to rise at six in the morning to play tennis in Finsbury Square.

"When in the zenith of his success," writes *The Lancet*, "Mr. Adams became the subject of double optic atrophy. This necessitated his retirement from active work, and in 1884 he went to live in the picturesque village of Grateley, Hampshire. His malady increased. Convulsions supervened, and he passed into a state of coma. He died on January 20th, 1890, and is buried at Grateley." Mrs. Adams, who is said to have been a Roman Catholic, is not buried with her husband.

Mr. Adams' contributions to medical literature during his short professional career were:—

A Case of Soft Cancer of the Lachrymal Gland Ovaries and other Organs (British Medical Journal, 1870).

A Case of Transition of the Testicle into the Perineum with Operation for replacing it in the Scrotum, *Lancet*, 1869).

Mr. Adams married, in 1860, Miss (or Mrs.) Ellen Holgate Binns, sister-in-charge of the Ophthalmic ward. This lady is said to have made him an admirable wife, and by her devotion to have greatly lessened the suffering which preceded his death.

She did not long survive her husband.

Mr. Adams' town residence was 17, Finsbury Square, from the garden of which he could pass into the Moorfields Hospital.

He left personal estate, valued for probate, of £8,653.

[*Lancet*, *British Medical Journal*, information supplied by the Misses Adams, who have also furnished the portrait of their distinguished brother, the Rev. F. J. Fuller, Rector of Grateley, and personal recollection.]

* It may not be generally known that we owe the sobriquet "John Bull" to a member of our own profession, John Arbuthnot, M.D. St. And., who first used it as the title of his work *The History of John Bull*, published in 1712.

IN GERMANY—NOW.

This will be a scrappy article: in fact, the editor will probably consign it to its proper place, unless he is very short of material. But he probably is, and if so, some impressions of life as we see it in the Rhinelands may interest readers who have not seen them, especially those who will, presumably, come out here as they qualify.

Of the period since the Armistice was signed, undoubtedly the time of greatest interest was that of the journey towards Germany.

Being M.O. to the Divisional Engineers, I travelled with Divisional Headquarters, and had the advantage all the way of a good horse and a complete lack of responsibility. On these long treks the Field Companies march with their Brigades, and the duties of the M.O. in charge of Engineers contract to vanishing point; all the more chance to see the country, and philosophize about things in general.

Any description of the march in detail would be tedious, and, moreover, the Press correspondents have already said all there is to be said on the subject. But certain scenes and incidents stay in one's memory.

The crossing of the Franco-Belgian border for instance. At once was apparent the cleanliness and neatness of the Belgian villages, as compared with the French, and this apart from any question of damage caused by the war; indeed, it is often difficult to say at first sight whether a French village has been shelled or not. We crossed the frontier north-east of Maubeuge, and the first Belgian town, a cheerful little spot called Binche, remains vividly impressed on the memory, for here, after the wilderness, were real civilians drinking real beer, cafés doing a record trade, and at night a blaze of light. Light, mark you, more than we'd seen for four years.

But here, as later at Charleroi and Namur, the prosperity was all on the surface. The shop windows had little in them but light, and the cost of food was a revelation. And one cannot but pay a tribute of gratitude to the hospitality of those Walloon people of industrial Belgium. We were by no means the first troops to pass through, but they welcomed us heartily, and many a bottle of wine carefully "cachée" from the late invaders, was brought out for our benefit.

Leaving Namur, the journey became a sheer joy to anyone with a love for beautiful country. First along the banks of the Meuse, then striking southwards a little through the northern Ardennes. This stage of the march ended at Spä, and this one felt was historic ground, for there was the

very house where the Kaiser signed his abdication, and officers of all the great armies of the world filled the streets, denoting the presence of the Armistice Commission.

The day's march from Spa carried us over the German frontier. Just a black and white post on the road—then no more flags flying from the windows, a strange and uncouth lettering on the sign-posts. We were in Germany. As a matter of fact, as far as a few miles east of Malmedy the people are Walloon still, and talk French for preference. But they seemed to resent our presence more than do the inhabitants of Cologne. From Malmedy the marches were long, for the country is sparsely populated and affords little shelter for troops. But the scenery was perfect, and the roads wonderful. Though we crossed the most corrugated country imaginable, not a pontoon-wagon of any of the Field companies stuck; and everyone knows that given half a chance a pontoon-wagon will hold up traffic for miles behind it. A very few days then brought us to our final destination, and here we remain, in a prosperous town some twenty miles west of Cologne.

The first feeling is one of unreality; the people are neither hostile nor sullen, they are for the most part hospitable; there is no other word for it. Twice have I told the "Herr" on whom I am billeted I do *not* require a stove lit in the bathroom when I take my bath; but it makes no difference; the stove is lit.

Whether this attitude is assumed with a view to gentle treatment in the settlement I know not; I offer no theory as to its origin.

The second feeling is one of interest and curiosity. There is Cologne to be visited, the twin towers of its cathedral to be condemned, and the Rhine to be sniffed at; but it cannot be sniffed at altogether, for it is a noble river, and its bridges, if ugly, are none the less impressive.

But the next feeling, that of chronic boredom, is not long delayed, for there is little work to be done; one's mental activities have to find other outlets, and these are limited.

Anyone who remembers sufficient arithmetic, can join in the laudable endeavours to educate the men; but which of us does?

However, matters are improving in this respect, and the boredom becomes less desperate; there are lectures, and good lectures, two or three days a week; there is excellent opera at Cologne most nights; indeed, granted enough literature, life becomes quite interesting again. Only to-day a notice with quite a "Front Hall" flavour about it came from the A.D.M.S.'s office: "Colonel C. H. Miller. . . will demonstrate medical cases"—not in "Harrison" or "Turner," but in a neighbouring C.C.S. Any men coming out freshly

qualified, I should strongly advise to join a circulating medical library; there is really no need for the time to be wasted altogether.

What is really at the root of one's restlessness out here is the natural desire to get back to England and resume civil life where it was interrupted. But I must add such eagerness is tempered somewhat by the impressions of that same England which we gather from the papers.

One cannot refrain from enlarging on those impressions. They are drawn, in my own case, from the daily papers, from the lighter weekly illustrated papers, and from a weekly local journal published in the north of England. And the first two make one sick. The picture they draw of England reminds one of nothing so much as a collection of forest wild animals after a forest fire, as told in children's picture books. The animals, we were told, ceased their hostilities towards each other in the face of a common danger, then, the danger over, returned to their normal activities.

So in England now, as we see it through the Press. Bolshevik wolves in full cry, the revolutionary snake emerging from the grass, profiteering beasts of prey simply rampant, and everywhere mutual suspicion and distrust; over all is the meaningless chatter of monkeys—the people depicted in the weekly papers, who crowd London at the exclusion of poor devils on leave who want a bed for the night.

Only in the weekly local journal can I see any evidence of people who still remember there ever was a war, or who give a thought to the half million and more lives that have been sacrificed by their countrymen.

And what of the medical profession? What example of calm and restraint do they set? Certain members of it hold a meeting in London, and after sundry eloquent speeches, in which such phrases as "the scum of the profession" are used, the meeting breaks up in disorder. In a paper read yesterday, that meeting was reported to the extent of a column; in a paragraph of three lines on another page it was mentioned that seven hundred doctors had lost their lives in the war. Comment is needless; indeed it would be unprintable. It may be urged that "the heart of the nation is sound." No doubt it is, but we do not see the heart out here. We only see the face, as mirrored in the Press, and it looks all disfigured by some foul eruption. And the Germans are watching with intense interest, and they do not see the heart either.

I have written enough—perhaps, too much. But it is difficult to write calmly when one thinks of these things, and then of those forests of white crosses that lie in the wilderness away to the west of us.

A. G. W.

DEATH OF MISS LÜCKES.

(Extract from "The Times" of February 17th, 1918.)

A GREAT HOSPITAL NURSE.

We regret to announce that Miss Lückes, Matron of the London Hospital, died at the hospital, aged 63.

Miss Eva Lückes received her early education at Cheltenham College. Her home was at Newnham. She was trained as a nurse at Westminster Hospital; later she was a night-sister at the London Hospital, and for a few months, matron of the Children's Hospital, Pendlebury. In October, 1880, when she was only 26 years old, she was chosen, out of five candidates, to be matron of the London Hospital. The conditions of nursing at the hospital in 1880 were bad. A quarter of a century had passed since the Crimean War; but the hospital had not come under the influence of Miss Nightingale's work.

Neither the committee nor the staff gave proper attention to the comfort and the conduct of the nurses. For instance, the old minute books of this period, record that a nurse, drunk on duty, was merely cautioned by the committee; and a nurse, who had been cruel to a dying child was only told that she must be more kind. Night nurses were hired off-hand from a little crowd of women who used to come to the hospital of an evening on the chance of a job. The nurses slept in dormitories, without cubicles, and with only one bath for 137 nurses. They were ill-fed, they received 4d. a day and beer, but their meals were few and far between; the Sisters, for instance, had no meal provided for them from the midday Sunday dinner to breakfast on Monday morning. There was no plan of teaching the nurses, no lectures, no classes, no library; and there was no nurses' home for them.



Within 24 hours of her appointment Miss Lückes reported to the committee that the arrangements for nursing were wholly inadequate. She asked that the number of nurses might be increased from 137 to 150; this was granted. To-day there are 800. Her first care was to improve the feeding of the nurses; the old minute books refer again and again to this beginning of better things. Next she had cubicles put up in the dormitories. Next, in her first year of office, she instituted for her nurses three courses of lectures—one by herself, on the general rules of nursing, and the other two, by a physician and a surgeon on the staff, on the special nursing of medical cases and surgical cases. The plan of these lectures is still maintained, without change, at the hospital. A number of other reforms followed, including the institution of training for private nurses, the teaching of sick-room cookery, the provision of sick-room accommodation for nurses, the introduction of pensions for sisters and nurses, and a preliminary training school for nurses. In 1905 the Eva Lückes Home was opened. There are now four nurses' homes.

Miss Lückes lived for the Hospital. Her day's work began at 7.30, and went on to 11 or 12 at night. She neither "went into society" nor travelled. When she had to go away for a rest, she used to go to Bexhill; but even there she would have her shorthand writer or one of her assistants to get through the arrears of incessant registering and correspondence. People from all parts of the world wrote to her for advice; and her private nurses were encouraged to write once a week to her, and she would write back to all of them. For 20 years past she set apart one evening a week to be "at home" to her nurses. Her personal knowledge of all of them was amazing, and it was the high standard and tone which she set before them

that contributed more than anything else to the great reputation of the "London" training.

Nothing but the best thing for the Hospital would do for her. She could accept defeat for the moment, but would not compromise for second best; she would only begin again, till she got the best. It is said of her that to-day all her ideas have been carried out, and not one of them has been found to be a mistake. One of her former assistants writes of her that "her help and encouragement to her assistants, her sisters, and nurses were beyond words. Her wise and loving counsel has smoothed many a rough bit of the road, both for her present and her past workers. Her absolute and obvious sincerity created the utmost confidence in her judgment." Honours came to her—the first class of the Royal Red Cross, the Order of St. John of Jerusalem (Lady of Grace), and in 1917 the C.B.E.

Her books, the Text Book of Nursing, and the Lectures to Sisters, are recognised everywhere as authoritative. The long series of her Annual Letters to her nurses, begun in 1893, displays again and again her likeness, in thought and method, to Miss Nightingale, who was one of her closest friends.

OBITUARY.

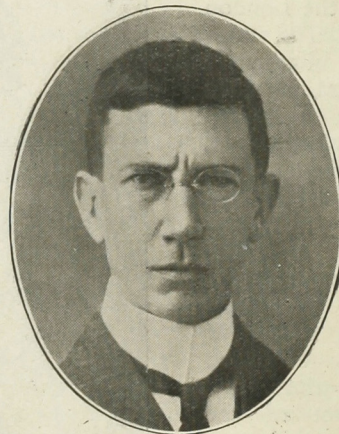


EUGENE ARTHUR PEARSON.

EUGENE ARTHUR PEARSON, L.R.C.P., M.R.C.S.

We regret to record the death of Mr. E. A. Pearson, at the early age of 24, from pneumonia, following influenza. A son of the Rev. J. G. and Mrs. Pearson, of Sydenham, he entered the "London" in October, 1913, and interrupted his studies in March, 1917, to undertake a Surgeon Probationership in the R.N.V.R. He resumed his work in the Hospital in October, 1917, qualifying October, 1918. After the examination he contracted influenza, which brought about his untimely end. E. A. Pearson was one of five brothers, all of whom have taken their courses at the "London"; three have been serving with the R.A.M.C. and the African Medical Corps, and one has recently qualified as a Dental Surgeon from our Dental School, and is now proceeding to a medical qualification.

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CAPTAIN HERBERT GEORGE FLAXMAN SPURRELL,
M.A., B.M., B.Ch., D.T.M., R.A.M.C.

Captain H. G. F. Spurrell who died of pneumonia at the 19th General Hospital, Alexandria, on Nov. 8th at the age of 41 years, was the only son of the late Mr. Herbert Spurrell, of Eastbourne.

He received his education at Merton College, Oxford, where he gained the Welsh Memorial Prize in 1901 and the M.A. degree. He qualified B.M., B.Ch., Oxon., in 1907 from the "London" and obtained the Diploma of the London School of Tropical Medicine in 1912. He was then appointed Assistant Professor of Physiology at the University of New Orleans for a year, and held medical appointments in West Africa and South America, where he indulged a passion for scientific research and discovered several new zoological species. One of these was a new species of West African rodent,

Anomalurus imperator, a type of which he presented, together with a number of other rare and interesting West African mammals, to the British Museum. Whilst in Colombia he continued his zoological research, and during the first few months of his stay in the Choco brought together a series of batrachians and reptiles which he also presented to the British Museum. A further important series of these animals was collected and presented by him in 1914, and in 1915 he discovered and presented a new limbless reptile (*Amphisboena Spurrelli*) and a new snake (*Herpetodryas vicinus*). The London Zoological Gardens has rarely been without specimens sent by him, notably in the reptile and monkey houses.

In recognition of his work he was awarded the Silver Medal of the Zoological Society. On his return from Colombia in 1915 he was sent abroad by the Government on a secret mission, and in 1916-17 acted as temporary Medical Officer at Obussi, S. Ashanti. In 1917 he was granted a commission in the R.A.M.C., and was employed on the R.A.F. Medical Board until his death.

Besides his scientific monographs, Captain Spurrell wrote a book on social evolution, entitled "Modern Man and his Forerunners," and a popular work on physiology. Captain Spurrell was a man of outstanding character with a most original and versatile mind.

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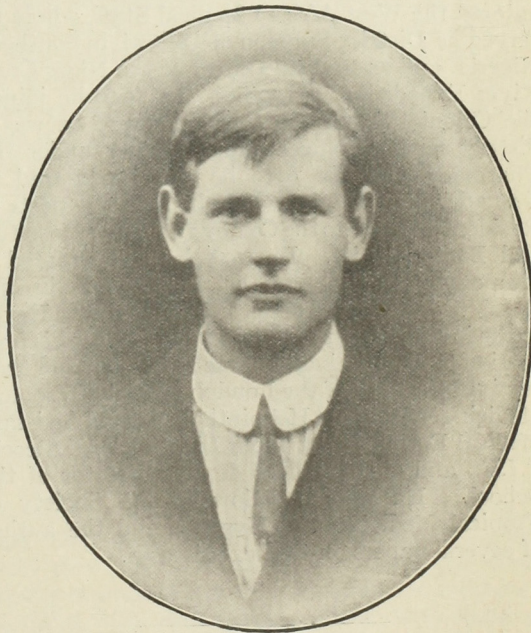
CAPTAIN ROBERT NUTTALL PORTER, M.B.
Ch.B., F.R.C.S., R.A.M.C.

Captain R. N. Porter, age 38, died at Ruthin, North Wales, on January 25th. He was the eldest son of Sir Alexander Porter, ex-Lord Mayor of Manchester, and was educated at Manchester Grammar School and at Victoria University, Manchester, where he graduated M.B. and Ch.B. in 1904, also obtaining the diploma of F.R.C.S. (Eng.) in 1910. Captain Porter entered the "London" for postgraduate work in November, 1908, and joined the Final Fellowship classes the following year. Subsequently, he held the appointments of House-Surgeon to the Manchester Royal Infirmary and Leicester Infirmary, and Medical Superintendent and Surgical Registrar to the Seamen's Hospital, Greenwich. He entered practice about three years ago at Derby, where he was Honorary Medical Officer of the Derbyshire Children's Hospital. On January 1st, 1918, he was granted a temporary commission as Lieutenant in the R.A.M.C., and was promoted to a Captaincy after a year's service. He contracted his fatal illness while serving in France.

CAPTAIN PHILIP FERGUSON, F.R.C.S., R.A.M.C.

Captain Philip Ferguson, age 34, died of septicæmia at Horton War Hospital on January 28th. He was the only son of Dr. Ferguson, of Manchester, and was educated at the Victoria University in that city, where he graduated M.B. and Ch.B. in 1906, and entered the "London" in 1910 for the special courses in preparation for the diploma of F.R.C.S. Eng., which he obtained in 1913. While a student Captain Ferguson held the appointments of Senior Demonstrator in Physiology and Assistant Demonstrator in Anatomy at Victoria University, and later those of House-Surgeon to the Manchester Royal Infirmary and the Throat Hospital, Golden Square, London. He was granted a temporary commission as Lieutenant in the R.A.M.C. on August 16th, 1914, in the second week of the war, and was promoted to a Captaincy after a year's service.

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LANCE-CORPORAL ALEXANDER MCKENZIE MCRAE, age 29, attached to the 4th Canadian Mounted Rifles, who was killed in action at Passchendale on Oct. 28th, 1917, was the son of Dr. Donald McRae. He entered the "London" in 1907, but discontinued the study of medicine on account of his health and took up farming in Canada. At the outbreak of war he volunteered for active service and joined the 12th Canadian Mounted Rifles. He came to England in the early autumn of 1915.

and proceeded shortly afterwards to France. He was wounded in October, 1916, and sent to England, returning to France the following year. After passing through very severe fighting he was killed in action at Passchendale.

* *

REGINALD PERCY COCKIN, M.B., B.C.

Dr. R. P. Cockin, who died at West Kensington on December 9th, was Assistant Medical Entomologist to the London School of Tropical Medicine, and Director of the Seamen's Hospital Venereal Disease Clinic at the Albert Dock. He was born at Hull in 1879, and commenced the study of medicine at Caius College, Cambridge, entering the "London" in 1903. He graduated M.A., M.B., B.C., in 1906, and M.D., seven years later. After acting as Casualty House Surgeon of Hull Royal Infirmary, Dr. Cockin entered the West African Medical Staff, where he served as District Surgeon of Okigwi, in Southern Nigeria, and as Medical Officer of the Niger Cross River Expedition in 1908-09. In 1910 he joined the Colonial Service in Cyprus, where he was a district medical officer and examiner under the Pharmacy Act. In 1913 he was transferred to Grenada, West Indies, where he held the posts of Resident Surgeon to the Colony and Yaws Hospitals and Bacteriologist. In 1915 he was granted a temporary commission as Lieutenant in the R.A.M.C., and served under Colonel Leiper in Egypt in the investigation of bilharziosis. After his promotion to a Captaincy he was invalided, and then rejoined the staff of the London School of Tropical Medicine as Assistant Helminthologist and Assistant Medical Entomologist under Lieut. Colonel Alcock, C.I.E., and also acted as deputy director of the School. He was a Fellow of the Society of Tropical Medicine and Hygiene, and the author of several papers on tropical diseases.

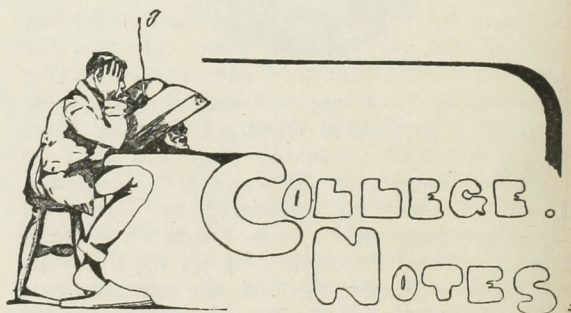
WAR MEMORIAL.

We regret that our appeal for suggestions as to what form the Memorial should take, has so far been unproductive, but trust this will be soon rectified. In the meantime we are prepared to open a subscription list, contributions to which will be duly acknowledged in the GAZETTE.

THE GAZETTE FUND.

SECOND LIST OF SUBSCRIBERS.

	£	s.	d.
First List of Subscribers (December No.) ..	51	9	0
Knutsford, Rt. Hon. The Viscount ..	5	0	0
Sherren, James ..	5	0	0
Williams, T. D. ..	2	2	0
Scott-Wilson, H. ..	2	2	0
Lindsay, E. C. ..	2	2	0
Newcomb, W. D. ..	2	2	0
Oliver, H. G. ..	2	2	0
Martin, G. N. ..	2	2	0
Neligan, G. E. ..	2	2	0
Bain, E. W. ..	2	2	0
Bayley, J. H. ..	2	0	0
Hutchinson, J. ..	2	0	0
Davies, J. E. H. ..	2	0	0
Treves, W. W. ..	1	10	0
Porter, Bruce ..	1	1	0
Moseley, F. M. ..	1	1	0
Howard, A. D. ..	1	1	0
Kennedy, C. M. ..	1	1	0
Kennedy, J. ..	1	1	0
Scott, A. R. P. ..	1	1	0
Kyffin, J. ..	1	1	0
Winter, A. G. ..	1	0	0
Rice-Oxley, D. G. ..	1	0	0
Molesworth, H. W. L. ..	0	10	0
Liley, J. A. ..	0	10	0
	£96	2	0
Deficit (Mar. 31st, 1918) ..	134	2	3
Received ..	96	2	0
Balance of Deficit ..	£38	0	3



Undoubtedly the chief item to report in these Notes is the general revival of Athletic and other activities of the Club's Union after four and a half years' latency.

* *

Meetings of certain of the Clubs have recently been held for election purposes, and we expect that there will soon be sufficient enthusiasm to enable us to revive those Clubs that are at present in abeyance.

The Soccer Team has been doing remarkably well this season, and it is gratifying to note that we have recently "put it across" two of our rival Hospitals, "Guy's" and "Bart's."

* * *

The Rugger Team has also been busy since Christmas, and apparently intend to spare no pains in retaining the Inter-Hospital Cup at present in our possession, when the competitions come on—presumably next season.

* * *

A Chess Tournament is at present in progress, with a view to selecting a team to represent the Club's Union.

* * *

The Hockey Team has also been maintaining its reputation, and we hope to publish fuller reports in our subsequent issues.

* * *

We regret that we were misled in our last issue with regard to the record of the war services of Capt. H. W. Woollett. We are informed that his first decoration was M.C., and subsequently a bar to this. He obtained his D.S.O. for bringing down 8 enemy planes in two days, equalling the record on the first day by himself destroying 6 machines, on which occasion 13 machines were brought down by his flight (not squadron), without any loss on our side. He has since been decorated with the French Croix de Guerre with Palme, and as Chevalier of the Legion of Honor, and he has had the distinction of being mentioned in Sir Douglas Haig's despatches of this month.

* * *

Discussions have been heard as to the pros and cons of applying for a German gun to ornament the garden. We hope this note will catch the eye of the authorities, and will not comment further, but merely leave the question to that body to decide.

* * *

We take this opportunity of tendering our heartiest congratulations to Mrs. Gridley (née Miss Taylor), late of the Dining Hall staff, on the occasion of her recent marriage, and of saying how sorry we are to lose her services. A small token in the form of a cutlery canteen was presented to her by her many patrons.

CORRESPONDENCE.

DEAR DR. WRIGHT,

I am very sorry I missed you yesterday when I called. I was, however, let into a promise to write you a letter detailing some of my experiences, and I feel I cannot do better than relate those of Armistice Day. It all started the previous night when with my colonel I walked over to see one of our field ambulances on the banks of the Scheldt. There we discovered the divisional burial's officer in distress, and being what he was, he certainly looked the picture of misery. His kit was in one place with his batman, his office was in another place with his clerk, and he had to proceed to yet another place quite in another direction. My colonel being an Irishman and a philanthropist, hates to see another Irishman in difficulties, so he promised to send the car attached to our office early next morning to collect the scattered belongings of the burial's officer, and to deliver them to the field ambulance with which he was living. The car had to return by 10 a.m., as we had decided to visit a distant field ambulance. Unfortunately, the clerk of the wretched burial's officer didn't know exactly where to find the batman and kit. That was fatal, and wasted the whole morning, so that it was shortly after 2 p.m. when we started on our fateful journey across the Scheldt. Except for a short hold-up, caused by our car becoming ditched, we arrived at our destination in good time. One incident of the journey out is worthy of mention: we were pulling into the main street of a certain village, when our attention was arrested by a procession of youths of the village, with banners and flags, trumpets and things which generally made a vulgar noise. When they perceived us, they came to a halt and cheered and then proceeded to draw near. Then we discovered that the leading ruffians were marching a wretched dejected female between them, they were brandishing large scissors with which they had cut off all the girl's hair, and were wearing strands of it in their buttonholes and hats; her head had also been painted with various colours. They proudly explained that she was an espion Bosche, and we further elucidated the facts that she had been much too familiar with the Bosche, and had made their lives most unpleasant for four years by telling tales and getting them punished for trivialities. Of course we explained that these things were not done when the British Army took possession, but we were powerless to do anything until we arrived at Headquarters, where we were able to inform the A.P.M. and get the Belgian authorities moving in the matter. Well, we arrived at our destination, had tea, and began

our return journey at 6 p.m. Nice time to get back to dinner to which we had invited guests. We did half the distance in one hour, and then decided to stick to the hard, high main road, and take no chances of getting ditched on the narrow bye-roads, by which we had come. That was our undoing; at first we did very well, picking up a party of Belgian refugees, who came in quite useful a few minutes later, in pushing us out of a badly filled in shell-hole; our real difficulty occurred when we arrived at a huge crater in the road, with a narrow strip of clay along one edge. We all got down to inspect, and after a consultation with an R.E. officer who was engaged with a party in filling up the crater, we decided to drive on. We got fairly stuck in the middle of the clay patch and spent a considerable time in useless efforts to rescue the car, and it was not until a team of draught horses arrived that we had any luck at all; with these even we spent a good half-hour (9.30 by this time) before we finally got the car moving under its own power once more. The village ahead of us presented difficulties, the bridge across the stream was blown up, and as the place was in darkness and deserted we had to do a good deal of prospecting before we discovered the only bridge. We continued along the main road, over a level crossing which required fine judgement on the part of the driver, until we were brought to a halt by a properly constructed barrier of trees and branches. Apart from the fact that it would have taken at least an hour to remove the obstacle, we decided we were not out to be caught by booby traps, and this barricade looked too suspicious to be tampered with. We turned back; the level crossing was again successfully negotiated, and we tried another road, only to find the bridge had been blown up, the same thing had happened to yet another road, so, reluctantly, we returned to the deserted village and made a new start in another direction, this time we had more luck at first, as we had chanced upon a regular traffic route, even though it was to take us miles out of our direction, we would have given anything to have crossed the Scheldt. Without hitch we arrived at a pontoon bridge across the river, only to find that we were a quarter of an hour too late; they were in process of repairing it, and had already got a gap of ten feet between dry land and the nearest portion of the bridge; time 12.30 a.m. It was impossible to back out or turn the car as the approach was so bad; there was nothing for it but to wait until the R.E.'s had done their worst; the driver went to bed in the car, whilst the colonel and myself took a lesson in the art of bridge building, incidentally learning the terms of endearment used to the various parts of this particular kind of pontoon bridge. Apparently

it was a hybrid, and was partially constructed of pontoons and partly of tressles, and these latter obstructed the speedy repair of the bridge. I got tired of light-weight bridges, and strolled a hundred yards to see a heavy bridge being built in the glare of a searchlight; this seemed quite a simple if slow process; all that I could see was about half a dozen men, who disappeared into the darkness and returned some minutes later with a sandbag full of stone which they emptied into the Scheldt; this seemed very foolish to one uninitiated, but I was told there was method in their madness, the details I will omit. On returning, I found that the colonel had buttonholed the officer in charge of the bridge builders and was telling him funny stories, a noble effort considering the time of day; I admit I had to laugh myself, tired as I was. About 2 a.m. the R.E. officer decided to disregard the orders of the C.R.E. and put in a pontoon so that we could cross the quicker, and thankful we were to reach the other side at 2.30 a.m. However, we were miles from home, and it was 4 a.m. before we got to our destination, where we dined and went to bed very tired; our driver who is the strictest of teetotalers was persuaded to have a glass of whisky and he certainly needed it, he had had a very trying day.

It has been an awful strain putting this down on paper; but I had to keep my word, so here it is.

Yours sincerely,

W. H. ALDERTON.

"OFFICERS' MESS,

"—— MESOPOTAMIA,

"December 25th, 1918.

"DEAR DR. WRIGHT,

"You won't remember me as I am a Guy's man, but you know our mutual friend Pickwick."

"It is awfully good of you to send me the GAZETTE free gratis, please go on doing it for the rest of my natural term. But I say, I wish you would go back to the old cover of the GAZETTE, that ripping one designed by Tonks, it always made us Guy's men green with envy. As to the present ugly cover—no wonder it has brought ill-luck to your finances.

"By the way, I should like to do my little bit, and enclose cheque for two pounds, drawn on Telson's in the Strand. In London I was usually stony-broke, but out here there is nothing to spend one's pay on. Don't trouble to acknowledge the draft.

"Very few 'London' men have come my way, but my old friend Major Benj. Allen rode over from Teheran the other day, and we exchanged drinks. You wouldn't believe what a thirst one

gets out here, but, with rare exceptions, there's nothing to slake it with except dust-and-water. Allen has been awarded the O.B.E., and is, therefore, no end of a swell. He borrowed ten shillings of me on the strength of it. By the way, I have a wager on with him. He says you have proved that Leonardo da Vinci wrote Quain's Anatomy, I laid him evens against it.

"There isn't much news to tell you. The Begum of Bagdad was dining at our Mess, and to entertain him afterwards I read aloud all the letters that have appeared in the Students' GAZETTE during the war. He thought some of them, Dr. Chandler's especially, were splendid, but most he declared 'bored him stiff'. Well, I must stop now, or you will be in the same condition. Remember me to Leonardo and Mrs. Lisa Raddle. It's a long, long way from here to Lant Street!

"Yours always,

"BOB SAWYER."

[NOTE.—We have forwarded the above letter and cheque to the Editor of the Students' GAZETTE, although we are not convinced about their authenticity. Mr. Sawyer must be too old for the R.A.M.C. by this time, and is the O.B.E. a real distinction? We don't believe there is a Begum of Bagdad, and if there were it would be a woman. Telson's Bank was all right in the time of the Tale of Two Cities, but is it a going concern now? Mrs. Raddle's Christian name *may* have been Eliza, or is Mr. Sawyer mixing her up with the stolen picture? Anyhow the letter seems to be worth inserting for its proposal about the cover of the GAZETTE. Mr. Tonks' design was most artistic, humorous, and appropriate. Its successors have made us sigh for a return to the cover which gave distinction to the GAZETTE, and put us in good humour before we opened the first page.—J. HUTCHINSON.]

Headquarters, 38th (Welsh) Division,
B.E.F.

December 27th, 1918.

DEAR MR. EDITOR,

I do not want my subscription to the GAZETTE to lapse, and as I do not know how I stand, send £2 to carry on. Could it be sent in future to my home address, Plas Darland, Wrexham, North Wales, as I do not know what is likely to happen in the future.

The GAZETTE has been a great "help" at all times, and in all sorts of places.

I have been out here well over three years, and have rather a unique—somewhat irregular—position. An old Volunteer for many years, and interested in St. John Ambulance work, I raised, or assisted in raising, the three field ambulances for the Welsh Division. Most of the original men—all in my own unit—were St. John men, and members of a Welsh St. John Brigade. I was gazetted to command this unit—in Decem-

ber, 1914, brought them out to France, and still command them. I have not run across as many old "Londoners" as I should wish—those of my year have merited more "couchy" jobs, although I have never regretted, nor wished for other work than field ambulance, with its constant change of site and "scene," and seeing what war really is. D.C.M. Page, now Captain and M.C., an old "Londoner," joined my hut in 1915, and won his M.C. going out to and bringing in a wounded officer, through the very devil of an enemy barrage near Langemarck in August of last year. He was evacuated sick and sent home in April of this year, and the "powers that be," instead of letting him come back to his division, sent him to North Russia, where he now is and, I learn, doing well.

Yours sincerely,

JOHN E. H. DAVIES, Lieut.-Col.,
O.C., 130th (St. John) Field Ambulance,
38th (Welsh) Division.

c/o A.P.M.S

11th Division,

B.E.F.

France.

Dec. 28th, 1918.

DEAR DR. WRIGHT,

The July GAZETTE has just reached me after travelling to India and back. I am afraid one has not thought before about the finances of the GAZETTE, so I hasten to send you a small donation. It has always been particularly welcome in India to hear of the old Hospital.

I am now with the Northumberland Fusiliers; a pleasant change after two years sweltering in India with a base hospital. Snelling is with the R.E.s just round the corner.

On my way back from India I met a colony of old Londoners at Taranto. Shelley, Mathias, Porritt and Murphy all happened to be there together.

You might care to know for the "Pro aris et focus" that T. T. B. Watson is at Rawalpindi with Michelmores at the Indian Troops Hospital.

Hoping that there will be no difficulty in raising the money for the GAZETTE.

Yours sincerely,

W. D. NEWCOMB.

H.M.S. "Manxman,"

Mudros.

Jan. 6th, 1919.

Dear Dr. WRIGHT,

Some little time ago I received the circular letter appealing for funds for the GAZETTE. Many apologies are due from me for having let the

matter slide, and I hope the old proverb still holds good "better late than never." I am instructing my bankers to forward to you 2 guineas (I have no cheque book at present). At the same time I should like to place on record my very grateful thanks for all the numbers of the GAZETTE that I have received during the last four and a half years; they have been of great interest and most welcome. Also would I like to wish Dr. Fred J. Smith every good wish and happiness in his retirement. I was "one of his RATS," and shall ever remember him affectionately, as will hosts of others who tried to avoid soiling their hands in the P.M. room on a Monday afternoon!

It may be of interest to you to know that the above ship was the first ship flying the White Ensign to pass right through the Narrows, from Cape Helles to the Sea of Marmora. We preceded the Fleet by three days, in order to carry out air-patrols in the Sea of Marmora, the ship being a seaplane carrier. We made the passage before the occupation of the Peninsula by Allied troops took place.

Later on we lay in the Gulf of Ismid, off the town of that name, and later still off Constantinople. The latter place is very interesting, especially the Stambul quarter. The world-famed "Goeben" came to Ismid just before we left; in fact, I was up at Constantinople the morning she passed down the Bosphorous, escorted by British destroyers. That she was badly mined in the early part of last year there is no doubt, but above water-line she looked normal and formidable. According to all accounts the Germans treated the Turkish officers and crew with humiliating contempt, there being no love lost between the two nationalities. Another fact which may be interesting to you is that the Germans deported from Constantinople and landed at Odessa were molested by Bolsheviks, with the result that 200 or thereabouts were murdered! A case of thieves falling out!

Now that hostilities are over, I trust the "London" will come into its own again. It has lost many notable figures during the last four years, men whose places it will be hard to fill, and time alone can heal those wounds. To those who are returning I wish "good luck," and to yourself and all Londoners every good wish for 1919.

I remain,

Yours sincerely,

GERALD N. MARTIN.

5th Southern General Hospital,
Portsmouth.

8/1/19.

DEAR DR. WRIGHT,

I have just received the December GAZETTE; many thanks for it, I have now returned to resume

command of my old Territorial Hospital. I took over on the 30th, having left No. 20 Stationary Hospital, which I had been commanding in Salonika and Italy since June 16th. The GAZETTE when it has reached me has been a great joy to me, which I have always shared with any old "Londoners," either M.O.'s or Sisters, who have been with me or near, and had not seen it. While I was doing 14 days' Italian leave last month, I went to an old monastery called Monte Casino, and there I met an old "Londoner," now a monk teaching in that monastery. He is a Maltese. He qualified at the "London," and went out to South Africa in the R.A.M.C., or attached. I see in the magazine, in a letter addressed to F.J., that he has been appealing for funds. Don't know what for, but it's all right if it comes from him. So please accept the small cheque enclosed. I see the announcement of my son's wedding in the GAZETTE. He is now a Captain on the Staff at Salisbury. The work I have come back to here is quite the hardest I have had since the war began. The demobilisation business is a nightmare, and the hospital very understaffed. The next time I come to town I hope to come and look you up at the "London." I stayed the night I arrived in England with Percy Furnivall, and heard some of the news from him. What a loss dear old F.J. will be.

With kind regards and best wishes for the New Year.

Yours sincerely,

JOHN KYFFIN, Lieut.-Col.

11th Battn. Sherwoods,
B.E.F.

Jan. 8th, 1919.

DEAR DR. WRIGHT,

I am afraid I have been owing you a letter a long time. I saw a GAZETTE the other day which Bayley lent me. I came out again in July and after three months at the base I managed to get up the line for the end of the war with the 25th Division again. We had a most interesting time in the advance from the Hindenburg Line through LeCateau, Landrecies, and are now clearing up battlefields and doing a little demobilising, but not much. I do not think we medicos have much chance of getting away for some time to come, especially the youngsters; indeed, I do not expect to get away before June or later. This is an awful waste of time all the same, and we have lost four years already, so I hope things will brisk up soon. We are east of Cambrai in a dirty and half-mined village, and the men are busy cleaning the place up and destroying explosives of all sorts. Some civilians are coming back and have presented us with several illnesses ranging from typhoid to venereal. In exchange

we have tried to make them comfortable and have given them a good deal of food and clothing. Their plight is really pitiable. There is no live stock, and all farm implements have been stolen or broken up by the Bosche. Very many are ill, too, and the children are frightfully anæmic and miserable. I do not see how the French authorities are going to tackle the problem of all this war area. They need a prodigious sum to start things with, and you begin to feel afraid that these people and their desolate country may be rather forgotten in the general scurry of demobilisation. After four years of Bosche rule they are very apathetic and seem to take all hardships as a matter of course, and it is quite strange to see how grateful they are for some very small service.

I and the rest of us want to get out of the army, if only to learn our job. But there seems to be rather troublous times ahead. Any amount of unemployment and labour trouble there must be unless we have a really super-organisation to cope with it. I am sorry to see the old GAZETTE has been in difficulties, and feel rather guilty for leaving undone things which I ought to have done. Will you please accept this cheque for 2 guineas.

Bayley with the 26 Field Ambulance is fairly near me, so I can generally see his copy.

With very best wishes for the new year.

Yours sincerely,

GORDON OLIVER.

DEAR MR. EDITOR,

I see in this GAZETTE that your next "Peace Gazette" you intend publishing a full "Pro aris et focis" list. This list* may help you. It is correct for January 20th, 1919: this I can vouch for, as it is my particular pidgin to help distribute the officers of this force. And a none too enviable task it is, as there is a chronic shortage of medical men here, as elsewhere throughout the world.

I have been very remiss in not contributing a letter to the GAZETTE, but I hope this compilation will make partial amends. I came out in 1915 with Major Lett and the 31st General Hospital, which has lately been disbanded. In July, 1916, I was told I was a "water expert." I am glad I did not deny the accusation, as looking for water in the desert I found a most fascinating occupation, with a spice of danger thrown in occasionally. I was kept at this till August, 1917, with occasional odd jobs in between, and I can safely say I am intimately acquainted with most of the water holes between Kantara and Gaza. It is extraordinary

to think that this journey which took us a laborious 18 months or more is now accomplished in a single night, and most travellers between Egypt and Palestine see nothing of this fascinating strip of country. For the last 18 months I have been on staff work, and very interesting it has been, especially the preparation for the final operations, which were worked out in great detail and secrecy. The transition from being a wanderer in the desert with a field company or a cavalry patrol, to the sublime height of G.H.Q. is as big a jump as one could wish for. I hardly think people at home realise the size of this side show. The distances are immense, and at the present moment troops have to be doctored from the Taurus Tunnel to Khartoum. Just now the thoughts of all are upon demobilisation, and especially our own chances of it. So far (Jan. 29th), nearly 150 medical men have been recalled, and the difficulties consequent on their removal are beginning to be experienced. Arrangements are being made to send a great many Indian troops back during February, and every ship leaving Alexandria and Port Said is packed to the brim. I only hope my own turn will come soon. It is very tantalising work transmitting orders for other people to do what one very much wants to do one self. I fear that I am getting a back number, but to those who may remember me, please convey my greetings for a pleasant Peace Year.

Yours sincerely,

G. F. BIRD.

REVIEWS.

THE PRACTICE OF SURGERY. By Russell Howard, M.S. (Lond.), F.R.C.S. (Eng.) (Edwin Arnold.)

Mr. Russell Howard in his preface to this book claims as his main object to give the student an introduction to this important branch of his medical curriculum, and we think that it will be generally agreed he has admirably succeeded in so doing.

It will make a special appeal to all "London" men, not only because it embodies the teaching and practice of their own hospital, but also because of its own intrinsic merits.

The general arrangement of the subject is that followed in most textbooks of Surgery. The earlier chapters dealing in a general way with the subjects of Infection, Inflammation, etc., and the later ones taking up the injuries and surgical diseases of the various systems and organs.

The general principles and practice of surgery at the present time are such, that in a book of

*The list referred to will be included in the final issue of our "Pro aris et focis," which we hope to publish with the number following the Proclamation of Peace.

—EDITOR.

this nature, the subject matter does not allow too great a scope in enunciating any new ideas to the author, and this necessitates his individuality expressing itself by his methods of arranging his facts and his explanations of them.

In this book we think that Mr. Russell Howard has achieved this object.

From the student's point of view we think that the method frequently adopted throughout the book of summarising under different headings the treatment, causes, etc., of the various diseases admirably adapted to help him in his task of remembering the facts relating to them.

Throughout the whole volume the practical application of surgery in the after life of the reader is never lost sight of, and we would cite, as an example, the facts given to be observed in the application of trusses for the treatment of the various hernias.

Many difficulties from the standpoint of the novice in this subject are elucidated by simple, clear and helpful diagrams easily visualised; the recollection of which will be of the greatest assistance in his after studies.

The spacing of the lines and the differences of type used are such as to help the eye in its task of following easily the subject matter.

The coloured plates which are included reach a high standard of excellence in their delineation of the changes seen in the conditions they represent; and the numerous black and white illustrations also reach a high level.

The publishers are to be congratulated in placing such an excellent volume on the market, and we hope their enterprise will meet with the success it deserves.

In conclusion, we think any student who wishes to enlist the help of a clear and logical teacher cannot do better than become acquainted with this textbook by Mr. Russell Howard.

MATERIA MEDICA AND THERAPEUTICS. By Bruce & Dilling. Published by Cassell & Co. 9/-.

The fact that this work has reached the Eleventh Edition is evidence of its reputation, and the copy which lies before us fully maintains the high standard of previous editions.

The book is well printed and of a size convenient for the pocket. Its arrangement is good, and the information conveyed both as regards official and non-official remedies is full and, needless to say, accurate.

The work is divided into three parts, with an Introduction and an Appendix.

The Introduction contains much useful information on a variety of subjects, such as Weights and Measures, Dispensing, Prescription Writing, etc.

One is scarcely inclined to agree with the authors' statement regarding the use of the sign \bar{z} . This should invariably be used to indicate the ounce of 480 grains, and never the ounce of 437.5 grains.

Part I. is devoted to Inorganic Materia Medica.

Part II. is devoted to Vegetable and Animal Materia Medica and Synthetics.

Part III. deals with General Therapeutics.

The Appendix contains several sections, one of which is concerned with Dressings and their medication.

A feature of the new edition is a summary of the various restrictions imposed by war conditions.

Now that the demand for chemicals for war purposes is growing less day by day, these regulations will rapidly have historic interest only. Thus glycerine, which was for a time almost unobtainable is now obtainable with comparative ease.

We are unable to agree with the paragraphs on the "Scarcity of other Drugs," on page 57. Little inconvenience has been experienced in obtaining Carbolic Acid, Aspirin or Emetine, and although in the earlier years of the war Phenacetin was in short supply, for many months past large stocks have been and still are in existence in this country consequent upon the cessation of demands for this drug from certain sources.

In view of the rapid changes in conditions produced by the Armistice, it is not surprising that a textbook is unable to keep pace with questions arising out of the variations in supply and demand.

The above comments, therefore, are not to be regarded as criticisms of a very excellent textbook on Materia Medica.

AACHEN TREATMENT OF SYPHILIS. Hayes. 3rd Edition. Baillière, Tindall & Cox.

In his preface the author emphasises the fact that the Aachen treatment (the inunction of a 33% mercurial ointment, together with the administration of sulphur, both internally and externally, is not in opposition to, but an adjunct to the treatment by one of the arsenical preparations. Great results are obtained in the early stages of syphilis with arsenic, but it is chiefly in the paro-syphilitic lesions, which are mainly avascular, that the Aachen treatment finds its especial use. It is known that mercury, as usually administered, forms an insoluble albuminate in the tissues, and in this way loses most of its efficacy; but when given together with Aachen water, which contains sulphur, it is acted on by the hydrogen sulphide in the water to form a freely soluble compound. This is proved by its increased elimination in the urine.

Aachen is at present quite out of the question, and so we welcome this little book heartily, as it explains clearly the successful method as practised in Germany.

The fact of this being the third edition in four years speaks for itself.

THE CHOLERA CONTROVERSY. By A. C. Ewerts, M.B., C.M.

This article is reprinted from the *Journal* of the Ceylon branch of the B.M.A., May-August, 1918, and in it the author discusses the two opposing views on the treatment of Asiatic Cholera. He is a firm advocate of the "opiate" treatment, and he supports his case with a wealth of quotations from other authorities. His accounts of the effects of this treatment are more convincing than his explanations of the action of opium, and we are unable to follow him in his belief in the close analogy between Ehrlich's side-chain theory of immunity and the action of opium in cholera.

In favour of the opposite or "Elimination" treatment with purgatives are many eminent authorities, and it would have added interest and value to the paper if further quotations from their views could have been given, for they receive scant attention, whilst no less than four quotations from supporters of the opiate treatment are given twice over.

In the case of two treatments so diametrically opposed, it would have been of considerable value in estimating their relative efficacy if statistics of the results of each could have been published, and in a disease so prevalent as cholera there should be no great difficulty in obtaining them. It seems strange, therefore, that the only statistics given of actual death rates should be those for the Elimination treatment, which worked out at 48.8 per cent. during the Russian epidemic of 1892.

We cannot accept as of any statistical value the statement quoted of one physician that he had not lost a single case treated with morphia hypodermically provided the patient was injected early. The mention of Osler's figures of 42.3 per cent. of deaths in Hamburg epidemic of 1892 is prefaced by the remark that "evidently the elimination and antiseptic treatment was adopted," but no evidence is adduced to show that this was so. It is a pity that the paper is marred by these drawbacks, as the author is able to make out a very good case for his views, and the article is well worth reading.

ARTHROMETRY. By W. Wilbraham Falconer. John Bale, Sons & Danielsson, Ltd. 2s. 6d. net.

Arthrometry is a word coined by the author to indicate, not as might be imagined, the Measurement of Joints, but the Measurement of the Movement of Joints. In his booklet he points out the importance of accurate knowledge of these measurements, and he gives a lucid description of the methods of obtaining them in the various joints. The heading of Section III. might, perhaps with advantage, have been "The Elbow Joint," as "The Forearm" can hardly be considered a joint.

The Arthrometer which the author has devised is a simple and ingenious instrument, by means of which the range of movement of any joint can be measured, though in the case of the finger joints a smaller sized arthrometer must be used. Special arthrometrical charts can be obtained for recording the readings of the arthrometer, and in this way a permanent record can be kept and the effects of treatment, etc., observed.

It is an interesting and instructive booklet, and the arthrometer should be of considerable value.

WAR WOUNDS OF THE LUNG. Pierre Duval. John Wright & Sons. 8/6 net.

This brilliant little book is the result of the author's experience in France, both in the advanced aid posts and also in base hospitals. In it will be found some advanced ideas on the surgery of the lung, which, perhaps, may not meet with general approval, but which have certainly yielded very fine results in the author's hands. The importance of early and thorough operation is emphasised thoroughly, as by this plan it is claimed that the very high mortality of chest wounds is considerably reduced. The chapter on bacteriology is short and is based on a small number of cases. Operative technique is well described, and the same may be said of the portion dealing with the indications for operation. The danger of leaving a foreign body in the lung is well illustrated by numerous examples. The sketches and plates are good, and our one regret is that the book was not published earlier.

FIRST AID. By T. F. Sutherland. Price 4d. Simpkin, Marshall, Hamilton Kent & Co.

This excellent little book, which should be in the possession of every household in the country, has just appeared in its 39th edition. It can be thoroughly recommended as being very sound and complete.

FRACTURES OF THE ORBIT AND INJURIES TO THE EYE IN WAR. By *Felix Lagrange*. Translated by *Herbert Child*, Captain R.A.M.C. (T). Edited by *J. Herbert Parsons*, Captain, R.A.M.C. University of London Press, 18, Warwick Square, London, E.C. 6s. net.

Professor Lagrange's Manual on fractures of the orbit in war and injuries to the eye which may complicate such fractures, should be read by all ophthalmic surgeons concerned with the examination and treatment of orbital and eye injuries in soldiers and munition workers. The conclusions arrived at are the result of the study of 609 cases, more than 60 of which are reported in the text and accompanied by lucid diagrams. Lagrange demonstrates that fractures of the orbit from direct injury are common—only two cases from indirect injury having been met with; that concussion lesions of the macula can be produced, although the eyeball has not been touched; that contact lesions of the eyeball are produced when the projectile grazes the surface of the globe. The ophthalmoscopic appearances typical of these concussion and contact lesions are illustrated in six excellent plates. Other points of interest mentioned are the infrequency of infective cellulitis of the orbit, the absence of limited scleral ruptures, and the tolerance in the eye of a dislocated lens. The two closing chapters on the treatment of ocular complications (sympathetic ophthalmia, traumatic cataract and detachment of the retina) and on reparative surgery of orbital fractures are well worth careful study.

CLINICAL CASE TAKING. An Introduction to Elementary Clinical Medicine. By *Robert D. Keith*, M.A., M.D. Aberdeen. Pp. 104, cr. 8vo. 3s. 6d. net.

AIDS TO MEDICAL DIAGNOSIS. By *Arthur Whiting*, M.D. Pp. viii. and 167, 15 figs. Cloth, 3s. net; paper, 2s. 6d. net.

The last number of the GAZETTE contained an obituary notice of the author of the former of these two little books. Before going further we desire to place on record the deep regret with which we read that notice. The profession at large is the poorer for the loss of so exact a teacher, and so fluent a writer as the late Dr. Keith, who might, had he lived, have adorned medical literature no less ably than his distinguished brother the present Curator of R.C.S. Museum.

At the opening of his career the medical student has to gain knowledge in out-patients or the wards as best he may of the signs and symptoms of disease. At the end of it he has to prove himself efficient by deducing from those signs and symptoms a working knowledge of disease as it comes before

him in *viva voce* examinations, or on paper, and, thereafter, till he is himself disabled by disease or age from the further pursuit of knowledge, he must continue the habits of observing signs, elucidating symptoms, reasoning from them to form a diagnosis, and then putting into practice his deductions in the form of treatment. Of this third division our authors have nothing to say, but on the two former heads they may help us much, and we propose to examine their respective works in some detail before passing an opinion upon them.

The late Dr. Keith was for some years the Principal of the Medical School of Singapore and Lecturer therein on Clinical Medicine. His book was written for his own students, and it sets out in the clearest possible language the method its author pursued in developing their powers of observation and in building up their knowledge of symptoms and signs. His illness prevented him from enriching his pages with the illustrations he had intended to insert, and we must regret that the diagrams which so fluent and versatile a teacher must have put on the blackboard have been lost to us. It may be that in time to come some of them may be rescued from the notebooks of his pupils, and may yet adorn the pages of a later and fuller edition.

In the *Scheme for investigation of a medical case* we find nothing new; but we commend its compact presentment and its careful and well-numbered analysis. In such a hospital as our own, where for years we have had our own "Instructions for case taking," this scheme will present nothing unfamiliar to a clinical clerk.

The chapter on *General Examination* contains much good sense, and reminds us of our own clinical teachers, especially the late Dr. Samuel Fenwick, whose book on Medical Diagnosis has unfortunately become obsolete. Dr. Keith points out that the size of the residue of cases in which diagnosis depends on history is inversely proportionate to the skill of the physician!

Chapters III. and IV. deal with *Heart and Lungs*; they occupy 25 pages, and are excellent. We feel inclined to select for special commendation Dr. Keith's instructions on pages 39 and 40 as to palpation. Any student thinking of buying the book should turn up the passage at the top of page 40 as to the position of the thumbs and the reasons for it. The 10 pages on the *Abdomen*, Chapter V., strike us as a little weak. Perhaps Dr. Keith considered the "acute abdomen" purely surgical.

Chapter VI. contains 16 pages on the *Nervous System*, perhaps the most difficult subject in all medicine. We fear that here many students are reduced to despair by the time needed for even a

preliminary examination of a patient with a disease of the nervous system. Dr. Keith has not attempted to teach more than the average man can keep in his mind, and the tests he suggest are easy of application. We were a little surprised at the curiously stiff exposition of the Distant Vision. In a second edition we should suggest a more compendious presentation of the facts as to the notation.

Chapters VII. and VIII. deal with the *Chemistry of the Urine*, and with the use of *Stains and the Microscope*. An excellent index concludes a very useful little book which goes quite easily into the coat pocket. We have no hesitation in recommending it to clinical clerks or, indeed, even to qualified men who may have forgotten their days in the wards, and wish to revive the exact methods of their student years.

Dr. Whiting has produced a very different book. At first we were somewhat prejudiced against it, and we felt inclined to dismiss it as a mere cram-book. In the end we read every page of it right through, and much of it twice, with, we hope, some profit to ourselves and our patients. The author is Dean of a post-graduate college, and we think we recognise in many parts lecture notes and even blackboard schemes. The student who attempted to substitute this very condensed little work for a standard text-book, would surely come down in any examination, unless he had done very much more ward work than falls to the lot of most clinical clerks. But the student who carried about Dr. Whiting's "Aids" in his pocket and read it during odd moments which otherwise would be wasted, would learn a great deal of general diagnosis. Pocket volumes have always been favourites ever since the days of Aldus and Elzevir.

We do not purpose to deal with the contents of this book chapter by chapter. We shall pick out a few points here and there. Considering its small size, the book covers a very large amount of ground. We wish to commend to the attention of book-buyers the first chapter by Dr. Cuff, which deals with one of our own bugbears—scarlet fever. Perhaps no disease gives more anxiety to H.P.'s on full duty when called down to the R.R. to see a child evidently ill with a high temperature, a sore throat and a quick pulse. This chapter contains a number of the less evident physical signs of this elusive disease, and we have found it very useful.

Far and away the longest chapter in the book deals with diseases of the Nervous System. Here we feel inclined to grumble with Dr. Whiting. We are unable to find any logical system of classification in this most important and most

useful collection of unassorted facts. The material is all there, but its value would be greatly increased if only we possessed some key to the arrangement of it. With the table of knee-jerks, at first we were much impressed, for we hoped it would give us the method suggested by an old friend of our student days—Richard Keating. In his *Tips by Tarsus*, now, alas, out of print, and, we fear, half forgotten, is a description in verse of *A Nervous Case at the Examination*.

"The knee-jerk was plus—then I said, "No doubt
Neuritis, Ataxy, are weeded out.
I now saw it never would do to shirk
The list of diseases with plus knee-jerk."

The classification is so obviously practical that we were persuaded to try and subject it to a severe examination by strict logical methods. It seemed to us that Dr. Whiting had adopted what the old logicians called a cross division. We invite our readers, if such there be, to compare the following table with that on pages 141–2 of Dr. Whiting's book. We have added nothing new; we have simply re-arranged Dr. Whiting's own material rejecting synonymous terms, and omitting the items which relate to healthy people.

KNEE-JERKS.

I.—ABSENT.

i. On one side.

1. Muscles wasted.
Anterior poliomyelitis.
 2. Muscles not wasted (rare).
Early tabes.
- ###### ii. On both sides.
1. Muscles wasted.
 - (1) Sensory changes.
Neuritis from alcohol.
Complete transverse lesions of cord.
 - (2) No sensory changes.
 - a. With R.D.
Anterior poliomyelitis.
Neuritis (Lead influenza, diphtheria).
 - b. Without R.D.
Myopathy.
 2. Muscles not wasted.
 - (1) Sensory changes.
Tabes.
 - (2) No sensory changes.
Friedreichs, ataxia.
Some cranial tumour.

II. INCREASED.

i. On one side.

1. Muscles wasted.
Myelitis.
Tumour.
Spinal Caries.
2. Muscles not wasted.
Hemiplegia.
Tumour of brain or cord.
Focal myelitis.

ii. *On both sides.*

1. Muscles wasted.
 - Transverse myelitis.
 - Tumour of cord.
 - Spinal caries.
2. Muscles not wasted.
 - (1) No sensory changes.
 - Progressive muscular atrophy.
 - (2) Sensory changes (may be absent).
 - Double hemiplegia.
 - Disseminated sclerosis.

III. QUALITY ALTERED.

Chorea.
Sciatica.
Neurasthenia.

We think that the above table for which we do not claim either completeness or accuracy is one which anyone could keep in his mind; and it does not offend against the rules of classification, except that heading III. is introduced to take in diseases which do not fall under the two previous headings. We should feel inclined to place them under II., ii., 2 (1) if the Analysis is to be complete and exact.

On page 154 there is another table dealing with Aphasia to which we should like to direct attention. It is constructed with much care and covers the whole of the learning on the subject. Whether the student could carry it in his mind we do not know. The whole of the long chapter on Nervous Diseases seems to us to lack clearness. It may be that no more definite classification is possible. If this is so, there is an opening for very much useful work. Confronted with a chest or an abdomen, most students know, or ought to know, the routine examination, but when they meet with a nerve case they do not know where or how to begin. Neither delirium nor mania are even mentioned in the index. We suppose that mental diseases did not come within the author's purview as a post-graduate teacher. In the Receiving Room they are both fairly common.

Before closing this notice, we should like to draw a parallel between the teaching of Latin and of medicine. In our early days at school there were many grammars: Smith's *Principia Latina*, an Eton Grammar, and the Public School Latin Primer. The order of the cases varied, the syntax was not the same, the verbs were arranged differently. The last-mentioned grammar has ousted all the others, and now a boy may go from one school to another and from school to university with one and the same grammar. Is it too much to hope for a standard textbook and a uniform method of medical case taking and of medical diagnosis set out in a book not too large to be carried in the coat pocket? We are

sure that the good results of a uniform introduction to Latin would repeat themselves in the much more important realm of medicine. Such a book need not contain much more than the two little books now before us. What was at the time certain could be in thicker type, and what was not in smaller type. The book should contain what every student should know, and ignorance of anything in it should be fatal at examinations. Such a book could be prescribed in lieu of a syllabus, and would be a guide to the student as to what he should read. We have an official *Pharmacopœa* and an official nomenclature. Is there any reason why we should not add thereto an official system of case taking and an official method of application of the physical signs and symptoms so gleaned by the student. The lawyers have long had standard *Precedents of Pleading*, and the "White Book" went so far as to prescribe certain forms of writs and other proceedings in an action while indictments have been standardised for centuries. Uniformity has been the ideal of the theologians. It cannot be said they have yet attained it, but we, who profess what we feel ought to be an exact science, have so far made no attempts to devise what we must admit would be a great saving of time, effort and money, a standard method of learning the elements of our profession.

MILITARY MEDICAL MANUALS. *Injuries of the Vessels.* L. Sensert. University of London Press, Pp. 263. Illust. 68. Price 6'.

One of the branches of surgery to which special attention had been given previous to the war was that dealing with injuries and diseases of arteries. The enormous number of wounds in the present war has shown a very large proportion of injuries of blood vessels, and a summary therefore of the various methods which have been used to treat such lesions will be very opportune.

In the present work the author gives a detailed account of his own experience together with a resumé of the recent literature. The book is divided into two parts, the first being given over to a general account of such wounds, and the second to a consideration of the lesions of individual vessels. In the first chapter a very able description is given to the anatomical types of injury, and it is shown how the various forms of aneurysm are more common after bullet wounds. The description of the steps whereby an arterial or arterio-venous aneurysm is formed is very lucid and well illustrated. This is followed by an account of the symptoms of the treatment of such wounds. The treatment is divided into first-aid

methods, and it is pleasing to see here that stress is laid upon the danger following the indiscriminate use of the tourniquet and treatment at the base. In this case preference is given to ligature rather than to suture owing to its simplicity, and evidence is brought forward to show that the danger of gangrene following such treatment is much less than was believed formerly. In a series of seventy cases of the ligature of large vessels, gangrene only occurred in two, but the importance of gaining asepsis by early excision of the wound is insisted upon. In the same chapter, a description of complete transfusion is given, but it is unfortunate that only direct transfusion, whereby the quantity cannot be measured, is described. In later segments of the same chapter the symptoms and treatment of aneurysm are given in detail. The method of combining all these segments into one chapter of 112 pages is rather clumsy, and gives rise to some difficulty in reference. The last chapter of this part of the book is devoted to a description of contusions of the vessels.

In the second part of the book attention is given to the symptoms and treatment of lesions of individual vessels. Strong support is given to early operation in cases of large hæmatomata of the neck, for by waiting for the collateral circulation to open up, dense scar tissue may be formed and the difficulties of operation be greatly increased. The method of approach to the vessels which is here advocated seems, however, to involve the use of an unnecessarily large and complicated incision. For wounds of the upper end of the jugular vein compression of ligature of the lateral sinus through a mastoid incision is advocated. The remainder of the main arteries are described one by one, and a very instructive account of the various lesions and their method of treatment given in detail. A fairly comprehensive bibliography is attached, but beyond the well-known paper by Sir G. H. Makins only French authors are quoted, possibly owing to the difficulties of collecting foreign papers in war time. The work forms one of the most valuable of this series. Not only has it collected together all that has been learnt in the present war, but it will be found of great value to those having to deal with the lesions of arteries as they arise in civilian life. For this reason it should be kept as a book of reference by all surgeons, who will find it of inestimable value in dealing with difficult cases of wounds and aneurysms.

THE NATION'S WELFARE. By Major-General Sir Bertrand Dawson, G.C.V.O., C.B., M.D., F.R.C.P.: Physician to H.M. the King and to the London Hospital. 44 pp. and plan, 8vo. Cassell & Co., London, 1918. Price 6d. Paper covers.

I.

We have read this pamphlet from end to end thrice, and with it a short paper on the well-being of England which Mr. E. W. Morris, our House Governor, has reprinted from the *Daily Telegraph* of May 31st, 1917. We confess at the outset that we are in grave difficulties as to what to write on this thorny subject.

The drafting of new Constitutions may be easy for men like the Abbé Sieges, or in times such as the French Revolution. During the same period the unwritten Constitution of this country underwent only slow and gradual changes. No violent upheaval or sudden break with the past marked the Napoleonic era so far as we were concerned. There have been great breaks in English History; one was the Suppression of the Monasteries under Henry VIII. It lead, amongst other things, to the enactment of the Elizabethan Poor Law. We are not sure that of the two we should not have preferred the Monastic orders.

The political experiments of the seventeenth century culminated in the Revolution, which at one and the same time perpetuated the Monarchy and destroyed the Sovereignty of the Monarch. The experiments of the Puritans and the intrigues of the Stuarts ended in the triumph of the common law and the development of Cabinet Government, under the supervision, more or less efficient, of the House of Commons.

Strangely averse to changes in our institutions, though we lay everything on the shoulders of the Government of the day, even the results of bad harvests and depression in trade, we rarely try to alter our methods of either Imperial or local government. The slow and gradual changes of six centuries have evolved a scheme of self-government unique in the history of civilisation from the most unpromising materials. In the feudal system of the Middle Ages everyone was some man's lord or some lord's man. It required a strong man at the top and a contented populace at the bottom. The one ruled and the many obeyed. Yet by gradual changes there sprang from it the democracy whose motto was coined by President Lincoln at Gettysburg: "Government of the People, by the People, for the People." In the face of our known habits of Legislation what hope would there be for the far-reaching changes advocated by Sir Bertrand Dawson. A very skilful Parliamentary draftsman might construct an adequate Bill, but what chance