



CHILDREN OUT-PATIENTS,
JEWESSES BEHIND WITH FACE MASKS.

shouting through the window permission for the patients to come up. Instantly the more able-bodied patients rush and jostle up the stairs to the door to the Consulting Room, where some semblance of order is restored by an Arab policeman.

Many of the cases are similar to those so commonly seen at home—the old man with his winter cough, the chronic ulcer of the leg, and the anxious “specific,” who is conscientiously following advice and regularly attending for medicine. One realizes the destructive powers of this disease when allowed to pass untreated, by the horrible and gruesome conditions which present themselves. One poor girl presented herself with only one eye peeping out from layers of rags swathed around her face, on

removal of which one was shocked to find practically all the rest of her face destroyed by ulceration; cases so advanced as this are fortunately rarely, if ever, seen in England.

An emaciated being is then dragged in on a cloak by two weary looking men. “Where have you come from?” I ask. He names a village at least three days journey away. “How long have you been ill?” “A long time,” is the answer, which is the common retort, as when a primitive Arab has lost count after a few weeks, all past events fall into two epochs, “since childhood,” and a “long time.” “What is the matter,” I continue. “Wind,” is the somewhat terse reply, and curiously enough these marsh Arabs put down all their ailments to an accumulation of either wind or water in the wrong place. “Have you any pain?” I ask. “No,” is the reply, and indeed rarely does an Arab complain of pain; they seem curiously insensitive to it. After this somewhat unsatisfactory “history of the case,” I proceed to examine him, and am immediately struck with a greatly extended abdomen. He points to the region of his liver, which has already received the attention of the village “Hakeem,” being scarred extensively from recent counter-irritation with a hot iron (the Corrigan’s Button is a favourite local form of treatment), and further counter-irritation has been attempted by a couple of setons, in the shape of two fibrous strands of some



ARAB “BINTS,” OR YOUNG GIRLS.

root thrust through the skin and muscles to a rather dangerous depth. A greatly enlarged and lumpy liver suggests carcinoma, and a fixed tumour below it confirms the suspicion. Meanwhile, the patient and his friends have been eagerly following one's every movement, the patient's eyes eloquently expressing the hope that the "Hakeem Ingleezi" will be able to disperse the "wind" and its ill effects. The hope fades from the eyes as one shakes one's head, and on telling him that I can do nothing the patient philosophically remarks, "Ana b'eed Allah" ("I am in the hands of God"), and after attempting to kiss one's hand is dragged out again by his friends, to commence another laborious three days journey over desert and marsh.

The next arrival is a bright looking lad whose life had been a misery for some years owing to a stone in the bladder. Eventually we persuaded him to have it removed, and when our hopeful prognosis was fulfilled and he resumed a normal life, his surprise was hardly flattering, but his pleasure and gratitude were genuine. He brings in another lad from his native village, who is suffering from the same trouble, and after a few successful operations, one is struck by the willingness and even anxiety patients evince for operative treatment.

The men finished, the women begin to pour in, and again one renews acquaintance with old friends from the "R. R."—the old Jew lady who comes up with "aches and pains all over," for her daily draught of Mag. Sulph; the girl with a swollen finger and inability to remove her ring, and the grimy infant snuffling piteously for Hyd. c̄ Crête. Little Jew girls of eight or ten are common among the crowd, add are precociously maternal. One such presents herself bearing a younger member of the family in her arms, with a third hanging on to her skirt. They are all afflicted with that terrible scourge of the East—trachoma, and the younger children are hushed, restrained, and comforted by their little "mother" before she herself submits to the application of eye drops or Copper Sulphate, and the little procession passes out and makes room for a robust, middle-aged Arab lady, who merely opens her mouth and points to a decaying molar. She is so pleased when she sees it lying safely in the receiver, that she immediately discovers another which she wants removed. The last patient having clattered down the steps, one visits the In-patients in the wards. In spite of the Government grant of ten annas a day (about 1/-) for maintenance, it is almost impossible to persuade patients to remain in Hospital more than a few days. I have known abdominal cases on the

third day after operation take themselves off to their homes, perhaps a walk of many miles, and after another week return apparently none the worse, in order that the stiches may be removed. One cannot help but reflect upon the curative powers of Nature when thrown on her own resources, and wonder whether the ordinary hospital treatment of operation cases might not be somewhat relaxed without dire results. Each patient admitted is usually accompanied to hospital by the entire family, who live in the courtyard where they cook their food and are entirely self-supporting, and under the supervision of the dispenser they attend to and help to nurse their relative.

One morning our Out-Patient Department was interrupted by an earthquake. There had been one or two preliminary shocks during the morning, and about ten o'clock, when the dispensary was crowded a rumble was heard, rapidly increasing in intensity, the building began to sway, bottles fell off shelves, and the patients stampeded. Had there been any cases of functional paralysis present it is extremely probable that a speedy cure would have resulted. Although several walls and parts of houses collapsed there were few casualties, as the main shock was expected and most of the inhabitants anticipated the danger and sought shelter in the neighbouring date gardens; where they waited until conditions returned to normal. The Arabs believe that the world is supported on the horn of a cow, and when she gets tired of one position she shifts her burden on to the other horn, the necessary jolting causing the earthquake.

Operations are usually performed in the Hospital, but under exceptional circumstances are sometimes done in the patient's house. One such case was that of an old Jew for enlarged prostate and cystitis, and who stolidly refused to come into Hospital. He was desperately ill, and altho' we didn't promise to save his life we told him an operation would give him a chance, so he consented on condition that he was done in his own house, and so his six daughters turned out one of the largest rooms, and in doing so removed about four layers of Persian carpets from the floor, some of which they had forgotten existed. During the anæsthetic, it was with the utmost difficulty, and much strong language in Arabic from the Dispenser, that we restrained the family from repeatedly bursting into the room; the feeble struggling of the patient followed by relaxation suggested to them suffering and death, causing their already excitable emotions to be almost uncontrollable. However, we assured them all was well, and they contented themselves with crowding around the windows and peeping through cracks in the door, and marked each step

of the operation with expressions of surprise, grief or pleasure, according to the manner in which it appealed to them. The old patient, fortunately, made a good recovery, and for some days kept his prostate on the mantel-piece, and proudly exhibited it to his visitors.

As the political department were considering the formation of branch dispensaries, I spent some of my time visiting the larger of the outlying villages. The visits were appreciated by the Arabs and helped to establish friendly political relations. A visit sometimes involves a journey of 20 or 25 miles: one goes as far on horseback as possible; but as the villages are usually situated in some marsh, the journey is completed by a bellum—a local canoe which can be towed, paddled or punted according to circumstances. One sets out early in the morning accompanied by a headman of the sheik to whose village one is going, and on these excursions I always send ahead a box of drugs and dressings, as news of the visit spreads around the countryside and the sick of that district collect in the village. After a ride of a few miles, we leave our horses at some convenient hamlet and embark in a bellum which has been sent by the sheik and is awaiting us. On a sunny day, a few hours in a bellum is very enjoyable, if the weather is not too hot. One reclines on a pile of cushions, and the ripple of the water and gentle motion as the bellum is towed along a canal or punted across a marsh is pleasantly restful. The country Arabs are cheerful folk, and whistle or sing continuously while they tug at the tow rope, and carry on hour after hour apparently tirelessly.

On arrival at our destination we are met by the sheik and his principal men, who usually greet one with a handshake provided one first extends one's own hand, otherwise they salute one in the customary oriental manner. On one visit another doctor accompanied me. I had not thought to warn him to shake hands, and he was surprised and rather discomfited to be greeted with a hearty kiss on both cheeks, administered by a grave and very correct old sheik.

Having been welcomed, we are conducted to the Guest House, usually a huge hut made of reeds and rushes, where any strangers from other tribes are given food and shelter for a night. One pauses on the threshold until bidden to enter, and is then conducted to the far end by the sheik, where settees covered with carpets and silk cushions have been arranged. The sheik indicates to one the settee at the top, and on sitting down he removes himself to a lower seat, and invariably remains there until requested to share the top one, which of course is immediately after he has seated himself. These points

of etiquette are rigidly observed by the Arabs, and neglect of them is usually considered equal to an insult, unless, of course, the neglect is due to ignorance. The seating arrangements at the top having been completed, the chief men and retainers seat themselves lower down in order of their importance, and when all are seated, one opens the conversation by saying, "Peace be on you," which is answered in chorus, "And on you, peace."

Tea is soon served, and is brewed on a fire in the middle of the hut, and served in small glasses with almost half its bulk of sugar added, and no milk. Although rather sickly at first, one soon becomes accustomed to it and appreciates its refreshing qualities. The glass is always received in the right hand, and is constantly refilled until one expresses a desire for no more, which is intimated to the servant by slightly shaking the glass when handing it back to him.

The sick have been waiting expectantly around the hut, and, on expressing readiness to see them, they are admitted and eagerly press forward for the medicine, eye drops, dressings or whatever they may need. If one gives more than a single dose of medicine it is imperative to impress on the patient the number of days for which it is intended, as there is a great tendency to drink the whole amount with the expectancy of hastening the cure. One is often touched by the simple faith of these dwellers in the marshes, who have heard so much and expect great things from the English, and who bring up such cases as congenital deformities, paralyses, total blindness, etc., with the hope that somehow one will be able to cure them.

The last patient having departed, we go out to inspect the village, accompanied by the sheik and followed, at a respectful distance, by a curious crowd. The men we meet look at us openly, but the women on our approach immediately cover up their faces and dive into their huts, to peep out again when we have passed. The village consists of uniformly arranged rows of reed huts, which are usually undivided, and serve the purpose of a kitchen, living room and bedroom for the entire family, and at night the cattle and poultry intrude themselves upon the family circle without hindrance. Some of these villages are very large and extend for miles; one sheik whom I visited had a standing armed bodyguard of 5,000 men who lived in the village besides the normal inhabitants. These bodyguards form the "regulars" of the tribal army, and were formerly continually engaged in skirmishes and battles against neighbouring tribes, but with the British occupation such exuberance of spirit is discouraged, and although conditions are now more

prosperous, the Arabs prefer the old order of things, when life was perhaps shorter, but at any rate more eventful.

We now return to the guest chamber for dinner, the evening meal at sunset being the main meal of the day. During a brief interval before serving the meal, the sheik holds his daily court, and hears reports on floods, rains and other conditions affecting the rice fields, rice being the mainstay of the marsh Arabs. The sheik also now dispenses a rough and ready justice. Any of the tribe are permitted to appeal to him, and he fixes fines or awards compensation (in terms of sheep or rice) for wrongs committed. His ruling is absolutely final and never disputed, and he is empowered to award the death sentence, a sentence he is not slow in imposing (usually *sub rosa*) upon any who may be scheming to usurp his position.

In preparation for dinner, a bowl is brought in and water poured over one's hands from a copper flagon, and in some places a piece of soap is provided for any visitors who have a weakness for it. The food is borne in by a procession of servants and placed on the floor. On one occasion I noticed over seventy dishes. The food comprises a curious selection. The pièce de résistance is rice boiled with some fat, huge mounds of thirty or forty pounds on a dish, around which are scattered dishes containing chicken, eggs, stews, baked fish, sour milk, omelettes, flat cakes of bread, pastries soaked in honey, and occasionally a whole boiled sheep stuffed with almonds, raisins and rice. The food is always excellently cooked, and at a given signal we seat ourselves crosslegged on the floor around the dishes. Knives and forks being conspicuous by their absence, we turn back our sleeves and plunge our hands into a stew or wrench off a chicken's leg according to fancy. The difficulty of eating rice with one's hands was a revelation. One usually commences by trying to copy a horse when eating corn, but with observation and a little practice it becomes quite easy to mould a handful of rice into a ball and slide it off the palm into the mouth with a gliding movement of the thumb. Certain little formalities are observed during the meal, the sheik often handing one a dainty morsel in the shape of a juicy piece of knuckle, and one returns the compliment with an equivalent, chicken's liver being especially relished. Conversation languishes during the meal, everyone being too occupied, and the scene presents a curious picture as the dancing firelight plays on the bearded swarthy faces and crouching forms engaged on tearing and rending their food, and visions from Dante unconsciously arise in the mind. The meal terminates when one declares oneself "Sheba'an" (lit., 'distended'). Washing water is again brought

in, and one rises and uses it, contented and well satisfied, albeit somewhat cramped in the legs. The Arab completes his ablutions by taking a mouthful of water, briskly rubbing his teeth with his finger, and noisily rinsing out his mouth. We now reseal ourselves on the settees and Turkish coffee is brought around, served in little china bowls; not more than two or three teaspoonfuls are poured in at a time, and after a preliminary twist of the cup one drains it. The coffee is freshly prepared from roasted beans, and is very black; it is not considered good form to take more than three cups, and more than that tends to give one a headache. Arab cigarettes prepared from uncut Turkish tobacco are passed around, apparently it is *infra dig* for a sheik to light a cigarette himself; when he requires one he throws it on the ground, whereupon it is seized by a servant who lights it and after a puff or two to ensure it burning well, hands it back to the sheik. Hookahs are sometimes produced, but they are rather difficult to smoke and one inhales much besides tobacco smoke; however, if it is passed round the assembly, one takes a puff in one's turn, and passes it on. Conversation is resumed, the Arab is always interested in modern inventions, his curiosity having been aroused by the sight of aeroplanes and trains which we have introduced into Lower Mesopotamia, so he listens with attention to descriptions of submarines, underground trains, etc. On no account does one enquire for or discuss an Arab's family. I have occasionally visited a sheik's wife for illness, but beyond such like necessities the family are never mentioned. The Arabs retire early, so, after a short time, with mutual expressions of good-will, they withdraw, and we are left to turn in on the settees, and the last thing we hear is the guttural conversation of the Arab guard posted around the hut. The guard are a compliment and not a necessity, as our persons and our goods are immune from any possible danger while under the sheik's protection.

We are awakened at the first glimmer of the false dawn, and as we are to commence our return journey early, we scramble into our clothes and partake of a breakfast of tea, eggs, chicken and bread. When ready to depart we are accompanied to the bellum by the sheik and headman. The sheik comes with us for some miles, and after his departure we push on and regain our horses, and a ride back across the desert in the cool of the evening brings our excursion to an end.

One hears many adverse criticisms of the Arabs, but these are usually made by people who have only noted the degenerate types earning a precarious living in the towns as best they may,

or else perhaps suffered from the depredations of some night raider,—and thieves are to be found in any community. Those who have closer dealings with the better class Arab invariably find him hospitable, courteous and considerate to a degree, and if one does not enquire too closely into his family affairs, which, after all, have some religious sanction, he appears as one of Nature's gentlemen as yet unsullied and unaffected by the onward march of civilization.

R. J. M'NEILL LOVE, (Capt., R.A.M.C.),
Outlands,
Devonport,
Devon.



Since the last issue of the GAZETTE we have welcomed back many old "Londoners" whom the process of demobilisation has released from the services. They include many whom we had not seen since the outbreak of war, their various duties having carried them far afield. Among those who remain in the House in various capacities are L. G. Brown, G. D. Reid, R. O. Townend and others, who were prominent more especially in the athletic side of life at the "London" before the war.

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Of those who paid us short visits on leave we may mention Captains J. W. Hyatt, G. Broadbridge, J. A. Hill and A. G. Harsant, all of whom were very fit. The first named has grown a little more since we last saw him. Another welcome visitor was W. H. Sarra—also growing, although perhaps in a different direction—and also very fit (careful, please, Mr. Printer). Captain Dawson, R.A.M.C., has also returned and is attached in a military capacity to Colonel Cathcart's department.

We have had regretfully to say good-bye to C. C. Rowland, who has left us to return to South Africa. He served during the war with the R.F.A. and qualified after his return from the Army last year. He will be much missed by his many friends and particularly amongst the "rugger" men.

* *

Scott has made two dramatic reappearances in our midst with an interval of three months in between. He appeared on the first of these occasions full of money and secrecy, and it is reported that after much persuasion he stood three men a drink—each. We cannot confirm this. We had no luck ourselves. Subsequently he departed as M.O. to an important delegation to (hush!) Bombay. The delegation included typists, among whom Scotty was very popular. We are happy to welcome him on his return and will try our luck again in the matter of that drink.

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Congratulations to J. C. Russell, H. S. Robinson and J. Ryder Richardson on their recent qualification and their appointments in the Hospital. Further and special congratulations to H. W. L. Molesworth, who satisfied the examiners at the last F.R.C.S. examination and now holds that much coveted diploma. His career will be watched with much interest by a wide circle of well-wishers.

* *

Dr. Gordon Ley is succeeded at the City Road Lying-In Hospital by Mr. Claude Avarne who will worthily maintain the "London" tradition in this important post. Dr. Avarne's success is the more noteworthy in that the runner-up was also an obstetrician of some note, and one hears reports of a spirited contest in which each candidate, in his shirt sleeves, demonstrated energetically before an enthralled selection board.

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Hearty congratulations to W. G. Barnard, who leads the rugger team, on his marriage to Miss Edith M. Seymour, which took place at Upper Holloway Chapel, on the 9th of April last.

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Another activity of the little feller with the bow and arrow is brought to light by the announcement of the engagement of Mr. K. M. Ross to Miss K. Russen, to both of whom our heartiest congratulations are due. Mr. Ross has resigned his appointment as House Physician to Drs. Hadley and Lewis Smith, and returns to duty with the Navy in July. Our best wishes go with

him and we shall look forward to a visit whenever he—er—happens to be passing.

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At the risk of trespassing on the preserves of the "College Notes" we must devote a special paragraph to the welcome return to the "London" of Major L. J. Austin, F.R.C.S., who is assisting Dr. Wright in the Anatomical department. Major Austin with Captain Elliott was captured by the Germans in the early stages of the war in 1914 and subsequently released after thrilling adventures, which lose nothing by being amusingly told. He returned to France as a surgeon in 1915, and was recently demobilised, to the great delight of all who know him here. His rag-classes are again "putting the wind up" students of anatomy and surgery, while his contributions to the gaiety of nations again lighten, in no small degree, the medical student's unhappy lot.

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A remarkable study in colour has recently been produced by Dr. Bulloch in his lab. Many of us remember the experiment he carried out for the edification of H.M. the King, in which he coughed quietly at one end of the room and, behold, a Petri dish was produced at the other end of the room covered with a brilliant sunset of *prodigiousus*. The latest Petri, however, is worth a visit to any artist. This dish, with culture medium, was exposed in the room for one minute and has grown cultures of every hue. There are blacks and blues, greys and greens of moss on old roofs, droplets of pure white like sugar icing, creams and chocolates and crimson of blood,—but the lid should not be removed, for the mouldy odour is also variegated.

* *

We trust that this little true narrative will not awaken unpleasant memories. The scene is a viva in the Final Medicine—*dramatis personæ* the usual genial examiner, shrinking candidate and a patient—a small boy of some fourteen summers. In response to the usual instructions the candidate rushes at the boy with his stethoscope in the "ready" position. "It is not a heart—it's a nerve case" remarks the examiner quietly. Follows a hurried examination of pupils, K.J., etc. "Well," says the Inquisitor, "have you discovered anything?" "No sir," replies the unhappy one "I can't find out anything—he won't keep still." The case was "Chorea." The candidate did not get through.

* *

A little extract from the Hospital letter bag:—

"I beg to inform you that I wish to make enquiries has to my wife She has

Being Treated hear at the London Hospital what for I donot no And she doesnot no her Self. But I have and Eyedear has I have suffered to my nollige threw my Wifes neglect I should be very thankful if you would let me no my Wife complant."

We don't know what the diagnosis was, but we have an "Eyedear."

NURSING NOTES.

"Old Londoners" as well as present-day "Londoners" will learn with regret that Miss Beatley (better known to everyone as Sister "Currie") who had been with us since April, 1889, retired from the Hospital on June 30th, to take a well-earned rest.

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Sister "Currie" has been the friend of so many "Londoners," has never hesitated to help in any difficulties, and had always been ready to give advice to the Nursing Staff, Doctors and Students, that it will be difficult to realise that we have no longer got her to appeal to when the need arises.

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No one will grudge Miss Beatley her well-earned rest after 30 years' devoted service for the Hospital, but everyone will regret her going, for it will be a universal loss throughout the Hospital.

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The following "Old Londoners" have received the R.R.C. :—

Miss Laura Holroyde, 1st class; Miss A. C. Brumwell, 1st class (was 2nd); Miss Letitia Kemsley, 1st class (was 2nd); Miss Meredith Bate, 1st class (was 2nd); Miss Maud Brasier, 1st class (was 2nd).

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Miss Rose Simmonds, Miss Alice Haines, Miss Mabel Leaver, Miss Gladys Veitch, Miss Harriet Parry, Miss Grace Gawler, Miss Winifred Amos, Miss Ellen Martini, Miss Ethel Spicer, are back on the Nursing Staff after War Service, and several others are returning shortly.

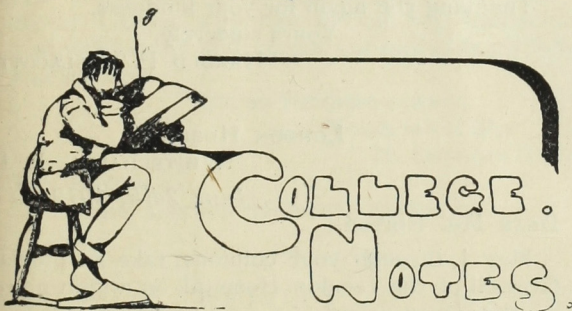
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A large number of Nurses who have been demobilised are taking a long holiday before starting fresh work. Some have applied for permanent posts abroad.

Miss Mabel Scotland, Miss Susie Rutherford, Miss Phyllis Willson, Miss Mary Avent, Miss Rebecca Manners, Miss Barbara Blackstock, have been successful in passing the C.M.B. Examination, February, 1919.

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Miss Irene Rowe, Miss Eunice Dodd, Miss Elsie Payn, Miss Edith Rich, Miss Dorothy Stigant, Miss Gladys Davison, Miss Annie Richards, have been successful in passing the C.M.B. Examination, May, 1919.



At a General Meeting of the Clubs' Union, on May 21st, the suggestion of forming a United Hospitals' Club was discussed at length, but did not meet with the unqualified reception the promoters had anticipated. The annoyance at the curtailment of most of the luncheon hour through this discussion was fortunately staved off by Mr. Austin's stepping into the breach in his inimitable manner.

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At the same Meeting, in much less time and with spontaneous unanimity, it was decided to place a memorial in the Athenæum for fallen members of the Clubs' Union, in addition to the one the Hospital proposes erecting.

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The "Red Guards" are not so conspicuous about the Hospital at present, but the rumour that this is due to their having relieved the Guards at Buckingham Palace is untrue.

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That dear old byword "Reconstruction" has worked wonders on our various Clubs, though the Musical Society have hardly interpreted it in its true sense; there certainly has been one Smoker this session, of which, perhaps, the one appropriate feature was a distinct savour of Whitechapel.

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Talking of Smokers—why not open the Winter Session with a "pukka number?" We feel certain that everyone would welcome, and all who could would assist, the revival of a real good show.

"What did you do in the Great War, daddy?" We notice, with pleasure, that the prevalence of the "outward and visible signs," such as discharged badges, medal ribands on the waistcoat, emblems of the scout-leader, etc., is on the wane. Surely, at a Hospital such as this, it is taken for granted that anybody, who is anybody, has had his "cut in."

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We note, with approval, a valiant attempt on the part of the grass in the College grounds to regain its former positions. The coal-heap is disappearing rapidly, and there is a distinct tinge of green about parts of the lawn. If this continues, we shall soon cease to envy the residents their tennis court. But we cannot confess to an equal approval of the shade chosen for the re-painting of the garden seats. Is it intended to be as permanent as the atmosphere of Whitechapel permits? If so, why?

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Speaking of tennis, cannot some reformer be found to petition the War Office for a service of lorries between Whitechapel and Hale End? At present the facilities for transport along this popular route are both limited and inconvenient. We imagine that the concession would meet with an enthusiastic reception.

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Have any of our more ardent students of anatomy been seen loitering near the animal cages lately? It appears a singular coincidence, to say the least of it, that our old friend Jacko should have expired in this timely fashion, just when there was such a shortage of anatomical material.

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We feel sure that all our readers will appreciate the return to the old cover, which signalises the present issue of the GAZETTE. Relying as we do on this striking design to arrest the attention of the reader, we feel that further efforts on our part to provide entertainment are superfluous. Only the most insatiable seeker after novelty may be expected to get beyond the outside of this number.

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We understand that suggestions are now in order for effective means to reduce the war debt of the Clubs' Union. We anticipate a rush of offers, from those persons of our acquaintance whom the War has left in possession of an annual income, to keep the London Hospital Clubs' Union for a second or two. It has been whispered that the proposal of another dance might produce enthusiasm—and cash. Certain dramatic spirits have been heard to offer their services in getting up a play. Or are we to be driven to a flag-day?

DENTAL NOTES.

The Dental School has at last emerged from obscurity.

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At the beginning of the year only two students had returned to administer to the dental needs of the out-patients, but the slow process of demobilisation has increased our number to 14.

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With the arrival of several pupils the Mechanical Laboratory has been reopened, and now both the Conservation and Prosthetic Rooms are in full swing.

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We regret to learn of the resignation of Sir Francis Farmer. Sir Francis first became associated with the Hospital in January, 1900, when he was appointed Dental Surgeon. Early in the War he left us to undertake Dental work in the Army, and in the Birthday Honours of 1916 he was knighted for "invaluable services to the War Office."

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It is to him that we owe many of the specimens in the Dental Museum.

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We shall be interested to hear the result of the Parliamentary Committee on the Practice of Dentistry.

It is high time that something be done to stop any person, ignorant or untrained, from setting up in practice.

The Committee points out that there is a certain class of "old-standing experienced unregistered practitioners" who should be granted some kind of recognition, but the pure quack, of no dental training whatever, and also every sort of advertisement, cannot be too strongly suppressed.

CORRESPONDENCE.

The following letter which will be of interest to many old "Londoners" has been forwarded for publication:—

DEVONPORT.

June 12th, 1919.

DEAR DR. WRIGHT,

There were 18 applicants for three vacancies on the Junior Staff of the South Devon and East Cornwall Hospital. Thanks to your very kind

testimonial, among others, I have been successful in getting one of them. It will mean a tremendous amount to me, though I still have to compete with men who have accumulated funds at home during the war.

C. M. Kennedy has another of the posts, so while having a great rival I shall also have an old friend from the "London" and the B.E.F.

There will be a large colony of "London" men here. Drs. Down, Lauder, and Soltau, T. G. Simpson, and one or two others, all come from the "London."

Thanking you again for your kindness,

Yours sincerely,

HAROLD F. VELLACOTT.

LONDON HOSPITAL,

WHITECHAPEL, E. 1.

June 24th, 1919.

DEAR MR. EDITOR,

May I, through your columns, take an official farewell of the London Hospital, on migrating to another Institution?

It is nearly sixteen years since I came here as a Student, and my father before me was attached to the "London" throughout his professional life, while, through Dr. Letheby, my connection with the Hospital extends back even further. Undoubtedly it is a break to pass after so many years from the Hospital with which there exist so many connections and pleasant associations, and to which many of my friends and contemporaries are now permanently attached, and others will be in the near future. But such a break is only official and the personal friendship will remain.

It is generally agreed that it is not to the best interests of a hospital to be completely exclusive in the choice of its permanent staff. The London Hospital, almost alone among the large teaching hospitals, has constantly opened its doors to "outsiders," but on the other hand few, indeed, of its alumni have passed to other hospitals. Is it altogether to the credit of the "London" that this is so? Would it not be more to its credit if its representatives in other hospitals were more numerous than they are? Perhaps, also, we have been too open-minded in our admissions. Somewhere in *Gibbon's History* the author argues that the downfall of the Roman Empire was due to the fact that the Romans always took the best man whom they could find for a post, irrespective of his nationality. Patriotism, in fact, became lost among the large number of men who were selected because they were the best "academically" as we should say now-a-days. The middle road is probably the best, both for us and others.

New blood is good, but transfusion needs care. I trust that in the future I shall come to be less alone than at present as a "Londoner" in other London spheres. Certainly, those who migrate will still retain a warm interest in the old place.

I have had many friends here over many hospital generations, but there are three whom I cannot refrain from thanking especially for innumerable kindnesses over many years—Mr. Morris, unfailing in courtesy, Dr. Panton, my chief and colleague for several years, and last, and I say last expressly to add "not least," Sister Currie, who has treated my headaches sympathetically and taught me medicine skilfully and secretly.

And so I remain always,

Yours faithfully,

H. LETHEBY TIDY.

THE EDITOR,

"THE LONDON HOSPITAL GAZETTE."

ANNUAL REPORT OF LONDON HOSPITAL CLUBS' UNION.

FOR YEAR ENDING 31ST MARCH, 1919.

The heading of this report is inaccurate, inasmuch as, since no report has been issued from the start of the great war, we consider that it would be only correct to incorporate herewith a few remarks with reference to what has taken place since the last report.

It is with the deepest regret that we have to refer to the death, which took place on April 30th, 1919, of Dr. F. J. Smith, who, for over twenty years, was our Treasurer, and throughout his long career at the "London," a firm friend of the Clubs' Union.

In these circumstances, we are glad to be able to recall that at the first General Meeting of the Clubs' Union after his retirement, held on September 2nd, 1918, a resolution was unanimously carried that "Mr. Russell Howard be asked to write to Dr. F. J. Smith, to express to him the best wishes of the members, and their thanks for his many services to the Clubs' Union."

The following reply was received: "My dear Colleagues and Boys,—May I assure you how deeply I appreciate your kindness in passing me a vote of thanks. I am not sure that I deserve it, for I seem to have done precious little for the Clubs' Union, except to gratify my own pleasure in being able to keep in touch with the boys, whom I dearly love to bully, for their own good. Yours gratefully, F.J."

At the same meeting a resolution was passed, welcoming the appointment of Mr. Russell Howard, as acting treasurer, in place of Dr. Smith. We are pleased to report that this appointment has since been confirmed.

With the great rush of enlisting, which occurred in the early days of the war, the organization of the various clubs of the Clubs' Union rapidly deteriorated and eventually ceased to exist. No election of committees and secretaries took place, and all the Clubs, in consequence, died a natural death. There was nobody responsible for anything, and the general running of the Union was left to its own devices.

In January, 1917, a general meeting of members was held, presided over by the late Dr. F. J. Smith, when it was decided that, as a temporary measure, a committee consisting of one houseman and of a representative of each year of students, should be elected to conduct the entire affairs of the Clubs' Union until re-organisation, according to C.U. Rules, was possible.

The first action of this Committee was to economise funds in the reduction in the number of papers and periodicals provided in the Athenæum—a very necessary step in view of the financial position of the club, and a legitimate one in view of the greatly reduced number of members.

Photographs of winning teams of 1913 and 1914 Inter-Hospital Competitions were placed in the Athenæum.

In November, 1917, the size of the temporary General Committee was increased by the election of representatives of the Rugby and Association Football teams, sufficient enthusiasm having revived to justify running these two teams. A GAZETTE Representative was also elected and other vacancies filled up.

During the Summer season of 1918 a cricket team was organised and was fairly successful.

As our own teams were not using more than half the ground the remainder was rented to a local cricket club for the season. This arrangement, when subsequently reported at the General Meeting, was unanimously supported.

A sufficient number of tennis courts was available for all requirements.

An unpleasant incident between two members of the Clubs' Union, which occupied the attention of the Committee between September, 1918 and March, 1919, was satisfactorily settled.

Repeated attempts to prevent the mutilation of the Athenæum papers failed.

In October, 1918, it was decided to raise the annual subscription to the Clubs' Union from £3 3s. to £3 10s., to include a copy of each issue of the GAZETTE. It was considered that this

arrangement would be more agreeable than again increasing the price of the GAZETTE, and would probably further increase the circulation of same.

The great feature of the term, commencing October, 1918, was the entrance of Women Students.

It was decided at a general meeting of members, that the existing rules of the Clubs' Union, whereby these ladies were eligible for membership, should continue to hold good without any modification.

During this term our numbers shewed marked signs of increasing, and we welcomed back old faces every day. There had been slight increases before, students released to complete studies, wounded and the like, but not so rapidly as now.

A spark of enthusiasm for sport appeared, and with careful inducement and persuasion, it sprang into a very small flame. Forms were displayed on the Notice Board, calling for names of members interested in the different clubs, and during January and February, 1919, meetings were called of such clubs as found sufficient support on the forms.

These meetings elected Committees for the respective clubs, Hon. Secretaries were appointed, and Presidents and Vice-Presidents invited to accept office.

These elections were subsequently confirmed at a General Meeting, and the clubs are now rapidly gaining their peace footings.

We gratefully acknowledge the donation of £43 9s., the profits resulting from a Dance, held at the Empress Rooms, on Tuesday, February 18th, 1919, and take this opportunity of congratulating the Committee and the Hon. Secretaries (Mr.

Russell and Mrs. Burrows), on the marked success of their undertaking.

The General Committee was now once again put on its legitimate footing, in accordance with Clubs' Union Rules, viz., two representatives from each constituent club, and at its first meeting, held 18th March, 1919, Mr. Nichols was elected to take over the duties of Honorary Secretary from Mr. Rashbrook.

It was further decided to erect a small token in the Athenæum, in memory of our fallen members.

THE GAZETTE FUND.

THIRD LIST OF SUBSCRIBERS.

	£	s.	d.
Second List of Subscribers (April No.) ...	96	2	0
Billinghurst, W. B. ...	5	0	0
Clapham, E. W. ...	2	2	0
Lack, H. Lambert ...	2	2	0
Billings, H. E. ...	2	2	0
Skelton, D. S. ...	2	2	0
Lane, H. D. ...	1	13	0
Watson, T. T. B. ...	1	1	0
Skelton, J. B. G. ...	1	1	0
Thompson, R. R. ...	1	1	0
Rammell, John ...	1	0	0
Bostock, J. ...	0	14	0
	£116	0	0
Deficit (March 31st, 1918)...	£134	2	3
Received ...	116	0	0
Balance of Deficit ...	£18	2	3



Income and Expenditure Account for the year ending 31st March, 1919.

	INCOME.	£ s. d.	Gr. £ s. d.
By Subscriptions—			
Staff and House Committee	113 8 0		
Students	441 11 3		
	<hr/>		
Gilson's Social Athletic Club	554 19 3		
Billetonians	25 0 0		
Walthamstow Boy Scout	7 7 0		
Assn.	2 2 0		
	<hr/>		
		589 8 3	
<i>Note.</i> —Subscriptions owing by Students, March 31st, 1918, as per last Account, £532 12s. 3d. Some of these have since been paid, being merged in above Receipts, and it is anticipated that more money will be received from this source in future years.			
Fives Club—			
Return of Cash advanced for balls		1 17 1	
Dance (1919) (outstanding) ...		43 9 0	
Balance, being excess of Expenditure over Income ...		600 1 3	

"LONDON HOSPITAL CLUBS' UNION"

Balance Sheet, 31st March, 1919.

Dr.				Cr.			
		£	s. d.			£	s. d.
<i>To Sundry Creditors—</i>				<i>By Sundry Debtors—</i>			
London Hospital for Interest as under:—				Subscriptions owing by Students, March 31st, 1918			
On Loans at 4 per cent.				as per last Account. Certain of these have been received and more may perhaps be recovered in future years.			
No. 1—				<i>Sums paid in advance—</i>			
£6,461 0 5				Wages			
No. 2—				Insurance			
£2,167 4 5				Taxes			
No. 3—				Telephone			
£1,600 0 0							
£10,228 4 10 for period Oct. 1915—Mar. 31, 1919—							
Note:—Outstanding 31st March, 1916				<i>Balance due from Dance Committee (1919)</i>			
" " 1917				<i>Football Stand—</i>			
" " 1918				Balance as at 1st April, 1918			
" " 1919				Less—			
£1,431 18 11				Depreciation at 10 per cent. per annum			
On unpaid Interest capitalised at 5 per cent., Jan. 1917—Mar. 1919—							
1917, 1 year on—				<i>Drained and Turfed Athletic Ground—</i>			
£511 8 4				Balance as at 1st April, 1918			
1918, 1 year on—				Less—			
£946 2 2				Depreciation at 5 per cent. per annum			
1919, 3 months on—							
£1,402 10 9				<i>Old Pavilion—</i>			
Note:—Outstanding 31st March, 1917				Balance as at 1st April, 1918, as per Contra ...			
" " 1918				<i>Cash at Bankers</i>			
" " 1919				<i>Cash in Hand</i>			
£90 8 0				<i>Income and Expenditure A/c.—</i>			
Clubs—				Balance as at 1st April, 1918			
Athenæum for Magazines, etc.				Do. for the year ended 31st March, 1919			
Rowing							
Wages, Horse Hire							
Water							
Auditors							
Land Tax							
Repairs							
Loan No. 3—							
From the House-Committee of the London Hospital for Draining and Turfing additional Ground							
Amount advanced on Loan No. 1 by the London Hospital for erection of Old Pavilion, as per Contra							
Note.—This structure, under Minute passed by the Finance Committee of the London Hospital at a meeting held on 26th February, 1914, may be pulled down to make room for the erection of a New Pavilion.							

Audited and found correct—

(Signed) CHATTERIS, NICHOLS & Co.,

Chartered Accountants.

London, E.C. 4, 13th June, 1919.

"THE LONDON HOSPITAL GAZETTE"

Income and Expenditure Account for the year ended 31st March, 1919.

Expenditure.			Income.		
	£	s. d.		£	s. d.
To Printing and Stationery ...	£30	1 0	By Advertisements ...	£19	9 0
Unpaid ...	150	0 0	Owing ...	1	13 0
		180			21 2 0
Postage... ..		4 1 3	„ Sales ...		17 1 0
Balance Excess of Income over Expenditure	32	19 9	„ Subscriptions (Ordinary) ...	80	15 0
			„ (Special) ...	98	4 0
					178 19 0
	£217	2 0		£217	2 0

Balance Sheet, 31st March, 1919.

Liabilities.			Assets.		
	£	s. d.		£	s. d.
Sundry Creditors—			Cash at Bankers ...	47	4 6
For Printing, etc. ...	150	0 0	Sundry Debtors for Advertisements ...	1	13 0
			Income and Expenditure Account—		
			Debit Balance, 1917-18 ...	£134	2 3
			Less Excess of Income over Expen-		
			diture, 1918-1919 ...	32	19 9
	£150	0 0		101	2 6
				£150	0 0

REVIEWS.

A VISION OF THE POSSIBLE. WHAT THE R.A.M.C. MIGHT BECOME. *Sir James W. Barrett, C.B., C.M.G., M.D.* Pp. xx. and 182. Plate and 2 Maps. Demy 8vo. 9s. net.

Sir James W. Barrett commences his review of the work of the R.A.M.C. in Egypt, during the War, by a statistical report upon the ear, nose, and throat cases which came under his notice while acting as Consulting Aurist to the E.E.F. He points out that when he was able to establish competent aural surgeons at rail-heads and intermediate bases, the very serious wastage of men with ear and nose trouble was largely prevented, and indicates some of the difficulties that he had in establishing the system. He states, somewhat pathetically, "Like some other branches of the service, towards the end of the war, this division became very efficient."

A large section of the book is then given up to a consideration of the work and constitution of the standing Medical Boards. He publishes a large number of the G.R.O.'s relating to discharge, evacuation, and invaliding of soldiers, and then the statistical tables of the results.

Sir James lays stress on the following points:

1. A very large percentage of men classed "B," sent out from England, were immediately classed "A" and sent to the front.

2. That a very exaggerated idea seemed to be prevalent of the disability occurring from D.A.H. and deformities of the feet.

3. That if the standard of "A" class, as determined in Egypt, had been adopted in general for the forces in Great Britain, the serious defeat of the Army in France, in 1918, would have been avoided.

A short chapter on pellagra and destructive ophthalmia, among the Turkish prisoners, is of special interest.

A long report on the venereal state of Port Said and the measures taken to deal with this condition, serves to emphasize the importance of prophylactic measures as an aid to force and inspection in dealing with this very serious problem.

The last half of the book is given up to a criticism of the R.A.M.C. and an attempt to outline a policy of re-construction, designed to remove the most obvious deficiencies of the service. Special stress is laid upon the fact that however well an officer may perform his purely clinical duties, the only progress he can make,

and the only promotion he can gain, is through the administrative side, and that many a good surgeon drifts off and becomes an office "wallah."

Among the remedies he suggests are:

1. The R.A.M.C. should be removed from the "A" branch and be directly represented on the Army Council.

2. That any junior officer, with a supposed injustice, should be able to bring this before a proper tribunal, without feeling that he is almost necessarily prejudicing his career by airing a grievance.

3. That a Civilian Medical Board be attached to every command.

4. That excessive clerical duties should be removed from medical officers.

5. That medical men generally should have a wider education.

MILITARY MEDICAL MANUALS.

WOUNDS OF THE PLEURA AND LUNG. *R. Grégoire and A. Courcouse. Edited by C. H. Fagge, Esq., F.R.C.S.*

This volume was written by the two well-known surgeons in collaboration, only after they had come to practically the same conclusion, while working in widely separated parts of the French line of battle. They are careful to insist that the cases they personally dealt with and report, are those whose condition was such that they arrived, at least alive, at hospitals 10 or 20 miles behind the line. They show that the immediate mortality is very high, and that many die in transit, owing to moving and jolting, and that the ideal method of treatment would be surgical chest hospitals just behind the line. They discuss this point at length, and decide that for a battle, or for a part of the line where fluctuation is liable to occur, this measure is quite impracticable, and that there is no remedy. After a short introduction of a statistical nature, the pathology and cytology of injury to lung and effusion into the pleura is discussed at length. Special stress is laid upon the fact that blood, effused for 15 hours or more into the Pleural cavity, loses its power of clotting, even after it has been aspirated. If a clot does form in a sterile test-tube, this is an indication that fresh blood is still being supplied to the effusion, and a direct indication for immediate thoracotomy. Pneumonia and broncho-pneumonia are rare complications of wounds of the lung, and even if the organs feel hard to the finger, this is due to a simple hæmatoma without any fibrinous exudation into the Alveol.

The authors lay stress upon the extreme

difficulty of diagnosis in many cases, and confess that it is impossible to lay down hard and fast lines of treatment, but that each and every case requires special attention and special surgical measures, according to the variety of symptoms and signs presented. They next discuss the diagnosis and treatment of aseptic injuries of lung, and lay special stress upon the fact that, under no circumstances, should any of these cases be drained, but that whatever intra-thoracic manipulations are required, the cavity must be closed. It is pointed out that it is useless to try and stitch the pleura of the ribs, as it is too friable and too firmly attached to the ribs, and that any definite gap must be filled by the soft parts.

Delay, in most cases, is dangerous, more especially where there is a sucking pneumothorax, but it must be remembered that in cases of simple hæmothorax, the effusion is nature's cure, producing pressure on the injury and collapse of the blood vessels of the lung.

The relative infrequency of gas-gangrene of the lung is pointed out and attributed to the natural supply of oxygen. In the next section, dealing with septic complications, immediate and remote, special attention is drawn to the importance of the presence of foreign bodies, or pieces of fractured ribs, etc., as casual agents.

In general, more extensive operations, carried out early and with removal of foreign bodies where possible, should be performed, for most types of injury, but the mortality, even then, must be expected to remain high.

MENTAL DISORDERS OF WAR. *By Jean Lépine. (Military Medical Manuals—University of London Press). 7s. 6d. net.*

The author of this volume (translated and edited by Dr. Charles Mercier) definitely disclaims any intention of presenting either a general treatise on Alienism or an account of the manifestations of mental pathology directly and solely due to the War. He has set out, rather, to afford guidance and counsel for the large numbers of medical officers who, in the circumstances of active warfare, have repeatedly found themselves face to face with a series of complex mental phenomena, which, under normal conditions of medical work, exceedingly rarely came under their immediate purview, and on those occasions were passed on for elucidation to specialists in neuro-psychiatry. But, in spite of the limitations that he has set himself, the author has succeeded in evolving a compact and in many respects exhaustive treatise which, by virtue of the emphasis it continually places upon the practical side of the problems involved in abnormal mental

manifestations, will, we feel confident, prove eminently helpful to the medical man in general practice.

The clinically acute types of mental disorders are first described; then those which are chronic from the outset; then follows an account of special cases. The medico-legal aspect is then discussed, and the author finally dwells upon the administrative military problem concerned with the evacuation and eventual disposal of cases.

The author takes exception to the view, so powerfully advocated in certain quarters, that the War, as such, has not created any new cases of mental disturbances which were not previously known, as types, to psychiatry. On the contrary, he contends, that a "psychosis of war" has demonstrated itself as a distinctive entity, and he certainly brings forward some very convincing arguments in favour of this view. At the same time he emphasises the relatively higher importance of the immediate "existing circumstances" as the real factor in mental disorder as compared with predisposition in the etiological scale.

The part that alcohol has played as a predisposing factor is discussed, and the author comes to the conclusion that in a series of some six thousand patients, spread over a period of three years "taking into account those in whom it is only of slight importance, it would appear that half, sometimes close on two-thirds, of our patients had been influenced by alcohol"!

Special attention may be directed to the chapter on Shell Shock, which exhibits in the author a masterly insight into the psychology of this highly complex condition.

We were much impressed with the indications of the humane and highly sympathetic attitude which manifests itself throughout this book—this but emphasises what we are proud to recognise as one of the characteristics of the modern alienist.

We heartily commend this volume to the profession.

MALARIA AND ITS TREATMENT IN THE LINE AND AT THE BASE. By *Capt. A. Cecil Alport, R.A.M.C.* London, 1919. (*John Bale, Sons & Danielsson, Ltd.*) Pp. 279. 21s. net.

This work contains the considered views upon the treatment of malaria by a medical officer who has had a very extensive experience of the subject in the Salonica Expeditionary Force. The book carries with it a large measure of conviction owing to the wealth of practical detail which it contains, indeed, the series of clinical histories must be almost unique. The first chapter deals adequately with the pathology

of the disease, and the second gives an interesting account of the numerous measures for prophylaxis. Without drainage of the district other action is unsatisfactory. Chapter 3 deals with the clinical features of malaria, and particular attention is directed to "carriers" with parasites in the blood but no symptoms. Such men should be treated immediately. In chapter 4 are reviewed all methods of treatment. Insoluble preparations of quinine are useless, the bi-hydrochloride is far the best. Oral administration is often unsatisfactory. When the full effect of the drug is required, quinine must be given intra-muscularly, or better, intra-venously. It is very important not to exceed a volume of 8 ounces intra-venously and not less than 20 grains should be given at one dose. The author is a very strong advocate of intensive treatment and the cases he describes certainly support him in his argument. Succeeding chapters deal with the treatment of various forms of malaria. Thus in chapter 5 the dangerous cerebral type is described. Such cases should receive 100–120 grains of quinine in 12 hours, intra-venously and intra-muscularly, in doses of 20 grains. The malarial pernicious anæmias (chapter 6) should be treated on similar lines. Chronic malaria (chapter 7) should be treated with not less than 45 grains per diem for 1 month. In chapter 10 blackwater fever is discussed. This condition is due to a malarial intoxication, particularly of the kidneys. Large doses of quinine must be given, but the amount must depend upon the amount of urine secreted. If this is little, quinine poisoning and amblyopia may occur, when the quinine must be stopped but again administered when the sight returns. Apparently the author has had no experience of Salvarsan compounds, but has used Galyl in malarial anæmias. Chapter 11 deals with post-malarial nervous diseases.

We are impressed with the value of this work and must regret the smallness of circulation which the price must entail. We think that it is a pity that the price has been enhanced by the inclusion of numerous illustrations, which, however interesting, are not essential to the argument.

ELECTRO-DIAGNOSIS IN WAR. By *A. Zimmern and P. Perol.* (*Military Medical Manuals. University of London Press.*) 7s. 6d. net.

In his somewhat lukewarm preface to this volume, the English editor (E. P. Cumberbatch) emphasises, quite rightly, that "it is of the utmost importance that every method of investigation should be utilised which can throw light on the lesion in nerve injury, because the nature of the latter will determine the treatment to be

adopted and the subsequent usefulness of the patient, either for continuation of military service or for employment in civil life."

In the volume before us, the authors have endeavoured to present an account of the application of electrical testing methods, already ensured a place in the routine diagnosis of *diseases of the nervous system*, to cases of injury of nerves, with especial reference to traumatic conditions arising out of wounds in War.

It seems paradoxical, but it is nevertheless true, that although the technique of electro-diagnosis involves, basically, the use of scientific instruments of precision, it is only within recent times that the supreme importance of quantitative standardisation of methods has received the attention it deserves. The subject is a difficult one to present, and we fear that the present volume will hardly enable those who have not already an expert working knowledge of electro-therapeutic methods and appliances, fully to appreciate this important branch of medical science.

LESSONS ON MASSAGE. *By Margaret D. Palmer. Fifth Edition. Demy 8vo. Pp. x., 340. 2 Coloured Plates, 135 figures in text. London, 1918. Baillière, Tindal & Cox. 10s. 6d. net.*

The experienced authoress of this well bound and well printed book has had the satisfaction of seeing it reprinted no less than fourteen times since its first appearance in 1901.

This alone would be enough to disarm criticism, but when we find that she was sometime Masseuse in our Hospital, manager of our Massage Department, and teacher of our nurses, we have no heart left in us. Nevertheless, we have some things against her which we propose to leave to the last, after we have dealt with some of the many good things with which she has provided her readers.

The book begins with two introductory chapters on the history and theory of massage. The next three chapters deal with general anatomy, microscopic and macroscopic, including the main vessels and nerves.

The writer has shewn much judgment in condensing her account of parts which her pupils cannot reach, such as the brain, and in expanding her exposition of more superficial structures. The next five chapters are on Regional Anatomy, and what we feel inclined to call Regional Massage; thus chapter vi. sets out first the anatomy of the upper limb, giving figures of the bones, very full description of muscles and joints, vessels and nerves, and ends with the special forms of massage applicable to each part of the

limb. At this point we must mention the carefully constructed "table of muscles," giving for each muscle its name, position, origin, insertion, action and nerve supply. The table for the forearm covers nine pages, that for the leg five. Our authoress has not spared pains in providing information for her readers. Indeed, we are inclined to think that for an elementary course she has put in as much as her pupils are likely to absorb. We hope they have access to skeletons, plates of muscles, and even dissections, for to memorise these tables would be a heavy task indeed.

The next three chapters deal with General and Special Massage, including a good account of the Weir Mitchell treatment for neurasthenia, and fourteen careful pages on Spinal Curvature. In this part of her book the authoress shews by many little touches that her knowledge has been won by long practice of the methods on which she writes: it is illustrated by a dozen figures in the text from photographs or sketches from life. There is also a long folding plate in two colours to explain the origins, insertions and actions of the deeper muscles of the back. It seems that at last the anatomy of the erector spinæ has been turned to practical use in the treatment of lateral curvature. The next chapter contains shorter notices of flat foot, knock knee, lumbago, sciatica, sprains and fractures. We extract one remark, "The mechanism of . . . joints should be studied, as they give a great deal of work to the masseuse, and her success in treatment depends on her knowledge of the structure and functions of the parts involved." We are glad to say that the writer's whole outlook is summed up in these words. She is no advocate of rule of thumb work. She repeats over and over again that the masseuse must think about her work, must know what is beneath her hands, and must use them with intelligence and care.

At this point the authoress has inserted in this edition a short chapter on the treatment of wounds, chiefly to urge caution. Cases have occurred in which well meant efforts have broken open recently healed wounds. A very sensible chapter on the massage of children follows, with many practical hints such as the following:—"Delicacy of touch, cheerfulness of manner, and unbounded sympathy are essential" for a children's masseuse. The next chapters deal briefly, but clearly, with the Nauheim Treatment, to which five pages are given, Bandaging (22 pages with 25 figures), and the Ling or Swedish system of Remedial Gymnastics (in 38 pages). The authoress states that medical gymnastics are not separable from massage (page 292, line 12). The mere perusal of the details set out in these

pages has inspired us with a wholesome respect for the memory, no less than the musculature, of the perfect masseuse, who must be well developed both in mind and body. An appendix of the old nomenclature and the new is followed by a full glossary. A well arranged index of six pages closes a very useful book which has stood the test of use by successive generations of pupils and workers. We have no doubt that it embodies the oral teaching of its authoress, who was one of the founders of the well known Incorporated Society of Trained Masseuses, which holds examinations for, and gives certificates to, masseuses.

Where so much is very good we are sorry to find faults, but they are there, and we point them out with the less hesitation, as very simple revision will set them right. We select a few samples of slips, some of which may be mere misprints. Others are inaccuracies such as the curious statement on p. 51, as to the membrane of the brain, *pia* and *dura mater*. We have always understood that these terms were based on a misunderstanding of an arabic word which means sheath or covering, and is similar in sound or form to the arabic for mother. "*Pia*" is a mistranslation of an arabic word which means *soft*. On p. 56, line 16, "rectal" is an evident slip for "rectus." On p. 58, fig. 28 omits to indicate the "cauda equina." A friend of ours picked up the book while in the army, came upon this figure, and went no further, being much shocked at so evident an omission. We cannot say that we are ourselves much impressed by these two figures, though, so far as we can see, they indicate a good deal of useful knowledge. In fig. 28, p. 63, "3. Lambar Sacral" should be "Lumbo-sacral." On page 75, line 20, "ulnar" should be "ulna." On page 78, fig. 36, No. 5 seems to be Triceps not Biceps. On page 87, line 3, "Sublimis" is omitted. On the same page and lower down in the same column, is "Brachiaradialis" for "Brachio-radialis." On page 121, is the sensible name "Tibialis anterior." On pages 134 and 136, our authoress has gone back to the clumsy, but correct, "Tibialis anticus." None of these very evident slips would trouble a medical student whose anatomy is almost a part of himself, but to an unhappy masseuse to whom "Gray" is probably an unknown land into which she ventures at rare intervals, and for only short excursions, these little things are likely to be confusing, to say the least of it, and should be set right in the next edition.

We regret to say that these are not the only blemishes we have detected in reading through the book. We feel that we should be doing less than our duty to our readers if we failed to point

them out, but none the less, we have no hesitation in recommending the book for the purposes for which it was written, as it is a clear, concise, practical and useful manual of a branch of treatment which grows daily more important, and which will prove remunerative to those who are skilled in the practice of it.

PHYSICAL AND OCCUPATIONAL RE-EDUCATION OF THE MAIMED. By Jean Camus. Translated by Surgeon-Lieutenant W. F. Castle, late of the London Hospital. Baillière, Tindall & Cox. Price 5/- net.

The memory of the British race is indeed a short one, and during these days of extravagances, pleasures and excitements, a people reacting to the strain of war—one is apt to forget the War and its heritage. It is refreshing to come across such a work as the *Re-education of the Maimed*, by Camus. Admirably written and illustrated, it has been well translated from the French by Surgeon-Lieutenant Castle, who has added articles written by Sir Arthur Pearson, Bart., Margaret Sale, and Dudley B. Meyers, on the work which is being done at British institutions, namely, at St. Dunstan's, Lord Roberts' Memorial Workshops for Disabled Soldiers, and at Roehampton.

It is essentially a work describing what is being done for the maimed, and the novel conditions under which these men work. The keen, practical, and business-like methods of training are well described.

To those of us who are inclined to forget the vast tragedies of war, this book may help to remind us of our duty towards these maimed heroes.

STUDENTS' POCKET PRESCRIBER AND GUIDE TO PRESCRIPTION WRITING. By David Michell Macdonald, M.D., F.R.C.P. Sixth Edition. (E. and S. Livingstone.)

The chief features of this new edition are the revision of the prescriptions according to the new Pharmacopœa, with the addition of notes as to the specific use of certain drugs, and a section on "Some Points in Prescribing." This latter section should prove extremely useful to many, for it deals with the combination of drugs, and points out many common errors made in prescriptions.

We recommend the book to all students and recently-qualified practitioners, and its small size enables it to be carried in the vest pocket, so that it may be always available on the many occasions it is desired to consult it.

AIDS TO SURGERY. By *Joseph Cunning*. Fourth Edition. Price 4/6 net. (Baillière, Tindall & Cox.)

These "Aid" series of publications are now so well known, and so extensively used, that it is hardly necessary to do more than announce the publication of a new, viz., the fourth, edition of the present work.

It has been brought up to date with the latest ordinary surgical technique, and in addition, many of the latest advances in Military Surgery have been incorporated.

The work should therefore prove useful to many of the younger members of the profession, as well as to the student preparing for his qualifying examinations.

ABNORMAL FORMS OF TETANUS. *M. Courtois-Suffit and R. Giroux*. Edited by *Sir David Bruce and F. Golla*. Military Medical Manuals. 6s. net.

This little monograph deals with the various atypical forms of Tetanus in a clear and precise manner. The aberrant type common to the present war is dealt with in detail both from a diagnostic and therapeutic aspect. In the chapter on treatment the value of the various ways of administering anti-tetanic serum and other therapeutic measures are discussed. On the whole, the volume is relatively free from mistakes; the few we have seen are minor in character. This work might be read with interest by the military surgeon, as it gives all the essential facts concerning the various forms of atypical or local tetanus with which he is likely to meet.

PYE'S SURGICAL HANDICRAFT. 8th Edition. 21s. net.

The eighth edition of this well known and deservedly popular volume has been edited and largely re-written by Mr. W. H. Clayton-Greene. As the title indicates, it deals with the practical side of the art of surgery, and appeals especially to house-surgeons and surgical dressers. The manipulation of instruments, the operations of minor surgery, and the application of splints and bandages, are all thoroughly and clearly explained and illustrated.

Among many additions, we note with special pleasure a chapter on the theory and practice of the Wassermann Reaction, and the practical administration of the most recent syphilitic remedies. Again, many of the orthopaedic appliances and modern methods of Sir Robert Jones are incorporated and illustrated. The author apologises that in places he has been

inconsistent, in that he has been forced to treat of abstract surgical questions in order to explain necessary manipulations. There is no real need for such an apology by one who has made such excellent selection of where the theoretical knowledge is essential to correct application of surgical principles.

In addition to the main bulk of the work on hæmorrhage, fractures, wounds, and the use of instruments, chapters are contributed, in most cases by other specialists, on the eye, nose, ear and teeth. Dr. W. H. Wilson writes on urine testing and a very useful outline of the treatment of poisons.

The book is excellently printed and very clearly illustrated, and should find a place on every house surgeon's shelf. There are but few difficulties that he will meet that are not described and adequately treated of by Mr. Pye.

We have to acknowledge the receipt of the Catalogue of Lewis's Medical and Scientific Circulating Library.

2nd Edition revised to end of 1917. Price 12/6 net. Subscribers 6/- net.

NOTICES.

A General Meeting of the Clubs' Union was held on June 26th. At this meeting it was proposed that the annual subscription should be raised to five pounds. After considerable discussion the proposal was put to the vote and was carried by 42 votes to 4.

* * *

We wish to announce that the next number of the GAZETTE will appear early in October, after which it will be published monthly, except during the months of April, August and September. The price per copy will be 1/-, and the annual subscription 10/- (including postage). A single payment of two guineas in advance will entitle the Subscriber to receive the GAZETTE regularly for five years. Subscriptions should be addressed to the GAZETTE CLERK.

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The following periodicals have been received:—*Guy's Hospital Gazette*, *St. Bart's. Hospital Journal*, *St. Mary's Hospital Gazette*, *Medical Review*, *Magazine of the London School of Medicine for Women*, *Dental Practitioner*, *Hospital*, *Nursing Times*.

HOCKEY CLUB.

Thirteen matches were played during last season, of which, ten were won by the Hospital team, two were drawn, and one lost. The team played as a mixed eleven in each match; the opposing side was sometimes a mixed eleven, sometimes all women, and once, all men.

The matches and their results are appended:

SEASON 1918-19.

Oct. 26th	East London College (mixed xi.)	Won 6-0.
Nov. 9th	War Office (mixed xi.)	Draw 3 all.
Nov. 23rd	West Ham Technical College (women)	Won 14-0.
Nov. 30th	War Office (mixed)	Won 6-2.
Dec. 7th	Mr. Clouston's XI. (mixed)	Draw 1 all.
Dec. 21st	Miss Scudamore's Cambridge XI. (mixed)	Won 8-2.
Jan. 11th	Bedford College (women)	Won 8 0.
Jan. 18th	Haynes Park R.E. Training School (men)	Lost 1-8.
Jan. 25th	Westfield College (women)	Won 4-0.
Feb. 1st	War Office (mixed)	Won 3-1.
Feb. 8th	Bank of England	Scratched— weather.
Feb. 15th	St. Thomas' Hospital Scratch Team	Scratched.
Feb. 22nd	Government Chemical Lab. (mixed)	Won 2-1.
March 15th	London School of Medicine for Women	Won 2-1.
March 22nd	Middlesex Hospital	Won 6-5.
March 29th	Government Chemical Lab.	Scratched— weather.

G.M.W.

EXAMINATION RESULTS

UNIVERSITY OF LONDON.

3rd M.B., B.S.

*Moseley, J. G.	Morley, A. H.
Gibson, P. C.	Priston, J. L.
Herga, E. E.	Woodhouse, S. C.

* Dist. in Medicine.

SECOND EXAMINATION FOR MEDICAL DEGREES.

Part I.

(Organic Chemistry).

Eveson, S. W.	Leibster, L. B.
Golden, G. N.	Roberts, M. V.
Golden, S. J.	Todd, K. W.
Grant, S. A.	Will, E. K.
Hawes, J. S.	

Part II.

(Anatomy, Physiology and Pharmacology).

Glyn Jones, K.	Lawson, H. D.
Hunt, F. C.	Toop, H. M.
Krestin, D.	

UNIVERSITY OF DURHAM.

M.B., B.S.

Woodhead, G. R.

ROYAL COLLEGE OF PHYSICIANS, LONDON.

F.R.C.P.

Tidy, H. L.

M.R.C.P.

Soltau, A. B.

ROYAL COLLEGE OF SURGEONS, ENGLAND.

F.R.C.S.

Hindmarsh, T. A.	Newton, H. A. S.
Hurley, T. E. V.	Upjohn, W. G. D.
Molesworth, H. W. L.	

Primary F.R.C.S.

Cloake, C. S.	Tree, M.
Potter, O. G.	Sebba, A.

SOCIETY OF APOTHECARIES OF LONDON.

Diploma.

Hodge, H. P.	Lewis, L. E. L.
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Surgery, Sect. I.

Jenkins, R. E.

Forensic Medicine.

Bulman, M. W. B.

Midwifery.

Bulman, M. W. B.

THE LONDON HOSPITAL
MEDICAL CLUB

The Medical Agency for Appointments

The Medical Agency was started in 1907 by the London Hospital Medical Club, for the benefit of "Londoners" past and present, and since then a large number of men have availed themselves of its services. The Agency is superintended by the Registrars, with the advice of a Sub-Committee of the Club.

At a Meeting of the Council of the Club on March 15th, 1910, it was decided that certain fees should be charged. A list of these can be obtained from the Registrars. For appointments as *locum tenens* they are as follows:—

(a) If for a longer period than a week—

Members of the Club, 2½ per cent. on amount earned, with a minimum fee of 5/-.

Non-members, 5 per cent., minimum fee 7/6.

(b) If for one week or less—

A fee of 5/- to be paid by the Principal.

For appointments of less than one week no fee is charged to the *locum tenens*.

For appointments of more than one week no fee is charged to the Principal.

The proceeds of the Agency, after the deduction of expenses, will be paid to the London Hospital Medical Club to be used for benevolent purposes.

The new regulations came into force on July 1st, 1910.

(a) Any Practitioner requiring a *locum tenens*, etc., is requested to send full particulars to:—

THE MEDICAL AGENCY REGISTRAR,

LONDON HOSPITAL, E. I.

The use of the telephone saves much delay. Messages will be received at any time between 9.30 a.m. and 5 p.m., at the Registrars' Office, No. 5020 Avenue (5 lines). Telegrams should be addressed "Registrar, London Hospital, Whitechapel."

(b) Anyone seeking an appointment as *locum tenens* or otherwise, should add his name to the list kept in the Registrars' Office. Information will be sent by post or telegraph, as soon as a suitable position is heard of.

Men who are entering their names for the first time must do so personally to the Registrar in charge of the Agency.

(c) Particulars of practices, partnerships, Hospital appointments, etc., can be obtained from the Registrar in charge of the Agency, who can be seen daily at 12 o'clock in the Registrars' Office.

BIRTHS, MARRIAGES AND DEATHS

[Note.—In the attempt to make this column as complete as possible, the Editor would be much obliged if readers of the "Gazette" would kindly forward to him any newspaper cuttings, or other announcements of this nature, that they may chance to come across.]

BIRTHS

BARNES.—On April 19th, at New Road, Chatham, the wife of Harold A. Barnes, M.B., B.Ch. Oxon., of twins, boy and girl.

CAREY.—On April 13th, at Chevington House, Bungay, the wife of Temporary Surgeon-Lieut. R. S. Carey, R.N., of a son.

DASHWOOD-HOWARD.—On February 19th, at the Mowle, Ludham, Norfolk, the wife of A. Dashwood-Howard, M.D., L.R.C.P., late Captain, R.A.M.C., of a daughter.

DUNCAN LYLE.—On the 16th April, 1919, at "West Dene," Netley, Hants, to Irene (née Alabaster), the wife of Captain J. Duncan Lyle, R.A.M.C., a daughter, (Sonta).

HITCHCOCK.—On the 13th March, at Avonmore, Netley, the wife of Captain C. G. Hitchcock, R.A.M.C., of a son.

HODGES.—On the 6th March, at the Woodlands, Bishop's Stortford, Constance Mary, wife of Arthur Noel Hodges, M.B. Cantab., Captain R.A.M.C., of a son.

HOLLAND.—On the 23rd March, at 55, Queen Anne Street, W., to Dr. and Mrs. Eardley Holland, a daughter.

HUNTER.—On April 12th, at Chelsea Gardens, S.W., the wife of Captain Ronald N. Hunter, R.A.M.C., of a daughter.

NORTHCROFT.—On the 12th May, at 115, Harley Street, W., the wife of G. Northcroft, of a daughter. New Zealand papers please copy.

TAYLOR.—On 26th January, 1919, the wife of Charles Joseph Gordon Taylor, M.A., M.B., B.Ch. Oxford, Acting-Major R.A.F.—a daughter.

MARRIAGES

AYLWARD-GOODWIN.—On the 2nd April, 1919, at St. Ethelbert, Herringswell, by the Rev. E. H. Wright, Captain Roy Douglas Aylward, R.A.M.C., son of Dr. and Mrs. W. C. Aylward, "Gypsowie," Rusthall, Tunbridge Wells, to Grace Mary Otway, daughter of Mr. and Mrs. J. D. Goodwin, Herringswell, Suffolk.

BEATTY-DESPARD.—On the 22nd May, at St. Bartholomew's, Sydenham, by the Rev. G. F. Cartwright, Captain Cyril C. Beatty, M.C., R.A.M.C., second son of Dr. W. J. Beatty, J.P., of Stockton-on-Tees, to Constance Hermine, only daughter of the Rev. A. V. and Mrs. Despard, of Vernon, B.C.

CHEAL-POLLOCK.—In St. Enoch's Church, Belfast, February 26th, 1919, by the Rev. John Pollock (father of the bride), assisted by the Moderator of the General Assembly (Rt. Rev. Dr. M'Granahan), Percival Cheal, M.R.C.S. Eng., L.R.C.P. Lond., youngest son of Mr. and Mrs. Joseph Cheal, Crawley, Sussex, and Elizabeth Alexander, only daughter of Rev. and Mrs. John Pollock, Glandore Park, Belfast.

DEW-JOHNSTON.—On February 13th, at St. Barnabas, Clapham Common, Major J. Wescott Dew, M.C., R.A.M.C., to Marion Harvey, daughter of the late Mr. and Mrs. Alexander Johnston, of Belfast, Ireland.

HURLEY-CROWTHER.—On the 10th June, at St. James' Church, Piccadilly, by the Rev. Prebendary Cronshaw, M.A., Lieut.-Colonel Victor Hurley, C.M.G., Australian Army Medical Corps, to Elsie, daughter of the late Dr. G. H. Crowther, of Brighton, Victoria, Australia.

LADELL-DODSWORTH.—On the 12th June, at St. Olave's, Marygate, York, by the Rev. Canon C. C. Bell and Rev. A. E. H. Glover, Vicar, Capt. Leslie Mordaunt Ladell, son of Dr. Mordaunt Ladell, of Southgate Road, London, N., to Evelyn Clarke Dodsworth, the second daughter of Mr. E. R. Dodsworth, J.P., of Redholme, York.

TROUP-HOLT.—On the 11th March, at St. Mary's Church, Bryanston Square, by the Rev. L. J. Percival, Howard Branton Troup, Lieut. R.A.F., M.S., son of Mr. and Mrs. Troup, of Kensington, to Ena Grace, second daughter of the late Wm. Holt and of Mrs. Holt, of Portman Square.

DEATHS

LEWIS.—On the 2nd March, at Inverness, Surgeon-Lieut. David Llewellyn Lewis, R.N., in his 30th year. Interred at Chingford Mount Cemetery.

RAWSON.—On May 14th, at a Nursing Home, Chester, Dorothy Wynifred, wife of Noel R. Rawson, M.B., B.S., of Wynford, Pentre Broughton, Wrexham, and younger daughter of the late Alfred Sharpe, of Malvern Link, and Mrs. Alfred Sharpe, 19, Charlton Road, Keynsham, Somerset. R.I.P.

SMITH.—On the 30th April, at Colyton House, Colyton, Devon, Frederick John Smith, M.D., F.R.C.P., F.R.C.S., Consulting Physician to the London Hospital, late of 138, Harley Street, W. Aged 62.

NOTICES.

All contributions, correspondence, books for review, &c., should be addressed The EDITOR of the London Hospital Gazette, London Hospital, London, E. 1.

All communications should be accompanied by the name of the Contributor (not necessarily for publication), and should be written on one side of the paper only.

All cheques, postal orders, etc., should be addressed The GAZETTE CLERK, London Hospital Gazette, London Hospital Medical College, Mile End, E. 1.

The Gazette is published monthly (April, August and September excepted) and will be sent to any address post free on receipt of an Annual Subscription of Ten Shillings, or a five-yearly Subscription of Two Guineas.

Back numbers may be obtained by applying to the Gazette Clerk.