CORRESPONDENCE.

MEDICAL STUDENTS AND THE WAR.

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

SIR,—Referring to "Medical Students and the War," in the December JOURNAL, I would submit that the Prime Minister's reply to the Dean is not ambiguous.

For, under Lord Derby's scheme, *all men* within the named age limit have the duty to "offer themselves for service with His Majesty's Forces." The responsibility for their disposal rests with the Department concerned to "star" those considered to be most advantageously employed in non-military duties.

Now, Sir, to make the matter clearer still, a certain body of men, to wit medical students in their first, second, and third years, are *specifically declared "free"* to offer themselves for service with His Majesty's Forces.

The legend over the Medical School reads "What thy hand findeth to do, do it with thy might." If the hand cannot find this duty, its owner is surely ataxic.

I am, Sir,
Your obedient servant,
J. R. R. TRIST,
Capt. R.A.M.C. (S.R.).

111th Field Amb.,
R.A.M.C. Training Centre,
Farnham.

[In the article referred to it was pointed out that so great is the responsibility of the choice to be made that students *should not have been declared "free"* to offer themselves. It was, however, also stated that unless further official instructions were very shortly forthcoming it was every junior student's duty to apply for a commission, but that it was against his duty to enlist in the ranks.—EDITOR.]

EXAMINATIONS, ETC.

ROYAL COLLEGE OF SURGEONS.

The following Members were admitted Fellows, December 9th, 1915:

R. H. Bridge, A. Chance, A. H. Southam, M. G. O'Malley.

NEW ADDRESSES.

CHANDLER, F. G., 12, South Square, Gray's Inn, W.C.
DUNN, P. H., 37, Piccadilly, W.
FOSTER MOORE, R., 91, Harley Street. Tel. Padd. 5557.
GRAHAM, G., 84, Wimpole Street, W. Tel. Padd. 2452.
MERCER, W. B., c/o John Mercer & Sons, 65, George St., Manchester (temporary).
SALE, J. C., Lieut. R.A.M.C., attached 11th Essex Regiment, B.E.F., France.
SHAH, J. M., Lieut., I.M.S., c/o H. S. King & Co., 9, Pall Mall, S.W.

BIRTHS.

DALLY.—On December 13th, at 19, Upper Wimpole Street, W., to Dr. and Mrs. Halls Dally, a son.
DRU DRURY.—On November 28th, at Corfe Castle, Dorset, the wife of Godfrey Dru Drury, M.R.C.S.Eng., L.R.C.P.Lond., of a daughter.
DUNN.—On December 6th, at Beaufort House, Bath, the wife of Lieut. T. W. Newton Dunn, M.D., R.A.M.C., of a son.
FAWKES.—On December 6th, at Biggar Bank, Walney Island, Lancashire, the wife of Surgeon Marmaduke Fawkes, R.N., (attd. R.N.A.S.), of a son—Ayscough.
HARRISON.—On December 20th, at 1, De Montfort Street, Leicester, the wife of Captain Everard Harrison, M.B., B.C.Cantab., R.A.M.C. (T.), of a daughter
LAIDLAW.—On December 3rd, at Hyefield, Uffculme, Devon, the wife of Frank Fortescue Laidlaw, M.R.C.S., of twins (son and daughter).
LITLER-JONES.—On December 12th, at 48, Rodney Street, Liverpool, the wife of Major T. C. Litler-Jones, R.A.M.C., of a son.
STACK.—On December 7th, at "Arvalee," Clifton, Bristol, the wife of E. H. E. Stack, Captain, R.A.M.C. (T.), of a son.

MARRIAGE.

BATT—GELSTON.—On December 13th, at St. Mary's, Ixworth, by the Rev. G. R. Harrison, Vicar, and Canon Wilson, Cathedral, Bury St. Edmunds, John Dorrington Batt, Lieut., R.A.M.C., second son of C. D. Batt, Esq., The Hill, Witney, to Olive Edyth, elder daughter of Dr. and Mrs. J. Seymour Gelston, of Ixworth House, Bury St. Edmunds.

DEATHS.

BOULTER.—On November 26th, at Richmond, Surrey, after a long illness, Harold Baxter Boulter, F.R.C.S., aged 63.
BREWER.—On December 18th, at 7, Victoria Place, Newport, Mon., Reginald E. Wormald Brewer, M.R.C.S., L.R.C.P., aged 65.
DUDLEY.—On December 21st, after a short illness, at 112, Henley Road, Ilford, Samuel Robert Dudley (temp. Capt., R.A.M.C.), aged 54.
GRIFFITH.—On December 14th, at 96, Harley Street, W., Mary Anne (Minnie), the beloved wife of Walter S. A. Griffith, M.D., and youngest daughter of the late T. Kinder, Esq., J.P., of Sandridge Bury, Herts, aged 58.
MARSH.—On November 26th, suddenly, at 7, Abercromby Square, Liverpool, Nicholas Percy Marsh, M.B., M.R.C.S., dearly loved husband of Mabel Cannon Marsh, aged 56.

ACKNOWLEDGMENTS.

The British Journal of Nursing, The Nursing Times, Long Island Medical Journal, New York State Journal of Medicine, The Medical Review, Charing Cross Hospital Gazette, St. Thomas's Hospital Gazette, Guy's Hospital Gazette, The Student, The Hospital, The Middlesex Hospital Journal, London Hospital Gazette, The Sphinx.

NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, *St. Bartholomew's Hospital, Smithfield, E.C.*

The Annual Subscription to the Journal is 5s., including postage. Subscriptions should be sent to the MANAGER, W. E. SARGANT, M.R.C.S., *at the Hospital.*

All communications, financial, or otherwise, relative to Advertisements ONLY, should be addressed to ADVERTISEMENT MANAGER, *the Journal Office, St. Bartholomew's Hospital, E.C. Telephone: City 510.*

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TIMES OF ATTENDANCE OF THE STAFF IN THE WARDS AND OUT-PATIENT DEPARTMENTS.

This Time-table will be Published Quarterly and also whenever there are any Important Alterations.

		Monday.	Tuesday.	Wednesday.	Thursday.	Friday.	Saturday.
Medical Wards	Dr. DRYSDALE (for Sir W. HERRINGHAM)	1.30	1.30	—	1.30	1.30	—
	Dr. TOOTH	1.30	1.30	—	1.30	—	—
	Dr. GARROD	1.30	1.30	—	1.30	1.30	—
	Dr. CALVERT	1.30	1.30	—	1.30	1.30	—
	Dr. MORLEY FLETCHER	1.30	1.30	—	1.30	1.30	—
Medical Out-patients	Dr. DRYSDALE	—	—	10	—	—	—
	Dr. H. S. HARTLEY	10	—	—	—	—	—
	Dr. HORDER	—	—	—	10	—	—
	Dr. LANGDON BROWN	—	10	—	—	10	—
	Dr. THURSFIELD	—	—	—	—	—	10
Surgical Wards (*operation days in heavy type*)	Mr. RAWLING (for Sir A. BOWLBY)	1.30	—	1.30	1.30	**1.30**	—
	Mr. D'ARCY POWER	**1.30**	1.30	—	**1.30**	1.30	—
	Mr. WARING	1.30	**1.30**	1.30	**1.30**	—	—
	Mr. ECCLES	1.30	**1.30**	—	1.30	**1.30**	—
	Mr. BAILEY	1.30	**1.30**	1.30	**1.30**	—	—
Surgical Out-patients	Mr. RAWLING	10	—	—	—	—	—
	Mr. GASK	—	10	—	—	—	—
	Mr. WATSON	—	—	—	—	10	—
	Mr. WILSON	—	—	—	10	—	—
	Mr. BALL	—	—	10	—	—	10
Gynæcological Wards	Dr. GRIFFITH	2	—	2	—	2	—
Diseases of Children	Dr. THURSFIELD	1.30	—	—	—	—	—
	Dr. MORLEY FLETCHER	—	—	1.30	—	—	—
Diseases of Women	Dr. WILLIAMSON	—	—	—	1.30	—	—
	Dr. BARRIS	9	—	—	—	—	—
Orthopædic Department	Mr. ELMSLIE	1.30	—	—	1.30	—	—
Diseases of the Throat and Nose	Mr. HARMER	—	—	—	1.30	—	—
	Mr. ROSE	—	9.30	—	—	—	—
Ophthalmic Department	Mr. JESSOP	—	—	—	—	1.30	—
	Mr. SPICER	1.30	—	—	—	—	—
Aural Department	Mr. WEST	1.30	—	—	1.30	—	—
	Mr. SCOTT	—	—	—	—	9	—
Diseases of the Skin	Dr. ADAMSON	—	9	9	—	9	—
Dental Department	Mr. ACKLAND	—	10	—	—	—	—
	Dr. AUSTEN	—	—	—	—	10	—
	Mr. COLEMAN	—	—	9	—	9	9
	Mr. FAIRBANK	9	9	—	9	—	—
Electrical Department	Dr. CUMBERBATCH	1.30 (males)	1.30 (females and children)	—	1.30 (males) 1.30 (operations)	1.30 (females and children)	—
X-Ray Department	Dr. WALSHAM	9.30 and 1.30	9.30 and 1.30	9.30 —	9.30 and 1.30	9.30 and 1.30	9.30 —
Exercises and Massage Department	—	1.30 (females) 3 (males)	1.30 (males) 1.30 (females)	1.30 (females)	2 (males)	1.30 (females) 2.30 (males)	—

St. Bartholomew's Hospital Journal.

"Æquam memento rebus in arduis
Servare mentem."
—*Horace*, Book ii, Ode iii.

VOL. XXIII.—No. 5.] FEBRUARY 1ST, 1916. [PRICE SIXPENCE.

CALENDAR.

Tues., Feb. 1.—Dr. Calvert and Mr. McAdam Eccles on duty.
Wed., „ 2.—Clinical Lecture (Surgery). Mr. Waring.
Fri., „ 4.—Dr. Morley Fletcher and Mr. Bailey on duty.
Clinical Lecture (Medicine). Dr. Hartley.
Tues., „ 8.—Dr. Drysdale and Mr. Rawling on duty.
Wed., „ 9.—Clinical Lecture (Surgery). Mr. McAdam Eccles.
Fri., „ 11.—Dr. Tooth and Mr. D'Arcy Power on duty.
Clinical Lecture (Medicine). Dr. Hartley.
Tues., „ 15.—Dr. Garrod and Mr. Waring on duty.
Wed., „ 16.—Clinical Lecture (Surgery). Mr. McAdam Eccles.
Fri., „ 18.—Dr. Calvert and Mr. McAdam Eccles on duty.
Clinical Lecture (Medicine). Dr. Morley Fletcher.
Tues., „ 22.—Dr. Morley Fletcher and Mr. Bailey on duty.
Wed., „ 23.—Clinical Lecture (Surgery). Mr. Bailey or Mr. Ball.
Fri., „ 25.—Dr. Drysdale and Mr. Rawling on duty.
Clinical Lecture (Medicine). Dr. Calvert.
Tues., „ 29.—Dr. Tooth and Mr. D'Arcy Power on duty.
Wed., Mar. 1.—Hichens Prize. Applications for Luther Holden Scholarship to be sent in.
Clinical Lecture (Surgery). Mr. Bailey or Mr. Ball.
Fri., „ 3.—Dr. Garrod and Mr. Waring on duty.
Clinical Lecture (Medicine). Dr. Hartley.
Tues., „ 7.—Dr. Calvert and Mr. McAdam Eccles on duty.

EDITORIAL NOTES.

IT is with profound regret that we have this month to record the death of no fewer than three Bart.'s men on the battlefields of France. Lieut. O. G. Maginness, R.A.M.C., succumbed to wounds on date as yet not ascertained. Lieut. W. Frank Thompson, R.A.M.C., was wounded severely in the head and foot on December 28th, and he passed away on January 1st, after having undergone two operations. Second Lieut. F. E. Harger, R.F.A., who was a student at the Hospital during the early part of the war, was killed in action on December 16th. Our deepest sympathy is extended to the bereaved relatives and friends of these gallant officers who were with us so short a time ago.

* * *

We learn with much regret of the death of Dr. Herbert Williams, Medical Officer of the Port of London. He took his M.B. in 1888 and his M.D. in 1890, and was appointed Medical Officer of Health for the Port of London in 1901, since when he has discharged his duties with exceptional ability. He was at one time a Major in the 1st Kent Royal Garrison Artillery Volunteers and acted as Adjutant of the corps during the South African War.

* * *

The King has been graciously pleased to confer the honour of Knighthood upon Mr. Milsome Rees, C.V.O., and to appoint Temporary Surg.-Gen. Sir Anthony Bowlby, K.C., M.S., to be K.C.V.O., and also to appoint Temporary Surg.-Gen. H. D. Rolleston, R.N., to be C.B.

* * *

Dr. Calvert has been elected a Member of the Council of the Royal College of Physicians of London.

Sir Francis Champneys has been elected representative of the College of the Central Midwives' Board.

* * *

Colonel A. E. Garrod, A.M.S., left last month for the Mediterranean, where he has been appointed Consulting Physician to the Expeditionary Forces. On his arrival at Malta a "Bart.'s dinner" was held to welcome him, at which the following were present: J. A. Arkwright, A. B. Burnett, L. T. Burra, A. E. Carsberg, Eric Donaldson, W. D. Edes, R. A. Farrar, A. F. Flower, G. B. Nicholson, G. B. Price, N. F. Rowstron, W. H. Scott, H. H. Serpell, J. S. Williamson.

Colonel Garrod was enthusiastically received, and in reply to his toast made a most excellent and humorous speech on the subject of Zeppelins over London —— [deleted by Censor].

* * *

On December 22nd a presentation was made to Mr. H.

Gilbert Barling, F.R.C.S., Vice-Chancellor of the University of Birmingham, on the occasion of severing his active connection with the Birmingham General Hospital after thirty-six years' service. The presentation took the form of an illuminated address and of his portrait in oil colours, which latter is to be hung in the board room of the Hospital.

* * *

The committee appointed by the Minister of Munitions of War, with the concurrence of the Home Secretary, "to consider and advise on questions of industrial fatigue, hours of labour, and other matters affecting the personal health and physical efficiency of workers in munition factories and workshops," includes Sir George Newman, M.D. (Chairman), and Dr. W. M. Fletcher, M.D., F.R.S. (Sec. of the Medical Research Committee).

* * *

Alderman C. O'Brien Harding has again been elected Mayor of Eastbourne.

* * *

We congratulate Mr. Cecil Christopherson, M.R.C.S., L.R.C.P., who has been placed on the Commission of the Peace for the Borough of Hastings.

THE TYPHUS FEVER EPIDEMIC IN SERBIA, 1915.

By B. WHITCHURCH HOWELL, M.B., B.S., F.R.C.S.

THESE notes, the result of my (somewhat limited) experience as Médecin-chef of the British Red Cross Unit at Vrnjatchka Banja, Serbia, may be of interest, especially to those who have no first-hand knowledge of the disease, and who may in the near future find themselves in Serbia, and come into contact with it themselves.

Typhus exanthematicus is an acute specific fever, highly contagious, and of unknown origin, producing a typical eruption over the whole of the body.

Cause.—Quite recently Topley discovered a Gram-positive diplococcus growing aerobically and quickly degenerating into pleomorphic forms. Some authorities have described an anaerobic bacillus; others have considered it due to an ultra-microscopic filterable organism.

There seems to be no doubt that lice are the carriers of the disease, and perhaps fleas and bugs to a slighter degree.

The Serbs themselves believed in an inhalation theory; it was difficult to get them to give definite scientific reasons to substantiate this.

It was impossible on account of the surgical work of the Unit, and lack of time and accommodation, to carry out any research whatsoever on the pathology of the disease.

The majority of patients treated in this epidemic were Austrians, the rest were Serbians, with a few civilians and English nurses. The mortality was much greater amongst the former, probably owing to the fact that they were *prisoners*, of poor physique, and not accustomed, like the Serbs, to live on "pork and beans."

Admission of patients.—The patients arrived in ox-waggons or on stretchers, and were received into the fever baraques—three modern wood and canvas buildings supported on piles. Each contained about twenty-four beds.

There was no bath-room accommodation, so each patient had to be washed in bed; perhaps this was a good thing, as they arrived in various stages of collapse. It was found essential that the hair of the head and pubic region should be cut short (and in some cases shaved), and then treated with paraffin oil or unguentum hydrargyri. Even then fresh broods of lice constantly made their appearance.

The *incubation period* is about twelve days. As we passed north for Serbia from Salonika, we stopped at Gevgelhi to see the American hospital there. It was here or in the train that the first case of infection amongst our nurses took place, for twelve to fourteen days afterwards she developed a typical attack of typhus fever.

SIGNS AND SYMPTOMS.

The *initial symptoms* were often like those of influenza—aches and pains over the whole body, especially in the back, frontal headache, and *pain behind the eyes.* Deafness was frequently present at the onset, and persisted throughout the disease; it was sometimes very obstinate and remained long after convalescence had been well established, as in the case of one of our nurses, who was deaf for some time after she had returned to work.

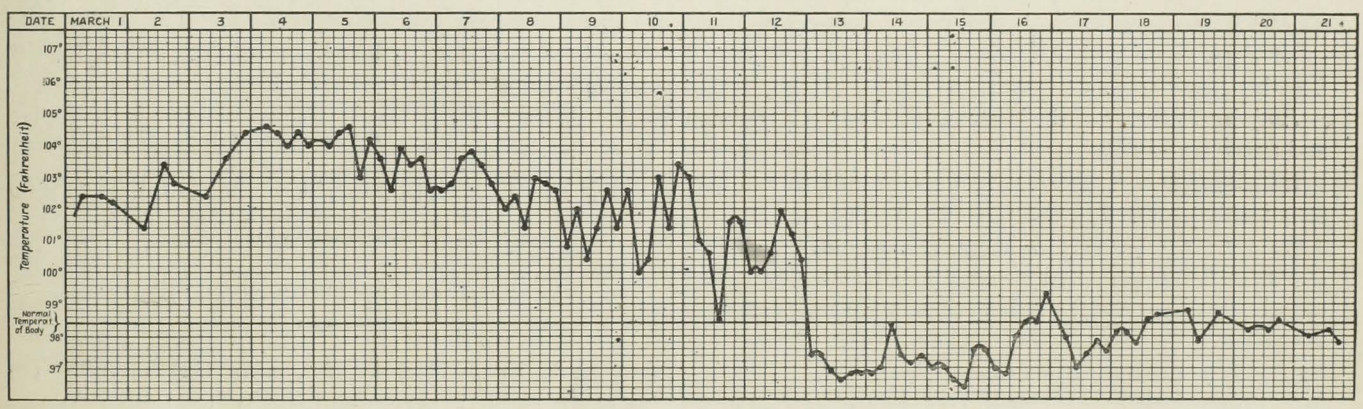
The tongue was furred. Nausea was present, and, in acute cases, vomiting. The patient generally had a rigor, with a rise in temperature to 103°–104° F. The pulse and respiration rate went up in proportion to the fever. As the disease progressed some of us thought the pulse was slowed out of proportion to the temperature. Although I noticed this from time to time, it did not seem to be a general rule. On the other hand, the pulse frequently remained rapid and running after the temperature had fallen to normal. It was very necessary at this point to watch for any sign of collapse.

The face was flushed. The drunken look about the eye was very characteristic, the conjunctivæ being much injected. This was an early sign, beginning just after the onset and before the rash; hence the diagnosis could often be fairly safely made before the appearance of the rash.

The temperature remained up at about 103° F., or in bad cases higher, for about seven to twelve days, sometimes rising

a degree in the late afternoon, and then in the majority of cases fell by *lysis* to normal about the fourteenth day. This fall by lysis is contrary to the usual text-book teaching. It was quite common to have "kicks" on the chart just before or during the lysis, and the temperature frequently remained subnormal for nearly a week afterwards. It was at times impossible to chart the temperature, as it went below 95° F.

Rash.—On an average this appeared on the fifth day, first on the lower half of the chest and upper half of the abdomen, as small, faint, discrete macules. This was implanted on a generalised subcuticular flush. The macules were at first red, and later became slightly raised and purplish in colour, fading on pressure in the early stages. A number of them became regular petechiæ, extravasation of blood taking place. The rash then spread over the whole of the body. On the forehead it was particularly like the eruption of measles. I noticed that it appeared fairly



common on the palms of the hands, a fact not often alluded to in the text-books, generally in the form of faint discrete macules. It seemed to bear no relation to the gravity of the disease. I thought, on the whole, that the more intense the rash the graver the prognosis—generally the "malignant" type of case referred to later. The eruption was fully out within the first week, and tended to disappear by the end of the second, when a very fine desquamation took place.

The rash is very characteristic. I had a case of smallpox, however, which for the first twelve hours I thought was typhus. But at the end of that time the typical *nodular* rash of variola had developed on the face and elsewhere, and the case soon became one of confluent malignant smallpox.

General Progress of the Disease.

Within a day or so of the onset the patient was completely prostrated, and complained bitterly of the intense frontal headache. Epistaxis was often noted. With the appearance of the rash the mental symptoms became more marked, and were generally of two varieties. One was a low muttering delirium, with much muscular weakness; the other, wild and maniacal. The one was difficult to nurse because of his inertia; the other because of his almost superhuman violence. The extraordinary jumble of languages in the violent form of the delirium was very interesting. One Greek doctor whom I saw rang the changes on French, Serbian, Greek, and a little German. At first the delirium was at night only, but as the second week was reached it became continuous day and night, being more marked at night.

The mouth became dry, and sordes appeared on the lips and teeth; the throat was often ulcerated. Later the patient became comatose, and the rectum and bladder were paralysed. It was sometimes necessary to pass a catheter to relieve retention of urine.

In bad cases irregular muscular movements, subsultus tendinum, and coma-vigil were observed. The patient lay unconscious, staring at the ceiling, with jerky movements of the limbs, especially of the hands and fingers, reminding one somewhat of strychnine poisoning. The prognosis in these cases was generally poor; death usually took place at the end of the second week. The temperature fell rapidly (sometimes first rising to a great height), and the pulse became imperceptible and finally stopped. In cases that recovered, the temperature fell by lysis, the patient became more peaceful, and finally regained consciousness. During the fall in temperatnre profuse perspiration generally took place. He soon regained his appetite and complained once again of his deafness. The patient was considered free from infection if his temperature had remained normal for fourteen days. In a month or six weeks he was often at work again.

Complications.

The following were the principal ones: Broncho-pneumonia, otitis media and deafness, parotitis, laryngitis, gangrene, hemiplegia, neuritis, melanuria.

When we first took over the fever barracks pulmonary complications were common, several of the patients dying of a rapid form of *broncho-pneumonia*. Later, as the difficulties in nursing were surmounted, the *infections* of the *parotid*, *middle ear*, and *lungs* became less and less frequent. It seemed to me at one time as if the typhus-pneumonia were contagious, as I had cases, side by side, not in the same stage of the fever, who had had their lungs simultaneously affected.

The *parotid* and *middle ear* were probably secondarily infected through the mouth and pharynx. Deafness was frequently present, and one nurse I had suffered from it for a long time after she was in full work again.

Gangrene was commonest in the more "malignant" type of case. The prognosis was generally hopeless. The rash was intensely hæmorrhagic and confluent in patches, especially over the sacrum and buttocks and heels. Later, gangrene of the feet set in.

I saw one case of *hemiplegia*, in the sister of a Serbian general; it came on suddenly during the disease and lasted some days. The patient recovered from the typhus and from her hemiplegia.

Peripheral neuritis of the lower extremities was a common and annoying sequel.

I had only one case of *melanuria*, in a nurse well over forty; this occurred about the twelfth day, and caused some anxiety, especially as her liver was much enlarged. She rallied, however, and about the sixteenth day it had completely disappeared, and her temperature and pulse were normal.

Mortality and Prognosis.

The mortality was heavier amongst the Austrians (compared with the Serbs) on account of their poorer physique, and the hardships they had endured. The older the the patient the higher the mortality. Violently delirious patients did badly. I thought on the whole the more ntense the rash the graver the prognosis.

Treatment.

This varied only in detail; in general it was, of course, stimulating. Plenty of fresh air, good, plain, easily digested food, *e.g.* milk, egg and meat jellies, custard, Bovril, cornflour pudding, Benger's food, egg-flip, was given. Later, as the patient improved, the diet consisted of coffee, scrambled egg, fruit, chicken, etc.

The alleviation of oral and faucial sepsis was imperative—to avoid such complications as parotitis, otitis media, and laryngitis. Peroxide of hydrogen was chiefly used for this purpose.

The Serbians were not in favour of alcohol; *we*, on the contrary, used it a good deal in half-ounce doses, increasing it steadily as the pulse got weaker, especially about the eighth to twelfth day. The most critical period was during and after the lysis.

Aspirin and phenacetin and caffein citrate were given for the headache; we had no ice.

Digitalis was given by the mouth and hypodermically—we had no digitalin; by the mouth in 20 to 40 minim doses every four hours; subcutaneously in 10 to 20 minim doses. Strychnine also was given hypodermically. I sometimes prescribed ether in 10 to 20 minim doses subcutim in very severe cases, generally alternating with strychnine. The ether piqûre sometimes gave rise to local necrosis of the skin; still this was of small moment, as I am sure the patient occasionally rallied as the result, when all else had failed.

As regards *personal prophylaxis* we wore long linen gowns tightly buttoned over the collar and the wrists, and gum boots or Wellingtons, changed our linen frequently, and made systematic search for lice. Some of us anointed ourselves with paraffin oil or with Vermijelly. We generally fumigated clothes and rooms with sulphur dioxide. The dead were buried as quickly as possible, as they rapidly decomposed.

THE LITTLE THINGS OF MEDICINE AND SURGERY.*

By W. McAdam Eccles, M.S., F.R.C.S.

MR. PRESIDENT, LADIES, AND GENTLEMEN,—To-night I have the temerity to preach you a sermon in the shape of the Mid-Sessional Address before the ancient and honourable Abernethian Society. I take as my text the words of Agur—now more than twenty-five centuries old—"There be four things which are little upon the earth, but they are exceeding wise." Over and over again a little thing has proved to be exceeding wise.

The Profession of Medicine.

Our profession of medicine had humble beginnings, and its foundations though sure were small. I have before me a book entitled *Experimental Philosophy*, in three books, containing New Experiments (Microscopical, Mercurial, Magnetical), by Henry Power, Dr. of Physick, printed close by our Hospital, "at the Bell in S. Paul's Churchyard," in the year 1664, only some 250 years ago, in which a by-gone worthy of a name well known to us in this Society, Henry Power, a Doctor of Physick, discourses on the "little things" of nature. His "Preface to the Ingenious

* The Mid-Sessional Address delivered before the Abernethian Society on January 6th, 1916.

Reader" is delicious. Listen: "Dioptrical Glasses (which are now wrought up to that height and curiosity we see) are but a Modern Invention: Antiquity gives us not the least hint thereof, neither do their Records furnish us with anything that does Antedate our late discoveries of the Telescope or Microscope. The want of which incomparable Artifice made them not onely erre in their fond Cœlestial Hypothesis, and Crystalline wheel-work of the Heavens above us, but also in their nearer Observations of the Minute Bodies, and smallest sort of Creatures about us, which have been by them but sleightly and perfunctorily described, as being the disregarded pieces and hustlement of the Creation; when (alas!) these sons of Sense were not able to see how curiously the minutest things of the world are wrought, and with what eminent signatures of Divine Providence they were inrich'd and embellish'd without our Dioptrical assistance." Thus said our learned writer in his first book on "Microscopical Observations." And what "little thing" has the honour of his initial observation? Could it be otherwise than "the Flea," our old, but ever new companion, the "pulex irritans?" "It seems as big as a little Prawn or Shrimp, with a small head, but in it two fair eyes globular and prominent of the circumference of a spangle, in the midst of which you might (through the diaphanous Cornea) see a round blackish spot which is the pupil or apple of the eye beset round with a greenish glistening circle, which is the Iris, (as vibrissant and glorious as a cat's eye), most admirable to behold. How critical is Nature in all her works! that to so small and contemptible an Animal hath given such an exquisite fabrick of the eye, even to the distinction of parts" (p. 1). Could any modern writer on the microscopic features of the eye of the common flea use more entrancing language?

Our author proceeds to give his Observations on the Bee, the Common Fly, the Gray or Horse Fly, the Butter-fly (!), a Louse—the little white Field-Spider with short legs, the Field-Spider with long legs, another Field-Spider, Mites, and so on. I will venture to quote one short dissertation of his on "The Mites, in Jujubes and Sebestens." (What luscious fruit the sebestens of the seventeenth century represented I am unaware.) "From Jujubes and Sebestens, being long kept, there falls a brownish kind of powder, which being laid upon the Object-plate, you shall discover in it small whitish Mites, very little ones, and all besett with bristles and hairs round over like a Hedgehog, but not of so quick and lively a motion as the other Mites" (p. 19). Think of them ladies, when next you slowly dissolve the hoary jujube, and remember they are "very little ones."

From such small beginnings has sprung our modern "microscopic" knowledge. I am reminded thereby of Pasteur in 1878 at the French Academy of Medicine drawing on the blackboard the minute form of the germ of puerperal fever, and then turning to his audience with the words: "Tenez, voici sa figure!" So little and yet so great, the germ and the man.

The small things of medicine and surgery touch the student, the medical practitioner, the nurse, and last, but not least, the patient. I fancy I have representatives of each class before me to-night, but as I address each separately I trust I may interest all.

The Student.

The medical curriculum is no little thing, at least I have never come across a student who thought it was. And yet, even this big thing is made up of small divisions which constitute one compact whole.

Lectures.—Nearly all of us have listened to lectures in this theatre; some of us have delivered them, and others have been bored by them.

Looking back—as those of us who are beyond that indefinite military age we hear so much about to-day, can do—many years ago when we sat at the feet of our worthy teachers of those days, among them Paget, Savory, Matthews Duncan, Gee, and Marsh, what can we remember of the lectures to which we listened?

I think the prescribed number of lectures, the minimum of which in some cases we attended, has left an indefinite impression upon us which has been invaluable in our general medical education, but of the theme or substance of the lectures, how little are we able to recall?

It is extraordinary, however, how a few "little things" in some of the lectures have remained impressed on our memory. Here are some which I think I shall never forget.

Sir William Savory, who had much of the eloquence of Paget, was Lecturer on Surgery in my student days, but frankly without turning to my note-books all I remember are his scathing remarks about the drainage of wounds, and particularly his dictum: "Do not put a drain pipe in a wound like a chimney pot and expect fluid to run up hill." A trite saying, but a little one among the great ones of surgery.

Mr. Howard Marsh, whose recent death we deplore, was joint Lecturer on Anatomy. Here are two "little ones" of his which savour of the long bow, and remain fixed in my mind.

Illustrating the wonderful journeys of bullets, of which some of us are learning much at the present time, he said: "There is an instance in which a bullet passed between the common carotid artery and the jugular vein without damage to either in spite of the close relationship between the two, which relationship you will see in this specimen"!

Wishing to press home upon us the place the astragalus holds in the malleolar arch, he narrated the following tale: "A man had been into a loft to steal some eggs. Being half-way down the ladder he perceived the farmer in the

distance, and in order to escape detection he jumped the remaining distance to the ground. Alighting forcibly upon the toes of his right foot, the astragalus shot forward through his boot a yard in front of him, and the malleoli coming down on either side of the upper surface of the os calcis passed through the heel of his boot and six inches into the ground, thus fixing him until the arrival of his captor"! A little story, but great in its power of producing a memory retention.

Some of the little things of the preliminary sciences are truly stupendous in their significance.

In *Biology* we are shown an ovum, a "mighty little thing" when we think of the potentialities locked up in this morsel of protoplasm. Here in this egg lie all the beginnings of a Shakespeare or a Kaiser.

In *Chemistry* small changes are the manifestation of unfathomable laws. Have you ever experimented with solutions of mercuric chloride and iodide of potassium? In certain proportions a mixture of the two throws down a heavy precipitate. While a very small excess of either redissolves the cloud. Can any of you explain how or why? A little thing truly, but within it how much is hidden.

In *Physics* such a small circumstance as the fall of the apple from the tree involves the whole of the transcending law of gravitation, and yet how simple the descent seems.

In *Physiology* we are apt to think that the ingestion, digestion, and assimilation of a piece of bread is a very minor every-day matter, but I defy even the most learned physiologist here to-night to explain the whole process.

In *Anatomy*, when I was a demonstrator, I used to urge men to see the little things when dissecting, for they were the difficult ones to remember, and were best fixed on one's memory through visual perception. Let me give you an example. If I were to ask the soaring second year's man —if we have one of these rare birds left—which was the the most important muscle in the body I should expect the prompt answer that it was the heart. Then if I inquired for the second in value, I should, perhaps with some hesitation, be informed that it was the diaphragm. But if I went further and sought for the third in importance, I fancy I might have quite a long pause for a reply, even if I got one at all. Even in the adult this muscle is not more than $\frac{1}{2}$ in. in breadth and $\frac{3}{4}$ in. in depth. It is hidden, and often, I believe, a man becomes qualified without ever having seen it except in a drawing! Withall, so small, it possesses quite a respectable prenomen and cognomen, although the latter is certainly hyphenated. Allow me to introduce to some of you the posterior cricoarytenoid as the third vital muscle, for without it and its fellow inspiration through the abducted vocal cords is impossible, and death may be imminent.

The study of *Medicine* bristles with little things. Two must suffice to illustrate my meaning. The optic disc is but a small area at the fundus, and an evasive one at that. How many a time has the clerk in the ward attempted to fix it with his ophthalmoscopic eye, but once seen it is always seen, and the value of its little surface becomes great in diagnosis.

The occult blood of a duodenal ulcer is a small matter in itself, but accumulatively it is one of the causes of the persistent anæmia from which the patient suffers, and it must not, therefore, be overlooked.

Make a habit of writing prescriptions legibly, particularly the directions. I remember a fine length of City policeman lying in Mark ward, and the house physician of that day had a handwriting which was that of a genius—atrociously bad. Following his almost illegible prescription were the words "*ter die*," but they so much resembled "to die" that the officer glancing at them determined to die at home rather than in hospital!

And what shall I say of the study of *Surgery*? I fear those of you who are good enough to come with me into the wards and operation theatre are too much aware of the small things which obtrude at every turn. I may be permitted to linger over some few of them.

Take a fracture of the bones of the leg. A bleb may form, quite a small thing in itself, but if not treated aseptically it may lead to dangerous infection. Its existence may be wholly unknown to the patient, but should not escape the eye of the dresser. The heel may have its soft tissues compressed between the hard splint and the hard os calcis, and a pressure sore may form. Often is it the patient does not complain until his attention is drawn to it.

Allusion to a fracture leads me to recall the common little mistake of speaking of a long Liston's splint. I have never heard that Liston was a tall man, but the reverse, so it is preferable to say Liston's long splint. The splint is long, not the surgeon, but the splint may easily be fashioned too long, and its upper ends may press against the folds of the axilla. Attention to this small detail may save the patient much needless suffering.

Many of you will remember Mr. Lockwood. One thing I shall always look back upon with the utmost satisfaction in relation to his teaching, and it is that he taught me to observe small, but not thereby unimportant, things. It was so in the dissecting room, and it was so in the wards. He had a horror of the man who tried to pass through life merely as an average man. This was exaggerated, but kept green in one's memory in some lines of doggerel verse written by one whom we have been pleased to see amongst us again recently as a Major from Melbourne:

"Who tries to learn his work by Gray
A helpless, hopeless lump of clay,
The Average Man."

Let me give to you two examples of the observation of small things which tend to show a student's powers therein in a graphic way. A dresser is standing at the end of the

bed of one of his cases, and on being asked how long the patient has been in the hospital ought to be able to answer in a surgical ward even if he has temporarily forgotten without having to refresh his memory by turning to the notes of the case. How? By observing the temperature chart exposed to view. The chart is ruled vertically so as to be available for four weeks. Even if the patient has been in for more than four weeks he ought to be able to say for how much longer period. He will know that there is a four weeks' chart hidden beneath the current chart, so that if there are only the temperatures three days visibly recorded he can readily assert the patient has been warded four weeks and three days. It sounds to the unobservant like Sherlock Holmes, but it is just a little thing of observation.

Here is a specimen from our museum. The most important side of the specimen is that on which the number has been placed, but do not forget there are other sides as well, the opposite, the top, and the bottom. If you observe this specimen you will see it is a cyst. How can we determine the nature of the cyst? The tooth hidden behind the number label is the clue to its identity, but this tooth might be unnoticed unless the bottom of the specimen is observed, and the nature of the cyst—a dentigerous cyst—overlooked. A little matter of observation.

Time will not allow me to venture into the realm of the study of *Obstetrics*, but I record an anecdote of that astute teacher of my student days, Matthews Duncan. He hated the man who was verbose, particularly if he entered into detail which was irrelevant. It is related that in a certain scholarship paper he placed the single question, "What would you do in a case of prolapsed cord which was pulseless?" Some hunters after the prize are said to have delivered up many a closely-written sheet recording their reply. When the meeting of the assessors took place, Duncan remarked: "I would have given full marks to the man who answered that question with the word 'Nothing'!"

Speaking of *examinations* I would like to allude to a few of the "little things" connected with them, things which, although small, are apt to trap the unwary.

(*a*) Read the questions carefully. It is astonishing how frequently a candidate will answer a question which does not appear on the paper. I confess to having done so myself on one occasion, and it was not until I was leaving the examination room that I discovered to my horror the stupidity of my blunder.

(*b*) Answer first the little question, *i. e.*, the one requiring the shortest answer. There is nearly always such a question on the paper.

(*c*) Write legibly. Examiners are but human beings, and become weary when wading through pages of scrawl, and marks are not under these circumstances so readily forthcoming.

(*d*) Paragraph well. The arrangement of paragraphs in your answers with underlining of the important headings is very desirable. I have actually known a candidate commence his reply to a second question on the same line as he finished his answer to the first. This he may have done to show his sense of economy, but paper is provided, and his examination fee was assuredly high enough to warrant his liberal use of the same.

(*e*) Spell properly. Bad spelling generally indicates slovenly reading, or a defective education. Here are two glaring errors constantly recurring in examination papers: venous is spelt *venus* and callus is written *callous*. The omission or the insertion of such a little thing as a "o" just makes all the difference in the real sense.

And here are two others—*asceptic* for aseptic, and *abcess* for abscess.

(*f*) Do not use wrong names. Anatomical terms are frequently mixed, much to the amusement of the examiner and the loss of the candidate. Although sustentaculum tali has somewhat the same sound as receptaculum chyli they cannot be interchanged except with extraordinary result. Fancy a candidate writing: "The receptaculum chyli supports the greater part of the weight of half of the body by the articulation of part of the astragalus with its upper surface," and the candidate scaled nearly 16 st.!

Again, wrong proper names are tacked on to various anatomical structures, such as Pacchionian bodies for Pacinian corpuscles, and to various diseases. And yet again, proper names are wrongly spelt, as when Halsted is written Halstead. It would perhaps, be better if all these proper names were dropped, but if they are still used, let them be employed correctly.

(*g*) Do not use wrong terms. Perhaps two of the most glaring are those when "ligature" is written when "suture" was the right term, and when "aseptic" is confounded with "antiseptic."

Before leaving student life I would venture to urge for more attention to small matters in relation to patients.

In particular, I would desire to pick out the following little things: Learn to walk with a "light and airy tread." Our wards and staircases are excellent places for practice. The heavy-footed, ponderously walking student will rarely make the light-footed, elegantly walking practitioner. I have known of at least one man who lost, or failed to obtain, several patients because his walk was so tremendous that he always made the staircase shake, and usually woke a sleeping patient by his entrance. Rubber heel pads, even on a nurse's boot, are not efficacious if there be an ungainly gait.

Do not needlessly frighten or hurt patients by the use of such words as cancer, tumour, syphilitic, and alcoholic in their hearing; substitute the terms "carcinoma," "neoplasm," "specific," and "C_2H_6O."

Remember to wash your hands just as carefully for an operation before donning rubber gloves as if you were going to operate without gloves. Think rather of the gloves as

a protection for yourself than for the patient, and then should they become torn no harm will accrue to the patient.

Gain the confidence of your patient before and during your examination. This is particularly important with children. If there are two sides still existent, examine the sound side first. This would seem to be a very little point, but it is of the greatest importance in certain cases. Take the instance of disease of the left hip-joint in a child æt. 5. Examination of the right hip first will give the child confidence, will enable you to determine the normal range of movements of the hip in this particular individual, will show the child what movements you want to elicit, and will give you a guide for comparison when you come to move the affected side.

I remember once hearing of a child being taken to an ophthalmic surgeon who proceeded, without any preliminaries, to plant the little patient down on a stool in a darkened room, and to throw a beam of light into its eye. Naturally the child screamed, being scared out of its wits, and the examination was a failure. Another surgeon, probably profiting by the discomfiture of his professional brother, suggested to the mother that the pet "Teddy Bear" should accompany the little patient, and the inanimate plaything was the first to be subjected to the ophthalmoscope, after which his owner considered it a privilege to submit to a similar investigation.

Never examine the abdomen with chilly, much less with cold, hands. I have seen appendicitis diagnosed because the lower part of the right rectus was thrown into contraction reflexly by the iciness of the examining fingers.

THE PRACTITIONER.

It has been said that it is not the degrees of which a practitioner is possessed which causes him to be successful, but the amount of his attention to the details of his patient's case. In the old days of apprenticeship much of the valuable knowledge of how to deal with a sick person in his own dwelling was learnt by the student before he qualified. Now in hospital many a man qualifies without having gained those small things which make up the daily round of the practitioner.

The "bedside manner" may be overdone, but it can be woefully underdone. Probably sympathy is one of the best assets in dealing with the sick, but surely this may be acquired and practised in the hospital, and we need not wait until we go out into our life's work until we show it.

I remember the case of a wealthy man who was literally dying from hepatic deposits of carcinoma secondary to that of the rectum. His friends desired final advice, and the latest "specialist" in rectal diseases was called in. He was a man of little sympathy or tact. He hardly looked at the patient—so obviously was the death sentence written on his features—and his words to the relatives were: "He is dying, no one can save him"; and with this remark he demanded his fee. The friends were unsatisfied; nay, they were shocked.

How different was the behaviour of another surgeon called in next day. He, too, saw that it was clear that the patient had only a short while to live, but he felt the pulse, looked at the tongue, examined the abdomen, although he made no attempt at a rectal examination, which could only distress the patient and give no valuable information. He made suggestions for the relief of minor troubles, such as sanitas in the room to overcome the odour of the discharge, an air-ring for the buttocks, and oysters, of which the patient was fond, as a change in his diet. Then interviewing the friends, he truthfully stated that the end was not far distant, but mentioned that real suffering would not be great, and alluded as it were accidentally to the trifling suggestions he had made. Small things they were, but how much they meant to the patient and relatives. That man did not have to ask for his fee, it was pressed upon him.

You will find—and particularly after the War—that a considerable part of your practice will concern women and children. Many a young practitioner has fallen into disgrace with a young mother because he has not known the date of the eruption of her darling's first tooth! It is a good thing to be wise over these small creatures, the babies. Tell the mothers something about them which they do not know, even if it be only that the pulsation of the anterior fontanelle does not mean that the child's brain is in imminent danger, and by so telling you will gain kudos which will stand you in good stead. Ignore the minor ailments of the infant and you are likely to fall unalterably in the mother's estimation.

May I venture to suggest that every practitioner should pay scrupulous attention to his or her clothing and cleanliness. To be slovenly in dress is a sin in which only the genius can indulge, certainly not the family practitioner of the present day. To be dirty in anything savours of ignorance and neglect, and must engender a lack of respect.

Speaking of cleanliness, but few of you can realise what a vast change asepsis has necessarily wrought in our ideas of what is real cleanliness. Even I can remember the day when a surgeon to this hospital used to have a coat, hanging up in a cupboard in the operation theatre, which he donned each operation day, and which became heavier from material derived from blood vessels and abscess cavities each time it covered his august person, and another surgeon who made a habit of biting off the end of his suture material if it did not easily pass through the eye of the needle!

I trust I shall not appear to descend to very little things if I remind you of two small places in regard to asepsis when preparing for an operation, perhaps the two most septic parts of the body.

In the patient the umbilicus—that small pit teeming with small creatures, and which may be said to be filthy from a surgical point of view in the most cleanly—requires the utmost care in its sterilisation.

In the surgeon, the space beneath the end of the finger nails, where lurks many a germ, which has led to the death of many a patient.

Easily writes the candidate in his examination answer, "the operation is to be carried out with all antiseptic precautions," as if such a formula was the beginning and the end of the matter. Teeming with difficulty often does the practitioner find the carrying out of these precautions, precautions upon which many a life depends.

Punctuality is one of the little things of medical practice which is of great moment. To say you will visit a patient at a certain time, and you arrive half an hour later means, in many cases, that your patient has been worrying for your coming for at least twenty-five minutes, which worry does not tend to help recovery.

To keep a nervous individual waiting five or ten minutes past the hour fixed for an operation is cruel. That five minutes before the time of proceeding to the trial is bad enough, but a conscious five minutes after the hour is almost torture. It is far better to call for the patient five minutes early rather than five minutes late.

Another small point in relation to the preparation of a patient for operation is to administer the aperient the morning before, and not the night before, operation. A distressed night is not desirable just previous to the ordeal of an operation.

The overnight arrangements for, and the orderly carrying out of, the day's work are small matters to some, but they have a considerable bearing upon the amount of strain of practice. It is important that the medical practitioner should conserve his energy, and should take care of his physical frame. To this end the doctor should practise what he preaches, although it is hard frequently to do so. Meals should be as regular and as little hurried as possible. The night's rest is bound to be disturbed by professional calls, but it need not be curtailed by late card-playing. Smoking should be indulged in only in strict moderation and stimulants altogether abandoned. Many a practitioner has unconsciously slipped into immoderate indulgence and therefore finds it hard to pull up. The little beginnings may have stupendous ends.

Little business habits are easily learnt, and are of much value in a professional life. Always reply promptly to letters needing an answer. Always acknowledge the receipt of a report or letter from a brother practitioner, if only by a post-card. I know a very busy St. Bartholomew's man who uses a printed post-card for such acknowledgments, and however pressed he may be it always promptly arrives, but I know many another practitioner who never deigns to send even this acknowledgment, much less a letter.

I once kept a record of the letters and reports which I sent out during a year and of the acknowledgments I received, and I found the latter were only 10 per cent. of the former, a fact which I do not consider is creditable to the politeness of the profession.

Finally, I would urge every young practitioner to join the Medical Defence Union, for one can never tell when the necessity for help from such a Society will come.

The Nurse.

I can remember something of the earlier days of real nursing in this Hospital—a hospital which has been the pioneer in the progress of the education of the trained nurse. I can recall the two worthy creatures who used to preside over the old "Surgery," and whose word in the "Middle Room" was law. One we used to call the "Fairy," because no scale with less than a 16 st. weight would take her light and airy form. The other always went by the name of the "Angel," chiefly on account of the sweetness (?) of her temper. Both were trained observers, and their powers of rapid diagnosis were worthy of emulation. Pediculi capitis —one of the "minor horrors" of the old times and not altogether gone even in this twentieth century—were the "Angel's" *bête noir*, and her method of diagnosis was quite original and can be summed up in the remark she once made to me when I was a dresser, "Why, you can see the hat rising up over them."

The modern nurse is a member of a profession but little less important in the treatment of the sick than our own.

I wonder whether I shall carry the nursing staff with me if I say that the daily round of the life of a nurse is made up of "little things," often tedious to her, but of the greatest moment to her patient.

The ideal nurse is the one who, while she can be trusted in the big things of the sick room, can carry out the details properly and without fussing. Nothing worries a patient so much as a fussy and withal incompetent nurse. Of course, I have not met one of these for many a year, at or from St. Bartholomew's! Not so very long ago a short article appeared in one of our daily papers congratulating the recipient of the gold medal given by the Clothworkers' Company to the "best" nurse at this Hospital. She had just completed the three years' training, and had—the paper said—emerged triumphant from the following tests:

Preparing a Tray for an Invalid.

Her remarks about this little matter were good. "There is an art in arranging a tray. The food needs to be set out with care and with regard to the patient's whims."

I remember once seeing a tray quite well-prepared placed by a rather nervous nurse before a patient exactly in the reverse position to that which it should be. This irritated the querulous patient, and was the final straw which broke the camel's back, and led to the dismissal of the nurse.

Application of a Bandage.

Bandaging is a lost art, except in the hands of a nurse. It is a pity that slovenly methods of bandaging have been common in recent years, and I am glad at least that the little matter of the neat application of a bandage is still considered a worthy one in the nursing curriculum.

Preparation of a Room for Operation.

Apart from the actual nursing of a patient nothing perhaps shows the capabilities of a surgical nurse better than the rapid preparation of a room in a private house for, say, an urgent abdominal operation. I have known some nurses, so-called trained nurses, who have collapsed when this test came. Particularly has this been so in the question of small details. In one instance a nurse insisted on having a carpet up from the floor—certainly a desirable thing—because of the probability of infection therefrom, but failed to be consistent in that she allowed the boiled water to cool in a bedroom jug which had not been sterilised, and which actually stank!

A nurse's life in a patient's room is fraught with minor details. If these are carried out quietly and efficiently the comfort of the patient is greatly enhanced and the chances of a speedy recovery certainly improved. And therein lies the inestimable value of a well-trained resourceful nurse.

THE PATIENT.

Someone has remarked that a student's training is incomplete unless he himself has been a patient. That is very true.

It is difficult for a strong healthy man to put himself in his patient's position unless he has experienced some illness in, or operation on, his own person. The little things when experienced under these trying conditions are of the utmost value. I cannot, of course, wish that you should all be warded during your passage through your curriculum, but if this does not happen, then try the next best thing. Observe your patients carefully by day, get your resident to allow you to accompany him on his night round when on duty, watch the details of nursing by keeping an open eye on Sister and nurse.

I owe much to a Sister, who is no longer with us, for having taught me, while a student, many a small matter for the comfort of the patient, such as the manipulation of a draw-sheet, the proper filling of a water-bed, the giving of an enema. These appear to be little things, but they become important when you go into practice, and your patient demands them from you.

I know of nothing so trying to a patient than the monotony of a long illness, whether this be medical or surgical. Change is not only helpful in maintaining cheerfulness on the part of the patient, but is actually remedial.

Take a case of enteric fever, about which perhaps I have no right to speak, the prolonged milk diet is so tedious. The resourceful practitioner, however, will minimise the sameness by giving, between the actual "food" drinks, others of mild fruit juices, a small cup of coffee, flavoured whey, and clear soups.

Take a case of an open fracture of the femur with suppuration, how tedious becomes the daily dressing, or the continuous irrigation, the immobilisation upon the splint, or the horrid looking forward to the pain on movement. Change the details of the dressing, do it yourself a little more often, shift the tubes, put in two smaller ones when one large one is causing discomfort, massage the limb, just alter the position of pad here and a bandage there, and how much these little things will add to the patient's comfort.

Then, too, the small manœuvre of changing the position of the bed in the room, or, better still, moving the patient into a fresh bed in another room, helps greatly to break the monotony of always seeing the same picture in exactly the same spot on the wall, and observing the same pattern on the paper day in and day out.

I often think that one of the most trying parts of being "warded" are the inevitable noises in a hospital. There is the creak of a particular floor board, the rattle of a certain window, the drip from a tap, the noisy foot-fall of a heedless clerk, each and all more or less terribly irritating. How often patients lie awake just because they cannot go to sleep by reason of that distressing sound which they are sure is going to happen again! Sometimes it is not so much the sound itself as the anticipation of its recurrence which is so annoying. I think it was Carlyle who wrote of the horror of waiting in the sleepless early morn for the next cock-crow. It is just these little things which irritate that the doctor and nurse must see banished.

And now, ladies and gentlemen, I must close, for I have inflicted upon you a longer sermon than any you would listen to elsewhere, and I fear you may have been wearied by the length and littleness of my remarks. But I make no apology for having spoken to you of some of the "little things" in our joint great professions. Few of us are destined to touch the great things of life, but we can all handle the little things which mean so much.

To most of us our environment will consist of the "minor" details, and in our medical life, whether as students, practitioners, or nurses, it is assuredly the little things which tell.

Cervantes it was who said, "There is a time for some things, and a time for all things, a time for great things and a time for small things," Faber who stated that "Exactness in little duties is a wonderful source of cheerfulness," and S. Augustine, who summed up the whole matter in his words:

> "Little things are little things,
> But faithfulness in little things
> Is something great."

NOTES ON A FURTHER CASE OF FEVER DUE TO BACTERIUM COLUMBENSE.

By ERIC C. SPAAR, B.A. (Lond.), L.M.S.

A SINGALESE woman, æt. 30, was admitted into the General Hospital, Colombo, on August 10th last, with a history of fever of seven days' duration and a temperature on admission of 101·4° F. *Râles* of various kinds were audible over the left lung, but there were no signs of consolidation and her other organs were healthy; the spleen was not enlarged. Her temperature rose in the evening to 103·2° F., and continued to be high till the morning of the 21st, when a marked remission was noticed, the thermometer registering 101·8° F. Thereafter the temperature gradually fell and she was free from fever on the 30th instant, that is, on the twenty-eighth day of illness. Her blood was examined for Widal's reaction on the 26th instant, but was found to be negative to *B. typhosus* and paratyphoid A and B. There was a marked agglutination for the *Bacterium columbense*. The blood examined again two days later gave the same reactions and was negative for malaria. Dr. Castellani suggested that I should bacteriologically examine the stools, and this was done from a specimen which was kindly procured for me, and had been collected in a large sterile Petri dish. The stool was plated on McConkie's red agar; numerous red colonies and some white ones developed; several of the whitish colonies which developed were further investigated and a bacterium was isolated, the cultural reactions of which were identical with those of the *B. columbense* kept in stock, in every particular. It may be of advantage to give here a short description of this bacterium which was first isolated by Castellani in 1905* from the stools of a patient whose blood gave repeated negative results for Widal's reaction, and was stated by him to be the cause of one type of continued fever prevalent in the tropics. My description is taken almost *verbatim* from Dr. Castellani's previous papers, as my strain corresponds in every detail to his.

CHARACTERS OF BACTERIUM COLUMBENSE.

It consists of rods 2 to 5 micron in length, resembling the typhoid and paratyphoid bacilli; motile. It is easily stained by the ordinary aniline dyes, but not by Gram.

Cultural characters.—Broth: Abundant growth with diffuse turbidity; after twenty-four to forty-eight hours a delicate pellicle may be present.

Agar: The growth may be typhoid-like, but generally the germ grows more luxuriantly than is the case with that of typhoid.

Gelatine: Growth fairly abundant, medium, not liquefied.

Serum: Nothing characteristic; the medium is not liquefied.

Litmus milk: It may be said that in general it becomes acid at first and alkaline later, and that bleaching of the medium is of very frequent occurrence, but occasionally it is rendered permanently acid. After three weeks the medium, if tubes are capped with rubber caps, may occasionally become thickened, or even real clotting, though of rare occurrence, may take place.

Sugar broths and action on lactose.—Some remarks may be made on the action of the germ on lactose; when freshly isolated from the stools or urine it has generally no action on lactose, but after several transplantations may produce a very slight amount of gas at times. At other times it does not touch it however, the usual technique with Durham tubes being adopted. The experiment has been repeated many times, and all precautions have been taken to avoid mistakes as far as possible. It is remarkable, as stated by Dr. Castellani, that even when gas is produced the medium remains apparently alkaline. It is notable, also, that on McConkie's lactose red agar the colonies are always whitish—never red.

Biological tests.—All strains of *B. columbense* have been repeatedly tested with typhoid serum, paratyphoid A serum, and paratyphoid B serum derived from patients suffering or convalescent from such diseases, as well as from hyper-immunised animals, always with absolutely negative results. The results were negative even when using dilutions of 1 in 20. The strains have been treated also with very powerful paratyphoid A and paratyphoid B sera obtained from the Berne Institute, with the same result, viz., no agglutination whatever has been observed. The absorption tests completely confirmed the agglutination tests. There cannot be any doubt, therefore, that the organism is neither paratyphosus A nor paratyphosus B. The germ has been tested also with various coli and coli-like sera, always with negative results.

Botanical position of the bacterium.—This bacterium is difficult to classify owing to its inconstant action on lactose. As already stated, though all precautions to avoid a mistake have been taken, the conclusion arrived at is that the same strain, while at times a non-lactose fermenter, at other times give rise to very slight production of gas. When it does not ferment lactose its reactions are practically identical with those of *B. paratyphosus* B; when it ferments lactose it is more closely related to *B. coli*. Agglutination and absorption tests clearly show that the germ is a separate species, as it is never agglutinated by paratyphoid A and B sera, even powerful ones, such as those imported from the Berne Institute, nor by any coli and coli-like serum tested. Nor can it be identified with *B. paratyphosus* C of Uhlenhuth, as the latter is culturally identical with the *B. suipestifer*, and in man, at least, is apparently not pathogenic.

* *Journal of the Ceylon Branch of the British Medical Association.*

It cannot, of course, be excluded that *B. columbense* may be identical with one of the so-called paratyphosus D, paracolon bacilli, etc., isolated by certain authors, as we had not in our hands at the Bacteriological Institute the whole series of such germs to enable us to carry out comparative researches; but if any of those interested in the matter should care to make any further investigations I shall be most happy to procure for them one of my strains.

RÉSUMÉ AND CONCLUSION.

I would conclude by remarking that in a Singalese woman suffering from fever, which lasted about three weeks, the blood was found to give a negative agglutination result for *B. typhosus*, *B. paratyphosus B*, and *B. paratyphosus A*, while it gave a strong agglutination for *B. columbense*. From the stools a bacterium was isolated, culturally and biologically, identical with *B. columbense*, Castellani, 1905. This leaves no doubt in my mind that the case was one of "febris columbensis."

ELEMENTARY PSYCHO-THERAPY.

A paper read before the Medical Society of the Connaught Hospital, Aldershot.

By ADOLPHE ABRAHAMS, M.D., M.R.C.P.,
Temporary Captain, R.A.M.C.

IT was, perhaps, unnecessary for me to have employed the adjective "elementary" to remind you that I come to you this evening with no special knowledge or experience of this subject, the importance of which is recognised to a greater or less degree by everybody who practises medicine in any form. But to a number of general practitioners and surgeons it may be not without interest to hear a consideration of a subject which is not an *ex-parte* view from a specialist, but an impression from one who, as a general physician, can describe himself as an elementary student like many of yourselves.

Although greater prominence has been given to psycho-therapeutic study during the last few years, such study, it is hardly necessary to remind you, is older than medicine itself; it is in fact as old as man. All religions have applied it, Roman Catholicism *par excellence;* for, after all, what is the psycho-therapist but the confessor or director of the lay conscience?

Yet, as a result for the most part of his education, the average modern medical man has a tendency to look askance at the idea of disease without lesions of even the slightest degree. We have been educated in a time when diseases which had hitherto not been classified became anatomically and pathologically connected; and the constant contemplation of concrete material in its most complex form has a tendency to prejudice the mind against indulgence in abstract conceptions which might seduce one from the path of practical reality. Medicine and metaphysics seem indeed to be as widely separated as the poles.

The majority of doctors, then, have a tendency to subordinate the disturbances of psychic life to those of the physical, and never to rest content until some initial somatic change has been discovered. They can think only in terms of the physical, and can never be brought to see that an illness may owe its origin solely to some antecedent psychic or moral disturbance, the symptoms being merely a secondary manifestation. Of course we, that is to say, those of us who will refuse point blank to be denied the existence of some physical disease, quarrel *inter nos* as to what that initial somatic change may be. Some of us smile pityingly at the rest of the world which cannot understand why every symptom cannot be explained as a result of oral sepsis; others of us there are who are equally contemptuous of the stupidity which fails to recognise the universal influence of the ductless glands in the excess, deficiency, or perversion of their secretions. Some of us become annoyed because everybody else will not kow-tow to our ideas upon the extraordinary pathological disturbance which a restless, frolicsome kidney may produce. Some of us will never recognise the possibility of any male remaining healthy so long as his cuticular redundancy remains unshorn. Though extravagant the claims, the demand for treatment is comparatively modest in the case of those of us who can never see man or woman unrelieved of tonsils or appendix; more modest than the case of those of us who stretch out hands for the greater part of the human alimentary canal, and who, quite honestly, I believe, imagine that the timid ones who cannot see eye to eye with them are devoid of fundamental knowledge of their profession.

Quite apart from all these obsessions, there will always be two schools of thought, the physical and the psychical; for in many cases no judgment between them is possible when the verdict is influenced solely by the point of view. Take, for example, that familiar phenomenon, the improvement of the dyspeptic chlorotic girl by marriage. To the pure organicist here is obviously the influence of ovarian secretion. To the psycho-therapist it is as clearly the massive diversion of nervous impulses into another channel. A patient complains of pain in the back. To one type of mind aneurysm of the abdominal aorta immediately suggests itself as a possibility. The other type of mind runs through the sequence—flabby *morale*, flabby muscles, unsupported ligaments.

And yet, of course, everybody appreciates the enormous influence of the mind, as we put it, over the body. A pupil can actually be made to dilate and contract by *thinking* of a dark cellar or a blaze of light. I personally do not possess that useful accomplishment, but I have been assured by

several people that they can soon produce a tingling and eventually a sensation of warmth in their cold feet simply by concentrating their attention upon their extremities. Exophthalmic goitre is well known to depend upon some nervous disturbance, and emotional jaundice is a category well recognised even by the most materially disposed clinicians. The influence of Pavlov's work upon recognition of the psychic element in the gastric juice secretion prepares us to believe that emotional disturbance might well be productive of almost any form of dyspepsia.

Just as a person's face blushes because he loses his psycho-vascular control, so he may blush in his lungs and suffer from asthma, or in his stomach with consequent nervous dyspepsia. And the Christian Scientists have claimed on these lines their ability to cure hæmorrhoids by producing a sufficiently powerful effect upon the vascular system of their patient.

Needless to say, the danger of the other extreme is imminent: that the student of psycho-therapy is unduly prone to see nothing but neuroses. His triumph over the surgeon who had wished to perform laminectomy on a hysterical paraplegic, or his cure in three days of a supposed malignant disease of the stomach, is apt to induce a sort of disdainful contempt for organic disease which is certainly fostered by many text-books on the subject, a perusal of which invites the wonder whether there is such a thing as organic disease at all. Psycho-therapy studied without the attendant inhibitory influence of general clinical medicine is only too fascinating to the young physician who can start straight away on a sort of ready-made specialty which does not demand the usual probation of many weary years in a pathological laboratory or in hospital out-patient departments. Psycho-therapy is a specialty right enough, but it will not do to enter its sanctuary with unwashed hands.

It would be manifestly so impossible an undertaking to refer to even a representative number of the symptoms which distinguish the neuropath that I think it best to make no attempt to consider any. Instead, I will deal simply with a few general points, and principally with popular misconceptions. The first and most important and also the commonest error is to describe a patient's sufferings as imaginary. Now the neurasthenic who complains of pain is describing a purely subjective sensation; to say he imagines that he has a pain is as absurd as to say he imagines he feels cold or hungry. His sufferings are real, only instead of their having a peripheral origin they have a central psychic starting point. Call the pain psychogenic if you like, but not imaginary. Nothing annoys a neuropath more than to be confounded with the hypochondriac; and the advice to grin and bear it is not likely to be accepted with unprotesting resignation unless it is presented with accompanying phrases of a mellifluosity to which few of us can attain. Even the patient who screams before she is touched, though her cry is often educed by fear, may actually be feeling a painful sensation which she believes to be distinct and localised, but which is only a mental representation.

(*To be continued.*)

OBITUARY.

HERBERT WILLIAMS.

IT is with profound regret that we announce the death, on January 16th last, of Herbert Williams, M.R.C.S., L.R.C.P., M.D.Lond., D.P.H.Camb.

Dr. Herbert Williams suffered an attack of appendicitis last June. A large abscess was found and drained, but it was impossible at that time to remove the appendix. He was again attacked on January 7th, and a second and more severe operation was performed on January 9th. The patient progressed satisfactorily until the morning of the 16th, when he was seized with an attack of syncope and died in a few minutes.

The son of Mr. Thomas Henry Williams, J.P., the first Mayor of Greater Weymouth, Herbert Williams was born and educated at Weymouth. He entered St. Bartholomew's Hospital in the year 1880.

He served in the ophthalmic wards as a dresser under Messrs. Power and Vernon, and later he was appointed House Physician by Dr. Gee. Outside the hospital he held office as Assistant House Surgeon at the Metropolitan Hospital.

In 1892 he joined the medical staff of the Port of London Sanitary Authority, and in 1901 was appointed Port Medical Officer of Health.

Dr. Williams was thus brought into close touch with the conditions appertaining in the Port of London at the beginning of a new period. In this period the enlightened policy of dealing with shipping on lines based upon a scientific knowledge of disease prevention was put to the test of practical experience. With this policy he became identified, and indeed so intimately that his name is known throughout the world in association with all matters of port sanitary administration. To him came all who wanted information and instruction in regard to public health subjects relating to shipping, for the prevention of the introduction of infectious disease into this country forms only a small part—though an important one—of the duties of the London Port Medical Officer of Health.

When it became indicated that the rat was a carrier of plague, Herbert Williams, with characteristic energy, set up plant for the destruction of rats on board ships, and instituted, in addition, the measures so successfully carried out for the destruction of the rats in the port and for the bacteriological examination of suspected rats.

In order to be able to deal personally with foreigners,

he learnt to speak French, German, Spanish, and Yiddish. He possessed the entire confidence of his committee, the esteem of his staff, and the respect of all those with whom he was brought into official relationship. Stern and inflexible in purpose, he allowed no one to trifle with him in the discharge of his official duties. His probity and uprightness were well known. Naturally kind, considerate, and sympathetic, he could be written of as one who loved his fellow-men. He carried with him a buoyancy of spirits, a keen sense of humour even in trying circumstances, and an enthusiasm for his work which favourably influenced all who came within his sphere of action.

No student has ever been prouder or more mindful of the best interests of his hospital than was Herbert Williams; and it may safely be said that St. Bartholomew's Hospital was proud of this distinguished son.

In addition to his private and professional friends, there are many official friends who will mourn his loss. To his aged father we offer our sincere sympathy.

EXAMINATIONS, ETC.

UNIVERSITY OF CAMBRIDGE.

M.C. Examination.

R. A. Ramsay.

Examinations for M.B., B.C.

First Examination.

October, 1915.

Part I: Chemistry.—B. H. Cole, C. A. Horder, J. Russell.
Part II: Physics.—C. A. Horder, J. V. Sparks.
Part III: Elementary Biology.—F. B. Hobbs, C. A. Horder, J. V. Sparks.

Second Examination.

October, 1915.

Part II: Pharmacology and General Pathology.—H. Chadwick, L. Cunningham, E. A. Fiddian, A. Orr-Ewing, H. B. Jackson.

First Examination.

December, 1915.

Part II: Physics.—J. Russell.
Part III: Elementary Biology.—J. Russell.

Second Examination.

December, 1915.

Part I: Human Anatomy and Physiology.—H. B. Bullen, G. G. Havers.

Third Examination.

December, 1915.

Part I: Surgery and Midwifery.—S. R. Prall, M. K. Robertson, H. W. Scott,* F. H. Young.
Part II: Medicine, etc.—H. W. Hales, S. R. Prall, H. G. E. Williams.

UNIVERSITY OF LONDON.

Second Examination for Medical Degrees.

December, 1915.

Part II: Anatomy, Physiology, and Pharmacology.—G. Day.

UNIVERSITY OF DUBLIN.

At the Winter Commencements held at Trinity College on December 20th, 1915, the following Degrees were conferred:
M.B., B.Ch., B.A.O.—F. W. O'Connor.

CONJOINT BOARD.

First Examination.

January, 1916.

Part IV: Practical Pharmacy.—E. G. P. Bousfield, C. V. Braimbridge, B. Haskins, J. F. Haynes, K. Masson.

* Surgery only.

Second Examination.

January, 1916.

Anatomy and Physiology.—M. V. Boucaud, T. Carlyle, W. B. Christopherson, H. C. Cox, T. G. Evans, J. B. Flamer-Caldera, C. L. Hewer, M. Jackson, A. V. Lopes, G. Millar, W. D. Nicol, R. J. Perkins, B. B. Sharp, N. B. Thomas, A. D. Wall.

APPOINTMENTS.

HAWKINS, A., M.R.C.S., L.R.C.P., appointed Senior R.M.O. to the Royal National Hospital for Consumption, Ventnor, Isle of Wight.
SKELDING, Surgeon-Major H., 1st Beds Yeomanry, B.E.F., appointed Special Surgeon to 24th General Hospital, B.E.F.

NEW ADDRESSES.

BAINBRIDGE, Prof. F. A., 37, Clarence Gate Gardens, Regent's Park, N.W.
BOKENHAM, T. J., New Tel. No., Mayfair 5137.
CLARKE, Capt. COLIN, R.A.M.C., 34, West Street, Bognor.
CLARKE, HUNTLEY, Newham House, Truro.
DUNN, T. W. N., Lady Howard de Walden's Hospital, Moustapha, Egypt.
FERGUSON, J., Hospital Ship "St. Denis," c/o Embarkation Office, Southampton.
FITZGERALD, E. D., 16, Clifton Gardens, Folkestone.
GOSSE, Capt. P. H. G., R.A.M.C., 69th Field Ambulance, B.E.F.
HAWKINS, A., Ventnor Hospital, Isle of Wight.
MAPLES, E. E., The Warren, P.O. Box No. 44, Calabar, S. Nigeria, West Africa.
OXLEY, W. H. F., The Manor House, Poplar.
SKELDING, Surgeon-Major H., 24th General Hospital, B.E.F.
SPEECHLEY, A. J. L., c/o Messrs. T. Cook & Son, Ludgate Circus, E.C.
WHITAKER, F., Montana, Savile Park Road, Halifax.
WINTER, Lieut.-Col. H. E., R.A.M.C., United Service Club, Calcutta.

BIRTHS.

DUNN.—On January 19th, at Monteagle Nursing Home, Harold Road, Upper Norwood, the wife of J. C. S. Dunn, Captain, R.A.M.C. (T.), of a son.
HARRISON.—On December 20th, at 1, De Montfort Street, Leicester, the wife of Captain Everard Harrison, R.A.M.C. (T.), of a daughter.
NEAVE.—On January 23rd, at 24, De Vere Gardens, W., the wife of Sheffield A. Neave, of a son.
POPE.—On January 17th, at 54, Eversfield Place, St. Leonards-on-Sea, the wife of Charles A. W. Pope, M.B., Lieutenant, R.A.M.C., of a daughter.

NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, *St. Bartholomew's Hospital, Smithfield, E.C.*

The Annual Subscription to the Journal is 5s., including postage. Subscriptions should be sent to the MANAGER, W. E. SARGANT, M.R.C.S., *at the Hospital.*

All communications, financial, or otherwise, relative to Advertisements ONLY, should be addressed to ADVERTISEMENT MANAGER, *the Journal Office, St. Bartholomew's Hospital, E.C. Telephone: City 510.*

A Cover for binding (black cloth boards with lettering and King Henry VIII Gateway in gilt) can be obtained (price 1s. post free) from MESSRS. ADLARD & SON AND WEST NEWMAN, *Bartholomew Close. (Temporary offices: 76, Newgate Street, E.C.)* MESSRS. ADLARD & SON AND WEST NEWMAN *have arranged to do the binding, with cut and sprinkled edges, at a cost of 1s. 9d. or carriage paid 2s.—cover included.*

St. Bartholomew's Hospital Journal.

"Æquam memento rebus in arduis
Servare mentem."
—*Horace*, Book ii, Ode iii.

VOL. XXIII.—No. 6.] MARCH 1ST, 1916. [PRICE SIXPENCE.

CALENDAR.

Wed., Mar.	1.	—Hichens Prize. Applications for Luther Holden Scholarship to be sent in.
Fri., ,,	3.	—Dr. Garrod and Mr. Waring on duty.
Tues., ,,	7.	—Dr. Calvert and Mr. McAdam Eccles on duty.
Fri., ,,	10.	—Dr. Morley Fletcher and Mr. Bailey on duty.
Mon., ,,	13.	—Kirkes Scholarship and Gold Medal.
Tues., ,,	14.	—Dr. Drysdale and Mr. Rawling on duty. Harvey Prize. Junior Practical Anatomy.
Wed., ,,	15.	—Senior Practical Anatomy.
Thur., ,,	16.	—Senior Scholarship. Junior Scholarships.
Fri., ,,	17.	—Dr. Tooth and Mr. D'Arcy Power on duty.
Mon., ,,	20.	—Second Exam. for Med. degrees (London) Part II begins.
Tues., ,,	21.	—Dr. Garrod and Mr. Waring on duty.
Thur., ,,	23.	—Second Exam. for Med. degrees (London) Part I begins.
Fri., ,,	24.	—Dr. Calvert and Mr. McAdam Eccles on duty.
Tues., ,,	28.	—Dr. Morley Fletcher and Mr. Bailey on duty. First Exam. Conjoint Board Begins.
Thur., ,,	30.	—Second Exam. Conjoint Board begins.
Fri., ,,	31.	—Dr. Drysdale and Mr. Rawling on duty. **Winter Session ends.** Essays for the Wix and Bentley Prizes to be sent in.
Mon., April	3.	—Cambridge Lent Term ends. Second Exam. of Soc. of Apothecaries begins.
Tues., ,,	4.	—Dr. Tooth and Mr. D'Arcy Power on duty. Final Exam. Conjoint Board (Medicine) begins.
Wed., ,,	5.	—Exam. for D.P.H. (Cambridge) begins. First Exam. of Soc. of Apothecaries begins.
Thur., ,,	6.	—Final Exam. Conjoint Board (Midwifery) begins.
Fri., ,,	7.	—Dr. Garrod and Mr. Waring on duty. Final Exam. Conjoint Board (Surgery) begins.

EDITORIAL NOTES.

IT is with very much regret that we have to record the death of Sir William Turner, K.C.B., F.R.C.S., Principal and Vice-Chancellor of Edinburgh University. He was born in 1832, and was a student at this Hospital some sixty-five years ago. A portrait and obituary of Sir William will be found on another page of this JOURNAL. He leaves three sons and two daughters, to whom we extend our deepest sympathy.

* * *

We learn with much regret of the death of Sir Francis Henry Lovell, Dean of the London School of Tropical Medicine, at the age of 71. He began his life work as Colonial Surgeon of Sierra Leone, 1873–1878. From Sierra Leone he went to become Chief Medical Officer of Mauritius and member of the Legislative Council, 1878–1893; later he was appointed Surgeon-General of Trinidad and Tobago and member of the Executive and Legislative Councils, 1893–1901. He retired from the Colonial Service in this latter year, and in 1903 was appointed Dean of the London School of Tropical Medicine.

Sir Francis was created C.M.G. in 1893 and knighted in 1900. He was a Fellow of the Royal College of Surgeons.

* * *

It is with the utmost regret that we have to record the death of Lieutenant Alfred Noël Garrod, M.R.C.S., R.A.M.C., 100th Field Ambulance, who was killed by a shell in France on January 26th. He received his commission in the R.A.M.C. in July, and went to France on November 13th with the 100th Field Ambulance. He was educated at Marlborough, Cambridge, and St. Bartholomew's Hospital, where he was house surgeon in 1915. He was the eldest son of Dr. A. E. Garrod, Colonel, A.M.S., and Mrs. Garrod, and grandson of Sir Alfred Garrod and Sir Thomas Smith, Bt., K.C.V.O. His second brother, Lieutenant T. M. Garrod, Loyal North Lancashire Regiment, was killed on May 10th.

Our deepest sympathy is extended to Dr. and Mrs. Garrod in this second great blow that has fallen upon them.

* * *

It is with great regret that we have to announce the death of Dr. W. G. Clark, which took place on January 23rd. He was a house-surgeon in this Hospital from October, 1895, to September, 1896, and Resident Midwifery Assistant from October, 1896, to March, 1897. In May, 1897, he was appointed Assistant Demonstrator of Physiology, which post he retained until June, 1899. To his sorrowing relations and friends we offer our deepest sympathy.

* * *

The Council of the University of Sheffield have appointed Dr. Arthur J. Hall (Senior Physician to the Sheffield Royal

Hospital) to the Professorship of Medicine at the University. We extend to him our heartiest congratulations.

* * *

We cordially congratulate Col. H. Hendley, I.M.S., who has been appointed Hon. Surgeon to the King.

* * *

Sir Dyce Duckworth has been elected a "Membre Correspondent étranger" of the Academy of Medicine in Paris. We believe that this is the highest position that a foreigner can reach in that distinguished body, and we heartily congratulate Sir Dyce Duckworth on the honour conferred upon him, and through him upon St. Bartholomew's.

FROM THE FRONT.

NOTES ON THE EXISTENCE OF A REGIMENTAL M.O.

By THE LATE LIEUT. A. NOËL GARROD, R.A.M.C.

I SHOULD not advise anyone with any desire to practise their surgical or medical skill to take on the job of medical officer to a battalion, but from the point of view of seeing the war, understanding military methods and the spirit of the men it is the best post open to a medical man. It is also very refreshing to eat a meal during the course of which the conversation does not turn to some such nauseating topic as diathermy, so reminiscent of cooking, or carcinoma of the rectum. A man must be either very young and zealous, or else very hardened, who can stand the usual hospital meal-time conversation without some slight feeling of nausea. From the medical point of view, it has, however, one great disadvantage in that whenever your men become at all ill you lose them by evacuation to the nearest field ambulance. The field ambulance is not much better off, and hands over anything of any interest to the Casualty Clearing Station (C.C.S.). The only diseases the M.O. is called upon to treat are slight sprains, myalgia, and last, but not least, diarrhœa. Diarrhœa is a very popular army disease, possibly caused by the large quantityof tinned food consumed. It is best countered by what is known in army jargon as a "No. 9." A No. 9 is compounded as follows:- Calomel gr. ij, pil. colycinth co. gr. ij, pil. Rhei co. gr. ij; and as many as three have been said to have been taken without fatal result. The story is, however, legendary. The No. 9 is followed some hours later by a No. 8, compounded of lead and opium, and intended to soothe the outraged bowel. The method is drastic but usually effective, if a cure may be deduced from the victim's absence at the next sick parade. Strains of feet are treated in a highly scientific manner. Attached to my staff, which consists of an invaluable corporal who does all the dressings and detects all the malingerers, and a private secretary who does all the necessary writing, is an expert masseur, who, in private life he informs me, has massaged the feet of the best-known actors of America. This massage performance takes place usually at 9 o'clock in the morning and as, at the present moment, owing to the badness and scarcity of billets, the medical inspection room is also my bedroom, I take great care to be clear by that hour. Such an unusual arrangement has its disadvantages, especially the other day when a man entered the room and vomited twice on the floor in rapid succession. Usually, however, one manages to have two rooms, one for the patients and one for oneself. The masseur is also, at the present moment, busy teaching massage to sixteen men per platoon. All this apparent fuss about massage is really of great importance in the prevention of "Trench Foot," of which so much was seen last winter. Now an arrangement is arrived at by which each man before entering the trenches thoroughly washes his feet and then well rubs in either whale oil, anti-frost-bite grease, or better a mixture of lard and mustard. This process is continued until the feet are quite dry, then dry socks are put on and over the whole, gum-boots reaching well up the thighs are drawn on. This process, if possible, is repeated every twenty-four hours, the greatest importance being paid to keeping the feet dry and warm and to seeing that no constriction of any sort, such as garters, impedes the circulation in the legs. The use of puttees is now, I believe, universally condemned and if they have to be worn should be very lightly rolled.

The corporal who does the dressings is also a most invaluable person. Whenever anything is doing and we hear that there is anything on he buckles on his haversack containing dressings, etc., and we sprint up the road to the scene of the trouble. This, of course, when we are in advanced billets, that is to say within a mile or a mile and a half of the firing line. Periodically we retire to rest some eight or ten miles back, and then there is not much to do except sick parade in the morning, which usually occurs about 6 30 a.m. I have held sick parade at 5 a.m., but that is unpleasantly early. Of course, when the battalion is in the trenches the M.O. lives for that period in the Regimental Aid Post, which is usually situated in a dug-out in a communication trench or in a house just at the end of the communication trench. The wounded are brought down to the R.A.P. by the regimental stretcher-bearers, of whom there are thirty-two to a battalion, and conveyed from the R.A.P. to the advanced dressing station of the field ambulance by the field ambulance bearers, two or three of whom are always kept in readiness in the R.A.P. Very little in the way of surgery is ever attempted in either the R.A.P. or the A.D.S. of the field ambulance. Even at the field ambulance headquarters, usually situated in the nearest town, nothing but amputations are performed; all the major surgery being performed at the Casualty Clearing Station.

Sanitation is, perhaps, the most important work that the M.O. is called upon to perform, and in northern France it

is an extremely difficult task to carry this out efficiently. Earth latrines are practically useless in the winter owing to the ground being so water-logged, and recourse has to be had to the use of biscuit tins, pails, etc., which can be buried, and the free use of chloride of lime will prevent the latrines becoming completely insanitary. The difficulty of securing efficient sanitation is much handicapped by the extremely uncleanly habits of the people, who seem to be under the impression that an odour is essential to bodily welfare. It is hard to keep men cleanly when the local example is so bad.

Billets in these parts are very bad, the people very poor, and the villages near the firing line have all been shelled at one time or another, and the roofs are by no means waterproof. The men, of course, usually sleep in barns on straw, and as one wag wrote home, "Our billets here are more holy than righteous." You cannot expect to keep men healthy if they are perpetually wet, and yet my daily sick report rarely exceeds between 20 and 30 in a battalion, *i. e.* 1070 men, and has fallen as low as 7. Most of these are feet and diarrhœa. A man with flat feet is useless, especially if he knows he has flat feet, a fact which does not seem to be generally recognised. I repeat, if you wish to do medicine or surgery don't be a regimental M.O.; if you want to see life, do.

A CASE OF "GAS GANGRENE."

By Capt. L. B. Cane, M.D., R.A.M.C.

THE following case of emphysematous gangrene is remarkable for complete absence of any wound or apparent point of entry of the infection.

Pte. O—, æt. 22, was admitted from 16th Casualty Clearing Station, Suvla Bay, to H.M. hospital ship "Devanha," on August 29th, 1915, with "pyrexia of uncertain origin."

Condition on admission.—Temp. 103° F. Most prominent symptom, severe diarrhœa. He complained of pain in the epigastrium and was very restless.

History.—In good health until a few days before, when he developed diarrhœa.

Progress.—He continued in this condition in spite of treatment throughout the next two days. Temperature remained high, but diarrhœa became less frequent. He became rapidly emaciated, but was fully conscious. Was treated as a possible case of enteric or dysentery.

September 1st.—Temp. 103·6° F. Pulse 110. Tongue thickly coated and rather dry. Patient drowsy and very weak. Diarrhœa continued. No pain. No blood passed.

September 2nd.—Patient obviously worse. About 7 p.m. he first complained of pain in his right forearm. His medical officer, Lieut. J. W. Grice, R.A.M.C., was called to see him at 11.30 p.m., and reported his condition to me. He had then typical symptoms of gas gangrene in the right hand and forearm.

Col. V. Warren Low, F.R.C.S., Consulting Surgeon to M.E.F., was called in consultation, and with his permission I give the following extracts from his notes of the case:

"First saw patient at midnight with Capt. Cane and Lieut. Grice. Patient appeared very ill, with much fever. Pulse about 150; right radial artery not felt.

"Right forearm and arm was swollen to a point about 2 inches above elbow-joint, where the tissues appeared to be healthy.

"The swollen area was tense, mottled, and distinctly emphysematous. The area above the elbow-joint was dusky in colour, like a superficial bruise, but with a very definite line of demarcation. There did not appear to be any emphysema in the area above the elbow. There were several yellowish blebs on the radial side of the forearm, but nowhere could be found any wound or even abrasion.

"Circular amputation at level of insertion of deltoid. Some frothy serum escaped at one point where the involved area was encroached upon. No blocking of brachial artery. No sutures.

"Patient died about six hours afterwards.

"An incision into the right forearm after amputation liberated definitely frothy serum and bubbles of gas. Not particularly offensive. No pus."

The point of interest in this case is that, unlike other cases of gas gangrene we have met with, there was no wound or abrasion, nor any apparent point of entry of the organisms either in the affected arm or elsewhere.

The most careful examination was made without avail. There was no other case of gas gangrene on the ship at the time, nor did any develop throughout the voyage.

The beds had been, as usual, thoroughly disinfected at the Base, and clean, disinfected blankets and bed-linen supplied there.

There was no blocking of the brachial artery to account for the gangrene, and, except for the above points, it seemed an absolutely typical case of gas gangrene in every respect.

I give these few notes on the chance that others may be meeting similar cases.

THE MEDICAL STUDENT OF THE WAR PERIOD.

IT takes at least five years to train a medical practitioner. Medical practitioners are male and female, but it is questionable whether they can be as yet, or ever, completely interchangeable. Female medical students are increasing in number, and especially so since August, 1914. General practice may in the future of necessity be more open to the female practitioner than in the past, particularly on account of the larger proportion of women and children and old persons for some years

after the termination of the war. Numerous medical posts both institutional and municipal may also be thrown open to women.

Male medical students of the first, second, and third years are a decreasing quantity, and if the war continues for another two years may become extinct for the time being. Every medically fit man of military age must now join His Majesty's Forces, or be specifically exempted or excepted. This means that nearly all the young men who would desire to commence a medical training are thereby debarred from entering a medical school. Such a lack of fresh medical students of the male sex will mean a serious shortage of male medical practitioners five years hence.

Under these circumstances many consider that the time has come when a definite pronouncement should be made, preferably by the President of the General Medical Council, to the effect that young men who are in some special manner unfit physically for military service, but who possess good brain power and whose school record is sound, should be encouraged to enter the medical schools, in May and October of this year.

It would be easy to instance many disabilities that would render military service impossible but would not debar from a highly useful medical career. Certain defects of vision, unilateral deafness, minor cardiac lesions, slight infantile paralysis, some degree of scoliosis, or flatfoot, ankylosis of one of the larger joints, or even imperfect descent of the testis, would in the majority of instances cause rejection for active military service but would offer no real bar to taking a medical training and engaging in most valuable medical practice subsequent to qualification.

SOME NOTES OF STUDENT DAYS IN 1872.

By PERCY DUNN, F.R.C.S.

WHEN some months ago a paper was contributed to the JOURNAL containing a *causerie* upon the Hospital days in 1850, a perusal of it recalled a few memories of the Hospital in 1872 and onwards, during the years in which my student days were passed. In offering to supply the Editor with some notes in relation thereto, he was good enough to reply that he would be "delighted to receive them"; fortified, therefore, by this approval, I have jotted down my recollection of some experiences, incidents, and impressions, which, in the following narrative, speak for themselves, and which, in a sense, continue the account with which the former article deals.

A striking feature noticeable by the students in 1872 was the fine physique of the staff generally, but especially so on the surgical side. The surgeons were all men, with one exception, of commanding height, or proportionately big. The exception was Holmes Coote, then senior surgeon, who, however, was plainly in the evening of his life, and who, as a matter of fact, died before the end of the year. The other surgeons were Holden, Savory, and Callender, and the assistant-surgeons, Tom Smith, Willett, Langton, and Baker. The vacancy created by the death of Holmes Coote was filled by the appointment of Marsh, as junior assistant-surgeon. Here, then, was the beginning of the decline in size, which was soon destined to become greatly accentuated. Marsh was not a small man, but he looked so in comparison with his tall and conspicuous colleagues. The death of Callender in 1879, on board a liner while crossing the Atlantic from America, led to the election of the late Sir Henry Butlin as assistant-surgeon. Butlin in appearance was always a puzzle, and sometimes a snare, to the students in his early days. Apparently fragile in physique, he was noted, too, for a facial youthfulness, curiously out of harmony with his position and his years. As President of the Abernethian Society in 1872, he seemed to be a boy, with a pale, boyish face. Such was the impression his appearance conveyed. But, apart from what he seemed to be, he was always the man; never was there a trace in his manner of any consciousness of the looks which belied him, or of the diminutiveness of his stature. He told me once a good story of himself. While crossing the Square one day, in pursuance of his duties as surgical registrar, he suddenly experienced an arresting concussion effect over his cervico-dorsal spine. This was caused by the hand of an exuberant, powerfully built student. "Well," said his aggressor effusively, "and when are *you* going up for your first college." "Oh," replied Butlin deprecatingly, "I think I shall have a shot next time." In these days it seems curious to recall that the Hospital was not distinguishable for any original workers in the early seventies; original work, as such, was not identified with the name of any member of the staff. But Butlin made use of his opportunities; as surgical registrar he devoted himself to the pathology of tumours, employing his time especially upon their microscopical characters. Upon his work in this direction his early reputation was based. He used to tell that the leisure hours of his honeymoon were employed in cutting sections, of course with the assistance of his wife. Again, the appointment of Sir Lauder Brunton in 1872 as lecturer on materia medica, whose first lecture I heard, secured for the Hospital one whose reputation as an original worker was already universally known. Next, and later, was the appointment of Dr. Klein, as lecturer on physiology, through whose reputation again the Hospital benefited. Much interest was evinced by the staff in the performance of his first lecture. In the topmost gallery of the old anatomical theatre several of the staff popped in for a few moments, apparently just to see how things were proceeding.

The next recruit upon the surgical staff was W. J. Walsham,

He was generally known as "little Walsham." His first appointment was that of demonstrator of anatomy in which he was particularly successful, excelling as a dissector and as a "coach." Students flocked to his private classes. He told me once that he made £300 in his first year as demonstrator from coaching fees. About this time the novel idea came to him of examining the abdominal viscera by means of the rectum. Having a very small hand he coaxed it through the anal sphincter, and his arm being correspondingly small, both were insinuated into the rectum, and so he claimed that he could palpate the kidneys and other organs. An innovation of such degree from a diagnostic standpoint created not a little sensation among the staff, as well as the students. After a due trial, however, the interest in the method dwindled, and soon it ceased. Nevertheless the students turned it to account. One day a student bustled into the old dissecting room and inquired of a friend, "Where is Walsham, have you seen him?" "Yes," was the reply, "the last time I saw him he was up the ——." Well, his hand and arm were, which was not quite the same thing.

In the summer of 1872, a clinical surgical lecture was given by the late Frederick Skey, then one of the consulting surgeons. He was a man of commanding appearance despite his age, but it so happened that the entertainment upon this occasion did not appeal to the students. There was much laughing, interruptions were continuous, it was only at intervals that the lecturer could be heard, but to these disturbances Skey paid but little heed, struggling on to the end. At length he paused—the noise of the students ceased. Afterwards in plaintive tones he said, without a trace of rebuke, "Gentlemen, I have a very bad headache to-day, I am going to ask you to excuse me." That was his last visit to the Hospital. In a few weeks time he was dead. Towards the latter end of his life he came greatly into public notice through the publication of a pamphlet, condemning as harmful the strain to young undergraduates of Oxford and Cambridge demanded by the training for the University Boat Race. Turning to the senior members of the surgical staff, Holden was chiefly noticeable for his popularity. Nevertheless, his clean cut, handsome features, his debonair manner, his perfectly groomed appearance would have made him distinguishable anywhere. As an operator, he was slow, deliberate, and perhaps unattractive. For some reason, he became associated with operations for necrosis—which proved tedious and unilluminative to watch. Savory, on the other hand, could always command a full theatre attendance. But those gory, worn-out frock coats, used by the staff at their operations! These coats were thick with plastered gore, contributed by many generations of patients. Besides their filthy appearance they were embroidered with plaques of dried adipose tissue, and other evidences of matter in a wrong place, and yet, tenderly, and even with some show of affection, they were taken from the cupboard beneath the theatre seats, preparatory to being used for an operation. What became of those tragical landmarks of a past age? Surely they should have been preserved in the Museum as object lessons of septic iniquity, surrounded by the mounted specimens showing the havoc of the septic crimes of which they were guilty. Each of these frock coats could scarcely have been less than a veritable cesspool of sepsis, by means of which the operator became sure of his goal, namely, that of the presence of pus in his operation wounds—without taking into account the proximity of the pathological museum, and the facilities it provided for preserving specimens. Apart from his gifts, Savory possessed a strong and a distinctive personality. It is said that he modelled himself upon the character of the late Sir William Lawrence. This may or may not have been true. But mannerisms in some men are apt to prove curiously attractive to others, and in such cases their adoption by the latter is scarcely a matter of surprise.

Through his examinerships at the College of Surgeons, Savory became widely known among the various medical schools, and the reputation he gained in this regard was not altogether favourable. But it is certain that in his work as an examiner he was often misjudged. He always had a standard which he exacted; when students failed to reach this he might have shown impatience. He was perfectly fair and straight-forward in his questions, though by his manner candidates were apt to be deceived. Here is an instance. A Bart.'s student had been "up" for his second college, and had failed. On the following morning he came to the Hospital and declaimed in no measured terms concerning the wickedness of his rejection, and laid the accusation of this upon Savory. In time, the student's complaint reached Savory. On hearing it he heaved with merriment: "Why," he said, "I was the only one who gave him a good mark." Holden and Cooper Foster were the examiners at one of the tables in the Second Fellowship. To them there came a candidate, flushed, perspiring and looking as if he had had enough of everything, especially surgery. He had just left a table at which Savory presided. Holden noticing the candidate's appearance, turned to Cooper Foster and whispered, "Foster, he seems to have had a Savory meal." The following is a personal incident. In examining me for the Second Fellowship, Savory asked me to ligature the posterior tibial artery. This having been done, I was told to cut the piece of artery out. I did so, and awaited further instructions. "Now open it," he said. Then after a pause he added, "It's all right, its got a 'ole in it." This brings under review the atrophied aspirate, of which upon the staff, Savory was the only representative. I used to think that this feature was with him, more a matter of choice than an inherited proclivity. A trait in Savory's character was that of aiming at personal distinction in everything with which he was connected; an atrophied aspirate

made him distinctive, and it seemed that he preferred not to correct it, merely in order to maintain an ideal—an ideal which in more or less degree contributed to the noteworthyness of his personality. He was far too gifted a man to be insensitive of the inexpediency of exhibiting a dereliction of speech condemned by all educated communities. Moreover, he must have learned, in his study of the art of oratory, that no such dereliction was permissible. He may or may not, however, have considered that an atrophied aspirate usually means the betrayal of the origin of those who practise it. As a matter of fact, this was precisely the effect it produced upon the minds of the students. Weird were the speculations current as to Savory's parentage. Two of these were mostly favoured. One, that he was the son of a lock-keeper at Teddington; the other, that his father used to keep a butcher's shop in Little Britain. And there the matter remained. Savory was what he was. His atrophied aspirate—I never heard him use an hypertrophied one—belonged to him as a distinctive feature, as distinctive of a personal attribute, as was his gift of oratory.

A notable incident in these days occurred in the operating theatre once, of which Savory was the somewhat unhappy cause. He brought for consultation a small child, about 3 years of age, showing a swelling in the middle third of the right thigh. Briefly discussing the case, he expressed the conviction that the swelling was a sarcoma. It happened upon that occasion that Sir James Paget was present, as it was his habit to be, as a consulting surgeon, at irregular intervals. By him a ball was started rolling, namely, nothing less than the fact that the case plainly illustrated the ordinary features of a green stick fracture. Savory flushed, but nevertheless, according to custom, proceeded to appeal to his other colleagues, with the result that one and all reiterated the opinion expressed by Sir James. As soon as this began to become apparent he hurried from one to the other, and by the time that he came to Marsh his patience was exhausted. Marsh was barely allowed to complete his support of the concurrent opinion. The situation became one of some tension in the theatre. How was Savory to meet the exigency of his untenable diagnosis? It was apparent that he was annoyed. No man can complacently "face the music" when the exposure of a fault reduces him to a position of inferiority. At last he stepped forward, and with tremulous lips addressed the students: "Well, gentlemen," he said, "the question only, as you have heard, of diagnosis has been discussed. I presume that the treatment is accepted as a matter of course." And then through the theatre a feeling of relief seemed to pass.

In 1872 there were three students of whom special mention may be made. Two of these had already earned a wide, if not a world wide, reputation, and the third was destined in after years to attain a unique position as an alumnus of St. Bartholomew's. Their names were W. G. Grace, S. D. Darbishire, and Robert Bridges. Grace, with his powerful build, showed himself, nevertheless, as a quiet, unobtrusive, somewhat reticent man. I sat next to him once in a class in the old materia medica theatre. He had a grievance. Having agreed to play in an important match, he afterwards found that the engagement would interfere with his first College examination. Naturally he declined to play. But this refusal was met by threatened legal proceedings, and he added, "I don't care a fig for lawyers' letters; but what I do care about is passing my exam."* How the matter was settled I never heard. Darbishire, owing to his great renown as an Oxford stroke, was always a centre of attraction. I remember him as of medium height, lithe and thin, and by no means suggestive of a powerful physique. Naturally his services were in great request for the Hospital "boat." Guy's at the time was "head of the river," and a wonderful story used to be told of the stupendous efforts of Darbishire upon one occasion to place the Bart.'s boat in the premier position. Dr. Robert Bridges was at this time a senior student, and later became one of the casualty physicians. He recorded his experiences as such in an illuminative article contributed to the Hospital Reports for 1878. There he propounds an amusing rule of three sum. Referring to the multitudinous crowd of out-patients, he writes: "I will leave it to the reader to calculate the rule of three sum—if in thirty-five years 0 patients increase to 190,000, how many will 190,000 have become at the end of the world?" The work of the department required him to see 148 patients daily. These were disposed of at an average rate of 1·28 per minute. The article throws a curious and somewhat lurid light upon the duties devolving upon the casualty physicians. Personally he saw 30,940 patients in the course of a year, and two other casualty physicians were doing the same. How many of those casualty patients are now aware that their borborygmous or other ailments were speedily cured by the future Poet Laureate?

OBITUARY.

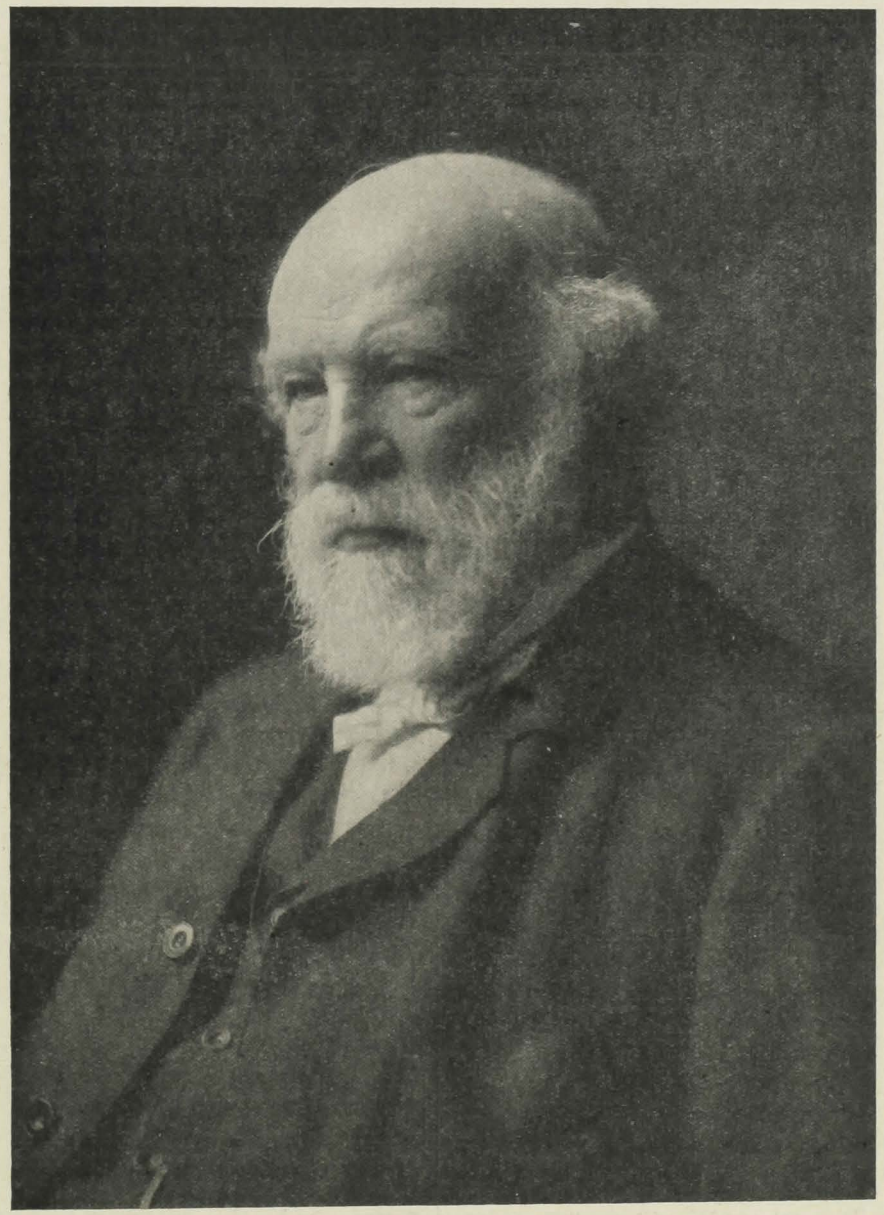
SIR WILLIAM TURNER, K.C.B., F.R.S.

THE death of the venerable Principal and Vice-Chancellor of the University of Edinburgh will not arouse many memories even in the present working staff of St. Bartholomew's Hospital. The Consulting Staff, however, counts two of his pupils in their number, and a warm friend in Sir William Church.

William Turner came up from his native town of Lancaster to our Hospital School in 1849. He must have been prominent as a student, for he early secured the recognition of Paget, who was probably Warden of the College at that time. He took his M.B. degree at the University here in 1857. His excellence as an anatomist

* The College Calendar records that he became M.R.C.S. in 1879.

secured for him a post as Demonstrator of Anatomy to John Goodsir, the Edinburgh professor, one of the greatest of European anatomists. From that date Turner severed his connection with London till 1873, when he represented the University of Edinburgh on the General Medical Council, which maintained his services till he succeeded to its Presidency in 1898.



The late Sir William Turner, K.C.B, F.R.S.

On Goodsir's death he was elected Professor of Anatomy, and taught one of the largest classes in anatomy in Europe with remarkable vigour and acceptance. The success of his professorship was soon manifested by the appointment of his best pupils to various chairs of anatomy in these islands and the Colonies. By degrees he grew into the position of an important personage in Edinburgh, one rarely attained by an Englishman, and was held in high regard as a man of large sympathies and wide outlook. Turner was a great organiser and a financial expert. His output of work was enormous, and this never told upon his powers and vivacity. On the death of Sir William Muir he was at once acknowledged as his successor in the office of Principal of the University, resigning his chair and throwing all his well-trained faculties into academic affairs.

Lister was one of his firmest friends, and they worked together and helped one another. His original work and his reorganisation of the Anatomical Museum in the new buildings of the University led to the reception of many

honours. He was knighted in 1886. Ten Universities conferred honorary degrees upon him. He was a Fellow of the Royal Societies of London and Edinburgh and of numerous British and foreign societies. The Prussian Order of Merit was awarded to him, and in 1901 he was made a K.C.B. Edinburgh conferred the freedom of the City upon him. For many years he was an officer of the University Rifle Volunteers and became their Colonel. In all that he undertook he put his full powers, and was a born leader of men, always enforcing duty and discipline, yet simple, kindly, generous, and ever approachable. Sir William Turner was a great power and a great man. All who knew him loved him. They have lost one of their best and noblest friends. He was in excellent health, with few indications of advancing senility, up to the time of his short fatal illness, at the age of eighty-four years, on the 15th ult. St. Bartholomew's will always be proud to have reckoned him *olim alumnus*. As we mourn the loss of so good a friend, we can only add, "*exstinctus amabitur idem.*"

D. D.

The late Sir William Turner has for so long been the Nestor of British anatomy that his loss will be mourned by all who have the interests and the progress of that science at heart. The width of his outlook and the power of his personality are abundantly shown in the many distinguished offices he was called on to fill, even outwith the life-work in which he was acknowledged so great a master.

An original member of the Anatomical Society of Great Britain and Ireland, he was its second President; from its inception to his death he was one of the Editors of the *Journal of Anatomy and Physiology*.

His long tenure of the Chair of Anatomy in the University of Edinburgh displayed equally his remarkable powers of teaching, research, and organisation. His teaching is a great tradition of studied clarity and eloquent style; his researches on the topography of cerebral convolutions, the comparative anatomy of the placenta, and in craniology, are epoch-making in the history of the science; the organisation of the very large classes under his charge was always magnificently done. His genius for affairs was of inestimable value to the University in the reorganisation of the Medical School, which was completed, largely through his instrumentality, some time before he finally relinquished his Chair to become Principal and Vice-Chancellor.

No achievement in his brilliant career deserves higher praise than the successful way in which he inspired younger men with his own robust enthusiasm and love of work. No Chief could have been more helpful or more devoted to the advancement of his pupils. It is a striking testimony to his loyalty in the latter regard that, at the present moment, no fewer than twenty of them, at home and in the Colonies, are the occupants of University Chairs and Lectureships. This constitutes a record which is surely unique in the annals of academic parenthood in any subject.

A. M.

A BI-CENTENARY CELEBRATION.

WANT of space has prevented us referring earlier to an interesting meeting held in December to celebrate the two hundredth anniversary of the foundation of the firm of Messrs. Allen & Hanbury.

Mr. F. W. Gamble, one of the Directors, in making the presentations, referred to different members of the firm, including, amongst those deceased, William Allen and Daniel Hanbury, both Fellows of the Royal Society. The former, a man of the most strenuous activities and of European renown as a scientist and philanthropist, was the first President of the Pharmaceutical Society on its foundation in 1841; the latter, an indefatigable worker and keen observer, has his name and work commemorated by the Hanbury medal which is awarded periodically to the most distinguished international worker in pharmacognosy. Amongst those living were Mr. Cornelius Hanbury, who will attain next year to his golden jubilee as a partner, and had created an easy record of long and earnest devotion to his responsibilities; Mr. Frederick J. Hanbury, whose work, whether scientific or philanthropic, had been performed in the true spirit of his illustrious predecessors; and Mr. W. Ralph Dodd, whose name was inseparable from the progress made since the incorporation of the Company twenty-two years ago.

Mr. F. J. Hanbury, in his reply, said that when he became associated with the firm all its business—retail, wholesale, and manufacturing—was carried on in two old houses built after the Great Fire of London in Old Plough Court. A year or two later these old houses were pulled down, but the present Lombard Street Offices had been erected on the same site, so work was still being done on the identical spot occupied 200 years ago, although the Company now possessed works, laboratories, branches, and Subsidiary Companies scattered over the world.

Mr. W. Ralph Dodd spoke of the striking growth of the business, and attributed the progress to the exertion and co-operation of everyone on the staff with the management, and to the personal friendliness existing between all. He also referred to the "Allenbury's" system of Infant Feeding which had saved many thousands of lives.

After other speeches the proceedings terminated with a vote of thanks to the Chairman, Mr. F. W. Gamble.

DEATHS.

CLARK.—On January 23rd at Bulawayo, Rhodesia, William Gladstone Clark, M.A.Cantab., F.R.C.S., aged 48 years.

GARROD.—Killed by a shell in France, on January 26th, Alfred Noel Garrod, M.R.C.S., Lieut. R.A.M.C., 100th Field Ambulance, eldest son of Archibald E. Garrod, M.D., F.R.S., Colonel A.M.S., and Mrs. Garrod, of 9, Chandos Street, W., and Wilford Lodge Melton, Suffolk, aged 28.

HEARN.—On July 16th, 1915, in St. Bartholomew's Hospital, as the result of a cycle accident, Richard Stirk Flemying Hearn, M.R.C.S., L.R.C.P., of Southbury Dene, Southbury Road, Enfield, aged 50.

LOVELL.—On January 28th, 1916, at 62, Holmdale Road, West Hampstead, Francis Henry Lovell, Kt., C.M.G., F.R.C.S., LL.D., in his 72nd year.

MILLER.—On February 4th, at Alum Chine Towers, Bournemouth, Frederick Richard Miller, R.A.M.C.T., D.A.D.M.S., of the 60th Division, 3rd Army, son of the late T. Lanfear Miller, late of Cape Town, dearly beloved husband of Effie Miller, aged 50 years.

SAUNDERS.—On February 11th at Staines Lodge, Staines, Frederick Herbert Saunders, M.D., etc., eldest son of the late Lieut. Frederick Saunders, aged 67.

SPICER.—On January 9th, at Durstons, Chard, Somerset, Northcote William Spicer, aged 85.

STONEY.—On November 23rd, 1915, Percy Butler Stoney, M.R.C.S., L.S.A., of Holborn Hill, Millom, Cumberland.

TANDY.—On December 30th, at the Red Cross Hospital, Finsbury Square, while acting as Resident Medical Officer, Barre Latter Tandy, L.R.C.S.I., L.R.C.P.Ed., aged 70.

THOMPSON.—On January 1st, from wounds received in France, Lieutenant W. Frank Thompson, R.A.M.C., of The Leys School, Cambridge, and St. Bartholomew's Hospital, dearly loved elder son of Mr. and Mrs. W. W. Thompson, of 3, The Avenue, Brondesbury, aged 28.

TURNER.—On February 15th, 1916, at 6, Eton Terrace, Edinburgh, after a short illness, Sir William Turner, K.C.B., F.R.S., Principal and Vice-Chancellor of the University of Edinburgh, in his 85th year.

Published with 'St. Bartholomew's Hospital Journal,' March, 1916.

St. Bartholomew's and the War.

SUPPLEMENTARY LIST, No. 2.

The following supplementary list, made up to February 16th, 1916, of those connected with the Hospital and Medical School who are serving in the Navy, Army, and Territorial Force in the present crisis will, it is felt, be welcomed both by all old St. Bartholomew's men and by present students. Great care has been taken to make it as accurate and complete as possible, but the Editor will be glad to hear of any errors or omissions.

This List brings the total number of those serving to more than 1600.

Roll of Honour.

Killed.

Capt. B. M. Hughes, 1/4 Norfolk Regt.
Lt. E. H. P. Brunton, R.A.M.C., attd. 4th Battn. Grenadier Guards.
Lt. A. N. Garrod, R.A.M.C., attd. 100th Field Ambulance.
Lt. G. F. Juckes, 6th Rifle Brigade.
2nd Lt. F. E. Harger, Royal Field Artillery.

Died of Wounds.

Capt. A. W. Scott-Skirving, 5th Royal Irish Fusiliers.
Lt. O. G. Maginness, R.A.M.C.
Lt. J. M. M. Marshall, 1/4 Battn. The Essex Regt.
Lt. W. Frank Thompson, R.A.M.C.
2nd Lt. C. Douglass-James, S. Staffs Regt.
2nd Lt. J. Gay, Royal Flying Corps.

Died.

Capt. G. W. Buxton, R.A.M.C., attd. 2nd S. Midland Mtd. Brig. F.A.
Capt. J. F. Fairley, R.A.M.C.
Lt. S. R. Dudley, R.A.M.C.
Miss Buckingham, Matron, 2nd Birmingham War Hospital.

Wounded.

Lt.-Col. R. M. West, R.A.M.C.T., 2nd N. Midland Field Ambulance.
Maj. C. H. Turner, R.A.M.C.
Capt. W. C. Spackman, I.M.S., attd. 48th Pioneers.
Capt. O. Teichmann, R.A.M.C.T., attd. Worcester Yeomanry.
Capt. J. R. R. Trist, R.A.M.C., attd. 2nd York & Lancaster Regt.
Lt. D. D. R. Dale, 4th Essex Regt.
Lt. T. E. Hammond, R.A.M.C.
Lt. E. G. D. Milsom, R.A.M.C., attd. 7th Gloucester Regt., Med. Exp. Force.
Lt. N. A. Scott, R.A.M.C.
Lt. D. H. Wippell, 10th Yorkshire Regt.

Wounded and Prisoner of War.

2nd Lt. D. J. Cowan.

Mentioned in Despatches

By Sir John French, November 30th, 1915, for gallant and distinguished service in the field in France.

Staff.

Col. O. R. A. Julian, C.M.G., R.A.M.C.

A.M.S.

Surg.-Gen. F. H. Treherne (3rd time). } General Headquarters Staff.
Col. W. H. Starr (2nd time) } General Headquarters Staff.
Capt. J. J. H. Beckton } General Headquarters Staff.

R.A.M.C.

Lt.-Col. J. E. Brogden.
Lt.-Col. C. W. Mainprise.
Lt.-Col. A. O. B. Wroughton.
Maj. A. A. Meaden (2nd time).
Maj. R. Storrs.
Maj. C. H. Turner (2nd time).
Capt. D. C. G. Ballingall.
Capt. (temporary) W. S. Danks.
Capt. (temporary) M. Donaldson.
Capt. (temporary) S. Gurney-Dixon.
Capt. (temporary) F. L. Nash-Wortham.
Capt. (temporary) J. E. H. Roberts.
Late Lt. (temporary) P. W. James (3rd time).
Lt. (temporary) O. Maginness (killed).
Lt. (temporary) C. A. Smallhorn.

R.A.M.C., T.

Lt.-Col. R. Pickard.
Lt.-Col. (temp. Hon., R.A.M.C.) C. Gordon Watson.
Maj. H. L. de Legh.
Maj. A. D. Ducat.
Surg.-Maj. E. G. Stocker.
Capt. D. M. Johnston.
Capt. A. W. Nuthall.
Capt. R. M. Vick.

I.M.S.

Maj. H. Boulton (2nd time).
Maj. G. Browse.
Maj. H. M. Cruddas.
Maj. W. W. Jeudwine.

Nursing Service.

Miss A. Beadsmore-Smith, R.R.C., Q.A.I.M.N.S. (3rd time).
Miss E. E. Appleton } Civil Hospital Reserve.
Miss A. C. Binnian } Civil Hospital Reserve.
Miss H. L. Brakefield } Civil Hospital Reserve.
Miss E. V. Gascoyne } Civil Hospital Reserve.
Miss S. A. Jarvis } Civil Hospital Reserve.
Miss K. Latham } Civil Hospital Reserve.
Miss E. Ward } Civil Hospital Reserve.
Miss A. M. Bailey, Duchess of Westminster Red Cross Hospital.
Miss M. A. Caine, Q.A.I.M.N.S.R.
Miss E. Willoughby, Q.A.I.M.N.S.R.

By Sir Ian Hamilton from Gallipoli.

Lt.-Col. W. R. Pearless, N.Z.A.M.C.
Maj. W. R. Battye, I.M.S.
Maj. J. Corbin, A.A.M.C.
Maj. (temporary) B. M. Hughes (killed).
Maj. H. A. Powell, A.A.M.C.
Capt. T. J. C. Evans, I.M.S.
Capt. H. E Quick, R.A.M.C.T.
Capt. L. St. V. Welch, A.A.M.C.

By Maj.-Gen. Melliss from Persian Gulf Expedition.

Maj. L. Cook, I.M.S.
Capt. H. E. Stanger Leathes, I.M.S.
Capt. E. B. Allnutt, R.A.M.C.

Promotions and Decorations for Field Service following Despatches.

K.C.V.O.

Surg.-Gen. (temporary) Sir Anthony A. Bowlby, A.M.S.

C.B.

Surg.-Gen. (temporary) H. D. Rolleston, R.N.
Lt.-Col. W. W. Giblin, A.A.M.C.

C.M.G.

Lt.-Col. R. Pickard, R.A.M.C.T.
Lt.-Col. (temporary Hon.) C. Gordon Watson, R.A.M.C.
Maj. H. M. Cruddas, I.M.S.
Maj. W. W. Jeudwine, I.M.S.

D.S.O.

Maj. W. R. Battye, I.M.S.
Maj. R. W. Knox, I.M.S.
Maj. A. A. Meaden, R.A.M.C.
Maj. C. H. Turner, R.A.M.C.
Surg. B. A. Playne, R.N.

Military Cross.

Capt. E. B. Allnutt, R.A.M.C.
Capt. D. C. G. Ballingall. R.A.M.C.
Capt. T. M. Miller, R.A.M.C. (S.R.)

Territorial Decoration.

Lt.-Col. W. P. Peake, R.A.M.C.T.

Bt. Lt.-Col.

Maj. H. Boulton, I.M.S.
Maj. G. Browse, I.M.S.

ROLL OF HONOUR—*continued.*

LEGION OF HONOUR (*Croix de Chevalier*).
Maj. W. R. BATTYE, I.M.S.

ROYAL RED CROSS (1ST CLASS).
Miss R. COX-DAVIS (Principal Matron, 1st London General Hospital).
Miss E. HOLDEN (Matron, 3rd London General Hospital).
Miss E. M. MUSSON (Principal Matron, 1st Southern General Hospital).
Miss M. S. RIDDELL (Matron, 2nd London General Hospital).

ROYAL RED CROSS (2ND CLASS).
Miss A. C. BINNIAN } Civil Hospital
Miss K. LATHAM } Reserve.

PRINCIPAL MATRON.
Miss A. BEADSMORE-SMITH, R.R.C. (Matron) Q.A.I.M.N.S.

ROYAL NAVAL MEDICAL SERVICE.

TEMPORARY SURGEONS.

COURTIS, A. O., M.R.C.S., L.R.C.P.
GIBSON, T. S., D.P.H.Cantab., M.R.C.S., L.R.C.P.
HORNABROOK, R. W., M.B., B.S.Adelaide, M.R.C.S., L.R.C.P.
KINDERSLEY, C. E., M.R.C.S., L.R.C.P.
MORGAN, R. G., M.R.C.S., L.R.C.P.
SCOTT, M. B., F.R.C.S.Edin.
WILDE, A. N., M.R.C.S., L.R.C.P.

LIEUTENANT, R.N.V.R.

AUSTEN, H., M.D.Lond., L.D.S.

SURGEON PROBATIONERS, R.N.V.R.

HERINGTON, C. E. E.
PRIDHAM, H. L.

Hospital Ship "Glengorm Castle."
Major (formerly Col. Indian Army) G. F. ROWCROFT, M.R.C.S., L.R.C.P., I.M.S.

Hospital Ship "Massilia."
Lt. A. L. SAUNDERS, M.R.C.S., L.R.C.P.

Hospital Ship "St. Denis."
Lt. J. FERGUSON, M.B., B.S.Lond.

Monitor No. 28.
Surg. R. E. R. BURN, M.R.C.S., L.R.C.P.

ROYAL NAVAL AIR SERVICE.

Surg. M. FAWKES, M.B., B.S.Lond., R.N.
Flight Sub.-Lt. I. DE B. DALY.

ROYAL NAVAL AUXILIARY SICK BERTH RESERVE.

LEITCH, I. N.
WELLS, A. Q.

ARMY MEDICAL SERVICE.

ASSISTANT DIRECTORS OF MEDICAL SERVICES.

Col. F. W. HARDY, M.B., B.C., D.P.H.Cantab.
Col. H. S. THURSTON, M.R.C.S., L.R.C.P.
Lt.-Col. C. AVERILL (V.D.), M.D., B.Sc., D.P.H.
Lt.-Col. H. E. WINTER, M.R.C.S., L.R.C.P. (Presidency Brigade).

DEPUTY ASSISTANT DIRECTORS OF MEDICAL SERVICES.

Major E. H. MYDDELTON-GAVEY, M.R.C.S., L.S.A. (2nd Central Army).
Capt. C. H. GREGORY, M.D.Cantab. (Home Counties Division).

TEMPORARY COLONEL.

A. E. GARROD, M.D.Oxon., F.R.C.P. (Consulting Physician to H.M. Forces in Malta).

ROYAL ARMY MEDICAL CORPS.

TEMPORARY LIEUTENANT-COLONELS.

LEGG, T. P., M.S.Lond., F.R.C.S.
MORRIS, R. J., M.D.Durh., M.R.C.P.
MYERS, C. S., M.D.Cantab., F.R.S.
WRIGHT, A., M.R.C.S., L.R.C.P.Edin. (local). whilst senior M.O. Cape Town.

TEMPORARY MAJOR.

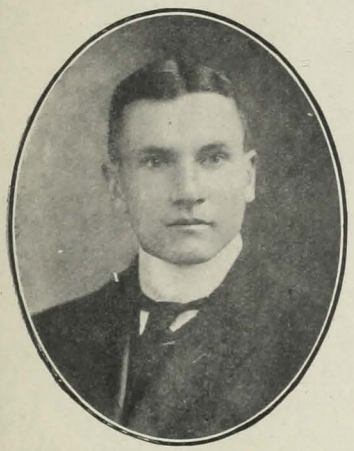
FARRAR, R. A., M.D.Oxon.

TEMPORARY CAPTAINS.

ARKWRIGHT, J. A., M.D.Cantab., M.R.C.P.
BAINBRIDGE, Professor F. A., M.D., D.P.H. Cantab., F.R.C.P.
BURFIELD, J., M.B., B.S.Lond., F.R.C.S.
CONNOLLY, J. H., M.D.Edin., F.R.C.S.
CURREY, E. F. N., M.R.C.S., L.R.C.P.
DAVIES, S. T., M.R.C.S., L.R.C.P.
DOBSON, E. L., M.B., B.C.Cantab.
DOUGLASS, W. C., M.R.C.S., L.R.C.P.
EDDISON, F. R., M.R.C.S., L.R.C.P.
EVANS, EVAN, M.R.C.S., L.R.C.P.
GILLIES, H. D., F.R.C.S. (Aldershot Command).
GRAHAM, G., M.D.Cantab., M.R.C.P. (Assistant to Dr. Garrod at Malta).
HUTCHENS, H. J., D.S.O., D.P.H.Oxon.
LE BROCQ, C. N., M.D.Cantab.
MCFALL, J. E. W., M.D., D.P.H.Liverp.
PRINGLE, E. G., M.D.Lond.
RECKLESS, P. A., F.R.C.S.
ROWE, R. M., M.D.Edin., F.R.C.S.
SCOTT, H. H., M.D.Lond.
SMITH, J. A., M.D.Lond.
WOOLLRIGHT, A. P., L.M.S.S.A.

TEMPORARY LIEUTENANTS.

ADAM, G., M.R.C.S., L.R.C.P.
ALDRIDGE, A. H., M.R.C.S., L.R.C.P.
ALMOND, G. H-H., M.B., B.Ch.Oxon.
ANDERSON, A. J., M.B.Oxon., D.P.H.Cantab.
BARBER, A., M.B., B.S., D.P.H.Lond.
BATES, T., M.B., B.S.Lond., F.R.C.S.
BATT, B. E. A., M.B., B.Ch.Oxon.
BAYNES, H. G., M.B., B.C.Cantab.
BERRY, H. S., B.C.Cantab., M.R.C.S., L.R.C.P.
BINNS, J. B., M.R.C.S., L.R.C.P.
BISHOP, F. M., M.R.C.S., L.R.C.P.
BLOXSOME, H. E., M.R.C.S., L.R.C.P.
BODY, T. M., M.R.C.S., L.R.C.P.
BOWER, H. J., M.R.C.S., L.R.C.P.
BREMRIDGE, R. H., M.B., B.Ch.Oxon.
BREWITT-TAYLOR, R., M.B., B.S.Lond.
BRIGSTOCKE, P. W., M.B.Lond.
BRISCOE, J. R., M.B., B.C.Cantab.
BROWN, A. B., M.R.C.S., L.R.C.P.
BROWN, F. N., M.R.C.S., L.R.C.P.
BROOK, T. S., M.R.C.S., L.R.C.P.
BULLAR, J. F., M.B.Cantab., F.R.C.S.
BURNETT, L. B., M.B., B.C.Cantab.
BURRA, L. T., M.D.Oxon.
CLEMINSON, F. J., M.C., F.R.C.S.
COGHLAN, M., M.B., B.Ch.R.U.I.
CROPPER, J., M.D.Cantab.
CUNNINGHAM, A. J. W., M.B., B.C.Cantab.
CUNNINGTON, E. C., M.R.C.S., L.R.C.P.
CURGENVEN, J. S., M.R.C.S., L.R.C.P.
DAVIES, J. K., M.R.C.S., L.R.C.P.
DAVIES, J. Ll., M.R.C.S., L.R.C.P.
DERRY, D. H., M.R.C.S., L.R.C.P.
DOBSON, J. R. B., M.B., B.S.Lond.
DOTTRIDGE, C. A., M.B., B.C.Cantab.
DUDLEY, S. R., L.M.S.S.A. (died from disease).
DUNCAN, E. H. G., L.R.C.S., L.R.C.P.Edin.
EAST, G. D., M.B., B.C.Cantab.
EDMOND, W. S., F.R.C.S.
ELLISON, H. H. L., M.R.C.S., L.R.C.P.
ELLIOTT, J., M.D.Lond., F.R.C.S., F.R.C.P.
EMMERSON, C. L., M.R.C.S., L.R.C.P.
FEILING, A., M.D.Cantab., M.R.C.P.
FISHER, J. C., M.B., B.Ch.Oxon.
FRY, A. P., M.B., B.S.Lond.
FULLER. R. A., M.R.C.S., L.R.C.P.
GANDY, T. H., M.B.Lond.
GARROD, A. N., M.R.C.S., L.R.C.P. (since killed).
GEACH, R. N., F.R.C.S. (since relinquished his Commission).
GEMMILL, W., M.B., Ch.B.Edin., F.R.C.S.
GILES, L. T., M.B., B.C.Cantab., F.R.C.S.
GILL, G. F., M.R.C.S., L.R.C.P.
GRACE, N., M.D., C.M.McGill Univ.
GRAHAM, C. H., M.D.Durh., F.R.C.S.Edin.
GRIFFITH, J. R., M.R.C.S., L.R.C.P.
HARDY, E. W. D., M.R.C.S., L.R.C.P.
HATHAWAY, F. J., M.D.Edin.
HILL, R. A. P., M.D.Cantab.
HINDE, S. L., L.S.A.
HOLTHUSEN, A. W., M.B., B.S.Lond.
HUTT, H. A., M.R.C.S., L.R.C.P.
JACOBSON, G. O., M.R.C.S., L.R.C.P. (since relinquished his Commission).
KENNEDY, R. P., M.R.C.S., L.R.C.P.
KIMBELL, H. J. S., M.R.C.S., L.R.C.P.
KINGSTON, C. S., M.R.C.S., L.R.C.P.
LAMPLOUGH, W. H., M.D.Durh.
LEONARD, N., M.D.Brux., M.R.C.S., L.R.C.P.
LINDEMAN, S. J. L., M.R.C.S., L.R.C.P.
LINDER, G. C., M.B., B.S.Lond.
LITTLE, A. H., M.R.C.S., L.R.C.P.
MACKAY, E. C., M.D.Lond.
MANSELL, R. A., M.B., B.C.Cantab.
MAYO, T. A., M.B.Cantab., F.R.C.S.
MCFARLAND, J. B., M.R.C.S., L.R.C.P.
MEAD, J. C., M.B., B.S.Lond., F.R.C.S.
MERCER, W. B., M.B., B.C.Cantab.
MILLEN, S. A., M.R.C.S., L.R.C.P.
MILSOM, E. G. D., M.R.C.S., L.R.C.P.
MOORE, W. F., M.B.Durh., D.P.H.Cantab. and Vict.
MORRIS, G., M.D.Brux., M.R.C.S., L.R.C.P.
MUSSON, W. E. C., M.R.C.S., L.R.C.P.
NICHOLAS, C. F., M.R.C.S., L.R.C.P.



Arthur Keith Armstrong, M.R.C.S., L.R.C.P., Lt. R.A.M.C. [September 29th, 1899.] *Died of wounds* September 15th, 1914.

Charles Hunter Donaldson Banks, Lt. 3rd Worcester Regt. [September 27th, 1910.] *Died of wounds* July 1st, 1915.

Edward Henry Pollok Brunton M.R.C.S., L.R.C.P., Lt. R.A.M.C., attached 4th Battn. Grenadier Guards. [September 28th, 1910.] *Killed in action* October 8th, 1915.

Gurney White Buxton, M.R.C.S., L.R.C.P., Capt. R.A.M.C.T. [January 29th, 1887.] *Died of dysentery* October 7th, 1915.

Samuel Robert Dudley, L.M.S.S.A., Lt., R.A.M.C. [October 1st, 1882.] *Died of illness contracted whilst on active service* December 21st, 1915.

George Alfred Edsell, M.D.Durh., D.P.H., R.C.P.S., Lt.-Col. R.A.M.C. [October 1st, 1882.] *Died of illness contracted whilst on active service* August 15th, 1915

James Fairbairn Fairley, M.D.Melb., F.R.C.S., Capt. R.A.M.C. [June 12th, 1913.] *Died of illness contracted whilst on active service* November 9th, 1915.

Alfred Noel Garrod, M.R.C.S., L.R.C.P., Lt. R.A.M.C., attached 100th Field Ambulance. [September 30th, 1905.] *Killed in action* January 26th, 1916.

John Gay, 2nd Lt. Royal Flying Corps. [September 13th, 1911.] *Died of wounds* October 10th, 1915.

Date of entry to Hospital is bracketed.

ROYAL ARMY MEDICAL CORPS—*continued.*

NOLAN, B. J., L.M.S.S.A.
O'HEA, J. P., M.B.Lond., F.R.C.S.
OKELL, C. C., M.R.C.S., L.R.C.P.
PADWICK, J. C., M.R.C.S., L.R.C.P.
PAGE, C. H. W., M.D.Cantab.
PAYNE, J. R., M.R.C.S., L.R.C.P.
PETERS, R. A., M.B., B.C.Cantab.
PHILLIPS, L. L., M.R.C.S., L.R.C.P.
PRETTY, K., M.B.Cantab.
PRING, F. A., M.R.C.S., L.R.C.P.
PUGH, A. B., M.R.C.S., L.R.C.P.
PUTTOCK, R., M.B., B.C.Cantab.
RANDALL, J. B., M.B. B.S.Lond.
RENDALL, P., M.D.Brux., M.R.C.S., L.R.C.P.
RENDALL, S. S., M.B., B.S.Lond.
ROBERTSON, J. F., M.R.C.S., L.R.C.P.
RUCK, J. E., M.R.C.S.
SCOTT, N. A., M.R.C.S., L.R.C.P.
SHEPARD, R. H., M.R.C.S., L.R.C.P.
SIMPSON, R. H., M.B., B.S.Lond.
SMITH, R. E., M.R.C.S., L.S.A.
SNOWDON, A. R., M.R.C.S., L.R.C.P.
SPEECHLY, A. J. L., M.R.C.S., L.R.C.P.
TAUNTON, T. J., M.R.C.S., L.R.C.P.
TAYLOR, E. L., M.R.C.S., L.R.C.P.
THOMPSON, ARTHUR, M.R.C.S., L.R.C.P.
THOMPSON, C. C. B., M.R.C.S., L.R.C.P.
THOMPSON, W. FRANK, M.R.C.S., L.R.C.P. (since died of wounds).
URWICK, R. H., M.D.Cantab.
VAUGHAN, A. LL., M.R.C.S., L.R.C.P.
VERRALL, P. J., M.B., B.C.Cantab., F.R.C.S.
WAKELING, T. G., M.R.C.S., L.R.C.P.
WALKER, G., M.D.Brux., M.R.C.S., L.R.C.P.
WATKYN-THOMAS, F. W., B.C.Cantab.
WELCH, T. B., M.R.C.S., L.R.C.P.
WELLS, W. W., M.B., B.Ch.Oxon.
WELLS-COLE, G. C., M.R.C.S., L.R.C.P.
WHITAKER, F., B.C.Cantab.
WHITEHEAD, B., M.R.C.S., L.R.C.P.,
WILSON, W. R., M.R.C.S, L.R.C.P.
WILLIS-BUND, H. D. H., M.R.C.S., L.R.C.P.
WORLEY, W. E. A., M.R.C.S., L.R.C.P.
WORTHINGTON, G. V., M.B., B.C.Cantab.
WOODFORDE, A. W. G., M.B., B.S.Lond.

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BARNES, E. B., M.R.C.S., L.R.C.P.
DINGLEY, E. G., M.R.C.S., L.R.C.P.
ISAACS, S. W., M.R.C.S., L.R.C.P.
MAGUIRE, J. E. C., M.R.C.S., L.R.C.P.
PRALL, S. R., M.R.C.S., L.R.C.P.
WELLS, P. H., M.R.C.S., L.R.C.P.
WHITE-COOPER, W. R., M.R.C.S., L.R.C.P.

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

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

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PARKER, G. M., M.B., B.C.Cantab.
WALLACE, R. A. R., F.R.C.S.

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Capt. C. B. PYM, M.R.C.S., L.R.C.P.

1st Australian Casualty Clearing Station.

Col. W. W. GIBLIN, M.R.C.S., L.R.C.P.
Maj. J. CORBIN, M.R.C.S., L.R.C.P.

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Maj. W. R. STOWE, M.R.C.S., L.R.C.P.

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1/3 East Anglian Field Ambulance, 54th Division.

Capt. M. A. CHOLMELEY, M.R.C.S., L.R.C.P.

24th Field Ambulance.

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Capt. G. W. LLOYD, M.B., B.S.Lond.

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24th General Hospital.

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Lt. C. H. G. PRANCE, M.R.C.S., L.R.C.P.

St. George's Hospital, Malta.

Lt. H. J. PICKERING, L.R.C.P., L.R.C.S.Edin.

29th Casualty Clearing Station.

Lt. C. R. HOSKYN, M.D.Lond.

Lucknow Casualty Clearing Station, Indian Cavalry Corps.

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Meerut Hospital for Infectious Diseases, Rouen.

Capt. A. F. S. SLADDEN, M.D., B.Ch.Oxon.

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HOSKEN, J. G. F., M.R.C.S., L.R.C.P., 4th Battn. The Norfolk Regt.
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SURGEON-CAPTAIN.

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SUNDERLAND, R. A. S., M.R.C.S., L.R.C.P., 8th Heavy Brigade R.G.A., B.E.F.

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R.A.M.C. TERRITORIAL FORCE.

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South Midland.

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(*b*) FIELD AMBULANCES.

East Anglian.

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2/1st Home Counties.

Capt. C. H. GREGORY, M.D.Cantab.
Capt. A. Maude, M.R.C.S., L.R.C.P.

3rd West Lancashire.

Lt. A. H. PINDER, M.R.C.S., L.R.C.P.

Frank Eric Harger, 2nd Lt. Royal Field Artillery. [April 21st, 1914.] *Killed in action* December 16th, 1915.

Miss Maude A. Buckingham. [November 1st, 1896.] Matron of the Queen's Hospital, Birmingham, and of the 2nd Birmingham War Hospital. *Died on* December 4th, 1915.

Burroughes Maurice Hughes M.R.C.S., L.R.C.P., Capt. 1/4th Norfolk Regt. [May 1st, 1890.] *Killed in action* September 15th, 1915.

Howard Tomlin Hunter, Capt. 6th Northumberland Fusiliers. [May 1st, 1911.] *Killed in action* April 26th, 1915.

Charles Douglass-James, 2nd Lt. S. Staffs. Regt. [October 7th, 1912.] *Died of wounds* September 30th, 1915.

John William Jessop, M.R.C.S., L.R.C.P., Lt.-Col. 4th Battn. The Lincolnshire Regt. (T.) [October 1st, 1880.] *Killed in action* June, 1915.

Leslie Phillips Jones, Lt. 9th Royal Berks. Regt. [January 19th, 1914.] *Died of wounds* about June 20th, 1915.

Theodore Stewart Lukis, M.D.Lond., M.R.C.P., Capt. 13th Kensington Battn. The London Regt. [September 19th, 1902.] *Died from wounds* March 15th, 1915.

Date of entry to Hospital is bracketed.

1st West Riding.

Capt. H. W. SHADWELL, M.R.C.S., L.R.C.P
Capt. ERNEST WHITE, M.B., B.S.Lond.,

Wessex.

Capt. J. KEARNEY, M.R.C.S., L.S.A.
Capt. H. J. PECHELL, M.B., C.M.Edin.

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Southampton.

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4TH LONDON.

Lt. J. A. WILLETT, M.D.Oxon., M.R.C.P.

3RD NORTHERN.

Lt. F. HARVEY, M.R.C.S., L.R.C.P.
*Maj. A. J. HALL, M.D.Cantab., F.R.C.P.
*Maj. A. E. NAISH, M.B., B.C.Cantab., M.R.C.P.
*Capt. F. A. HEPWORTH, M.B., B.C.Cantab., F.R.C.S.

* Seconded.

2ND SOUTHERN.

Capt. A. G. T. FISHER, M.B., Ch.B.Bristol.

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66TH (EAST LANCASHIRE).

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NORTH MIDLAND.

Lt. C. S. J. KEARNEY, M.R.C.S., L.R.C.P.
Lt. N. H. HILL, M.R.C.S., L.R.C.P.

WESSEX.

Capt. F. A. ROPER, M.B., B.C.Cantab.

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E. C. BRIDGES, M.D.Durh., Hon. M.O.

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DORCHESTER HOUSE, PARK LANE, HOSPITAL FOR OFFICERS.

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W. GRIPPER, M.B., D.P.H.Cantab., Visiting Anæsthetist.

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HALIFAX WAR HOSPITAL.

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A. C. JORDON, M.D.Cantab., M.R.C.P., Hon. Radiologist.
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MILE END WAR HOSPITAL.

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*Maj. H. D. GILLIES, F.R.C.S.
*Capt. S. A. BURN, M.R.C.S., L.R.C.P

* Relinquish their temporary honorary commissions on ceasing to be employed with the above.

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BRITISH RED CROSS HOSPITAL, NETLEY.

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ANGLO-RUSSIAN HOSPITAL, PETROGRAD.

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NORRIS, F. B., M.D.Cantab.

RED CROSS HOSPITAL, EBBW VALE.

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HÔPITAL ANGLAIS MILITAIRE, NEVERS (CROIX ROUGE SERVICE).

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SPACKMAN, E. D. (Field Ambulance).

INDIAN MEDICAL SERVICE.

TEMPORARY LIEUTENANT.

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

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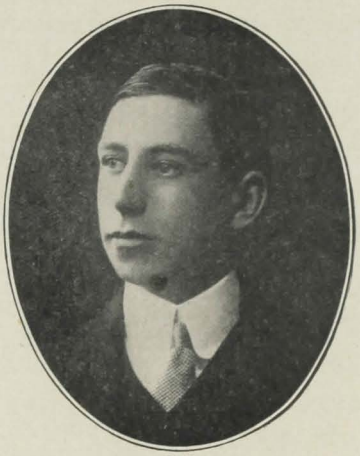
2nd Lt. E. R. BATHO, Medical Unit (A Section).
2nd Lt. H. S. BELL, Royal Field Artillery (S.R.).
2nd Lt. A. B. BERNARD, 1st K.R.R.C. (from 11th Battn. Lancashire Fusiliers).
2nd Lt. N. CARTLEDGE, 21st Battn. The Middlesex Regiment.
2nd Lt. P. C. COLLYNS, Royal Garrison Artillery (S.R.).
2nd Lt. A. B. COWLEY, Royal Field Artillery (S.R.).
2nd Lt. T. A. ECCLES, Royal Garrison Artillery (S.R.)
2nd Lt. E. J. C. ELAND, Royal Regiment of Artillery.
2nd Lt. D. C. FAIRBAIRN, Royal Garrison Artillery (S.R.)
2nd Lt. (temporary) K. C. J. JONES, 3rd Battn. the Bedfordshire Regiment.
2nd Lt. G. B. MCMICHAEL, 3/1 Herefordshire Regiment.
2nd Lt. G. R. NICHOLLS, Royal Garrison Artillary (N. Midland).
2nd Lt. C. S. PRANCE, Royal Garrison Artillery (Devon).
2nd Lt. F. P. SCHOFIELD, Royal Field Artillery (S.R.).

John Macadam, Lt. 4th Essex Regt. [September 21st, 1910.] *Died of wounds* August 18th, 1915.



Oscar Gladstone Maginness, M.R.C.S., L.R.C.P., Lt. R.A.M.C., attached R.F.A. [January 6th, 1908.] *Died of wounds* December, 1915.

John Morrice Maitland Marshall, Lt. 1/4th Battn. The Essex Regt. [August 25th, 1910.] *Died of wounds* October 21st, 1915.

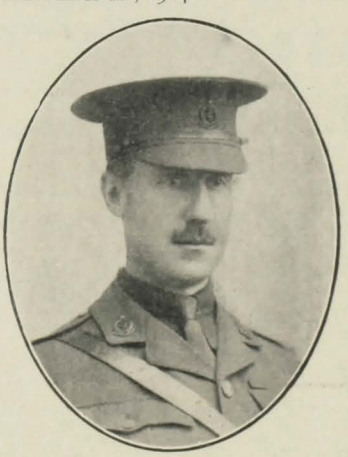
Richard Dominie O'Connor, M.R.C.S. L.R.C.P., Capt. R.A.M.C. attchd Sherwood Foresters. [October 1st, 1901.] *Killed in action* October 25th, 1914.

Francis Graham Richards, M.R.C.S., L.R.C.P., Maj. R.A.M.C. [October 2nd, 1893.] *Killed in action* March 5th, 1915.

Francis Charles Searle, M.B., B.S. Lond., Surgeon R.N. [March 31st, 1902.] *Lost on H.M.S. "Good Hope"* November 1st, 1914.

Archibald Waller Scott-Skirving, M.R.C.S., L.R.C.P., Capt. Royal Irish Fusiliers. [May 13th, 1913.] *Died of wounds* September, 1915.

William Frank Thompson, M.R.C.S., L.R.C.P., Lt. R.A.M.C. [October 1st, 1909.] *Died of wounds* January 1st, 1916.



Eric Alfred Wright, M.B., B.C., D.P.H.Cantab., M.R.C.S., L.R.C.P., Lt. R.A.M.C. [September 10th, 1900.] *Died of septic poisoning* June 20th, 1915.

We regret that no photographs are available for reproduction of the following:
Pairaylal Atal, M.R.C.S., L.R.C.P., Maj. I.M.S. [September 15th, 1894.] *Killed in action* December, 1914.
George Francis Juckes, Lt. 6th Rifle Brigade. [September 27th, 1912.] *Killed in action* about July 14th, 1915.

Date of entry to Hospital is bracketed.

COMMISSIONS IN TERRITORIAL ARMY.

2nd Lt. D. SPURWAY, 4th Battn. The Yorkshire Regiment.

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Pte. E. A. AUSTEN, "D" Co. London Scottish.
Pte. B. L. JEAFFRESON, No. 2 Co. 3rd Battn., H.A.C.
Pte. W. MCKENZIE, London Scottish Regiment.
Pte. HENRY MORRIS, "C" Co., 24th R. Fusiliers (since returned).
Pte. A. C. VISICK, 32nd General Hospital, Aldershot.

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A. E. LORENZEN.
N. S. B. VINTER.

INNS OF COURT.

Infantry Unit:
P. LINDSEY.

Artillery Unit:
C. M. HICKS.
W. E. M. MITCHELL.

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M.O. attached: CLAPP, G. T., M.B.Cantab.

No. 3 Military Hospital.

M.O. in charge: ATKINS, S. E., L.R.C.S.I., L.S.A.
M.O. attached: PULLIN, B., M.R.C.S., L.S.A.

No. 5 Military Hospital.

M.O. attached: Col. J. RAGLAN THOMAS, M.D.Lond., D.P.H.Cantab., A.M.S.T.F.

ROPER, A. C., F.R.C.S.Edin., Ophthalmic Surgeon
HARRIS, J. D., M.D.Durh., Pathologist and Bacteriologist
} Assist at Nos. 1, 2, 3, 4, 5 Milty. Hosps. in Special Depts.

SALOP (36).

(*Auxiliary Hospital to Fazackerley Military Hospital.*)

M.O.: W. R. L. DRAWBRIDGE, M.R.C.S., L.R.C.P.

SURREY (112).

M.O.: W. GRIPPER, M.B., D.P.H.Cantab.

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Miss F. C. BERKELEY.
Miss M. HORDER.
Miss N. MCPHERSON.
Miss D. WATT.

Staff Nurses.

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Miss H. FRAMPTON.
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Miss B. S. MILNE.
Miss H. POPE.
Miss E. PHILLIPS.
Miss M. ROOMDELL.
Miss Rose.
Mrs. R. B. SWANSTON.
Miss SHAW.

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Nurse.

Miss J. B. WRIGHT.

Miss C. ELWELL (returned from Foreign Service).

QUEEN ALEXANDRA'S ROYAL NAVAL NURSING SERVICE.

Sister.

Miss IRVINE.

Nurse.

Miss BAIRD.

TERRITORIAL FORCE NURSING SERVICE.

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Miss MCGREGOR.

Nurses.

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Miss CAWS.
Miss COLLYER.
Miss CRONIN.
Miss D. GARDNER.
Miss A. L. GIBSON.
Miss GILLBEE.
Miss CARDROSS GRANT.
Miss N. B. HODGSON (left for France).
Miss LODGEN.
Miss MCCLAVERTY.
Miss MURPHY.
Miss J. NICHOLSON.
Miss NORSTER.
Miss TILLBROOK.
Miss LUCY E. WAY (left for France).

Crag Head Military Hospital, Bournemouth.

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Dublin Castle Hospital.

Miss E. W. TAYLOR, Matron.

Federated Malay States Hospital, Kimpton.

Miss E. M. WILLIS, Matron.

Hanover Park Hospital (Camberwell Division of British Red Cross Society).

Miss E. J. HURLSTON, Matron.

No. 17 Durham V.A.D. Hospital, Etherley.

Sister KILBURN.

Base Hospital, Duala, Cameroons.

Miss MOULTON.

Chateau d'Annel (Anglo-French Committee).

Miss CAIRD.

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St. Bartholomew's Hospital Journal.

"Æquam memento rebus in arduis
Servare mentem."
—*Horace*, Book ii, Ode iii.

VOL. XXIII.—No. 7.] APRIL 1ST, 1916. [PRICE SIXPENCE.

CALENDAR.

Mon., April	3.	—Cambridge Lent Term ends. Second Exam. of Soc. of Apothecaries begins.
Tues., ,,	4.	—Dr. Tooth and Mr. D'Arcy Power on duty. Final Exam. Conjoint Board (Medicine) begins.
Wed., ,,	5.	—Exam. for D.P.H. (Cambridge) begins. First Exam. of Soc. of Apothecaries begins.
Thur., ,,	6.	—Final Exam. Conjoint Board (Midwifery) begins.
Fri., ,,	7.	—Dr. Garrod and Mr. Waring on duty. Final Exam. Conjoint Board (Surgery) begins.
Tues., ,,	11.	—Dr. Calvert and Mr. McAdam Eccles on duty.
Fri., ,,	14.	—Dr. Morley Fletcher and Mr. Bailey on duty.
Sat., ,,	15.	—Oxford Lent Term ends.
Mon., ,,	17.	—D.P.H. (Conjoint) Exam. begins.
Tues., ,,	18.	—Dr. Drysdale and Mr. Rawling on duty.
Fri., ,,	21.	—Dr. Tooth and Mr. D'Arcy Power on duty.
Sun., ,,	23.	—Easter Sunday.
Tues., ,,	25.	—**Summer Session begins.** Cambridge Easter Term begins. Dr. Garrod and Mr. Waring on duty.
Wed., ,,	26.	—Oxford Easter Term begins.
Fri., ,,	28.	—Dr. Calvert and Mr. McAdam Eccles on duty.
Mon., May	1.	—Exam. for M.B., B.S. (London) begins.
Tues., ,,	2.	—Dr. Morley Fletcher and Mr. Bailey on duty. Exam. for Part II. of second M.B.
Wed., ,,	3.	—Primary F.R.C.S. Exam. begins.
Fri., ,,	5.	—Dr. Drysdale and Mr. Rawling on duty.

EDITORIAL NOTES.

WE are officially informed by the War Office that, in accordance with their previous announcements, doctors who have undertaken to accept a commission in the Royal Army Medical Corps (if offered one) will not be taken for general service, and therefore that any doctor in England and Wales who (whether attested under the Derby scheme or not) has enrolled under the scheme of the Central Medical War Committee, or has offered his services in the Royal Army Medical Corps direct to the War Office, should, if he receives a notice paper from a recruiting officer calling him up (whether by reason of attestation or under the provisions of the Military Service Act), return it to the recruiting officer, together with his certificate of enrolment, or the War Office acknowledgment of provisional acceptance, as the case may be; and the notice will then be cancelled and the practitioner remain in the Reserve until selected for a commission in the Royal Army Medical Corps.

Doctors will not be called up, whether by reason of attestation or under the Military Service Act, until after March 31st, 1916.

Doctors in England and Wales who have not undertaken to accept a commission (if offered one) in the Royal Army Medical Corps will, when called up (whether by reason of attestation or under the Military Service Act), have the same rights of appeal for exemption as men who are not doctors, but all cases coming before the Central Tribunal will be decided by that tribunal after receiving advice from the representative committee of the medical profession specially recognised for the purpose.

Analogous arrangements will obtain in respect of doctors in Scotland.

* * *

The following notice appears in the *Sudan Government Gazette*, No. 288:

"On Wednesday, the 20th October, 1915, being the first day of the Feast of the Kurban Beiram, His Excellency the Governor-General El Ferik Sir Reginald Wingate, G.C.B., G.C.V.O., K.C.M.G., D.S.O., made the following announcement:

"'That His Highness the Sultan (of Egypt) has been most graciously pleased to confer decorations upon the following officers and officials for services rendered by them.

"'THE ORDER OF THE NILE.

"'3rd Class.

"'J. B. CHRISTOPHERSON, M.D., F.R.C.P., F.R.C.S.Eng., Director of the Khartoum and Omdurman Civil General Hospitals.'"

With much regret we hear of the death of one of our Governors, Mr. Henry Louis Florence, which took place on February 17th, in his seventy-fifth year. Mr. Florence was appointed a Governor in 1903, and has been an Almoner since 1905. He has always been a very generous supporter of the Hospital, which benefits immediately by £10,000 under his will, and later to a substantial share of the residue of his estate subject to two life-interests. Our deepest sympathy is extended to his brother and to his many friends.

* * *

Apropos of Mr. McAdam Eccles' recent lecture on "The Little Things that Matter," a well-known practitioner (not of this Hospital) writes of his own experience in little things. Among other remarks, one under the heading of "Faulty Spelling" engages our attention. "I find romantic, novel-reading nurses invariably spell 'Heroin' with an 'e' at the end of it. I have seen this note made: '11 p.m., gave him a dose of Heroine.'"

* * *

We have lately received several items of correspondence, two or three poems, and some alleged humorous skits from various anonymous contributors. May we remind our readers that their name and address must accompany contributions, otherwise the latter cannot be published. If contributors do not wish their names to be published we do not, of course, publish them, but we must know from whom the MSS. comes. We should be very glad if those who have recently sent us anonymous material will kindly rectify their omission.

* * *

We regret that in our last number we omitted to acknowledge the loan of four of the illustrations in the Roll of Honour from the *Lancet*, and one from the *British Journal of Nursing*.

ON PAINS IN THE ARM.

Part II of a paper read before the Abernethian Society.*

By C. M. HINDS HOWELL, M.D., F.R.C.P.

PAINS in the arm, from whatever cause arising, are commonly diagnosed by the more educated members of the public as "neuritis"! This is at present rather a popular disorder, and, indeed, some patients appear disappointed unless the physician concurs in their diagnosis.

When one remembers that pain in the arm may be caused by lesions which are situated in the brain, spinal cord, meninges, posterior roots, the brachial plexus, peripheral nerves, bones or muscles, it becomes clear that the clinical examination must not only include the *whole* nervous system, but must also include the skeletal structures in the limb.

Cerebral lesions do not commonly give rise to pain in the arm, but spontaneous pains are a classical feature of lesions which involve the optic thalamus, and these pains, as a rule, have a hemiplegic distribution, and thus include the leg as well as the arm. They do not usually make their appearance till some weeks after the initial lesion—which is usually a vascular one. Unless, therefore, one is familiar with the "thalamic syndrome," considerable difficulty may be caused by their appearance, and much time and useful energy may be expended on local measures for the relief of a neuritis which is in fact non-existent. These pains from cerebral lesions do not always involve the leg. As an instance of this, I may quote the case of a man who was under my care at the National Hospital. He came complaining of darting pains in the left arm, and a certain amount of clumsiness and weakness in the left hand. He also complained, when questioned, of constant but not very severe headache, which he referred to the right frontal region. Examination showed that the power of the limb was only slightly diminished, but that there was profound sensory disturbance in the left arm, which increased towards the extremity of the limb. There was no thermal loss, and pin-prick was everywhere recognised as sharp, but there was complete astereognosis in the hand, and passive movement of the fingers and wrist was not appreciated, and the sense of position was lost. The threshold for the compass test was very much raised; there was no optic neuritis, but an extension of the symptoms to include the face showed that the lesion was a progressive one, and there can be no doubt that the man has a tumour situated between the thalamus and the cortex.

With regard to spinal lesions there are several conditions to consider. First of all tabes dorsalis, in which pains, usually described as "rheumatism" or "neuritis," are an early feature. Unless a complete examination of the nervous system is made the nature of these pains will escape detection. The presence of the Argyle Robertson pupil is a very early sign in such cases, but it is important to emphasise the fact that the presence of the knee-jerk by no means excludes a diagnosis of tabes. It is often present in the early stages, and in that type of the disease known as cervical tabes may persist for a long period. In these cases, however, one may expect to find definite alteration of sensibility in the arm, especially a strip of cutaneous analgesia along the ulnar border of the forearm, and also alteration in deep sensibility.

Meningeal lesions, caused by tumour or pachymeningitis of either syphilitic or tuberculous origin, may also give rise to brachial pains. Tumours and tuberculous lesions as a rule soon produce other symptoms which indicate their presence, but syphilitic lesions sometimes do not. This,

* Part I published January, 1916.

however, is exceptional. Usually, as in the condition known as cervical pachymeningitis, you will find muscular wasting, and sensory loss accompanying the pain, and often evidence of pressure on the cord, causing paraplegia in greater or less degree. As an example of the rarer condition, where the symptoms were purely subjective, consisting of most acute pain in the right arm, I might mention the case of a woman, æt. 42, who has recently been under my care. I may say at once that I mistook the case for a "rheumatic" one at first; but, as the pains persisted unrelieved by the ordinary remedies, a Wassermann examination of the blood was undertaken, and proved positive. Under mercury and iodide the pains completely disappeared.

Pressure on nerve trunks outside the cervical spinal canal is responsible for sensory disturbances in the arm. Tumours of various kinds, malignant glands, and occasionally aneurysm of the subclavian or carotid arteries are all occasionally responsible. More commonly pressure in the neck is caused by the presence of a 7th cervical rib. These abnormalities are fairly common, and in a number of cases give rise to no symptoms at all. The cervical rib may be a normally developed structure, resembling in all respects a thoracic rib, but not articulating with the sternum. One often finds, however, a fibrous prolongation from the tip of the rib, which extends sometimes to the sternum, but more commonly to the 1st thoracic rib. This fibrous band moves with respiration, becoming stretched with inspiration, and may itself be the cause of the painful pressure. Other ribs are merely rudimentary structures, extending to a greater or less extent beyond the transverse process of the vertebra. Curiously enough, it is usually the shorter ribs which give rise to symptoms. These symptoms are found much more commonly in women than in men, and usually after the age of thirty. This at first sight appears peculiar, but Professor Keith has furnished what is undoubtedly the true explanation. In women the shoulders slope from the neck more than they do in men, and loss of muscular tone appears earlier and to a greater degree, causing this slope to be still more pronounced. This drags the lower trunk of the brachial plexus closer on to the rib, and thereby brings about the symptoms. These are most noticeable in connection with the 8th cervical and 1st dorsal roots, which unite to form the lowest trunk of the plexus.

In fully developed cases, besides the pain, there is also muscular wasting involving the intrinsic hand muscles, and the flexors of the wrist and fingers, together with a patch of anæsthesia and analgesia along the ulnar border of the forearm and hand. There is also, as a rule, well-marked vasomotor disturbance in the peripheral part of the limb, caused either by direct pressure on the subclavian artery or by irritation of the sympathetic vasomotor fibres accompanying the nerve.

Many cases, however, only exhibit pain and paræsthesia as the result of the rib, and difficulties in diagnosis may arise unless the possibility of its presence is remembered. Many of these patients state that the pain is relieved considerably by sitting in an armchair with the elbows supported, thus reducing the strain on the nerve trunks, and some few cases actually at night sling their arms up, as in this position they obtain relief from the pain.

Injury of a peripheral nerve trunk in the arm may give rise to excessive pain, which, if it persists, indicates a partial lesion of the nerve. Such cases, to which Meir Mitchel gave the name "Causalgia," have been frequently met with recently, as nerve injuries from bullets are unfortunately very common. Injuries to the *median* nerve are more likely to give rise to these symptoms than a lesion involving any of the other nerves in the arm. A curious and rather uncommon symptom is glossy skin, which is always due to irritation of a partially divided nerve, and is especially liable to occur when any septic trouble occurs in the vicinity of the injured nerve: the skin becomes red and shiny, and the area involved is exceedingly painful. Sometimes, if the nerve is explored, no obvious damage can be found nor involvement in scar tissue, even when motor paresis and objective sensory loss can be demonstrated. These may be examples of "nerve concussion," in which the fibres have been injured within the nerve sheath without any direct contact of the bullet with the nerve itself. I will leave the consideration of rheumatic or gouty neuritis for a moment, and conclude what I have to say about other causes of pain in the arm which may be mistaken for neuritis.

Diseases of joints are particularly liable to cause pain in the arm, perhaps owing to a secondary neuritis; but unless the joint condition is recognised and treated the pain will not be relieved. This is especially liable to happen in arthritis of the shoulder joint with periarticular adhesions. Such cases, especially in elderly subjects, often have a traumatic origin, and bear a close analogy to cases of sciatica due to arthritis of the hip joint. Malignant disease of the bone sometimes leads to error in diagnosis; but this is more likely to occur in connection with the leg than in the arm. I have seen two cases of the kind in which sarcoma —in one case of the pelvis, and in the other of the femur— were both treated for a time as cases of sciatica. Spontaneous fracture in one case, and the appearance of a large tumour in the other cleared up the diagnosis, which, however, ought to have been made earlier in both cases.

Pains caused by a rare condition, multiple myelomata of bone marrow, I have seen on one occasion regarded as neuritis and treated as such for some time. Examination of the urine would always clear up the diagnosis, for one finds that peculiar body, the Bence Jones protein, constantly present in such cases. Its reactions are so characteristic that it is not likely to be missed; but the mistake was actually made in the case in point, the patient being alleged to suffer from chronic nephritis.

Referred pains of visceral thoracic disease are often experienced in the arm, as, for instance, in anginal attacks, or in connection with some forms of cardiac disease, but these should rarely cause any difficulties in diagnosis.

I will conclude these remarks with reference to true rheumatic or gouty neuritis. This condition may vary from comparatively slight tingling and paræsthesia to the most acute pain which prevents sleep and renders the unfortunate victim worn out physically and mentally. The slighter type of this disease is commoner in hospital than private practice, but, like the more severe type, affects women more frequently than men. It usually affects the peripheral part of the limb, and is then designated acroparæsthesia. It is most intractable, and is always made worse by washing and wringing out clothes, an unavoidable occupation in the class of patient most affected.

The exact pathology of the condition is not very clear. It has sometimes been thought to be due to arteriosclerosis of the vasa nervosum, and though this may be true in particular cases there is usually no evidence to justify such an assumption. The iodide of iron occasionally gives relief, but a cure is rarely achieved, probably because the occupation which aggravates it has to be continued. In a few cases that I have had under my care guaiac has undoubtedly brought relief, and in these cases one has assumed that the condition was a gouty one.

In the more severe forms there is, as a rule, no objective sensory loss to be found, and no true muscular wasting. The grip, however, is usually weaker on the affected side. Pain is complained of around the shoulder and in the muscles of the arm. A particularly painful spot is commonly to be found between the spine of the scapula and the vertebræ. This represents the cutaneous branch of a posterior division of the spinal nerve. A characteristic feature of the pain is that it is almost invariably worse at night and when the patient comes into a warm room from the cold. The skin and nails sometimes, but only rarely, show atrophic changes, and these but slight. In a severe case, however, the skin may be thin and smooth and the nails brittle and grooved longitudinally. I have seen a case in which the bones of the wrists and fingers shared in this atrophic process and were definitely rarefied according to the X-ray picture. With the cure of the neuritis the bones resumed their normal density. There is no true nerve degeneration in these cases, the condition being a perineuritis, or inflammation of the nerve sheath. In this respect it resembles sciatica. There is, however, an important point of distinction. Whereas in a severe sciatica the ankle jerk is, as a rule, lost, in these cases of brachial neuritis the tendon jerks in the arm are usually, but not always, increased. The irritative phenomena are clearly more marked than the destructive.

I have looked up records of my recent cases and find that, out of twenty cases, fifteen were women. The disease is rare before the age of thirty, and commoner after forty than before it.

It is most important when treating such cases to endeavour to find any septic focus that may be present, and to deal with this, the two most commonly associated conditions being constipation and pyorrhœa, but the nasal cavities and the tonsils should also be carefully examined as possible sources of infection.

HINTS ON EARLY VENEREAL DISEASES.

By W. J. JAGO, M.R.C.S., L.R.C.P.

MARS and Venus have always been closely associated, and this war has been no exception to the rule, with the unfortunate result that there has been a serious increase in the number of persons under treatment for venereal diseases. The enormous addition to the personnel of the Services has helped towards this by affording an opportunity for young men to live "the Service life" who would not have otherwise done so.

At present the question of venereal diseases is one that mainly concerns the medical departments of the Army and Navy; but once that glad day arrives when the "hostilities only" men are disbanded it will become one that concerns the civilian practitioner. In the past venereal diseases have been uncommon in most classes of medical practices, but later on, owing to the democratic nature of our present Services, this will be altered. This has led me to think that a brief article on the practical side of these diseases, gained from over twelve months' experience at both the "venereal lounge" at the Chatham Barracks and the venereal wards of the "Royal Sailors' Home," R.N. Hospital, Chatham, might be of service.

SYPHILIS.

There are certain etishes regarding syphilis that it would be as well to discard. A chancre may be proved to be syphilitic long before the time-honoured "six weeks since connection." Again, to wait until induration occurs in a sore may mean waste of valuable time in getting the patient under treatment, for all syphilitic chancres do not become indurated, at any rate, not to the "pearl button" extent. Chancres of the lip and in a long lax foreskin may be late in becoming indurated, whilst those in that very common situation, the coronal sulcus, may soon become stony-hard. The naked-eye appearances are perhaps the best means of diagnosing between syphilitic and non-syphilitic chancres; but this requires an experience of a fair number of cases.

We have a very useful means of early diagnosis in the examination of the serum from a sore for the *Spirochæta pallida*.

J. J—, stoker, after three months at sea, had coitus during his first night ashore. Three days later he reported at the sick bay with a small sore on the frœnum, in which, the following morning, the spirochætæ were found.

Any doubtful sore, no matter how small or how soon after coitus, should be looked upon as syphilitic until all reasonable doubt is over; and this requires three considerations:

(1) The sore should be examined once or twice for spirochætæ.

(2) About three weeks after infection the Wassermann reaction should be done, and if negative repeated twice or three times at weekly intervals.

(3) The patient should be overhauled periodically during the first three months for other syphilitic manifestations.

Both 1 and 2 are best carried out by a skilled pathologist; and considering the importance that the average patient attaches to a definite diagnosis of syphilis, there should be little trouble in inducing him to pay the necessary fees for these. There is one precaution needed for the success of the spirochæta test. If the sore has received no treatment, it should be covered with *plain lint soaked in saline solution*, but if antiseptics have been used, especially mercurials, these should be discontinued, and the saline applied (to allow the spirochætæ to develop, if present) for two or three days, until it can be examined by the pathologist.

A single positive Wassermann (in the absence of other signs of active syphilis) is of doubtful value, and you may subject your patient to a long course of treatment and mental anxiety unnecessarily if you rely on the Wassermann test alone. A negative which later becomes positive (which in syphilis usually occurs about the thirtieth day) is much more suggestive of active disease.

The later and more ordinary signs of syphilis are too well described in the special monographs to need mention in a brief article, but there are one or two points not usually mentioned. A sharp epistaxis frequently precedes the appearance of the rash by four to seven days, and this, combined with malaise and a slight rise of temperature, may suggest typhoid. A dusky mottling of the skin over the chest and abdomen can often be noticed for a week before the macular rash comes out, more especially if the patient is allowed to stand without his vest in the coldest part of the room. It is as well to be suspicious when a patient complains of a phimosis of recent origin, for I have several times during circumcision in such cases found a deep-seated induration that was more apparent to the scissors than to the touch. A bluish coloration of the edge of the prepuce should put you on your guard in this condition, as this is usually present in preputial chancres.

The introduction of neo-salvarsan and galyl has simplified the methods of treating syphilis, for being ready-prepared, they can be administered intravenously without any of the cumbrous apparatus required for salvarsan. Incidentally, it is of interest to English practitioners that the palm in syphilology is being wrested from the Germans by the recent discovery of intramine by Dr. J. E. H. McDonagh.* We still have to rely on mercury for the main part of our treatment, and this is preferably given intramuscularly. Attention to one or two little details makes the injection easier. The patient should be standing close to the desk or wall (he may want to jump forward if the needle is not very sharp), and told to arch the back and look up to the ceiling, in order to relax his muscles. Just before plunging in the needle, a few taps on the buttock with the disengaged hand will tell if the muscles are fully relaxed, and disguise the actual moment of inserting the needle.

The routine carried out at Chatham is twelve mercurial (1 gr. in 5 ℥) injections, with further injections of galyl (·4 grm.) before the 1st, 5th, and 9th.

Gonorrhœa.

The treatment of gonorrhœa recalls the nursemaid's dictum regarding the child's pimple, "It won't get well while you pick it"; and undoubtedly a large number of chronic cases are due to injudicious, if well-meant, methods. It is well known amongst the older naval surgeons and in the merchant service that a large percentage of discharges will cease altogether if left alone; but how many of these cases are responsible for strictures at forty it is hard to tell. Nor did the discovery that the silver-salts kill the gonococcus give us a rapid means of curing the disease, for, if personal experience counts for anything, they are of most service as a *final* application in those cases where the discharge is sluggish in responding to other and less expensive drugs.

The *vis-a-tergo* method with various balsams is becoming out of date, except, perhaps, with the "prescribing chemist." Gin, the treatment once in vogue amongst naval officers, is perhaps more rational owing to its diuretic properties. Utropine is sometimes a useful adjunct, but a long course of this causes dyspepsia or sometimes albuminuria.

The simplest method for general use is urethral irrigation, carried out by the patient himself. Where a large number of persons are under treatment a douche can and Marioche's tube may be used, but with single patients a 4-drachm glass syringe with a tapering nozzle is quite satisfactory. If there is much scalding during the first few days local treatment is withheld. At first pot. permang. (1 : 4000) is used three times a day until the discharge has passed the "creamy" stage and become "milky" in consistency, which is usually about the eighth to tenth day. After this zinc sulpho-carbolate (2 gr. to the ounce) is used until there has been only "a morning drop" for three or four days. If after three weeks there is still a slight discharge or a morning drop for several mornings a 5 per

* *Practitioner*, December, 1915.

cent. solution of protargol usually clears this up. Zinc permanganate can be used in place of the potassium salt.

It is best to warn patients against using solutions, with the mistaken idea of hastening the cure, stronger than those prescribed. Treatment with the isotonic and exosmotic solutions advocated for other mucous membranes has not proved as satisfactory as the above drugs, though patients say they are more soothing. The average time taken for the discharge to cease completely in uncomplicated cases under my charge has been eighteen to twenty-three days.

Although cessation of the discharge for ten clear days is counted sufficient in the Navy as a "cure," it does not necessitate that the urine is free from threads. The electrolosis treatment brought out by Dr. C. Russ at the London Lock Hospital has the advantage of not only clearing up the discharge in three weeks, but the threads as well, thus bringing about a perfect cure. Unfortunately, the special apparatus and the time required for each application (twenty-five minutes) rather precludes its being used in general practice.

A persisting morning drop may be due to a small ulcer just inside the meatus which ung. hyd. ammon. will heal, though it is as well to bear in mind in these cases the possibility of an intra-urethral chancre.

Whilst "complications" scarcely come within the scope of a short article, there is one point worth mentioning, and that is that on the occurrence of a complication there is a slackening, or even a total cessation, of the discharge, only to reappear as the secondary condition improves. The absence of a discharge (or the patient's denial) at the first attendance in a case of epididymitis or acute (especially non-articular) arthritis does not necessarily mean that the case is not gonorrhœal in origin.

The warts which sometimes occur with gonorrhœa (though some are non-venereal) can best be removed by touching with fuming nitric acid. Circumcision is not always satisfactory in this condition, as the wart may occur in the scar.

CHANCROIDS.

Before starting the local treatment of a chancroid it should be examined for the presence of the *Spirochætæ pallida*. After that, three times a day it should be well dried and then touched with a solution of camphor and phenol (which liquify when ground together). There is a slight stinging at first, but this is stopped by the anæsthetic action of the phenol. At the end of three or four days ordinary boric fomentations usually suffice to remove the sloughing base.

Should a bubo occur after a chancroid it should be treated by rest and evaporating lotions, in the hope that it will subside. If, later, it shows signs of softening, fomentations should be used until the skin over the softened area has become adherent to the gland, and then only a tiny incision must be made. Neglect of these precautions, or an attempt at more drastic operative measures, may result in producing a very indolent ulcer, Ulcus molle serpiginosus, which may take months or years to heal. In connection with this point it should be remembered that a bubo may not develop until some time after the sore has healed, so before incising or removing a gland in the groin it is as well to inquire for a history of a recent soft sore.

ELEMENTARY PSYCHO-THERAPY.

A paper read before the Medical Society of the Connaught Hospital, Aldershot.

By ADOLPHE ABRAHAMS, M.D., M.R.C.P.,
Temporary Captain, R.A.M.C.

(*Continued from p.* 63.)

Neurasthenia is a term used to cover a large field of neuropathy. It is too big an undertaking even to attempt to define the condition properly. Suffice it to say that the neurasthenic is, in a word, simply an over-sentimental person who takes things too much to heart and cannot get outside his own personality. As a matter of fact only those who have a neurasthenic constitution really accomplish anything great in life.

Distinguish at once the *psychasthenic*. He is a weakling and fundamentally unsound—his condition is the neurasthenia of the degenerate, and the prognosis in his case is far worse. The neurasthenic, on the other hand, is often regarded as the product of auto-intoxication or of overwork. But overwork never gave anybody neurasthenia. People who are overworked are always potential neurasthenics, rushing themselves to death often for no reason and without aim or object. Overwork and fatigue are no more a cause of neurasthenia than of sepsis or tuberculosis. They create a condition which predisposes to the one no less and no more than to the others.

I have described the neurasthenic as over-sentimental; a more technical description is one with a lowered threshold of consciousness. It is easy to see how neurasthenia may be encouraged by a system of therapy which fixes the patient's attention on the part affected and thereby renders him susceptible of feebler and feebler stimuli, in other words still further lowers his threshold of consciousness. So that removal of an appendix on a mistaken diagnosis of appendix dyspepsia in a neuropath not merely does no good, but does positive harm.

Whilst the neurasthenic recognises the absurdity of his fears and is able to dispel them, although he requires constantly to reassure himself of their erroneous character, the *hypochondriac* on the contrary regards the subjects of his fears as actual conditions, and nothing can convince him to the contrary. He is, of course, incurable.

Hysteria is a still more complicated condition, even more difficult to define. It belongs to the same family as neurasthenia with a different development. To quote another popular error, the hysteric is regarded as a person who imagines herself ill for the fun of the thing. Unlike neurasthenia hysteria is not a popular disease. It is a disease of pose, not of suggestibility. The hysteric must be the centre of interest and she will be satisfied to manufacture for a circle of medical men a host of symptoms of which consciously she is quite unaware. It is what Janet terms a disease of dissociation. The hysteric always has germs of dual personality, she witnesses the performance of her *alter ego*. The hysterical paraplegic has forgotten that she has limbs or, if you will, has lost the mental representation corresponding to the limbs. And whilst the neurasthenic is restless and pre-occupied, and worries about his symptoms, nothing of the sort is observed in the hysteric, who would be quite indifferent were she quadriplegic.

It becomes fairly obvious upon reflection that the only difference between pure hysteria and malingering is probably a matter of the degree to which the wilfulness to be blind, deaf, or paralysed is buried in the depths or flourishes on the surface of consciousness. And it must be candidly admitted that it is frequently a matter for the judgment of the physician, whose verdict is only too often biassed by his personal feeling towards the patient.

Treatment

When one consults text-books on psycho-therapy for detailed instructions of the actual treatment disappointment is inevitable. The tendency of the reader is to expect an insight into the method of special reasoning which the psycho-therapist has at his disposal and the secret phraseology of remarkable persuasiveness which he employs. Instead he meets with a sort of Barmecidal feast—a windy banquet of interdictions and generalisations—which leaves him with the impression that trade secrets are being deliberately withheld. Such a charge is, of course, unjustified. No writer could possibly enter into details of treatment, so infinite is the range of psychological possibilities; but, what is even more to the point, I do not think that any psycho-therapist knows exactly what he does do. In all therapy the personal element plays the largest part, the psychic side is developed to a far greater extent in some people than in others, and success is determined by the confidence the physician can inspire, an achievement which is generally brought about by simply getting completely *en rapport* with the patient's sentiments and saying things which from another person's lips may be absolutely unconvincing. To deal with simple generalisations one may say that the average conception of psycho-therapy is embodied in the word *suggestion*, which should, however, be reserved for a special form of treatment, and for that only. But in average phraseology suggestion and psycho-therapy are synonymous. Using suggestion in that perverted sense it is interesting to glance briefly at its influence in every form of therapy, orthodox and heterodox. For Christian Science is suggestion plus absurdity; magnetic healing, suggestion plus imagination; Divine healing, suggestion plus faith in God; Dowiesm, suggestion plus prayer and fear of Hell fire.

Osteopathy is suggestion plus massage. The allopaths will tell you that homœopathy is suggestion plus drops of nothing, the homœopath retorts by regarding allopathy as suggestion plus gallons of useless drugs.

Rational medicine, we may finally add, is suggestion plus commonsense.

But to describe the various forms of psycho-therapy exactly we must accept: (1) Persuasion; (2) suggestion; (3) re-education; (4) psycho-analysis.

Persuasion is the best form of treatment of all, since it implies the introduction into the patient's conciousness of new ideas or the destruction of morbid existing ideas *with the patient's full consent and understanding*. Obviously it demands the intelligent patient who is prepared to accept logically your demonstration of the inconsistency and improbability of his complaints. It is a method which yields very permanent results, especially in the case when the consciousness can be gradually trained to lift the threshold above the level of stimulation, and so gradually to become indifferent to previous sufferings. Some of you have seen several cases of men here who had become confirmed in their idea of the existence of heart disease through being kept in bed for several weeks. They complain of præcordial pain, and protest their inability to walk ten yards without distress. You have seen them persuaded gradually in the course of a morning to extend their exertion until they were doubling three hundred yards as well as any average person.

Suggestion, employing that term exactly, means the introduction of a new idea *without the patient's consent*. For this reason it is by certain schools belittled and even deprecated. It is, of course, closely bound up with *hypnosis*, but it may be just as well to emphasise once and for all that hypnosis by itself never cured anybody of anything. A great deal of rubbish is talked about hypnosis, a popular idea being the making of a few passes and a complete and permanent relief of the patient from all suffering. Hypnosis is merely the production of a state in which a person is susceptible to the influence of suggestion, and it has to be adopted to break down resistances and permit the force of suggestion to enter the consciousness. We may, in fact, regard the relation of hypnosis to suggestion as that of chloroform to surgery.

The third therapeutic method is that of *re-education*. It is the one which is the easiest for what we may call the amateur to apply. It is *par excellence* the treatment of hysterical patients who have to learn control over their mental machinery. Some of you have seen the five and

twenty "gassed" patients who have been admitted here at various intervals during the past few months. All exhibited dyspnœa in varying degrees of distress. All were "cured" in from five minutes to three hours simply by re-educating their system of respiration.

What the onlooker mainly sees of psycho-therapy are its adjuvants important enough, but still only adjuvants—rest, over-feeding, isolation. The latter is of overwhelming importance. It suppresses all external causes for emotion by concentrating the patient's psychism. In itself it has elements of conviction, and it exercises constraint and encourages the patient to throw off his symptoms by auto-suggestion. For bad cases, isolation is an imperative necessity.

Naturally, the moment one has the slightest suspicion that a neuropath is being encountered, questions are put to ascertain any possible relation between the symptom complained of and any disturbing event in his moral or emotional life. A certain amount of advantage is gained by treating symptomatically, so to speak, even when psycho-therapy is in question. But the real root of the mischief is what one should aim at ascertaining; the psycho-therapist does not, for example, refer gastric symptoms to some primitive disturbance of the solar plexus or gastric innervation, it is necessary to go back to the generating psychic cause.

(4) Which brings me finally to *psycho-analysis*. When the underlying cause cannot be ascertained the neuropath may fail to make any progress. Attempts may then be made to bring the skeleton in the cupboard to light by one or other of the elaborate systems of word association or of psycho-analysis. The former, which is particularly favoured by Prof. Jung, of Zurich, is simple and is even utilised as a preliminary to the more spectacular psycho-analysis, of which much has been heard during the last few years.

It is manifestly ludicrous to try to describe this complicated process in a few words at the end of a short paper, especially when one knows very little of the subject. My attempt will therefore be, indeed, a formal introduction to those who know even less than I. The essential feature of this method is that the pathological condition to be dealt with is due to the relegation of certain mental complexes to the unconscious by the mechanism of repression. We do not put things, as we say, "out of mind," but psychologically considered we put them "into the mind." Psycho-analysis consists in the exhumation of such mental complexes by the interpretation of dreams; it drags, as it were, from the memory a buried sorrow and once brought to light, some long-held delusion is eradicated and the balance of the mind restored. In other words, investigation and treatment are synonymous, and, of course, simultaneous. The sin confessed is forgiven.

We are to conceive of dreams as our safety-valve, permitting the escape of our memories, which are packed away under pressure like steam in a boiler. Bergsen's idea is that nothing in our lives is ever forgotten; every thought, emotion, sensation of our past life to the tiniest detail he believes to survive indestructibly.

According to Freud every dream is a wish fulfilment, the wish being repressed in waking life but fulfilled in dream life. He analyses the dream into the manifest and the latent content. The two are identical in a child, whose dream plainly represents the imaginary fulfilment of an ungratified wish. In the adult the manifest content is the dream as you relate it, the latent content is the real factor, the true meaning, the unfulfilled wish, which, in the dream assumes a disguised form, and has to be interpreted.

To continue Freud's hypothesis, the reason why these thoughts are repressed in our waking life is that they do not penetrate to the consciousness, but are suppressed by what he calls the censor of consciousness. During sleep the activity of the censor is relaxed and now the repressed memories have their chance. But the censor sleeps with one eye open, so to speak, and, although they pass, they can do so only if disguised, that is, unrecognisable. Such a disguise may take all sorts of forms, and there is no limit to the ingenuity with which the psycho-analyst unravels the manifest content and translates it into the latent content. Further, according to Freud, no neurosis is possible with a normal sexual life, and practically all unfulfilled wishes are, in his conception, predominantly sexual. In this connection it must be pointed out that Freud has been at some pains to reply to his critics that he uses the term sexual in a very wide sense, embracing much of the emotional life of the individual.

To those who follow him, Freud is regarded, as Dr. Ormerod puts it, as a sort of Moses who points the way to the promised land. There are rebellious physicians who say with Korah and his company "We will not come up." For it is by no means a small objection that the things which come into the patient's mind during his psycho-analysis are by no means representative of his real thoughts in his past life, which thoughts may, in the meantime, have become obscured and modified out of all recognition. Further, the influence of the examining physician in directing the trend of the patient's thoughts is considerable. Freud himself admits that in the symbolic interpretation of dreams the key to the symbol is arbitrarily chosen by the operator. Which seems to say that the operator establishes some conclusion and then sets to work to elaborate data to support it.

You must not condemn a thing simply because it is open to abuse and may fall into the hands of the ill-trained and unscrupulous. But this process of mental vivisection which, as I have suggested, is by many authorities regarded as inaccurate, is by others regarded as positively dangerous. Above all, it is distinctly nasty. The unconscious mind, according to Freud, is one great heap of sexuality unfulfilled or perverted. Psycho-analysis drags into the light of day the soiled clothes of the subconscious mind. Most of us

would never know that we had a subconscious mind unless we dragged it to the surface as the Freudians do in order to regard it as the real us. For the purer the conscious mind the more apparently we repress. Sometimes, of course, the soiled linen becomes so dirty that it calls aloud to be brought out and washed. But in the majority of cases, as a clever writer has put it, the advice of the frog door-keeper to *Alice in Wonderland* is quite sound enough, "You let it alone and it'll let you alone!"

EXTRACTS FROM A LETTER FROM MISS SIMPKIN, LATE SISTER HOPE.

Kota Kota,
Nyasaland;
January 9th, 1916.

"IT is some time since I received your nice long letter, which I was very pleased to have. Dr. Tooth would be horrified every day if he knew the things I have to do alone. I often wonder how I dare, but when it seems to be a question of losing a limb, or life and death, one does one's best. So far nothing dreadful has happened, I am thankful to say. I have had to give chloroform and do the operation myself five times in the year. I am terrified at the anæsthetic.

"I had a strenuous time in the late autumn. The Priest-in-Charge had enteric fever, and that meant night and day for six weeks. Again, I was very thankful for Dr. Tooth's teaching.

"When the patient was rather bad we had a message to say our layman, who was building a church forty-four miles away, was very ill with 'blackwater.' I was all there between them!

"I sent off a machila and team and my head dawa boy to fetch the other patient and started at 5 a.m. myself the next day to meet him half way, or go on to him if they had not dared to move him. The Resident Magistrate here, the only European besides ourselves, lent me his mono-wheel bath car. I got to the village agreed on as a meeting-place at 11 a.m., and the patient was brought in terribly exhausted soon after 11.30. I put him to bed in a tent and did what I could for him. It was very hot (104° F. in the shade), so we waited until 4 p.m., and then started back on our seven hours' trek. The night was very dark, and we were five hours passing through the forest. It was a strange experience. I dared not let the carriers make their usual noise because of the patient. There were forest fires here and there. Sometimes the carriers got frightened (there were thirty of them). I could tell when they did, and they required some managing. However, we saw no wild beasts. I was thankful when the patient was safely in bed at the Hospital. We got our doctor a few days later, and the second case soon got well. When the other patient was convalescent I took him up to Dowa to recruit. He stayed with the Resident and his wife there, right up in the hills. They are delightful people, and have a lovely garden with all sorts of English flowers. It was a five days' journey, and I stayed there three days and a half and came back here alone."

ABERNETHIAN SOCIETY.

OFFICERS FOR 1916.

	Proposer.	*Seconder.*
President:		
Mr. S. L. Green.	Mr. Burrell.	Mr. Terry.
Vice-Presidents:		
1. Mr. H. E. Griffiths.	Mr. Burrell.	Mr. Maingot.
2. Mr. C. H. Terry.	Mr. Green.	Mr. Burrell.
Secretaries:		
1. Mr. D. S. Pracy.	Mr. Terry.	Mr. White Cooper.
2. Mr. J. B. Hume.	Mr. Haysom.	Mr. Bull.
Extra Committee-men:		
1. Mr. W. Simpson.	Mr. White Cooper.	Mr. Maingot.
2. Mr. R. H. Maingot.	Mr. Pracy.	Mr. Green.

The above officers were elected unopposed.

CORRESPONDENCE.

SOME MORE NOTES OF '72.

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

Sir,—I hope your readers will not be tired of them; but I am anxious to add a few words to Mr. Dunn's article, and mainly because I wish to give a totally different account of Skey's last appearance to that given by Mr. Dunn. His account, I feel sure, must have given pain to many an old Bart.'s man. That an old member of the staff, the Senior Consulting Surgeon, one of the glories and traditions of the Hospital, should have come down, in his old age, to once more visit the Hospital which he loved, to once more address a class in the old theatre wherein so many of his work-a-day hours had been passed, and where he had always been listened to with respect, should be refused a hearing by a pack of rowdy young cads, and should have been practically driven out by them, is altogether too sad a story to be passed over. If it were true, it would have left a stain on the dear old school which even forty-and-four years would not have entirely effaced.

That rowdyism and interrupting at lecture always appeared to me a low-down, caddish kind of trick, which, I hope, is as dead as the Dodo and Bob Sawyer.

Now, please, for the correct version, and I remember the facts distinctly. In the first place, Skey was not billed to give "a lecture." It was a series of four lectures, and I was at the first three. I can remember his opening to-day as well as if I had heard it last week. "Gentlemen, can anyone here tell me what's the use of tincture of iodine? because I don't know. But this I do know, that every swelling, of every nature, is, at some period or other of its growth, painted with tincture of iodine." This was rather a promising beginning, and led one to hope for much originality as he passed on to consider the early stages of different "swellings." But it must be confessed that he was a "light of other days"; and he soon became discursive and wandering, and failed to hold the men's attention. Still, I am happy to say, I do *not* remember the disgraceful scene described by Mr. Dunn. In another lecture he told us how the steward of the Hospital appealed to him concerning the stimulants bill. I dare say it was three or four times what it is now. "Yes," said Skey, "it is a disgraceful amount. I will do my best to double it." And his tale of being called in consultation in a case of carbuncle, and his suggestion for treatment: "Give him a bottle of port every day; and if he does not drink a whole bottle of brandy

during the day, he'll die during the night." And the patient recovered. Which proved the soundness of his views!

But on the afternoon of his fourth lecture there were only four men in the theatre. Skey came in, looked round, and said: "I never have lectured to four men, and I'll be damned if I ever do." And he turned round and walked out of the theatre.

That was sad and pathetic enough, but it was not so utterly beastly as the scene depicted by Mr. Dunn would have been.

I suppose "Richard," who used to mark the men's attendance at lectures, must long ago have gone over to the vast and silent majority; but if not, it is an incident which must have graven itself on his memory.

Those were the only times I ever saw Skey. But from all accounts he was the last man in the world who would have put up with rude interruption. He would have turned on the men like a tiger.

Skey had the reputation of being a very good hater; and the legend was that he and Savory were, at best, in a condition of armed neutrality, with quite a readiness on either side to lay aside the neutrality and take up the arms. The tale goes that, soon after being appointed full surgeon, Savory had a lithotomy. The usual artistic pass was made. The outer wound enlarged in the withdrawal. Then in went the finger. All according to regulation. But nothing further happened. Savory got crimson. At last he turned to Holden. Holden examined. "I don't think you are in the bladder, Mr. Savory." "I'll take my oath I am in the bladder." Skey was sitting on the front seat. He was Consulting Surgeon to the Hospital. Savory perforce turned to him. "See what you think, Mr. Skey." Skey turned up a cuff, inserted a finger, rolled it round, and with a smile which was almost a snarl, solemnly pronounced his diagnosis: "Deep incised wound in the perineal region; not entering the bladder; probably the rectum—and God knows where!" If the tale is not *vero*, it is at all events *ben trovato!*

One other member of the ancient surgical staff I remember seeing, and that was connected with rather an amusing incident. We were going round with Holden one day, when we were joined by a bluff old country squire. Holden shook hands, and went on with his clinical remarks. The old countryman walked round with us for some time. Then he again gave his hand to Holden, saying, "Well, good-bye." When he had gone Blank, a very affected, long-frock-coat-and-tall-hat-man, had the impudence to say, in the hearing of us all, "I hope that gentleman was not a member of our profession, Mr. Holden?" Holden halted, looked very straight at the man, and very quietly, but equally in the hearing of us all, said: "That was Mr. Wormald." I hide his name as "Blank." He got over his youthful affectations, and became a really great surgeon and an honour to Bart.'s. But if he reads this, I would lay pretty long odds that he still remembers it.

It is very interesting to read Mr. Dunn's paper, and recall many happy days at dear old Bart.'s. We must have been there together, and attended the same lectures, but I can't for the life of me remember him, and I dare say he has no recollection of me. I also was at Lauder Brunton's first lecture. At the foot of the stairs, when we came out of the old medical theatre, I turned to Sam Greensill and said: "That man will be a baronet, and President of the College of Physicians." I fancy I must have been rather good at the prophecy business! I remember soon after Bastian's book *On the Beginnings of Life* appeared, a lot of us were arguing the matter with all the glorious cocksureness of youth, and my saying: "I believe in time nearly every disease will be found to be fungoid in origin. That each spore will produce its own disease, just as each spore produces its own mushroom." But another man, I can't remember who, countered heavily; he said: "Look here, four men escape in a boat from a wreck. They suffer cold, privation, hardship. They are rescued. One man has pneumonia; one has rheumatic fever; one has iritis; and the other, after being nursed up a bit, has nothing at all. Now, do you imagine that your spores were hanging about on the surface of the sea waiting to attack separate individuals?" Well, I had no satisfactory answer in readiness. But, after all, my groping for the truth was not so very far from grasping it. (For goodness sake forgive me, Mr. Editor. I am painfully aware how much of the first person singular there is in all this; how many sentences begin with I. But, after all, it is difficult to avoid it when your are writing personal reminiscences.)

Before, at, and after that time, there was a desperate band of criminals, as we were taught to regard them, who bore aloft a banner with a strange device—*similia similibus curantur*. They even taught that tuberculous sputum from a phthisical patient could be made first a "trituration," then an "attenuation," and administered as a remedy in tubercular disease. Various other strange beliefs they had, which brought upon them the scorn and anger of the profession. I never heard that any of them were executed; but great efforts were made to exclude them from the *Medical Directory*, and to visit pains and penalties upon them, until all the rest of us took to their views and began squirting preparations of "attenuated" tubercle, and all sorts of other things, into the connective tissue. And now, when a homœopath hears of an allopath filling up the connective tissue of his patients with autogenous cultures and such like, he slightly depresses his left eyelid, and has a faint twitching of the angles of the mouth. And the irony of the thing is that these injections appear to cure patients. So that the heresy for which men are bound to the stake in one generation, becomes the orthodoxy of the next. I myself was in practice long enough to be asked to administer a course of serum subcutaneously to a very charming lady, who had one, barely discernible, spot of acne on her fair forehead. It seemed to me rather like calling out the fire brigade—captain, silver helmet and all, with a powerful engine—to put out a cigarette. However, I got out of doing it, and I don't think the patient suffered.

This is a wandering, discursive sort of scribble. Suppose we get back to Bart.'s! When I joined, the surgeons were Paget, Coote, Holden, and Savory. Paget, of course, was the pride of the Hospital and the object of our young idolatry. Did ever any man go up those stairs at the pace Paget did? He would turn in at our wing; scoot up to the third storey; and leave a tail behind him, after the fashion of Pretty Polly and the Tetrarch. I came on to dress for Paget just as his illness kept him away. Callender took over his wards, and Paget never returned to them, for he resigned after his illness. I was with him in the post-mortem room when he was examining the case to which he attributed his infection. I forget what the case was originally, but the pleura was full of pus. I was also in the theatre when Millais sat opposite him and had his sitting for the well-known portrait.

Not very long after Coote died; and that brought Callender and Tom Smith on full surgeons.

I remember my very first case as dresser for Callender. It was a remarkable one. A tailor, with the lappet of his coat full of needles, was engaged in political discussion in a public. In the heat of debate he was forced against the pewter-covered top of the bar and felt a wound. One of his needles had been driven in. Its end could be felt under the skin. Callender cut down upon it; and when he had cleared the intercostal space there was the head of the needle swinging round in a short ellipse. The point was firmly embedded in the heart. Callender took hold of the projecting head with forceps and withdrew it, and there was an end of the matter. No symptoms of any sort ensued. I imagine the point was fixed firmly in the interventricular septum.

Holmes Coote was a good-natured, kindly old gentleman who somehow was not in the picture with Paget, Holden, and Savory, who *looked* as distinguished as *they were*. He had a habit of smudging his forehead with his fingers. By the end of an operation his appearance was somewhat fearsome and decidedly of the "twopence coloured" variety.

Holden was a favourite with everybody. It would be sheer hypocrisy to say the same of Savory; but he was always very kind to me, and it would ill become me to say a word against him. He was by no means ready to accept Lister's theories. I remember Stoney getting leave to try the carbolic acid putty (strange that the current ST. BARTHOLOMEW'S HOSPITAL JOURNAL should contain the announcement of his death). After a day or two Savory did not like the appearance of the wound, and it was "Now, Stoney, we'll put on a poultice!"

But oh! what lecturers Paget and Savory were! It was an intellectual treat to listen to them. Men who have heard both said that Paget was as great an orator as Gladstone. Never once, in many hundreds of hours, did I ever hear either of them pause or falter for a word. Savory, as Dunn says, might be contemptuous of the legitimate claims of the "h"—"A man comes into 'orspital, and 'is arm 'angs down"—but his language was superb.

The "move up," before alluded to, brought Tom Smith into the lecture theatre. I heard his first lecture. Very few Bart.'s men will find it possible to connect Tom Smith and nervousness in their thoughts. And he showed no trace of it in beginning. Rather he showed that he was worthy to lecture where Paget and Savory had lectured before him. But when Richard came in to mark, it upset him directly, and he was lost and floundering. Turning, he said, "Richard, would you mind going out?" When Richard had gone he was as calm and collected as ever, and the "marking" never troubled him after that first appearance.

I remember going round with Tom Smith soon after he succeeded

to his wards. He was giving his clinical instruction, and paused to take down the bed card and fold back the paper pinned to it, to refer to a note, when he stopped altogether, smiled, and read out to us:

"Of all the ills to which man's heir,
There's none what's any sadder,
And none what is so bad to bear,
As pains about the bladder."

The patient was a poet, you see!

Morant Baker lectured on physiology. He was taking a class of a lot of us going up for first college one day, when he asked one man: "If I cut through half the spinal cord, above the decussation of the fibres, what would the result be?" The answer came: "Hemiplegia on the opposite side." "Yes; and if I continued the cut, and divided the other side also?" Answer: "Hemiplegia on both sides"—a slight pause—"complete plegia"! "Complete plegia" was a joke for some time. But the man who coined it was a surprise to us all; for he not only passed "first college," but in time became F.R.C.S., and, I believe, a brilliant surgeon. I fancy his little difficulties may have been due to language, though it was very difficult to detect it. He was a foreigner, and knew the speciality of every restaurant in Soho; and was popularly supposed to be acquainted with every nihilist in London. And I am not at all sure that the belief was entirely void of foundation.

This rather reminds me of a tale Marsh told me once of one of our men who was up at the College. He was shown thickish, coppery-looking eruption, and asked about it—giving very satisfactory answers till the last: "Yes, and how would you treat it?" "Oh, I would put him on a mild course of mercury." "Yes; what would you give him?" "Oh! I would give him ten grains of calomel, three times a day."

At all events he had the courage of his opinions. Whether he would have retained a private patient treated on those lines is another matter.

Langton and Marsh were Demonstrators and were very popular with the students. At the "move up" they succeeded to the out-patient room, and were succeeded by Cumberbatch and Doran.

On the medical side the physicians were Black, Harris, Andrew, and Southey. After all these years it is difficult for me to write in any restrained terms of dear old Black. I clerked for him. I was brought in contact with him day by day. And I learnt to appreciate the gentleness and nobility of the man's nature. So many members of the staff not only showed me many kindnesses, but also honoured me with their friendship, that I naturally had a warm regard for them all. But of all I think that none other ever filled quite the same place in my affection as Black. Norman Moore and Vincent Dormer Harris were fellow clerks with me. The latter, it so happened, I saw nothing more of after the period of our clerkship. Of Norman Moore it is pleasant to think that Black's wards saw the beginning of a life-long friendship—though we have not seen each other for years. The last time I saw him I dined with him at the Reform Club. John Bright was dining at the next table. I carefully concealed the fact that I was an unregenerate old Tory. Otherwise, I might perhaps have been led out into Pall Mall and burnt at the stake.

I remember being well chaffed for literally taking down a patient's statement in my "clerk" notes. "States that he has always been a strictly moderate man in the use of intoxicants; only taking about nine glasses of spirits in the course of the morning." But he was a meat salesman, and his morning began early; afterwards I dare say he had a rest.

Harris, I fancy, few of us knew much of. He was supposed to be wealthy, and to live mainly in the country, and to have some very good shooting.

Black and Andrew lectured on medicine, Southey on jurisprudence. Black, I must confess, was not an inspiriting lecturer. It seemed as if all diseases ended in "coma and death," and the treatment of most of them was "A.AcC."

Church was Senior Assistant Physician. I was a pretty regular attendant in his out-patient room. He was a good teacher, and was always ready to teach those who wanted to learn.

I remember several of the students mentioned by Dunn. Darbishire and Grace had places close by me in the chemical laboratory; but I only knew them very slightly. Grace was very often absent, and must have continued to be so, as it was long ere he qualified. Darbishire did not impress me as the "slim" man described by Dunn. I should rather have described him as a powerfully built man, with great development of the shoulder muscles. The boat club in those days was at Biffins', by Hammersmith Bridge. Is it still? I used to go down in the evenings and row in the eight and in scratch fours.

There was a man who used to sit bang in the middle of the anatomical theatre in a salmon-coloured frock coat. About the most *prononcé*-looking garment I ever saw off the stage.

There were two black students. One, Davis, was a fine, intelligent-looking fellow. He went out to Paris, with an ambulance, in the siege winter; caught small-pox, and died there. He had a glorious epitaph—just one line in the "*Daily News* War Correspondence"—"He was known to all the sufferers in the neighbourhood as 'Le bon docteur noir.'" Not one of us could desire anything better. He must have been older than we were, for he was qualified in the siege winter, '70-'71—in fact, I think M.D.

The other "gentleman of colour" was an altogether inferior specimen to Davis—of a lower negroid type. He always spoke of Davis as "that damned nigger Davis." I never heard what became of him.

Another old master of mine—also an old Bart.'s man—Hussey of Oxford—once gave me a book he had written, *Miscellanea Medica-Chirurgica*, with the words, "There is not one sentence in the book, sir, which begins with 'I.'" How he would have criticised this effort of mine! But now farewell. Bart.'s was always dear to me. But at length there came the day when I walked into the square and did not see one face that I knew. And not one man that I met knew me. I walked out with a quivering lip, and I have never been there since. May all Bart.'s men of the present generation have the same loving reverence for their old school that I have.

Harry Lupton.

P.S.—I wonder if any Bart.'s man since my time has ridden on horseback right through the City? I once got upon a horse at Keston, the other side of Bromley, and rode right into town by the Old Kent Road, London Bridge, Cheapside, and so on. I have no other title to fame, so I will pin my claim on this: "He was the last Bart.'s man who rode on horseback through the City of London." And my very postscript begins with "I."—H. L.

REVIEWS.

Materia Medica. By W. Hale White. (J. & A. Churchill.) Pp. 712. Fourteenth edition. Price 6*s.* 6*d.* net.

This work is so well known as a standard text-book amongst medical students that it needs but little comment from us. The new edition is, of course, necessitated by the great alterations to be found in the new British Pharmacopœia. These alterations are well known by now, and it would be out of place to reiterate them in connection with this volume, which of course includes all the alterations, and, like most other new editions on this subject, gives all the doses in both the imperial and metric systems.

The text of the book does not seem to differ materially from the previous edition, but we may point out that it is nevertheless right up to date, and many of the descriptions of the actions of drugs are more complete than in some of the more pretentious works on the subject. Particularly is this the case in many of the important alkaloids and glucosides, such as cocaine and digitalis. Every student should possess a copy of this book.

Manual of Surgical Anatomy. By L. Beesly and T. B. Johnston. (Henry Frowde, Hodder & Stoughton.) Pp. 557. 164 illustrations. 12*s.* 6*d.* net.

In many respects this is an excellent little work, concise and well written. We are sorry to see that the Basle Terminology has, however, been adopted throughout. Examiners, as a whole, wisely have nothing to do with this terminology, which has not been officially adopted in England, and which *will not be adopted*, for an Anglo-American Commission is—at a later date—to revise the terminology. Why authors insist on trying to foist this on the student we do not know, but we *do* know that a large manual of anatomy which has been left in the old official terminology has been through two impressions in the course of about eighteen months.

In this work the official nomenclature is placed in brackets after the innovation, while the index contains both nomenclatures with cross references. It is a cumbersome method, though, perhaps, a saving grace. Apart from this both the arrangement of the matter and of the illustrations is excellent.

EXAMINATIONS, ETC.

UNIVERSITY OF OXFORD.

In the congregation held at Oxford on January 27th, 1916, the following degrees were conferred:

M.B., B.Ch.—M. R. Lawrence.

UNIVERSITY OF CAMBRIDGE.

The following degrees were conferred:

February 4th.—M.D.: A. J. S. Fuller.
February 12th.—M.D.: S. Gurney-Dixon.
February 25th.—M.B., B.C.: E. J. Y. Brash.

CONJOINT BOARD.

Final Examination. January, 1916.

The following candidates have completed the examination for the diplomas of M.R.C.S. and L.R.C.P., and have been recommended for diplomas:

J. Andrew, A. O. Courtis, D. Crellin, H. E. Griffiths, A. E. Hamlin, G. E. Heath, C. E. Kindersley, R. H. Maingot, D. S. Pracy, M. K. Robertson, H. G. E. Williams.

D.P.H.

At a meeting of the Royal College of Physicians, held January 27th, 1916, the Diploma of Public Health was granted, jointly with the Royal College of Surgeons, to:

R. D. Dalal, L.M. & S.(Bombay), M.R.C.S., L.R.C.P.; P. Hamill, M.D.(Cantab.), M.R.C.P.

APPOINTMENTS.

BULL, G. V., M.B., B.C.(Cantab.), appointed Certifying Surgeon under the Factory and Workshop Acts for the Hoddesden District of the County of Hertford.

HEBBLETHWAITE, S. M., M.D.(Lond.), M.R.C.P., appointed Honorary Physician to the Cheltenham General Hospital.

HENDLEY, Col. H., M.D.(Durh.), D.P.H.(Cantab.), I.M.S., appointed Honorary Surgeon to the King.

LEBLANC, L. G., M.R.C.S., L.R.C.P., appointed Assistant Medical Officer of the Westminster Union Infirmary.

MACFADYEN, N., M.B.(Lond.), D.P.H., appointed Certifying Surgeon under the Factory and Workshop Acts for the Baldock District of the County of Hertford.

SALMON, A. G., M.D.(Lond.), M.R.C.S., L.R.C.P., appointed Temporary M.O. for the Workhouse and No. 2 District, by the Bodmin (Cornwall) Board of Guardians.

WILLOUGHBY, W. M., M.D., D.P.H.(Cantab.), appointed M.O. of Health for the Port of London.

Dr. E. G. KLUMPP has changed his name by deed poll to ERNEST GEORGE KAYE.

NEW ADDRESSES.

BOWEN, J. W., 94, Park Lane, Croydon.
BOWEN, O. H., 94, Park Lane, Croydon.
DRAPER, T. M., The Limes, Rickmansworth, Herts.
GIRVIN, Col. J., A.M.S., D.D.M.S., 9th Army Corps, M.E.F.
HAY, K. R., 18, Savile Row, W. Tel. Regent 594.
HUGHES, G. S., 39th Casualty Clearance Station, B.E.F.
MCLEAN, W. W., Board of Trade, Canning Place, Liverpool.
MOLL, J. M., 9, Anstey's Buildings, Kerk Street, Johannesburg.
RICHARDS, Maj. W. G., I.M.S. (retired), Grove Lodge, Burgess Hill, Sussex.
SODEN, W. N., 15th Welsh Field Ambulance, B.E.F.
TURTON, J. R. H., R.N. Hospital Ship "Berbrie," No. 18, c/o G.P.O., E.C.
WILLIAMSON, J., The Rhallt, Epsom.
WINTER, Lt.-Col. H. E., R.A.M.C., A.D.M.S., Presidency Brigade, Calcutta.

BIRTHS.

ADAMS.—On December 17th, 1915, at Wellington, New Zealand, the wife of G. Basil Doyne Adams, M.D.Oxon., of a son.

BOULTON.—On March 9th, at a Nursing Home at Brighton, the wife of Lt.-Col. Harold Boulton, I.M.S., of a daughter.

DIXSON.—On February 12th, at 51, Woodhurst Road, Acton, W., the wife of Dr. C. F. Lyne Dixson, of a son (prematurely).

FOWELL.—On March 13th, at Woodcroft, Kenley, Surrey, the wife (*née* Violet Hood) of Patrick Harvey Clive Fowell, M.D., of a son.

GILMOUR.—On February 15th, at West Meon, Hants, to the wife of R. Withers Gilmour, M.B.—a daughter.

HILL.—On January 31st, 1916, at Greenhayes, Banstead, Surrey, the residence of her parents, Mr. and Mrs. Howard Trollope, the wife of Captain F. T. Hill, R.A.M.C., British Expeditionary Force, of a daughter.

WESTON.—On February 17th, at 2, East Ascent, St. Leonards-on-Sea, to Dr. and Mrs. H. J. Weston—a son.

WHITE.—On February 22nd, at West Knoll, Bournemouth, the wife of Edward How White, M.B., Oxon, of a son.

MARRIAGES.

AINGER—WILLIAMS.—On January 7th, at St. James's Church, Brighton, by the Rev. W. Breton, M.A., and on December 29th, by H.B.M. Consul-General, at the British Consulate, Rouen, William Bradshaw Ainger, F.R.C.S., Captain, R.A.M.C. (T.F.), late of 58, Sloane Street, and No. 2 Red Cross Hospital, Rouen, son of the late H. J. Ainger, of Christchurch, N.Z., to Elsie Mary, daughter of the late William Williams, of Courts Heart, Britton Ferry, S. Wales.

DAVIES—FOSTER.—On January 5th, at St. Michael and All Angels' Church, Northampton, by the Rev. Canon Foster, cousin of the bride, assisted by the Rev. Louis Lethbridge, Captain J. P. H. Davies, R.A.M.C. (T.), only son of the late Dr. Idris Naunton Davies and Mrs. Davies, of Ystrad Rhondda, to Marjorie Etheldred, only daughter of Leonard Burtchaell Foster and Mrs. Foster, 9, East Park Parade, Northampton.

DEATHS.

BURNAND.—On March 24th, at Durban, Natal, Dr. W. E. Burnand, youngest son of L. W. Burnand, M.A.

HARPER.—On the 24th inst., at 25, Rosary Gardens, S. Kensington, James Harper, M.D., Col., R.A.M.C.(T.), the loved husband of Annette E. Harper, aged 58.

KEOWN.—On February 26th, at 44, Windsor Road, Ealing, W., David Boyd Keown, M.R.C.S., L.R.C.P.Lond, youngest son of the late Lieut.-Col. Henry Keown, 15th Hussars, aged 50.

SMITH.—On March 13th, at Croft Cottage, Crawley, Thomas Smith, aged 68.

WILLIAMS.—On January 16th, Herbert Williams, M.D.Lond., of 7, Ulundi Road, Blackheath, Medical Officer of Health for the Port of London, son of Alderman T. H. Williams, J.P., of Weymouth.

WOODBURN.—On December 30th, at Longlands, Stamford Bridge, Yorks, William Harrison Woodburn, M.R.C.S., L.R.C.P.

ACKNOWLEDGMENTS.

The British Journal of Nursing, The Hospital, Nursing Times The Student, Guy's Hospital Gazette, The Middlesex Hospital Journal, The Medical Review, St. Mary's Hospital Gazette, L'Attualita Medica, New York State Journal of Medicine, St. Thomas's Hospital Gazette, The Medical Review, The Cambridge Magazine, Long Island Medical Journal, Sphinx.

NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, *St. Bartholomew's Hospital, Smithfield, E.C.*

The Annual Subscription to the Journal is 5s., including postage Subscriptions should be sent to the MANAGER, W. E. SARGANT, M.R.C.S., *at the Hospital.*

All communications, financial, or otherwise, relative to Advertisements ONLY, should be addressed to ADVERTISEMENT MANAGER, *the Journal Office, St. Bartholomew's Hospital, E.C. Telephone: City 510.*

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St. Bartholomew's Hospital Journal.

"Æquam memento rebus in arduis
Servare mentem."
—*Horace*, Book ii, Ode iii.

VOL. XXIII.—No. 8.] MAY 1ST, 1916. [PRICE SIXPENCE.

CALENDAR.

Mon.,	May	1.—Exam. for M.B., B.S. (London) begins.
Tues.,	,,	2.—Dr. Morley Fletcher and Mr. Bailey on duty. Exam. for Part II. of second M.B (Camb.) begins.
Wed.,	,,	3.—Primary F.R.C.S. Exam. begins.
Fri.,	,,	5.—Dr. Drysdale and Mr. Rawling on duty.
Tues.,	,,	9.—Dr. Tooth and Mr. D'Arcy Power on duty.
Fri.,	,,	12.—Dr. Garrod and Mr. Waring on duty.
Mon.,	,,	15.—Exam. for Matthews Duncan Medal.
Tues.,	,,	16.—Dr. Calvert and Mr. McAdam Eccles on duty.
Thur.,	,,	18.—Final F.R.C.S. Exam. begins.
Fri.,	,,	19.—Dr. Morley Fletcher and Mr. Bailey on duty.
Tues.,	,,	23.—Dr. Drysdale and Mr. Rawling on duty.
Wed.,	,,	24.—Exam. for Brackenbury Medical Scholarship begins.
Thur.,	,,	25.—Exam. for Brackenbury Surgical Scholarship begins.
Fri.,	,,	26.—Dr. Tooth and Mr. D'Arcy Power on duty.
Sat.,	,,	27.—Sir G. Burrows Prize. Skynner Prize.
Tues.,	,,	30.—Dr. Garrod and Mr. Waring on duty.
Fri.,	June	2.—Dr. Calvert and Mr. McAdam Eccles on duty.
Mon.,	,,	5.—Exam. for Matriculation (London) begins.
Tues.,	,,	6.—Dr. Morley Fletcher and Mr. Bailey on duty.

EDITORIAL NOTES.

IT is with great regret that we learn of the death of James Morrison, M.D., who died on Good Friday from pneumonia, æt. 48. He will be remembered by many of our readers as a brilliant student of St. Bartholomew's. Entering in 1887, he took Honours in Biology at the Preliminary Scientific Examination of the University of London, and later obtained the Matthews Duncan Medal and the Bentley Prize. At the M.B. examination in 1893 he was awarded first class Honours in Obstetrics, with marks qualifying for the Gold Medal, and second class Honours in Medicine, and in the following year he took his M.D. degree.

Morrison held the posts of Extern and Resident Midwifery Assistant here and for three years that of Demonstrator of Practical Midwifery, whilst for several years he acted as Honorary Physician-Accoucheur to the Farringdon General Dispensary. His widow survived him for only three days.

* * *

It is with the utmost sorrow that we learn of the death of Captain C. T. Tresidder on April 22nd, having been seriously wounded on the night of the 18th. Educated at Uppingham and Dulwich College, he studied for the Medical profession at St. Bartholomew's Hospital, and would have taken his final examination just before the war broke out but for the accident of breaking his leg when playing football for the hospital. On the declaration of war he volunteered as a dresser with the Duchess of Westminster's War Hospital, and served in France for three months in that capacity. On January 9th, 1915, he joined the Lancashire Fusiliers, and afterwards received a commission. On May 4th, 1915, he was promoted to his lieutenancy, and a few days later, having taken a first-class instructor's certificate with distinction in machine-gun work, was gazetted captain. Later he transferred to the Gloucester Regiment, in which his greatest friend was serving, and was given the post of brigade machine-gun officer.

Our deepest sympathy is extended to his relatives and friends in their bereavement.

* * *

We very much regret to learn that Lieut. C. Heald, who is a medical officer in the Royal Flying Corps, has received serious spinal injuries. Desiring to reach a dangerously wounded man with the least possible delay, he decided to travel by aeroplane. Unfortunately, as the result of a side-slip, the machine fell to earth, with the result that Lieut. Heald received his injury.

Lieut. Heald has been in the army in France for about a year. Before that he served for six months of the war in the navy.

* * *

A few new students are joining the Hospital this session, in spite of the exigencies of the Army. Some will be under age—some possibly over age—and others there are who, having passed their second examination at one of the universities, come to St. Bartholomew's as fourth-year students. The total number, now and in the immediate future, is likely to be few, however, and in extending our welcome to these few we must call their attention to the fact that everybody must now join the Officers Training Corps, full particulars of which will be found upon the School notice boards.

* * *

We have to congratulate Dr. J. Stratton Warrack, who has been appointed Medical Officer of Health for the Port of London.

* * *

A lecture on "Amputations and Artificial Limbs" will be given by Mr. Elmslie on Tuesday, June 13th, at 12.45 p.m. in the Medical and Surgical Theatre. The subject is a most important one at the present time, and will, no doubt, interest any old St. Bartholomew's men who are holding medico-military appointments and who are not too far from London to be present.

FROM THE FRONT.

LETTER FROM LIEUT. J. M. SHAH, I.M.S.

I DON'T think any Bart.'s man has so far sent you an account of any Indian General Hospital or Field Ambulance from any of the numerous theatres of war, and so I thought a brief report concerning the Indian General Hospital in Alexandria, to which I am at present attached, may not be without interest to your readers.

The hospital has been rendering useful service to the Indian sick and wounded for more than a year. During the progress of the Gallipoli campaign it was mainly used as a base hospital for the Indian Expeditionary Force, and our register to-day shows that over 13,000 patients have been treated here so far, the majority being Indian soldiers. At times of emergency, when casualties from the Dardanelles have been heavy and British hospital accommodation in Egypt fully taxed, we have had British, Australian, and New Zealander patients as well.

The place has latterly been used more as a clearing nospital for the reception and subsequent transfer of Indian sick and wounded from France, either to India or other centres.

This hospital was mobilised as an Indian General Hospital at Peshawar in India in November, 1914. The medical staff consists of I.M.S. officers with Lieut.-Col. W. G. Pridmore, C.M.G., as our C.O., and Major R. McCarrison as the Registrar. The junior officers are principally young medical men, who have been given temporary commissions in the I.M.S.

We are occupying magnificent premises, and the hospital has indeed one of the finest positions in Alexandria, facing the sea and situated some miles outside the town itself. No pains have been spared to equip the hospital as completely as possible. Our two operating rooms, X-ray rooms, bacteriological laboratory, etc., etc., are indeed possessions of which any hospital would be justly proud.

There is a well-equipped camp adjoining the hospital, where our convalescent patients are accommodated under canvas pending their departure from Alexandria. The camp possesses a fine playground, and every afternoon Sikhs, Gurkhas, Rajputs, and Pathans may be seen indulging in various games, while now and again one also notices some of the officers thoroughly enjoying themselves at a "knock-up" when proper tennis cannot be had. Whilst talking of tennis, I may perhaps mention that one of our officers, Lieut. Fyzee, who is not unknown on the tennis-courts in England, is the holder of last year's championship of Alexandria.

We have lately had several cases of relapsing fever in the hospital. A clinical meeting was recently held here to discuss the ætiology, prophylaxis, symptomatology and treatment of this disease, at which the observations, made at this hospital by Major McCarrison, Capt. Phipson, and Lieut. Gupta from the cases actually under treatment here, were placed before a large audience of medical officers from the various military hospitals in Alexandria. Our C.O. was in the chair, and amongst those who took part in the discussion were Col. Sandwith, A.M.S., Lieut.-Col. Wenyon, R.A.M.C., and Dr. Kirton (P.M.O., Egyptian Prisons). A full report of the proceedings will be shortly published, and will no doubt be found very useful by those interested in the question.

Besides relapsing fever, jaundice and dysentery have also claimed the attention of the workers in our laboratory, and their investigations have proved not only of great interest but also of great assistance in the treatment of these ailments, which were so prevalent amongst our troops on the Peninsula last summer.

The X-ray work is done by the C.O. himself, who is also in charge of our ophthalmic department. Colonel Sir Victor Horsley and Colonel Tubby, who are both Consulting Surgeons in Alexandria, are frequent and welcome visitors.

Our surgical cases are, of course, no different from those seen elsewhere, whereas on the medical side we have also had our full share of dysentery, jaundice, and scurvy, contracted by the Indian troops, as by the Australians and others, in Gallipoli, with perhaps a larger percentage of tropical diseases, such as malaria, which, of course, are always found in a certain number of cases amongst the Indians.

Only those acquainted with the conditions of the East could adequately realise the full extent of the care and trouble necessary in the successful management of a general hospital for Indian sick and wounded, drawn, as they are, from the numerous martial races, casts, and creeds which form the Indian Army. The significant fact that the little Gurkha or the stalwart Sikh has not only had his pains and sufferings alleviated and his health restored as satisfactorily as surgical skill and medical treatment could accomplish, but has also been able to scrupulously observe and follow the sacred rites and rituals of his ancient religion during the period of his stay here, so far away from his home, speaks volumes for the able management of the responsible authorities.

There is no other Bart.'s man on the staff here, but the JOURNAL—which I receive regularly, I am glad to say—is being perused by my friends here as keenly and with as great interest as it is always done in the dear old Square or the Abernethian Room. Mr. McAdam Eccles' recent lectures on "Traumatic Aneurisms" and the "Little Things of Medicine and Surgery," published in the last two issues, have been immensely appreciated.

I hope to contribute to your columns from time to time, if you think my "Indian" letters will be of interest to your readers. I trust Bart.'s is going as strong as ever.

LETTER FROM SURGEON M. ONSLOW FORD, R.N.

PORTSMOUTH,
April 16th, 1916.

DEAR SIR,—On September 1st, 1914, I was admitted as Temporary Surgeon, and sent forthwith to Haslar Hospital. To me, saying "good-bye" to my wife and children was the greatest hardship that I have had to bear. Since that time to now I find the "saying good-bye" is harder and harder every time. At Haslar there was very little work to do, but plenty of naval routine and red tape to get used to. September 8th: I and Waldo and Balance were despatched to Dover to join a hospital ship. At Dover—no ship—so we were sent to Sheerness. We learnt when we got on board that eight Temporary Surgeons and a Fleet Surgeon, Gaskell, were to form a hospital in Antwerp for the R.N.D., who had already crossed over. The next day we anchored at the Nord Light, and we were kept very busy checking all our stores. When we were sent on to Flushing we heard of the danger Antwerp was in, and then I had my first taste of the horrors of war. The river was simply black with craft floating down with all the people leaving Antwerp, and at the end of two days Flushing contained nearly a million starving, dying, raving souls. Every particle of clothing and food was taken out of our ship, and at last, when the Naval Division were interned, I had nothing to give except my own underclothing, including my bootlaces. Of course we never saw Antwerp, and returned to Haslar, there to find 900 wounded Belgians, so that soon we were busy again.

The whole month of November, 1914, I spent at Fort Grange as M.O. to a Naval Flying Wing. There I had a lovely time. Wing Commander Longmore and Flight Commander Bigsworth, whose names are now so well known, were my senior officers. I started learning observation work with Bigsworth, and should have been appointed observer if the Admiralty had not rushed me down to Chatham Barracks to be M.O. of the Chatham Marines. There as Battalion M.O. I had charge of 1016 men and officers, and I found much to do preparing the men for our future work. On January 31st we learned that we were going to camp, and we left the next day, but our battalion was billeted at a charming little village. Here we were only allowed to stay a week. As a battalion we were fully equipped and ready for service. Helmets were served out, and we sent for our respective wives to say good-bye. February 6th: We embarked in a transport, —— Battalion embarking in a similar ship. There was much sickness amongst the subalterns, but the marines smoked and smiled.

February 11th: Passed the Straits of Gibraltar, and then we knew we were going east, and guessed the Dardanelles. February 19th: We left Malta, having had three happy days ashore. Called at Port Said, and on February 21st arrived at Tenedos, and it was blowing very hard. We received a flashlight signal from the "Lord Nelson" to return to Mudros Bay. We had the greatest difficulty in turning round, as our bows were so high out of the water that we acted like a wind vane. The "Queen Elizabeth" steamed across our bows; it was the first time I had seen her at sea, having seen her gradually grow in Portsmouth Dockyard. The next morning we arrived at Lemnos, the first troops to arrive, and at once our Colonel started to work out schemes for rapidly landing men on the beach and to re-embark, and at the end of a month we were absolutely polished in the art in getting sixty men out of a boat in a few seconds. February 27th: We were ordered to join the Fleet at Mudros, and then we had our first view of the Peninsula. The Fleet was busy. Up to March 4th we were standing to arms nearly all night and day with torpedo boats alongside, ready to land at the Cape Helles forts.

Plymouth Battalion landed at Kum Kale and Cape Helles and suffered frightfully. I shall never forget seeing the Village of Kum Kale being levelled down by gunfire.

March 5th: We returned to Mudros and found the Australians there, and the rest of the R.N.D. gradually turned up. March 17th: Ian Hamilton arrived. March 18th: The real bombardment began. To see "Queen Lizzie" cough a broadside is wonderfully impressive. March 20th: Heavy storm, and we dragged our anchor and ran ashore, but got off safely. March 28th: We arrived at Port Said and went under canvas. It blew hard for ten days, and we seemed to eat nothing but sand. April 3rd: Hamilton

reviewed the R.N.D. 16,000 strong. April 7th: Left Port Said, and up to the 16th we played about looking for derelict lighters. April 16th: Ordered to Skyros. On this day the "Manitou" (B. 12) was torpedoed unsuccessfully by a small Turkish torpedo boat, which was very soon caught. We could see the chase going on at the horizon. That night we entered the exquisite harbour of Skyros. Very high hills, steep to the water, round a beautiful sea-lake, volcanic formation covered with sweet and beautiful flowers.

The Colonel and I went for a botanical walk, and I found over one hundred different flowers, several quite new to me and unknown in England. We also found a ruined Greek fort that had been built out of the ruins of an ancient marble temple. The next day I landed with a working party and salved some beautiful white marble carvings and got them back to the ship, but, of course, I have lost them.

April 20th: The whole division landed in boats for a divisional exercise. We found it very hard work climbing the hills with all our equipment on, and when we were having a rest, the voice of a marine below me said: "I have been seven —— times to see the doctor, and he has always sent me back to duty. I am —— well going to be sick to-morrow." Then somebody told him that I had heard him, and he looked up at me with a smile and said: "Beg 'pawdon,' sir; didn't know you was there." He did not come to see me the next day.

On April 25th we all steamed out to the Gulf of Xeros in battle formation and steamed up the whole north coast of the Peninsula to the Bulair lines. We did a small landing at Bulair, and the whole world knows of the landing at Anzac and Cape Helles.

April 28th: We landed for twenty-four hours to help the Australians, so that we only took equipment and what we stood up in. It is very curious coming under fire for the first time. A hail of bullets met us at the beach and my work soon began. Night came on and we had to find our way to the trenches. We had fifteen days in the trenches. I never had my clothes off or got a proper wash, and I was simply soaked in blood; I was only hit three times slightly. On one of the days Lt.-Commdr. ——— was shot right through the neck, tearing both his carotids and larynx right out, and all the blood burst into my face and mouth. We lost two-fifths of our battalion, all our company captains, and our beloved Adjutant. No words can describe the horrors of days and nights. Surgeon Playne did splendid work and got his D.S.O.

On Bloody Monday, when we made a charge to Razor Back by Quin's Post, I shall never forget the sight of human bodies piled up four deep that had rolled down the steep hill to the bottom of the gully. Stretcher work was impossible. Sand-bags, reinforcements, water for men and machine guns had to o up the narrow way we had to bring the wounded down, and in most cases I simply had to carry them on my back. On May 13th we were ordered to re-embark on our ship, and those dear ship's officers slaved like lions to try and make us comfortable. We were exhausted to a man. The ship's baths were never empty at night. The next morning we had to land again at Cape Helles, through the "River Clyde," and march inland to the bivouac, which we had to make for ourselves. The firing line was only a mile and a half ahead of us, so that the battle noise was continuous all the time. The Turks spotted our arrival and greeted us with shelling, so that we had to lie low and do all our digging at night. It sounds almost stupid, though under fire from the Turk's batteries we enjoyed our few days' "rest." The Colonel and I explored the whole Peninsula, visited all the trenches, "skinning" our eyes for good positions, water, cover, etc. We also enjoyed botanising. On May 17th our bivouac was simply swept with shrapnel. I was hit in the left calf but managed to carry on. May 19th: Medical stores were blown to pieces as a shell dropped right into it and buried my servant. I had to dig him out. This shelling was getting on our nerves, and we were losing men for nothing every day. We were longing to get into the trenches again, for in Cape Helles the safest place was the first line trench. We discovered that an oak tree, the only tree in our bivouac, was a marked range for their artillery. We felled that tree and the shelling stopped. On the 22nd a shell passed within 4 ft. of my face and knocked me down, burst 12 ft. away, and because I was flat on the ground my life was saved. Several men were wounded, and one man was 200 yds. away.

On May 25th we moved up to the trenches under great difficulties, as a water-spout had burst over Krithia and flooded the whole country. No carts or mules could move, and everything had to be man-handled. One man was drowned *en route*. The next few days the mud in the trenches was horrible. Every day and night the Padre and I went round the whole of our section of trenches. The Marines have wonderful faith in a doctor, and the mere fact of my being present always cheered them up. On the night of the 28th we advanced 210 yds., fortunately with no casualties. On the 29th, Playne was slightly shot in the neck, so we started to improve the dug-outs. May 20th we all were busy shaving and killing lice. My servant felt disgraced that his master was infested with lice, and his labours were endless "strafing the lice." My uniform now consisted of an old surgical-dresser's coat soaked in Condy's fluid, marked "Kenton" (it was given to me by J. E. H. Roberts a long time ago), a vest, shorts, socks, and boots. On June 2nd we tried a great advance, and the roar of artillery was fearful.

On June 11th I was asked by my Colonel to bury dead. A scout took me to the spot, where I discovered a large number of bodies lying in extended order. The bodies were quite macerated, and the stench was frightful, and I

was very sick. I collected the discs from fifteen bodies by digging in the black mass with a bayonet for the string round the neck. When I got to the sixteenth body I was heavily sniped and had to bunk and report to Colonel. He did not believe me, and sent me back with the Adjutant, and we crawled out again, but again at the sixteenth body we got it hot and we both had to bunk. So this time the Colonel did believe, and we had to finish the work at night, but it was very difficult finding the discs in the dark. We got in all the personal effects and rifles and buried the bodies simply by covering them with surrounding earth. They had been there since the original landing—nearly six weeks, twenty-six bodies in all. It seemed to me that after that nearly every night the Padre and I were digging graves and setting up a simple wooden cross inscribed with a pencil. June 20th: Surgeon Rees was killed a few yards away from me

"'St. Bart.'s Journal' in the dug-out."

when we were in rest camp. He had taken Playne's place as Playne had got conjunctivitis. At the end of June our numbers were getting thin, and dysentery began. July was one incessant toil of nursing our sick men. The men were wonderful. They held on and would not give in. My servant was severely wounded. He had gone down to the canteen on the beach when a shell burst near him and a splinter passed through his left biceps muscle and tore off nearly the whole of both sternal ends of the clavicles, exposing the upper end of the sternum and clavicular joints. He managed to carry back the basket of eggs he had bought for me, as I had already got dysentery, but at my dug-out he fell down in a faint. He flatly refused to go to hospital, so that I looked after him. The splinter of shell had torn a tip of a bird's wing off the tattoo on his arm, and he always said after that his wings were clipped and he would never go home to his wife. Neither did he, poor fellow, for he died the second week of August, just after I left, of dysentery, at Mudros.

At the end of July our numbers were sadly reduced, and we were rapidly becoming of little effective force. We had a certain amount of reinforcements from home. It is a curious thing being carried away on one of your own stretchers. I don't remember much about it. I do remember going up in the air and being landed on deck, and picked up in strong arms and carried below. It was the chief engineer of the ship doing what he could to help. The luxury of a bed did not appeal to me that night, for I was unconscious; but when I came round the next day and saw the Sister's face, I could not believe myself, and—I am not ashamed to say it—I turned over and cried my eyes out.

I was in bed at No. 15 General Hospital at Alexandria for seven weeks with typhoid. I left Alexandria on October 13th in H.S. "Marathon" with 1000 sick and wounded. I arrived home on September 27th. I claim a real understanding of the meaning of that heavenly word, Home. February this year I returned to duty, and am now in Portsmouth Dockyard working in the ships.

I enclose a photograph of the three medical officers of the Royal Marine Brigade, who happened to be all Bart.'s men, namely (from left to right), Meller, Playne, Onslow-Ford, reading the Bart.'s Journal in the dug-out in which Playne was slightly hit in the neck. It was about 400 yards behind the firing-line where we had our joint dressing-station at Cape Helles.

NOTES ON TWO CASES OF ULCERATIVE CHOLECYSTITIS.

By D. S. Pracy, M.R.C.S., L.R.C.P.

CASES of ulceration through the gall-bladder wall are not very common, so the notes on the following two cases which came to the Hospital on the same day may not be without interest. I am indebted to Mr. Cozens Bailey for permission to publish them.

Case 1.—F. J. T—, æt. 60, carpenter, was admitted at 12.30 p.m., giving the following history:

In October, 1915, he had been treated at this Hospital for an appendix abscess. The case presented no unusual features, and he was discharged on November 1st, 1915. He returned on November 3rd complaining of diffuse abdominal pain and vomiting; his temperature was 101° F. and pulse 106 per minute. The patient was readmitted and watched. The abdomen was tender all over, but nothing else abnormal was found. A few days later all the symptoms had cleared up, but a tender spot was found opposite the tip of the ninth costal cartilage. The patient left the Hospital on November 12th free from pain. He says that from November 12th until December 25th he was

able to do his work, but that on December 26th he had a similar attack to that on November 3rd, which cleared up in a few days, and he was able to return to work.

On February 4th, 1916, whilst at work, he was suddenly seized with a very severe pain in the abdomen, which could not be localised to any one area. He was sick three or four times—the vomit, as he says, tasting of bile—and his bowels acted several times, but the character of his motions he had not noticed. On February 5th the pain continued; he was sick several times; his bowels acted once.

On the morning of February 6th patient was seen by his doctor, who sent him to hospital. On admission the abdomen was rigid, pain and tenderness were most marked above the umbilicus. Temperature 96° F. Later, in the ward, temperature rose to 100° F.; pulse 140 per minute. Bowels had not been opened since morning of previous day. At 4.30 p.m. an exploratory laparotomy was performed.

On opening the abdomen a quantity of bile escaped, and the biliary passages were accordingly examined.

At the junction of the cystic duct with the gall-bladder an ulcerated area was found which admitted a finger. In the fundus of the gall-bladder a stone was found. The cystic duct was ligatured close to the common duct, the inferior surface of the gall-bladder removed, and the mucous membrane of the remaining portion cauterised with carbolic. The abdomen was then closed. The stone causing the ulceration was not found.

On February 15th the patient burst his stitches, and had to be resutured. Apart from this he has steadily improved since the operation, and is now a long way on the road to recovery.

CASE 2.—M. M—, æt. 56, housewife, was admitted at 7.30 p.m. on February 6th complaining of pain and vomiting. She gave the following history:

For fourteen months she had not felt as well as she had previously done, and had lost weight.

On the evening of February 4th she was seized with a sudden severe pain above the umbilicus, and was sick several times. The pain and vomiting continued until her admission, when the vomit was fæculent. The bowels had not acted nor had flatus been passed since the morning of February 5th.

On admission patient was seen to be an enormous woman, who looked ill. The abdomen was distended and tender, especially above the umbilicus, but nothing else could be made out on account of the patient's fat. At 9.30 p.m. an exploratory laparotomy was performed. The intestines were collapsed, but the stomach was very distended. A hard mass was found in the situation of the pyloric antrum, which gave way on examination and permitted the escape of stomach contents and proved to be a mass of adhesions between the stomach and the gall-bladder shutting off a large ulceration between these two viscera.

At the topmost part of the jejunum a large gall-stone was found firmly impacted. This was removed through an enterotomy wound in the distal part of the jejunum. The patient, however, never recovered from the shock of the operation, and died the following afternoon.

THE BATH WARD AT 1ST EASTERN GENERAL HOSPITAL, CAMBRIDGE.

THE Bath Ward is a recent addition, and is the first ward of its kind in any hospital. The present system was devised by Major Apthorpe Webb, R.A.M.C. (T.), Registrar of the 1st Eastern General Hospital, Cambridge (Bart.'s, 1890), and the apparatus for the automatic thermal control has been kindly provided by the Scientific Instrument Company of Cambridge.

It contains six baths in which patients remain for periods of days or weeks. The water is kept at a temperature of about 100° F., and is constantly renewed by a circulation system. The hot-water tank and the recording thermometers and regulating appliances are shown on the end wall.

The bath treatment is specially suitable for all cases of extensive septic infection of the trunk and lower limbs. Whenever possible the infected areas are freely opened by large incisions. Subsequently the patient is returned to the bath from the theatre, and all plugging, etc, is completely removed, thus allowing the water free access to the wounds.

ADVANTAGES.

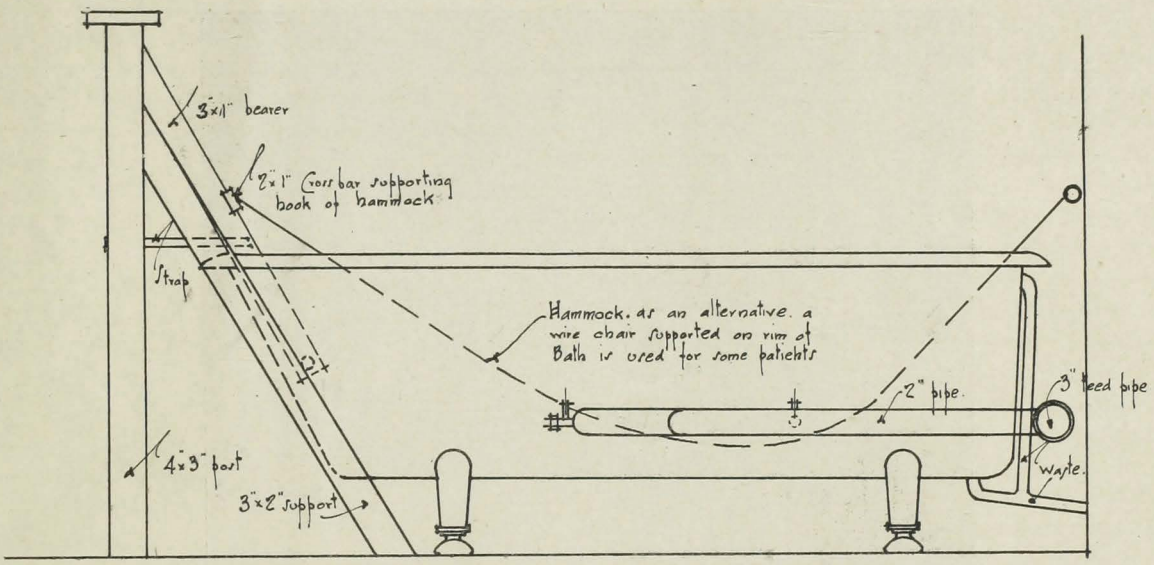
(1) No accumulation of septic discharge which the ordinary system of dressing collects in the interval between each dressing.

(2) Added comfort to the patient who is spared the pain of frequent dressings, and also is enabled to sleep better, as there is complete relief of tension from exudates of pus, etc.

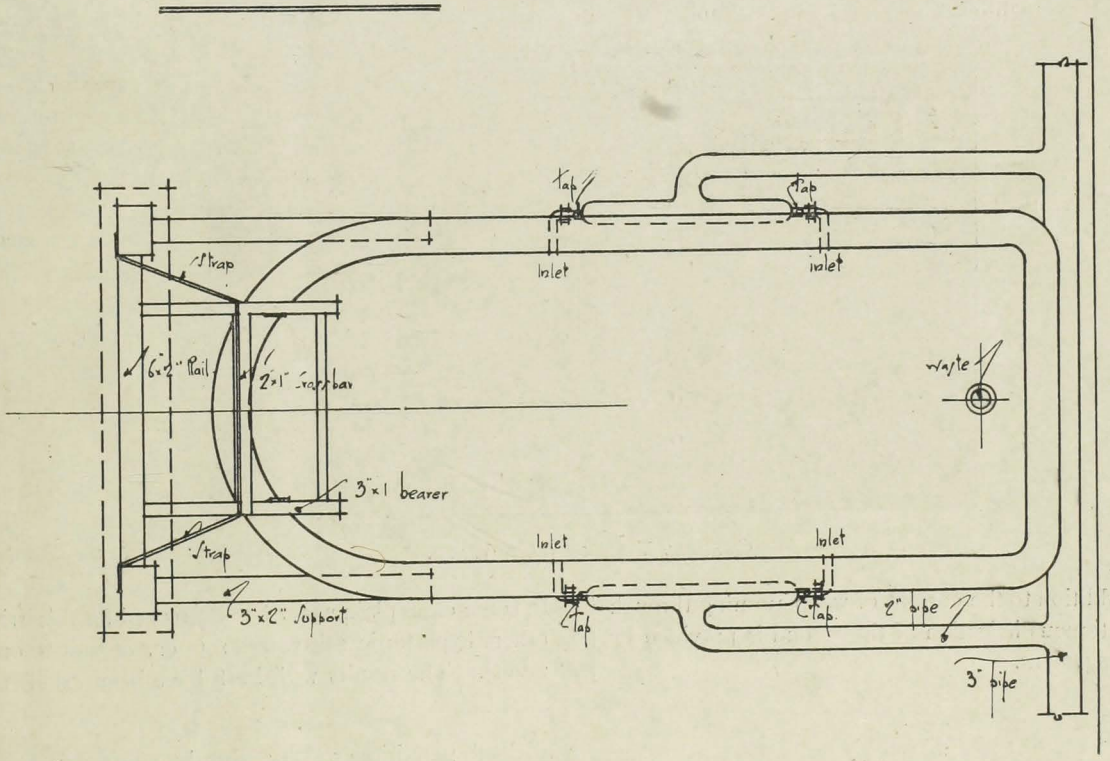
(3) Rapidity of convalescence. Healthy granulations grow very quickly, and in a short time a complete change for the better takes place in the condition of the wound. Even when for mechanical or other reasons it is considered advisable to amputate, it enables the surgeon to perform the operation as a "clean" case instead of an extremely infected one.

Up to the present ordinary water has been used in the bath, but for abdominal cases it would be possible and perhaps advisable to use normal saline. If it is not found possible to devise a method of keeping the strength constant the bath could be fed by hand with prepared solution.

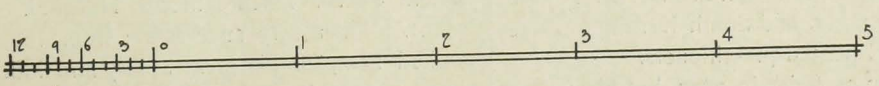
In cases where there is a deep wound without a counter



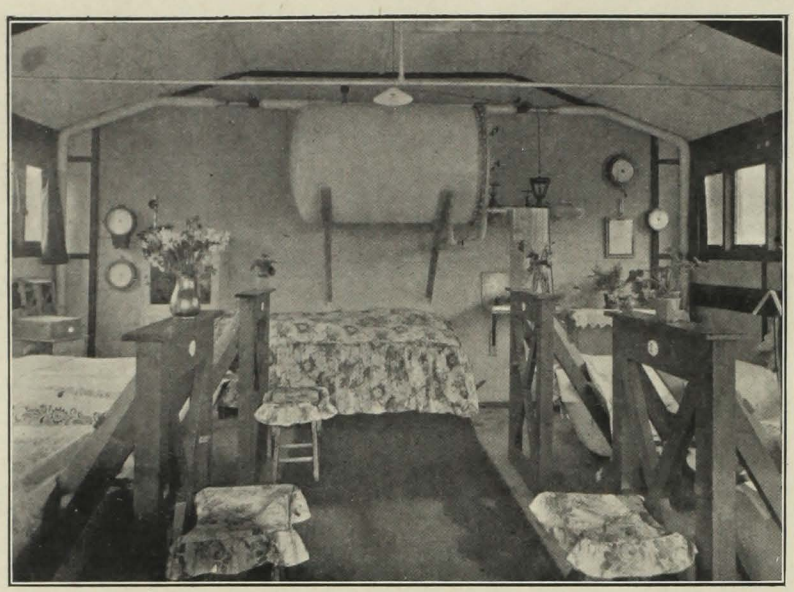
ELEVATION



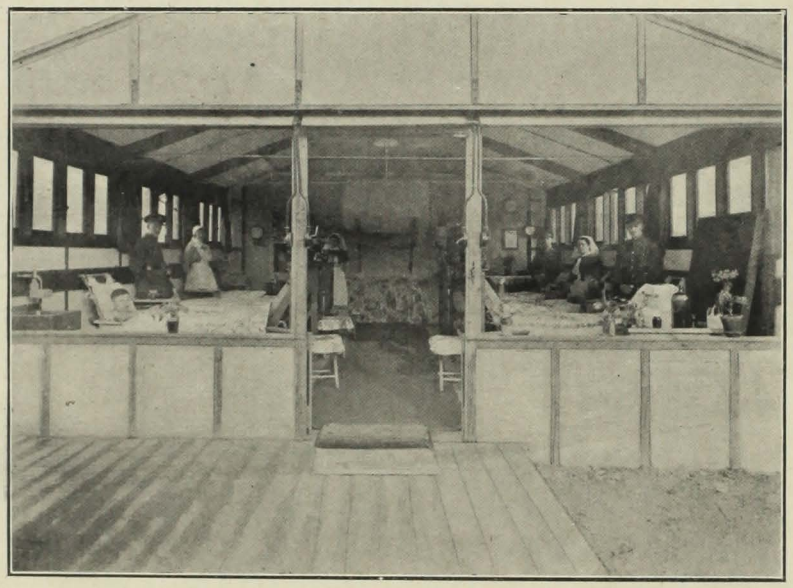
PLAN



SCALE OF FEET



CORNER OF BATH WARD.



GENERAL VIEW OF BATH WARD.

opening, in addition to the current of water running through the bath, continuous irrigation of the wound is provided by a siphon arrangement.

In some cases plain water has been used for this irrigation, in others hypertonic salt solution (1 oz. of salt to one pint of water). The results with both have been excellent.

OBITUARY.

JAMES HARPER, M.D.

BY the death of Dr. James Harper, of 25, Rosary Gardens, S.W., the profession has lost a very able and notable member, and South Kensington one of its most prominent and trusted practitioners.

James Harper was born at Leith in 1857, but his father, a medical practitioner, very shortly afterwards moved to Windsor, where Harper's boyhood was spent. He was educated at Amersham Hall School, Reading, and having matriculated at the University of London he entered as a student at St. Bartholomew's Hospital. His career at "Bart.'s" was very successful; from the first he was a marked man, for his great ability and industry were associated with such a robustness of character and also such a

merry humour that all who knew him were drawn to him and were helped by his example.

He passed his medical examinations with ease, took Honours in Obstetric Medicine at the Final M.B. examination, and in 1883 graduated as M.D.Lond.

He filled the office of House Surgeon at St. Bartholomew's and afterwards was successively House Physician to the Royal Hospital for Diseases of the Chest, and Resident Medical Officer and Anæsthetist to the Hospital for Women, Chelsea.

Having thus fitted himself for practice he took a house in South Kensington, and quickly gathered about him a large practice. His patients highly valued him, for his medical knowledge and experience were combined with such kindliness of heart and strong common sense that they found him to be not only a wise medical adviser but a strong and true friend. The high esteem in which he was held was strikingly shown by the large gathering of mourners who attended his funeral service.

But Harper's activities were not limited by the demands of his practice, and for many years he devoted a good deal of time to the Medical Corps of the Volunteers.

Joining the volunteer M.S.C. in 1894, Dr. Harper in due course became Captain, Major, and then Lieut.-Colonel in that Force. In April, 1908, he was appointed to the 3rd London Field Ambulance, and in 1912 he was promoted to the rank of Colonel and made A.D.M.S. 1st London Division. He was intensely interested in his military duties, and threw himself into the work of training his Ambulance Units with great enthusiasm and success. At the outbreak of the war he laid aside his practice and devoted himself wholly to his work as A.D.M.S., and he only gave up this work when he was a broken man, too ill to do it.

Harper was a man of fine presence, and in his physical vigour as well as in his strength of character, tempered by a deeply religious spirit, he showed the influence of his Scottish parentage. About four years ago he underwent a serious operation, and although he recovered and resumed his practice, his work afterwards was often carried out under difficulty. Early this year signs of increasing illness showed themselves, and, in spite of rest and the efforts of trusted and attached medical friends, his weakness increased and he passed away on March 24th.

None who ever knew James Harper will ever forget him. His elevation of character placed him quite above the ordinary run of men. His perfect integrity made him a tower of strength.

Dr. Harper was twice married, first to Miss Helen Watson Brand, daughter of the late Alexander Brand, U.S. Consul, Aberdeen, and later to Miss Annette Ellen Grant, youngest daughter of the late Admiral Henry Duncan Grant, C.B. He left three sons and two daughters, and one son was lost in the war, in the explosion of the "Princess Irene."

CORNELIUS HANBURY.

ANOTHER grand old Bart.'s man has gone to his rest. Cornelius Hanbury was born in 1827, and so had reached the fine old age of 89. He came of long-lived stock, his mother being 108 years of age at her death.

After qualifying from St. Bartholomew's as M.R.C.S. in 1849, he never engaged in private practice, but associated himself with the firm of Allen and Hanbury, founded in the City of London in the year A.D. 1715. In 1868, with his cousin, Daniel Hanbury, F.R.S. he became virtually the head of the firm, and initiated those developments which have since raised the firm to its present flourishing position in its bi-centenary year. His old Hospital always had a warm place in his affection, and this has been transmitted to other members of his family.

Mr. Hanbury was a past Treasurer of the Pharmaceutical Society, and a Governor of our Hospital for many years.

STUDENTS' UNION.

THE Annual General Meeting of the Students' Union was held in the Abernethian Room on March 13th, 1916.

Mr. Waring was in the chair.

The minutes of the last general meeting were read, altered in detail, and confirmed.

The Hon. Treasurers' report was then read by Mr. Girling Ball, who announced that the expenditure in general had been less owing to the lessened activity of the various clubs, and that the profits of the JOURNAL, together with the generous gift of the Catering Company, had ensured a small but satisfactory balance when added to the £100 given by the Medical School.

It was proposed by Mr. Powell, and seconded by Mr. Mackenzie, that the Secretary be directed to convey the thanks of the Union to the Medical School and Catering Company for their help. Carried unanimously.

The Secretaries' report was then read. Mr. Braun proposed, and Mr. Powell seconded, that the report be received. Carried without discussion.

The election of officers was then taken:

Mr. Waring was re-elected President.

Messrs. Gask and Girling Ball were re-elected Hon. Treasurers.

The results of elections to the Council were then read:

Constituency A.—Messrs. L. I. Braun, J. P. Ross, F. E. G. Watson, N. F. Smith, E. I. Lloyd.

Constituency B.—Messrs. H. L. Sackett, C. Shaw.

Constituency C.—Messrs. H. C. C. Joyce, K. A. I. Mackenzie, E. H. Glenny.

Constituency D.—(Not yet elected.)

Special Business.—Mr. Joyce, seconded by Mr. Mackenzie, proposed that the following addition be made to Rule 27:

"The Senior Secretary so elected shall be *ipso facto* a member of the Council for the following year, and shall represent ConstituencyA."

An amendment was brought forward by Mr. Davenport, who said that it was desirable for the Secretary to be a full voting member without representing any constituency. Mr. Watson seconded, and discussion took place.

A formal motion was then proposed by Mr. Ison and seconded by Mr. Davenport that the rule be amended thus: "The Senior Secretary so elected shall be *ipso facto* a full member of the Council for the following year." This was carried unanimously, and the Secretary was directed to make the necessary alteration.

Mr. Green, in an able speech, in which he showed how much the Union was indebted to Mr. Waring, proposed a hearty vote of thanks to the Chairman. His proposal was carried with acclamation. Mr. Waring replied.

A vote of thanks to Hon. Treasurers and Hon. Secretaries was proposed, seconded, and carried unanimously.

Mr. Girling Ball for the Hon. Treasurers and Mr. Joyce for the Hon. Secretaries, replied, and the meeting was then adjourned.

ST. BARTHOLOMEW'S HOSPITAL WOMEN'S GUILD.

THE Fourth Annual Meeting is fixed for View Day, Wednesday, May 10th, at 4.45 p.m. in the Great Hall. The Hon. Secretary, Mrs. Norman Moore, 67, Gloucester Place, W., will gladly send a card of invitation to anyone who will apply to her.

REVIEWS.

ON MODERN METHODS OF TREATING FRACTURES. By ERNEST W. HEY GROVES, M.S., M.D., B.Sc.Lond., F.R.C.S.Eng., Surgeon to the Bristol General Hospital. Bristol: John Wright & Sons, Ltd., 1916.

"The problem of the treatment of fractures (occurring in the extremities. Rev.) consists in the rapid restoration of the injured limb to certain and complete function. To this end three things are necessary: (1) The will of the patient; (2) a sufficiently perfect restoration of the form of the bone to allow of perfect joint action; and (3) the preservation of the full vitality of the circulation and neuro-muscular apparatus."

By the above quotation it will be seen at once the task Mr. Groves has set himself, and any fresh and convincing light thrown upon the question must commend itself to every surgeon and to most general practitioners. The nature and number of the fractures of bones of the limbs in the present war brings the subject into particular and important prominence just now, and makes the book most opportune.

The author begins his work with a survey of old methods, which he sums up, and perhaps quite rightly, in the words: "Hence it is that the method which goes back to the Pharaohs seems likely to flourish for generations to come, so long in fact as 'laissez-faire,' 'solvitur ambulando,' and 'wait and see' are still popular mottoes."

The volume of 286 pages is a lucid, not to say bold, statement of the opinions of this surgeon based upon theory, careful observation, experiment, and practice.

He rightly avers that it is by the introduction and proper use of the X rays that it has now become possible to diagnose and treat fractures in something like a scientific manner. The chapters which follow the introductory one are concerned with massage and mobilisation, extension methods, operative treatment of closed fractures, the treatment of open fractures, and ununited fractures.

Because the book contains much which is novel, much which is useful, and much which has come to stay, it should be in the hands of every surgeon and all R.A.M.C. officers.

PRINCIPLES OF GENERAL PHYSIOLOGY. By W. M. BAYLISS. (Longmans, Green & Co.) Pp. 850. 259 illustrations and diagrams. Price 21*s.* net.

This work does not pretend to deal in specific detail with every branch of human physiology. Rather it is an attempt to bring together all that is known of the mechanism and principles underlying physiology as a whole. In this attempt the author has been eminently successful. He has brought out remotely hidden facts which do not often come within the view of the average student of this science, facts published in papers which have little or no other bearing upon physiology. There is a very full bibliography nearly a hundred pages in extent which should be of inestimable service to those engaged in research or interested in the subject beyond the mere examination standpoint. The book is a literary masterpiece, and the incisive and well moulded sentences which follow one another throughout are a pleasure in themselves. We can confidently recommend this book to all students taking the higher examinations in physiology and to all others with a real interest in its hidden wonders.

DISEASES OF THE THROAT, NOSE, AND EAR. By W. H. KELSON. (Henry Frowde, Hodder & Stoughton.) Pp. 270. 89 illustrations. Price 8*s.* 6*d.* net.

This book is intended for the use of general practitioners and senior medical students. It is probably of more use to the former than to the latter, for although the author deals with most of the pathological conditions in a lucid manner, he does not describe the major operations in any detail, devoting most of his teaching on treatment to the minor operations likely to be performed by the general practitioner. The student, however, at the time of his examination, is expected to know details of major operations, and is, therefore, more likely to read a more comprehensive work than this. As a book of reference for the practitioner it is, however, excellent, being concise, well indexed, and up to date in diagnosis and treatment. The anatomical notes should also be of service, and the illustrations, which are clear and well executed, are sufficient to render all the more complex descriptions readily assimilable.

SURGICAL NURSING AND TECHNIQUE. By C. P. CHILDE, F.R.C.S. Eng. Second edition. Crown 8vo. Pp. xvi + 229. (London: Balliere, Tindall & Cox.) Price 3*s.* 6*d.* net.

At a time when nursing all over the country has become even more popular than it was, the appearance of a second edition of this book is opportune. Although the first edition was written mainly for the Nursing Staff at the Royal Portsmouth Hospital, the second edition should have a wider interest.

The principles underlying antiseptic and aseptic surgery are explained, and the working routine employed by the author laid down in a clear and useful manner. What deviations from the author's ideal various institutions make can easily be assimilated

provided that the underlying principles are clear, as they are made in this book. Some useful sections deal with urine testing, and the preparation and after-treatment of the patient.

We can recommend this as a small but useful nurse's manual.

Physiology for Nurses. By W. B. Drummond, M.B., C.M., F.R.C.P.Edin. Pp. 204. (London: Edward Arnold.) Price 2*s.* 6*d.* net.

It is almost as difficult to criticise as to write a small book on a large subject. Books on physiology have now so grown as to be hardly recognisable as the outcome of the smaller books of years ago, and now when an elementary book is written, the essentials or foundations of the subject have again to be compressed into the compass of those smaller books. Also, the subject has to be made intelligible to those who know nothing, and at the best require only to learn little of this great and important science. It is extremely difficult to determine at what point to leave off, for there is enough for the nurse to study without going into unnecessary detail, and yet it is so often the little more that makes the subject of interest. We are inclined to think that the standard of intelligence this book credits to the modern nurse is rather low—in other words, the subject is dealt with in a manner a little too elementary. We cannot, at this Hospital, overlook that William Harvey, who gave prominence to the circulatory theory, was one of our physicians, and do not like to see his Christian name given as John.

CORRESPONDENCE.

IN THE DAYS OF 1872.

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

Sir,—I regret that the reference to Skey's last lecture should have introduced a discordant note into the happy memories which Mr. Lupton has retained of his student days at Bart.'s. Nevertheless, the facts were as I stated them. Had Mr. Lupton been present at the lecture doubtless, also, his memory would have been burdened with the continuing vividness of a regrettable scene. I hold no brief for those who were the offenders; but in justice to them some additional facts may be stated. There was nothing of personal offensiveness directed against Skey. The students, with whom the theatre was half-filled, were merely in a boisterous mood. The occasion was a stifling, perspiring afternoon in July, just before the end of the session. Up to this point, under the laxity of authority, the students acted perhaps as students, naturally, at times are disposed to do. But the regretfulness of the scene arose from the fact that Skey looked ill: that the disturbance plainly hurt his feelings. Possibly, too, from the effort his task was plainly causing him, there was sadness passing through his mind that the end of his lecturing days had come; that never again would he be able to stand in that theatre and discharge his duty as a teacher; conceivably, also, he was desirous to avoid, whatever his virility had been in former days, any contentious or disciplinary encounter with the students, feeling himself unequal to the task. In this way may be explained his complete disregard of the disturbance, his restraint of resentment, his forgiveness, shown by the absence of any rebuke for the interruptions to which he had been subjected. The chief disturber sat in the top row of the theatre, close to the doorway, and were I to mention his name it would at once be recognised as that of a prominent official connected with a medical organisation, to which in this connection it would be impolitic to make further allusion. And now may be added a few more "notes." Holmes Coote was "cutting for stone" one day in the theatre; Tom Smith, as his assistant surgeon, was holding the staff. Coote, after in vain trying to grasp the stone with the lithotomy forceps, suddenly desisted, threw the forceps down upon the floor, and without a word walked out of the theatre, leaving Smith to complete the operation. It is surprising nowadays to recall the frequency with which lithotomy appeared in the list of operations performed at the hospital in the early seventies, and while dressing for Callender I can recall a case of lithotomy—that of a lad of 16—in which death occurred from general septic peritonitis. A student was attending Gee's out-patients' department one day. "Please, sir," he said, "can you tell me the difference between a hypodermic and a subcutaneous injection?" "Yes, Mr. ——, I think I can," replied Gee, a quaint smile passing over his face. "The only difference that I know is that hypodermic is a Greek word, and subcutaneous is a Latin one, and they both mean the same." It was the same student, I believe, who attended a clinical lecture on Pseudo-Hypertrophic Paralysis. He took copious notes, and they were headed with the legend beginning with the word "sudo"—and thus we are confronted with the egregious folly of many of the Universities adopting the policy of refusing to recognise that a knowledge of Greek and Latin is necessary to a medical student's education. What, in the days to come, will the educated patient, of the University class, think of his medical man displaying a glorious ignorance of the common elements of these two classical, though indispensable languages?

With, however, pardons numerous, though at the same time healthy on section showing no amyloid reaction with iodine—almost now a vestigial incident in a bygone pathology—nor fibrositic features, nor yet the results of an angiomatous installation—for the length of this letter,

I beg to remain, Mr. Editor,
Yours truly,
Percy Dunn.

Wimpole Street, W.,
April 12th, 1916.

BRIBING THE LORD MAYOR TO GIVE PARTIES IN MARCH.

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

Sir,—In a paper which will be read with much interest by many who, like myself, have not the honour of being "Bart.'s men," Mr. Lupton refers to a distinguished member of the bygone Hospital staff, the late Dr. James Andrew. This reminds me that Dr. Andrew told me that there was a tradition that the doctors of London, three hundred years ago, had bribed the Lord Mayor to give parties in March! As St. Bartholomew's is the only medical centre within the City, may I ask whether anyone connected with the Hospital knows of any evidence to support such a tradition? At the present time both the Mayoralty and the profession stand so well in public favour that inquiry into such a matter is not likely to do harm, while, as a matter of historic medical gossip, the tradition may be worth recording.

Yours, etc.,
S. D. Clippingdale, M.D.

April 12th, 1916.

EXAMINATIONS.

Conjoint Examination Board.

First Examination. March–April, 1916.

Part I: Chemistry.—M. N. Eldin, J. A. Mackay-Ross, H. L. Sackett.

Part II: Physics.—M. N. Eldin, J. A. Mackay-Ross.

Part III: Elementary Biology.—L. E. R. Carroll, D. H. Cockell, B. Goldfoot, J. A. Mackay-Ross, J. A. Morton, T. B. Thomas, J. S. White.

Part IV: Practical Pharmacy.—G. E. Burton, S. G. Harrison, N. F. Smith, C. H. Terry, I. G. Williams.

Second Examination. April, 1916.

Anatomy and Physiology.—L. Handy, F. W. Lemarchand, L. D. Porteous, V. A. T. Spong, W. S. Tunbridge.

NEW ADDRESSES.

Bennett, F. D., 18, Savile Row, W. Tel. 594 Regent.
Cane, L. B., Capt., R.A.M.C., c/o Chartered Bank of India, Bombay.
Chandler, F. G., 29, Nottingham Place, W. Tel. Mayfair 5288.

GILL, J. F., David Lewis Northern Hospital, Liverpool.
GILLIES, H. D., Cambridge Hospital, Aldershot.
HILTON-HUTCHINSON, R., The Lindens, Arundel Road, Littlehampton, Sussex; and c/o Holt & Co., 3, Whitehall Place, S.W.
HOGAN, C. E., 124, Barons Court Road, W. Tel. Hammersmith 1605.
LOW, G. HARVEY, 6B, Cavendish Parade, Clapham Common, South Side, S.W.
RYLAND, A., Cambridge Hospital, Aldershot.
SMALLHORN, C., Thorpe House, Billinghay, Lincolnshire.

Lieut. S. W. ISAACS, R.A.M.C., has changed his name by deed poll to S. W. BURRELL.

Dr. N. S. KOCH has changed his name by deed poll to N. S. SHERRARD, and his address to 3, Cromwell Place, Highgate, N.

APPOINTMENTS.

CHANDLER, F. G., M.B., B.C.(Cantab.), M.R.C.S., L.R.C.P., appointed Temporary Assistant Physician, Queen's Hospital for Children.
GILL, J. F., M.B., Ch.B.(Aberd.), appointed House Surgeon at the David Lewis Northern Hospital, Liverpool.
MORGAN, A. T., M.D.(Brux.), L.S.A.(Lond.), appointed Public Vaccinator for the Ashley District by the Bristol Board of Guardians.
VAKIL, C. B., M.R.C.S., L.R.C.P., appointed to X-ray Department of Islington School-children Treatment Centre.

BIRTHS.

CLARKE.—On March 28th, the wife of Lieut. H. H. Clarke, R.A.M.C., of a daughter.
FRAZER.—On March 8th, at 33, Colville Square, W., the wife of Prof. J. E. Frazer, F.R.C.S., of a son.
GASKELL.—On March 20th, at 23, Ladbroke Grove, W., the wife of John Foster Gaskell, M.D., Capt., R.A.M.C. (T.), of a son.
LAMPLOUGH.—On March 25th, at Bredon, Alverstoke, the wife of Wharram H. Lamplough, M.D., temp. Lt., R.A.M.C., 31st General Hospital, Port Said, of a daughter.
REICHARDT.—On April 4th, at Dorset House, Ewell, Surrey, the wife of E. N. Reichardt, M.D.Lond., of a son.
STRANGEWAYS.—On April 14th, at Luard Road, Cambridge, the wife of T. S. P. Strangeways, of a son.
WALLACE.—On April 24th, at Woodrouffe House, Milford-on-Sea, Hants, the wife (*née* Agatha Baily Harris) of 2nd Lieut. C. R. P. Wallace, East Yorkshire Regt., of a son.
WINTER.—On April 19th, 1916, at John o'Gaunt's House, Lincoln, the wife of Capt. E. S. Winter, R.A.M.C. (T.), of a son.

MARRIAGES.

CLARKE—WAKELING.—On April 5th, at Christ Church, Shooter's Hill, by Rev. R. S. G. Sampey (Vicar), Roger H. Clarke, Surg. Prob., R.N.V.R., son of the late Edward Nalder Clarke and Mrs. F. J. Powell, to Marjorie Blanche, elder daughter of Mr. and Mrs. H. Wakeling, of Chesterton, Cambridge.
JONES—BULLEN.—On February 29th, at St. Margaret's, Westminster, by the Rev. F. E. Coggin, assisted by the Rev. E. R. Price-Devereux, Philip T. Jones, Capt., R.A.M.C., M.R.C.S., L.R.C.P., third son of the late Richard Jones and Mrs. Jones, of Poulstone, Hereford, to Eirene Annie, elder daughter of the late Rev. R. Ashington Bullen and Mrs. Bullen, of Hilden Manor, Tonbridge.
PHILLIPS—GANBRILL.—On March 3rd, at the Parish Church, Edgbaston, Birmingham, by Canon Reader Smith, Capt. Alfred Percy Phillips, R.A.M.C., third son of G. A. Phillips, Esq., J.P., of Hardwick Lodge, Streetly, to Norah, third daughter of N. S. Ganbrill, Esq., Brockley, S.E.
SMERDON—WHITE.—On March 7th, at the Church of St. Mary Magdalene, Enfield, Edgar Wilmot Smerdon, M.D., F.R.C.S., Lieut., R.A.M.C. (T.C.), son of Col. and Mrs. F. G. B. Smerdon, of Oaklands, Binfield, Berks, to Hilda Mercédes, daughter of the late Mr. John White and Mrs. White, of Valencia, Spain, and "Alameda," Palmerston Crescent, London, N.
TOLLER—COURT.—On March 1st, at St. Peter's Church, Malvern Wells, by the Rev. Canon Park, M.A., Vicar of Highnam, Gloucester, assisted by the Rev. G. K. M. Green, Vicar of the Parish, Charles W. E. Toller, M.D., of Ilfracombe, only son of the late C. H. Toller, Esq., late Commissariat Dept., to Ella Milward Court, of Shelsley, Malvern Wells, elder daughter of the late Philip Wathen Court, of Tankatara, Port Elizabeth.
WILSON—MOTTERSHALL.—On the 12th inst., at the Church of St. Bartholomew the Great, London, by the Rev. M. G. Davis, Walton Ronald Wilson, Lieut., R.A.M.C., only son of Dr. and Mrs. Wilson, Forest Hill, to Emily Constance Mottershall, niece of Mr. and Mrs. Walter Southern Hunt, "Castle Mount," Eastbourne, formerly of "Castle Mount," The Park, Nottingham.

DEATHS.

GRELLET.—On April 26th, at Orford Lodge, Hitchin, Charles John Grellet, M.R.C.S., L.S.A., aged 73.
GUNDLACH.—On March 26th, 1916, at 138, Upper Clapton Road, N.E., John Gundlach, M.R.C.S., L.R.C.P., aged 42.
HANBURY.—On Tuesday, April 11th, 1916, at the Manor House, Little Berkhampstead, near Hertford, Cornelius Hanbury, in his 89th year.
HUMPHRY.—On April 16th, at 2, Marlborough Terrace, Glasgow, Arthur Dumville Humphry, M.R.C.S., L.R.C.P.Eng., late of Kurseong, India, aged 49.
MORRISON.—On April 21st, at 23, Weymouth Street, Portland Place, W., James Morrison, M.D.Lond.
PHELPS.—On April 8th, at Baxter Gate, Loughborough, Philip Phelps, M.R.C.S.Eng., L.R.C.P.Edin., L.M., aged 63.
STRICKLAND.—On March 25th, at Naringla, Craneswater Park, Southsea, Fleet Surgeon Charles C. Strickland, R.N. (Retired.)
TRESIDDER.—On April 22nd, C. T. Tresidder, Captain, Gloucester Regiment, from wounds.

ACKNOWLEDGMENTS.

British Journal of Nursing, Nursing Times, New York State Journal of Medicine, Guy's Hospital Gazette, L'Attualita Medica, Long Island Medical Journal, The Medical Review, The Hospital, St. Mary's Hospital Gazette, Magazine of the London (Royal Free Hospital) School of Medicine for Women, St. Bartholomew's Hospital League News.

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