

Meanings of Military Service

Medicine in the First World War: To what extent
did war change medicine?

Learning Resources KS3



The First Wounded at The London Hospital, 1914.

This lithograph shows a wounded soldier being treated at The Royal London Hospital in 1914. The image was painted by John Lavery who was appointed as an official war artist. John Lavery's ill health stopped him from travelling to the Western Front and instead he captured aspects of the war on the home front.

Image Courtesy of Royal London Hospital Archives.



Male Ward in St Bartholomew's Hospital.

This posed photograph shows five nurses standing behind a group of recovering soldiers in army hospital uniform. In the picture two amputees can be seen alongside a number of bed bound men.

Image Courtesy of St Bartholomew's Hospital Archives.



Bringing up the reinforcements.

This picture shows some of the babies born during the war with the quip '*bringing up the reinforcements at the London hospital.*' June 1915. It highlights how the normal work of the hospital continued throughout the war.

Image Courtesy of Royal London Hospital Archives



Jimmy Holcroft

A photograph of Jemie (Jimmy) Holcroft, the Airman with a fractured Spine. The picture shows Jemie Surrounded by nurses, one of whom is holding a birthday cake.

Image Courtesy of Royal London Hospital Archives.



Nurses leaving for war service 1914.

The picture shows nurses from the Royal London Hospital being given a warm send off by colleagues as they leave for service on the front line.

Image Courtesy of Royal London Hospital Archives.

St. Bartholomew's Hospital, (SECTION) KETTLEWELL, SWANLEY.

ORDERS FOR MILITARY PATIENTS.

1. Patients on admission must themselves draw from the Superintendent of Nursing their personal Hospital equipment.
2. Patients on admission must hand to the Superintendent the clothing (including great coat) they are wearing when admitted, with the exception of forage cap and boots. Emergent admissions must also hand over to the Superintendent any money or valuables which may be in their possession, for which they will be given a receipt. Devotional books, comb, razor, tooth brush, shaving brush, will be retained by patients for use in the Ward. They will sign the cheques taken from the pack store book, certifying to the correctness of the list of articles given in.
3. Patients must obey the instructions of the Medical Officer in Charge, Superintendent and Nurses, and the Non-commissioned Officers and, if they consider they have any cause of complaint, will report to the Medical Officer in Charge.
4. Patients must rise at the appointed hour, shave, wash and dress before arrival of the Medical Officer. Patients marked "bed" will remain in bed. Patients will understand that entries marked on their diet sheets on this subject are orders to be strictly obeyed.
5. Patients marked "up" will assist in such light duties in the Hospital as the Superintendent or Non-commissioned Officer may direct.
6. Patients must not smoke in any part of the Hospital buildings except where specially allowed and during the recognised hours. No smoking will be allowed in the dormitories.
7. Patients will be responsible for any damage they may do to library books.
8. Patients must not leave their Wards except by permission of the Superintendent.
9. Patients must be in bed at 8 p.m. and may not carry on any conversation after this hour, neither may they leave their beds except for unavoidable causes.
10. Patients must wear slippers in the Hospital buildings and boots if going into the Grounds, and will wear gowns as ordered.
11. Patients must make as little noise as possible while in Hospital, so that they may not disturb or annoy their sick comrades.
12. Patients must give the Superintendent the names of any friends or relations for whom they may wish passes to visit them in Hospital.
13. Patients must inform the Superintendent if they desire requisitions made out for tobacco, stationery, &c., or the stamping of letters, for transmission to their regiment or corps.
14. Patients must not have in their possession while in Hospital any money or valuables, nor may they, without the permission of the Superintendent, receive any articles of food or drink brought or sent to the Hospital.
15. Patients must under no circumstances give any portion of their diet or extras to other patients, as each patient is ordered the diet most suitable for his disease.
16. Patients will, on being discharged from the Hospital, obtain their clothing from the Superintendent. They will then hand the Superintendent their personal Hospital equipment.
17. Patients who are Non-commissioned Officers will assist the Superintendent and Nurses in maintaining good order and discipline. They will, if up, wear their chevrons and, if confined to bed, their chevrons will be hung over their bed head boards.
18. Patients may not go beyond the grounds of the Hospital during their stay there except with the written permission of the Medical Officer in Charge.
19. Patients must not gather from the garden either fruit or flowers.
20. Patients will be immediately reported to the Officer in Charge at St. Bartholomew's if they fail to obey these Rules.

Orders for Military Patients Poster.

The poster outlines the rules in place for military personnel convalescing at St Bartholomew's Hospital's convalescent home at Kettlewell in Swanley, Kent. Rules include, '*Patients must be in bed at 8pm and may not carry on any conversations after this hour, neither may they leave their beds except for unavoidable cases.*

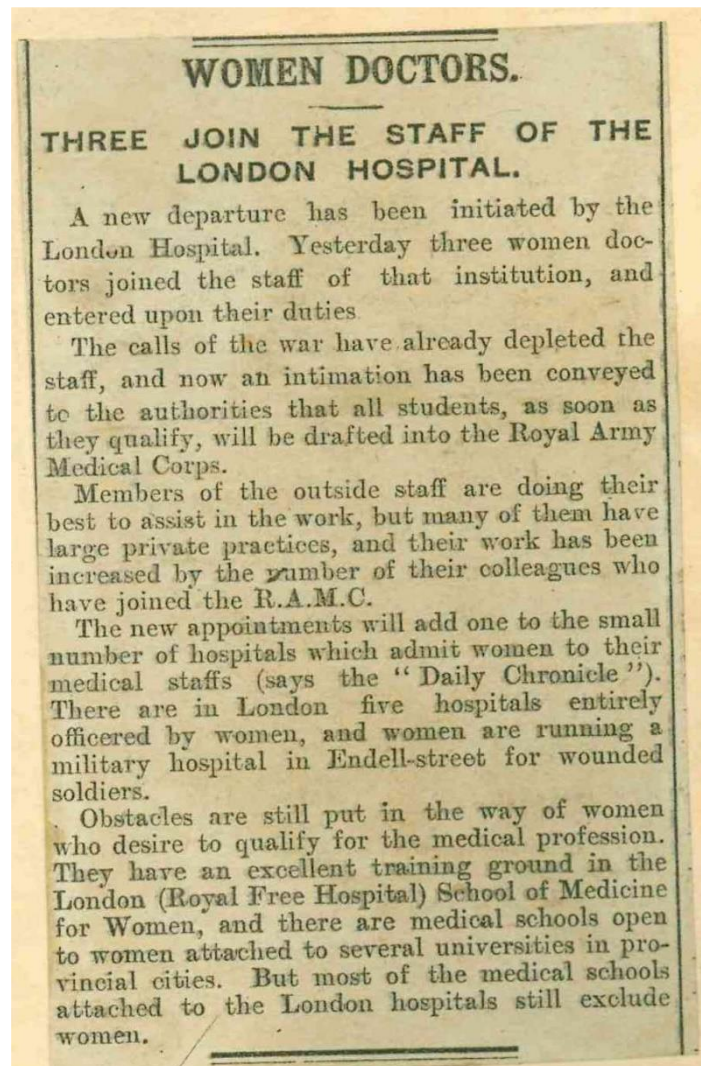
Image Courtesy of St Bartholomew's Hospital Archives.



Five uniformed nurses. August 1914.

The description on the back of this photograph reads *'The first four nurses from our own unit to join the expeditionary force in France.'*

Image Courtesy of St Bartholomew's Hospital Archives.

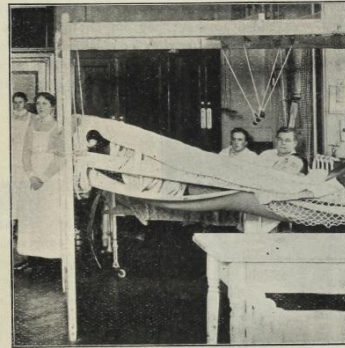


The Appointment of Women Doctors.

A newspaper article detailing the appointment of three female doctors to the staff of The Royal London Hospital in December 1916. The article explains that many male doctors had been sent to work for the RAMC abroad which had created a shortage of doctors at home. The article also describes the difficulties faced by female doctors and it notes that while some medical schools (including The Royal London) had started to accept women to study medicine many others still excluded women.

THE MEURICE SINCLAIR APPARATUS.

THE Meurice Sinclair apparatus for the treatment of fractured femora is being used with much success in the military wards of St. Bartholomew's Hospital. The introduction of the apparatus into this Hospital is due



1.—THE BACK WARD OF KENTON.

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



2.—THE FRONT WARD OF KENTON.

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

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

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

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

NOTES ON TWO CASES OF DIABETES MELLITUS.

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



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

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

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

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

There is no family history of diabetes.

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

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

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

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

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

The Meurice Sinclair Apparatus

This article from the St Bartholomew's Hospital Journal discusses the benefits of a new type of apparatus used to treat fractures. The apparatus was designed by Major Meurice in a war hospital.

Image Courtesy of St Bartholomew's Hospital Archives.

'drums' and other 'instruments of music,' whilst the next in order was prepared for the ordeal.

"And so the fun went on, till several hundred members had been admitted. Some were hailed by police from hidden recesses of the ship, others dragged even from their berths and dug-outs.

"Eventually King Neptune and his retinue prepared to return once more to the vasy deep, but so great was the multitude of their victims that he and his queen, his barber, physician, and all his court had themselves to pass through the festive tank, and to suffer anew the fate for others they had ordained."

NOTES ON WAR SURGERY IN FRANCE.

By COLONEL C. GORDON WATSON, C.M.G.,
Consulting Surgeon, Army.

WOUND SUTURE.

DURING the present war, surgeons have been profoundly impressed with the length of time which large septic wounds take to heal by granulation, even when sepsis is well under control.

These gigantic wounds are the combined product of the initial injury and the free hand of the surgeon. The presence of anaerobes in extensively lacerated and devitalised tissues make it imperative that the wound shall be freely laid open. Every nook and cranny must be explored, and all damaged tissues removed, so far as is surgically possible, if the risk of gas infection is to be avoided. Thus a gigantic wound results, which often takes months to heal under the most favourable conditions.

Needless to say, the military situation demands that every effort should be made to shorten the recovery period and to return wounded men to duty in the *shortest* possible time.

Early in 1915, at the hospital, we began to experiment in wound suture, with a view to accelerating the healing process.

SECONDARY SUTURE.

Granulating wounds of all sizes and depths were sutured or partially sutured when conditions were considered favourable, *i.e.*, when suppuration had been reduced to a minimum, the temperature had settled to a steady low level (not necessarily normal) and the granulations appeared healthy.

The following technique was adopted: Usually under gas and oxygen the skin around the wound was cleaned with ether, painted with iodine, and the granulations lightly sponged with ether. *The skin edges and the granulations were left undisturbed by knife or spoon.*

The margins were brought together by silkworm gut

sutures without the use of buried sutures. It was found that sterility was not essential to success in shallow or moderately deep wounds. The degree of tension required to secure apposition proved to be a more important factor. The greater the tension the less the chance of success. Whenever tension was unavoidable, mattress sutures were used. The exposed portions of the suture on either side were threaded through short pieces of small rubber tubing, to avoid undue pressure on the intervening skin and interference with its blood supply. In some cases, when approximation was difficult these sutures were not tied with a permanent knot, but with a triple fold single knot, which was gradually tightened day by day as the skin stretched.

Care must be taken not to remove sutures too soon. Wounds that appear united will often gape when the patient moves about, if the stitches have been removed.

Every attempt was made to secure accurate apposition, and whenever deep pockets existed rubber gully drains were inserted. After suture fomentations were applied for several days and the limb kept in absolute rest, if necessary by splints. In some cases where there was much loss of skin, limited under-cutting was tried. This practice should be avoided: it nearly always results in a "flare up."

It is far preferable to suture the wound by stages than to under-cut, even when the wound has been proved to be sterile on culture.

As a preliminary to wound suture, *i.e.* before a wound is ready for suture, contraction of the wound may be hastened by the following method of stay-lacing (in lieu of strapping). Loops of gauze bandage, varying in width according to the shape and size of the wound, are fixed to the skin on either side of the wound by Sinclair's glue, with the loop towards the wound.

Strips of aluminium from the fracture-box, perforated with holes an inch apart, are inserted into the loops on either side and fixed there by the glue. The loops are then gradually drawn together by a lace of stout silk passed through the holes on either side. In this way wound closure is accelerated, and the wound can be dressed and irrigated until ready for suture.

In August, 1915, we commenced to employ Carrel's method of flush irrigation with sodium hypochlorite, and soon found that wounds became healthy more rapidly, and that the risk of gas infection was greatly diminished. In the most favourable cases wounds became sterile in a week or ten days. The adoption of Carrel's method, which soon became a routine with us, produced a remarkable improvement in results all round, and we were able to suture wounds earlier and with greater confidence. Wounds were frequently sutured in the shallower parts quite early, while the Carrel irrigation was continued in the deeper parts.

Whether or no we were actively employed in wound suture (apart from primary suture) depended on the amount of work in hand. In quiet times, whenever it was considered

possible to accelerate convalescence by suture this was done before transferring the patients to England; in busy times secondary suture has to take a back seat.

Within the last six months a far wider field for wound suture has been opened up by a method which in future may considerably modify our views on the treatment of wounds.

I refer to Rutherford Morrison's bismuth and iodoform paste (BIPP), consisting of bismuth subnitrate, one part by weight; iodoform, two parts; and liquid paraffin sufficient to make a paste. By applying this method and carefully following the technique advised by Morrison, the Carrel method of wound flushing can be dispensed with in many cases.

The wound is thoroughly opened up, and all damaged tissues are removed with the knife; the entire wound surface is dried with spirit and thoroughly smeared with BIPP; the wound is then filled with the paste, and closed by suture without drainage. The results that I have seen by this method are so remarkable that I hesitate at the present time to describe illustrative cases, for fear of straining the credulity of my readers.

Prof. Morrison's initial work was carried out on wounds that had reached him from seven to fourteen days after infection, but he has also employed the same method for an acute abscess (*e.g.* acute mammary abscess).

In the Army during the past two months I have watched the results of this method on recent wounds, and in a few cases of acute abscess. This method, so far as my experience goes at present, seems to be well suited to recent wounds, with perhaps the proviso that in recent wounds the amount of paste used must be limited owing to the risk of iodoform poisoning.

More experience is required before speaking with any authority on this point. The very severely wounded should not, at any rate in the early stages, be submitted to the extensive operative treatment required by this method. Hitherto primary suture of wounds has been limited to cases of scalp wounds and other small non-penetrating wounds. It now seems probable that the field for primary suture can be considerably extended with safety by using BIPP, and in this way an immense saving will result, not only in time occupied by surgeons and nurses in dressings, but also in the length of time required to cure the wounded man.

It is not my purpose, in the present article, to write at length on the use of BIPP for wounds, but simply to refer to its use as an aid to early suture of wounds. In the majority of cases there is a moderate initial though transitory rise of temperature, and for the first few days there may be some redness of the skin edges. *Pain disappears as if by magic, almost at once.*

There is no need to dress the wounds so long as the patient is comfortable; the wounds, though discharging serum freely through the sutures, may be left untouched

from the first, except as regards the outer dressings, for weeks at a time, without impeding the progress. An immense amount of labour is thus saved. When the wounds are dressed for the first time the dressings slip off without pain, and the uninitiated surgeon will often be amazed to find the wound practically healed or well on the road to recovery.

"THE ART OF ANÆSTHESIA." *

By H. EDMUND G. BOYLE, M.R.C.S., L.R.C.P., Capt.
R.A.M.C.T.

Anæsthetist and Demonstrator on Anæsthetics to St. Bartholomew's Hospital.

(Continued from p. 62.)

LET us now take a few special operations and consider what is best in each case.

(1) *Dental extraction.*—Here I think that N₂O and O is undoubtedly the best anæsthetic—with a single administration with a Hewitt's apparatus. That is to say, as soon as anæsthesia occurs, the face piece is removed and the dentist permitted to do his work. The time available is a little longer than with nitrous oxide alone and the patient's comfort, both for induction and afterwards, is greater than with nitrous oxide alone. Should the dentist need more time it is quite simple to adjust a nose-piece and give a prolonged nasal administration. There are one or two points about administration for dental work which you must remember. Let the dentist put the mouth-prop in himself, because he knows where he wants it, and it will be cut of his way, and if it is not in the right place he cannot blame you. Be careful in using your gag. Do not break your patients' teeth. It is not necessary, and they do not like it. Do not smother your patients. Put the face-piece on gradually and quietly. And then there is one thing that you must never forget. Never give nitrous oxide to women unless you have someone else present throughout the operation. Occasionally some of these people have curious erotic dreams, and if you have not got a third person as a witness you may find that you are accused of having committed an assault. Such cases have occurred before, and it is as well to be guarded against such unpleasantness.

Phthisis.—It is a moot point whether a short gas and ether does much harm to a patient with phthisis. By that I mean the induction by gas and ether and the change at once to chloroform. However, in the present state of our knowledge it would be better perhaps to give nitrous oxide and oxygen with a Gwathmey or other similar apparatus rather than have recourse to either ether or chloroform.

* Delivered during a course of Demonstrations on Anæsthetics at St. Bartholomew's Hospital.

Notes on War Surgery in France.

This article published in the St Bartholomew's Hospital Journal describes how new techniques were developed to aid the healing of wounds and shorten the recovery period for soldiers. The article states that *'The military situation demands that every effort should be made to shorten the recovery period and to return wounded men to duty in the shortest possible time.'* This highlights how the demands of war directly led to medical advancement.

Image Courtesy of Royal London Hospital Archives.

"OUR WARRIOR NURSES"

Up to the present date, November 22nd, the "London" has sent eighty-seven Nurses to the War Office and the Admiralty—twenty-five of these being "Old workers" who had only recently severed their connection with their Training School, or whom we could guarantee to be efficient and up-to-date in their knowledge of nursing. Sixty-two Sisters and Nurses have been sent direct from the London Hospital, and we expect to send more when we are officially requested to do so. (These figures do not include the multitude of "Old Londoners" who are nursing sick and wounded soldiers in various directions where their services are required).

We have not tried to meet the demands we have received from the many Homes which have sprung up all over the country in connection with Red Cross work. We could not deal with the emergencies in our own Hospital if we attempted to scatter our Nurses in accordance with the demands made for them.

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THE LONDON HOSPITAL GAZETTE

We have received many post-cards and letters from our "Warrior" Nurses, but, unfortunately, they are not at liberty to write much that they would like to tell us and that we are eager to hear. However, we have the great satisfaction of hearing frequently that the various groups of "Londoners" who are together are well, and that they are enjoying their work.

The first to leave with the Expeditionary Field Force were attached to No. 3 General Hospital. They left England for an unknown destination on August 17th, after staying at Preston for five days. Mr. Brown and Mr. Batchelor were on the same boat.

Most of the Nurses who were sent abroad early found themselves moved from place to place very quickly, so that they had hardly begun to nurse patients in one locality before the approach of the enemy made the authorities transfer them rapidly to safer surroundings. On one occasion their retreat was so hurried that they were told they must leave all their belongings and their precious stores behind. We were amused to hear that two of our Nurses could not bring themselves to leave a good supply of eggs which they had just received for the Germans. So, they boiled them all until they were hard, and stuffed all available pockets and receptacles with them. These eggs proved very acceptable to their patients later on.

On October 30th, Nurse Dora Grayson wrote that No. 3 General Hospital had nursed five thousand wounded up to that time, and had, therefore, been very busy on many occasions. Miss McCarthy, R.R.C., Principal Matron of Q.A.I.M.N.S., who had been sent out by the War Office to inspect as many Hospitals as possible, and to arrange for obtaining adequate supplies of Nurses through Miss Becher, R.R.C., Matron-in-Chief, had inspected No. 3 General Hospital and expressed herself as very pleased with the arrangements, which was gratifying to the Nursing Staff.

The Nurses living under canvas at first enjoyed this experience. But, now the reports are to the effect that they are finding it very cold. Some groups of Nurses had a good deal of personal "roughing it" from time to time, but they bore all inconveniences with the cheerfulness we should naturally expect of them.

Nurse Florence Prichard wrote that whilst the Nurses were preparing some patients for removal to England one of them announced that he lived in Whitechapel, and expressed the hope that he might be sent to the "London." "Cos I been there before and knows all about it." He added that "it would be near for the Missus to come and see me." Naturally, it pleased him to discover that his Nurse was a "Londoner."

They write of having had many tetanus cases to take care of, and, although some are reported as

cured, they say that many of these poor men have died in spite of all that could be done for them.

No. 4 General Hospital left London on August 22nd, for a destination unknown, and the Nurses had rough experiences at first. Evidently, when they arrived at Versailles they found a very busy time awaiting them. They write quite enthusiastically of the excellent equipment at the temporary hospital at Versailles. One of our Nurses was on duty at Chautier Station, which many of the wounded from the battle of the Aisne passed through. This station was situated about fifty miles from the front. The worst cases were taken off the trains and kept there to be nursed. Others were fed and their wounds dressed, if possible, before proceeding on their way. Tobacco, cigarettes and such other comforts as could be supplied were given them ere they left.

The dressings were done at the railway station in a curious old shed, with an open front with just a curtain over it. Later on, this Nurse was sent to work at Trianon Hospital, where the equipment proved a pleasant contrast to the rough and ready resources which had to be made the best of when nothing else could be had.

The last letter received from the Nurses at Versailles was dated November 3rd. They were all still very busy, but they were expecting to be moved shortly. They were feeling the intense cold, but said they had plenty of work to do and that they continued well and happy.

The twelve Nurses attached to No. 10 General Hospital left England on August 20th. They worked in various places which they were not at liberty to mention. But, in November, their camp was situated on a Race Course two and a half miles from Rouen. The bell tents were very uncomfortable in wet weather, and it was necessary for them to wear gum boots and mackintoshes to go over to their Mess-tent. They had been very busy there, taking in one thousand four hundred and sixty-six patients within a few days.

The Nurses attached to No. 8 General Hospital left England on August 18th. Beyond the fact that they are well and happy, we have had little news concerning them.

Those Nurses who are fortunate enough to be working on the Hospital-ships seem to have very much enjoyed the busy life that has fallen to their share. There are four "Londoners" on the S.S. *Caribbrook Castle*, and two on the S.S. *St. Andrew*.

These Hospital-ships do much useful work. They can accommodate as many as eight hundred patients, and, apparently, this is the usual number they bring across at a time. The Nurses say that the journey takes about thirty-six hours, and they go to and from Havre, Boulogne and St. Nazaire. When they have disembarked their patients at Southampton they tell us their

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time is fully occupied on the return voyage in preparing dressings and making up the cots to receive fresh patients immediately on their arrival in France. As a rule, the Nurses are proving themselves to be good sailors. They speak well of the comfortable conditions provided for the patients on these boats. The Nurses are kept doing dressings for many consecutive hours as soon as they have their patients comfortably on board.

Miss Muriel Benington, an "Old Londoner," who left us three years ago to join Q.A.R.N.N.S., was one of the nurses on board the ill-fated *Rohilla* when she was wrecked. It was a terrible experience for them all. It appears that, owing to the darkness and to the violent gale which prevailed at the time, the *Rohilla* was driven ten miles out of her course. Nurse spoke with admiration of the courage and calmness of all present during the dreadful time they passed through before they were rescued. It speaks well for those nurses that the desire of them all is to return to work on another Hospital-ship. The Admiralty, after granting them a fortnight's leave to recover from the effects of the shipwreck, considerably thought they would prefer being stationed at home Naval Hospitals after what they had gone through. But, on learning that this was not the case, they kindly promised to arrange matters so that the nurses, whose courage seems to be of the same quality as that of our sailors and soldiers, should be on duty on Hospital-ships again.

Three "Old Londoners"—Nurse Chapman (*née* Maggie Bell), Nurse Meta Stack and Nurse Hilda Wells—went out with the Hospital of which Mr. Soutar was in charge, and won golden opinions for their work in Antwerp. We received a letter from Sergeant Russell, which was also signed by two of his comrades, saying how much they owed to the cheerful fortitude and presence of mind displayed by the nurses under most alarming conditions. I should like to quote a part of his letter:—

"I would like to mention the great coolness of the whole Staff whilst the town was being bombed. We were all shifted from the various wards down to the basement and cellar in about 20 minutes, without the least excitement, our comfort being their (the Nurses') first thought. And then the rush from the doomed town. Late in the afternoon came the good old bus, and we were packed in in no time without any hitch, and after a dreary time of it reached Ghent, and then on to Ostend and England. The last we saw of our kind Doctors and Nurses was shepherding a group of wounded Belgians who had travelled on with us from Antwerp.

While saying good-bye, I had the chance to ask one of our Nurses to write their

names down so that we could remember them to their fellow-workers in the London Hospital, and I hope I am causing you no trouble in asking you to acquaint all who know the undermentioned Nurses that in the last time we saw them they were quite well and hoping to get some more work to do.

Nurses WELLS,
STACK,
CHAPMAN.

The Doctors' names I do not know, but if you could convey our heartfelt thanks to them all for their gallant and unselfish work, you will give great pleasure to the Royal Marines in this Hospital.

Believe us to be,

Yours truly,

(Signed) J. RUSSELL (*Sergeant*),
F. GOWEN (*Motor Driver, R.M.B.*),
A. RESHTON (*Private, R.M.B.*).

Some of our Nurses are working at Aldershot, Netley and other Military Hospitals in England. They have had busy times at intervals, and they have enjoyed these far more than the waiting which has fallen to their lot in between.

The "Londoners" at Haslar have found the long waiting with, comparatively, little to do rather disappointing, although there is much to study and to interest those who are fresh to the experience of working in a Naval Hospital. They are all keeping remarkably well since they have been living in the health-giving surroundings at Haslar. They had the welcome experience of receiving over a thousand wounded Belgians, which made them busy for a time, though, I understand, that a large number of these have now recovered and left that Hospital.

It will be known to many of you that up to the present one thousand one hundred and eighty-four British and Belgian soldiers have been received in our own wards, so that the "Londoners" remaining on duty here are taking a full share in nursing the brave defenders of our country.

I need scarcely add that many Sisters and Nurses who are doing their work faithfully here in their respective posts are equally ready to go to the front if any need for this should arise. But, meantime, their services are invaluable here in meeting the emergencies which the war has entailed upon us. We feel legitimately proud of the excellent work our Sisters and Nurses are doing at home and abroad, and we may be allowed to rejoice in the knowledge that wherever their services may be required they will not be found wanting.

EVA C. E. LÜCKES.

H

"Our Warrior Nurses"

This article from The London Hospital Gazette describes the different types of work nurses from the London Hospital undertook both at home and abroad.

Image Courtesy of Royal London Hospital Archives.

trated, and is one of the reasons for adopting radical methods in the early stages.

It is amazing to read such a statement as that a sinus in connection with a fracture is due to two causes, namely, the presence of dental caries or a sequestrum.

There is an interesting final chapter on the Assessment of the Disablements consequent upon Fracture of the Mandible which would be useful to any Medical Boards who are likely to see this book.

The volume may be stimulating to some, but under such editorship one hoped the English edition would have proved a more readable work.

ARTIFICIAL LIMBS. *By Broca and Duroquet. Edited by R. C. Elmslie. (Military Medical Manuals.)*

One of the effects of the war upon medical science has been an immense amount of specialization along certain lines. Not the least important of these is concerned with the subject of artificial limbs. The little volume under review, translated from the French, is one of the series of Military Medical Manuals, and has, for its *raison d'être* the indication of the general principles underlying the manufacture of prosthetic apparatus.

The subject naturally falls into two parts dealing with upper and lower limbs respectively. The mechanisms for the various amputations are lucidly described and clearly illustrated, and, in the case of the upper limb, the ingenious appliances to enable workmen in special branches such as postmen, packers, plumbers, and brush-makers, to carry out their respective avocations, are particularly well pictured. As to the lower limb, the editor, in his introduction, very pertinently points out that the possibilities of the peg-leg have been neglected in England. This is, in our opinion, a matter of considerable importance. It has always been taken for granted in this country that a sailor or soldier who has lost a limb shall be supplied with a complete artificial substitute rather than, in the case of the lower extremity with a simple peg, irrespective of the patient's social status. To supply a soldier who will return to civil life as a farm-labourer, for example, with an artificial leg instead of the simpler, much more useful, and infinitely cheaper peg, appears to us to be nothing more or less than an expensive concession to sentiment. As the author very rightly says, "Whilst every effort must be made to associate form with function, the latter is bound to take precedence of the former. It is, however, not always easy to impress upon patients, and more especially upon

their protectors, that *form* is for Sundays and holidays, and *function* is for work-days." In this connection, attention is drawn to the potentialities of the convertible peg-leg which have received little attention in this country.

The editor considers that the sole remaining problem in the design of artificial legs would appear to consist in the invention of a knee-mechanism which will sustain weight when flexed. This is, of course, a problem of much importance, but we think that the question of weight is one which is perhaps equally in need of solution. While this latter problem has been overcome by the use of aluminium, and, to some slight extent by using thin wood reinforced by a casing of leather, it must be remembered that the expense of aluminium has rendered it impracticable in the majority of instances. The grant allowed by Government covers the cost of a wooden leg only. A design, both light and cheap, is undoubtedly an urgent need. Correlated to the question of weight there is also that of heat. This is in many cases a very serious matter, particularly in the tropics. Sweating of the stump, with its attendant soreness, is a most disabling occurrence, and one which has so far received no solution.

The book concludes with an excellent chapter on some general principles in the re-education of the disabled, the importance being emphasized of initiating this process as early as possible. To the reader unacquainted with the subject of artificial limbs, this work can be cordially recommended as an elementary text-book.

TREATMENT OF FRACTURES.—Vol. I., FRACTURES INVOLVING JOINTS. *R. Leriche. Edited by F. Burghard, C.B., M.S. pp. 207; 97 illustrations; price 6s.*

In recent medical literature the papers of Lockwood, Swan, Gray, Judd, and Tatlow, among English authors, have emphasized the enormous improvement that has followed the treatment of wounds of joints by immediate operation. Such papers are, however, widely scattered, and will probably not be of easy access to those who are confronted with this type of case in France and England. As such injuries form a large proportion of war wounds, it is essential that all surgeons be acquainted with the more modern methods of treatment. The volume under discussion is not in the ordinary sense of the word a text-book, but is rather a monograph strongly supporting the views of the Lyons School of Surgery, which is based on the work of Ollier, and is a complete work dealing with joint injuries rather than with fractures, for as the author shows,

Book Review: Artificial Limbs

This book review published in The London Hospital Gazette shows the effects of war on medical developments.

Image Courtesy of Royal London Hospital Archives.