PHYSICAL ACTION OF CHLOROFORM.

This can be avoided by very gradually and very evenly increasing the chloroform dosage. By so doing you very gradually and very evenly increase the air shortage. The respiratory machine corresponds to a stimulus of less air, provided that stimulus be a gradually and evenly increasing one. Should the increase be made too abruptly, then, as we have seen, pulmonary "arteriole spasm" and an inert mass of chloroform vapour together bring respiration to a standstill.

Responding to a gently progressive stimulus breathing becomes progressively faster, deeper, more vigorous—able to keep an ever-increasing chloroform dosage in free circulation into and out of the airway.

Should mechanical obstruction or emphysema be present, or any other condition causing weak air entry, then the chloroform will have to be pushed still more gradually (the degree of graduation being proportional to the degree of abnormality present). As additional precautions free oral breathing should be secured by insertion of a mouth-prop; the tongue should be kept in its normal position and the base of the jaw not allowed to sag back.

Hewitt's oral airway and Longhurst's tongue depressor are both very useful in this connection. A little ether may be given also to whip up respiration. Great care must be taken as to the correct "lie" of the patient on the table—nothing in it being allowed to hamper free respiration, *e.g.* the patient's chest not being "splinted" by means of her arms pressed close to her side, bent at the elbows, hands and forearms crossed on the breast; or, again, the lithotomy position, extreme flexion of thighs on abdomen in a fat patient must not be allowed since it may make respiration impossible.

NEGATIVE ACTION OF CHLOROFORM.

Like the physical action this is counter-acted by increased vigour and frequency of respiration. A point, however, may be reached where this counteraction becomes insufficient, and deficient aeration makes its appearance. This is especially liable to occur in very full-blooded people and in alcoholics and drug-takers, all of whom need a very large dosage. Of course in these conditions it is often wiser not to induce with chloroform at all. It occurs too, sometimes, when weak chloroform is being used. The measures mentioned in connection with physical action help here too. A preliminary injection of morphia or omnopon may be useful, so that the patient is already on the way to anæsthesia when he mounts the table. Test your chloroform, and make certain that is of standard strength. Preliminary depletion (to be spoken of later) is good treatment for this complication. In extreme cases it may be necessary to allow a certain amount of cyanosis during the induction.

Less chloroform is needed for maintenance, and the surgeon should not be allowed to start till the normal colour of the arterial blood has been resumed, as the combination of chloroform, pulmonary arteriole-spasm, and surgical stimulation is such an extremely dangerous one. If some degree of cyanosis is a necessity let it be with ether, and never with chloroform, whilst surgical stimulation is going on.

THE GLUTINOUS CHLOROFORM-SECRETION.

This can be avoided in two ways:

(1) Give the patient (adult) $\frac{1}{120}$–$\frac{1}{100}$ gr. of atropine at least one hour before induction—as a routine—only avoiding it in cases where secretion is initially unusually scanty. Examine the patient's oral cavity just before induction, and if secretion still be free, give a gargle of alum or Condy's fluid fairly strong. Where exceptionally free secretion is met with the anæsthetist will be on the alert throughout the administration for the first warnings of dangers from it. He will watch for swallowing during the induction—for weakening respiratory movements, and for the slightest indication of commencing cyanosis. He may periodically pass a sponge through the fauces and mop round the glottis, and notice the amount and character of any resulting secretion on the swab, and whether any change in breathing or colour follows.

It must be remembered that atropine will probably have the effect of paralysing, or at any rate weakening, the contraction of the pulmonary arterioles' muscular coat, so that: (1) Their protective action against a blood overdose of chloroform reaching the systemic circulation is lessened. (2) On the other hand, any vagal action is obviated. (3) Sudden dangerous complete spasm blocking the pulmonary circulation (such as I believe you occasionally get with an abrupt overdose of ethyl chloride) is likewise obviated.

(2) Increase the chloroform dosage during induction *extremely gradually especially for the first two or three minutes.* After a time the airway becomes less sensitive to irritation, and the rate of increase of chloroform may be quickened. Probably the local action of the chloroform-vapour deadens the mucous lining to some extent after a time, or else a thin coating of glutinous secretion protects.

The respiration must be watched very closely, for the dosage of chloroform depends upon it once the induction is complete.

Weak breathing during induction means a slow induction, and must not be allowed to continue, since it hinders access of chloroform to the blood. Once the blood is thoroughly under the influence of chloroform it is a matter of circumstance whether or no weak breathing should be allowed. To anyone who is not thoroughly expert, thoroughly master of the situation, I should say, "Never under any circumstances permit weak breathing to continue, as it is un-

doubtedly a potential danger. So long as you maintain efficient respiration with the normal complexion you need have little fear. If, under such circumstances, crisis should occur, it is almost certain that chloroform has nothing to do with it, and with appropriate treatment the patient is bound to recover."

An expert on the other hand may find it very convenient to allow feeble breathing—or even to provoke it. The blood being once fully chloroformised, feeble breathing simply means a condition *approaching* chloroform-equilibrium. *Complete* chloroform-equilibrium may now be secured by periodically adding a drop or two of chloroform, thus making good to the blood periodically the very slight chloroform-loss occasioned by feeble breathing.

The simile of a vessel of water with a hole in it illustrates my meaning aptly. With a large hole the vessel quickly fills and quickly empties. With a small hole it slowly fills and slowly empties, and a little leakage is easily made good.

When this trance-like anæsthesia is typically present the patient keeps a perfect colour, breathing movements are so slight as to be only just perceptible, and the condition is obviously one of perfect restfulness (the "dewy sleep of infancy" you might almost call it). You are most unlikely to be able to attain such an ideal in, say, a severe abdominal operation with extreme visceral and peritoneal stimulation, but it is admirably suited for plastic operations where a couple of hours, say, is to be spent in repairing a scarred cervix and badly torn perineum. I have several times attained it, too, in Alexander's operation—though here the traction on the round ligament momentarily upsets it. It is obviously a valuable state, to the expert anæsthetist, because a tedious two hours' operation becomes, under this trance-anæsthesia, less tiring than a ten minutes' operation under ordinary anæsthesia. How is this state produced? I do not know exactly, but it is probably a complex state whose components are:

(1) A moderate degree of physical action of chloroform;
(2) A moderate degree of glutinous chloroform secretion;
(3) Slight displacement backwards of the base of the tongue;
(4) A non-excessive degree of surgical stimulation.

"Trance-anæsthesia," if I may so christen it, has another manifest advantage for all "habitués" of operation theatres. Far less chloroform diffuses into the theatre-atmosphere; those who are constantly giving chloroform realise how it upsets them.

To Revert to the Blood.

Consider carefully its quantity and quality and adjust your dosage accordingly.

In extremely full-blooded people it may be desirable either to deplete by purges and moderation in diet some days before administration, or to deplete locally immediately before operation. The latter object may be attained in several ways:

(1) Position: Raising the head and shoulders and lowering the legs, or
Keeping the whole body, head raised, upon an inclined plane.
(2) Drawing the blood to the feet by means of a foot-bath of mustard and hot water. The blood once drawn to the feet may be kept from returning to the main circulation by bandaging sufficiently tightly to prevent return.

This is practised, I believe, on the Continent by certain surgeons. Theoretically it has another advantage, which is this:

The blood so shut off does not come into contact with chloroform till it is returned to the main circulation at the end of an operation by loosening the bandages. Thus, during the period of recovery the body is flooded with a quantity of un-chloroformised blood. This blood, though stagnating during the operation, quickly returns to the normal on passing through the pulmonary circulation. Once having regained the normal this blood is able to quickly and efficiently re-oxidise the body, and thus brings about a rapid and efficient recovery. I have no personal experience of this method, but its advocates praise it.

To me it is of doubtful advantage, except in exceptional cases. It cannot be a very good thing to keep a considerable portion of the body's blood stagnating for an hour or two. I should have thought that stagnated blood might become more injured than lightly chloroformised blood.

Certainly, however, it would be advantageous from the point of view of promoting a smooth induction in certain full-blooded patients.

Dr. Hornabrook of Melbourne first pointed out to me the advantages of raising the head during induction. There is less blood in the cerebral circulation and consequently less excitement, and less anæsthetic is needed to induce, consequently there is less risk of a blood-overdose. Needless to say, in anæmic patients you would not raise the head. Anæmia is a more dangerous condition, anæsthetically, than is full-bloodedness. Its chief dangers we have mentioned already, but apart from them, anæmia means malnutrition and malnutrition means body tissues less able to meet and allow for any adverse circumstance. Apart from the blood-danger an ill-nourished brain and weak ill-fed musculature (heart, blood vessels, and respiratory muscles) may readily fail their owner in a moment of crisis.

Another thing which makes anæmia dangerous is that changes in the colour of the arterial blood are so hard to discern. Choose some organ like the tongue where arterial colour-change is plainest to the eye and watch it most carefully. Venous distention is not masked in anæmia, and consequently becomes exceptionally valuable as a sign of

danger. Watch the temporal veins, and also the small veins on the pinna of the ear. These small veins are of the utmost value to the anæsthetist for "spotting" venous distention in its earliest stages and venous distention with chloroform spells danger. As we have already said, muscle-phenomena in anæmic patients are very feeble and do not give you much warning, but if you notice slight "epileptiform" twitchings of the fingers in an unconscious anæmic patient—stopgiving the anæsthetic—do not push it, thinking you are dealing with anæsthesia. These twitchings signify imminent crisis. Sallow people and coloured races provide the same difficulty as anæmics. You must choose an accessible mucous membrane in which to watch for colour changes in the arterial blood. To any but an expert I should certainly say open ether is far safer than chloroform for the anæmic.

Another thing the anæsthetist has to consider is hæmorrhage. Remember that bleeding very greatly hampers the surgeon in his work, and is probably the chief cause of shock. The anæsthetist is quite as responsible for bleeding as is the surgeon.

Wherever there is the least cyanosis and venous distension, there you will get excessive bleeding, and often you can greatly check bleeding and help your surgeon by changing from ether to chloroform, though be careful how you do it, as such changes are apt to be rather "tricky." I fancy the change from chloroform to ether is a more dangerous change than from ether to chloroform.

Another reason why you should carefully watch the amount of bleeding is that you must be guided by it to judiciously lower your dosage of chloroform. The pulse does not show the effect of moderate bleeding immediately, but after a short interval, and in such bleeding you must adjust your dosage to the near future of the pulse rather than to its actual present.

In fever cases and toxæmias give ether as lightly as possible, or if giving chloroform give oxygen both before it and with it to get the blood into as healthy a condition as possible.

The end word with regard to the blood is this:

"Watch like a hawk the colour of the arterial blood, and watch equally carefully for the earliest sign of venous distension. This intense concentration of the anæsthetist upon the veins and upon the colour of the arterial blood, enabling him to detect the very earliest signs of distension and darkening (which mean pulmonary arteriole-spasm and are SYNONYMOUS WITH DANGER and with unnecessary exhaustion of the patient's reserve fund of vitality), is far and away the most important thing in the whole range of anæsthetic practice—FAR MORE IMPORTANT EVEN THAN WATCHING THE RESPIRATION.

The blood is the direct seat of chloroform's chemical action, and is therefore the prime action for prophylactic observation.

Space forbids me to dwell on the many other interesting points raised in our analysis.

One thing must be mentioned—Fear. Avoid it by every means in your power. Tact can do wonders, but some cases need to be stupefied before induction.

Fear lowers blood-pressure dangerously, tunes vagus and sympathetic centres far above concert pitch, exaggerates reflexes and makes them unduly persistent, tends to vomiting, and so excites the cerebral centres that much more anæsthetic than usual is needed to overcome them. Fear is always most upsetting; it is sometimes highly dangerous.

We have constructed now the broad principles of a safe and sound method for administering chloroform.

Space forbids that I should consider such a method in detail here.

In conclusion, I should like to say that nearly all the ideas in this paper have been either taken from or suggested by Mr. Richard Gill's great classic, *The $CHCl_3$ Problem*, a close study of which is most desirable for anyone who seeks thoroughly to master the theory and practice of anæsthesia.

LITERATURE.

For evidence in favour of the facts regarding spasm of pulmonary arterioles and consequent stoppage of the pulmonary circulation, refer to:

(1) *Circulation and Respiration*, 1st series, Sir Lauder Brunton, pp. 331–333.

(2) *Brit. Med. Journ.* 1894, April 21st, p. 841 *et. seq*: 'The influence of the Arterioles etc.' by Sir George Johnson, M.D., F.R.C.S.

(3) *The Asclepiad*, vol. ii, Sir Benjamin Ward Richardson.

N.B.—It is interesting to note in Sir Lauder's experiments that he found a *cold moist* atmosphere presented to the pulmonary alveoli caused a narrowing of the arterioles to two-thirds their original lumen. Irritant $CHCl_3$ vapour had a similar affect but more marked. A *warm moist* atmosphere is the natural environment of airway—terminal alveoli, and arterioles, and should always be maintained.

A CASE OF PARTIAL PNEUMOTHORAX.

By P. O. ELLISON, M.R.C.S., L.R.C.P.

THE patient, a man, æt. 43, of Hebrew nationality and by trade an outdoor general outfitter, was admitted to Matthew Ward on October 3rd, 1916, complaining of shortness of breath.

In 1905 a troublesome and intractable cough first began, and in June, 1906, the patient had a hæmoptysis. In August of that year he was admitted to Daneswood Sanatorium with signs of pulmonary tuberculosis involving three lobes. The bacilli were not found in the sputum, and at his discharge he had gained in weight 19 lb., and his evening temperature was normal.

In 1907 he was again admitted to Daneswood with implication of four lobes. He had had another hæmoptysis in June, 1907, up to which time he had been at work.

Tubercle bacilli were found in the sputum on several occasions. He improved considerably, and gained 14 lb. during his stay. He was subsequently readmitted in April, 1915, and made good progress.

The patient remained well and was able to do his work without discomfort until the end of August, 1916. Gradually he became aware of some difficulty in breathing accompanied by pain in the abdomen, which increased on the slightest exertion. His idea of the actual onset was somewhat vague, and he was unable to say whether it was sudden, or in any way connected with undue exertion. The difficulty was quite sufficient to prevent him from attending to his stall, though he got some relief after rest, and his trouble did not become increasingly worse.

He complained of cough with very little sputum. He has had no night sweats, nor recent hæmoptysis. The appetite was poor and the bowels sluggish. He has not indulged in alcohol nor tobacco.

On admission, the temperature was 99·2, the pulse was 100, and the respirations were 22. He was thin, of sallow complexion, but did not appear to be in any great distress.

The chest was poorly covered, with retraction of both apices. Expansion of the chest was not good, but apparently equal. Vocal vibrations were absent at the lower part of left chest and axilla. The percussion note was markedly impaired at both apices in front and behind, but hyper-resonant at the left axilla and lower part of the chest in front and behind. In these latter regions breath sounds and voice sounds were inaudible; whilst at the right apex in front and behind could be heard bronchial breathing, bronchophony, and whispering pectoriloquy. Marked inspiratory crepitations were heard on both sides to the level of the third rib in front, and the spine of the scapula behind. Neither bell sound nor splashing were obtanied.

An impaired percussion note corresponding to the heart could be detected 1 in. to the right of the sternum from the fourth to the sixth ribs.

X rays showed a pneumothorax of the lower part of the left chest, the lung lying partially collapsed with the edge parallel to the vertebral column. The heart was seen, elongated vertically, lying behind the body of the sternum.

The patient did not require any relief for pain. He was given a generous diet, with cod liver oil, and strapping was applied to the left chest.

On Nov. 9th the X rays suggested that the lung had somewhat expanded; and the patient's breathing was clearly much improved, and much less short. Very feeble breath sounds could be detected over the affected part. Shortly afterwards the signs in the chest improved somewhat rapidly, and on November 23rd the breath sounds were equal all over, and loud friction could be heard over the lower part of the left chest and axilla.

On December 1st the heart had returned to its normal position, and the hitherto affected part of the chest gave no abnormal physical signs. All evidence of pneumothorax had completely disappeared, and even the friction sound had gone. On the last two occasions the X rays gave no evidence of pneumothorax. The patient could attend to his work without discomfort, and was only troubled with a slight cough without any sputum.

The case is of interest in several ways. First the long duration of the primary disease, at least eleven years since the first onset having elapsed, during which time the patient was able to work except when an inmate of the sanatorium. Second, the occurrence of a partial pneumothorax, owing to pleural adhesions in the upper part. And third, that a diagnosis of partial pneumothorax was made on tympanitic resonance with complete absence of voice and breath sounds, without the help of a bell sound, and before X rays were used.

I am greatly indebted to Dr. Horton-Smith Hartley for permission to publish the notes of this case.

DICKENS AND THE DOCTORS.

IT is remarkable that amongst the hundreds of characters in Dickens novels there are so few doctors. Almost all the types which make up Society, from Lord Dedlock to Trotty Veck, are there in prodigal profusion; the doctor rarely. And this is stranger because the plot is often of very secondary importance. The mastery and characterisation of type, the marvellous passing show of life have made Dickens famous. No one cares very much for the plot of David Copperfield, but we are all firmly attached to Betsy Trotwood, and to Micawber. Now the doctor has always had a definite and peculiar place in society. Never a home in which some doctor's name is not an household word. How is it then, that Dickens makes so little of him?

In the first place it is probable that he never really understood doctors. Certainly he never understood them as Stevenson did when in the perfect dedication to "Underwoods" (which it is a shame to curtail) he wrote:

> "There are men and classes of men that stand above the common herd: the soldier, the sailor, the shepherd not unfrequently: the artist rarely: rarelier still, the clergyman: the physician almost as a rule. He is the flower, such as it is, of our civilisation; . . .
>
> "Generosity he has, such as is possible to those who practice an art, never to those who drive a trade; discretion, tested by an hundred secrets; tact, tried in a thousand embarrassments, and, what are more important, Heraclean cheerfulness and courage."

This feeling can come through gratitude alone. Stevenson was an invalid most of his life; Dickens, robust.

Again, Dickens was a reformer. Sometimes, indeed, he

was a reformer before he was a novelist. *Bleak House* was written in protest against the Chancery Laws; *Little Dorrit* against the Marshelsea. Throughout the novels he continually turns aside to fulminate against some passing abuse. *Tom All-Alones* was a particularly hideous slum:

> "There is not a drop of Tom's corrupted blood but propagates infection and contagion somewhere. It has polluted this very night the choice stream (in which chemists on analysis would find the genuine nobility) of a Norman house and His Grace shall not be able to say Nay to the infamous alliance. There is not an atom of Tom's slime, not a cubic inch of any pestilential gas in which he lives, not one obscenity or degradation about him, not an ignorance, not a wickedness, not a brutality of his committing, but shall work its retribution through every organ of society up to the proudest of the proud and to the highest of the high. Verily what with tainting, plundering, and spoiling Tom has his revenge."

But even then doctors were mitigating these horrors. Even then the Hospital was often the only glimpse the very poor got of a cleaner, sweeter way of living. Only once does Dickens recognise this, when Maggie in *Little Dorrit* exclaims:

> "What a nice hospital! So comfortable, wasn't it? Oh, so nice it was. Such a 'Ev'nly place!
>
> "Such beds there is there! Such lemonades! Such oranges! Such d'licious broth and wine! Such chicking! Oh, AIN'T it a delightful place to go and stop at!"

Truly Dickens once, appealing for funds for the Great Ormond Street Hospital in which he was interested, referred politely to "the most humane profession"; but his own idea was much more clearly expressed in a letter to Forster in which he remarked: "The longer I live the more I doubt the doctors." Nevertheless sometimes he brings them into novels. He, who drew the life of the times, had to; but Balzac, who is perhaps nearest to Dickens in portraying the common life of the common people, does so more frequently and much more sympathetically.

In modern fiction the Medico figures in three ways. Occasionally he is the hero; and in this case the novel is often written to commemorate some striking character.

Again (and this is quite a modern development) there is the Scientific Freak—super-detective or super-villain, it matters not—so that scientific knowledge of a kind unknown to scientists may play its part in the story.

Thirdly, there is the common-or-garden Doctor. A child is born and somebody has to officiate. In all well-regulated novels a doctor descends the stairs in order to enlighten the distracted male parent below. Or the villain thoughtfully blows out his brains (leaving a full confession) and a doctor confirms the happy news.

With the exception of typical Dickensian caricatures, most of Dickens' doctors belong to the last class.

Bob Sawyer was a Guy's man. His friend, Jack Hopkins, was from Bart.'s. Dickens, by the way, seems to mention only these two hospitals and he distributes his favours pretty equally between them. Of the two friends we do not envy Guy's her alumnus.

> "Mr. Bob Sawyer, who was habited in a coarse blue coat which, without being either a great coat or a surtout, partook of the nature and qualities of both, had about him that sort of slovenly smartness and swaggering gait which is peculiar to young gentlemen who smoke in the street by day, shout and scream in the same by night, call waiters by their Christian names and do various acts and deeds of an equally facetious description. He wore a pair of plaid trousers and a large rough double-breasted waistcoat; and out of doors carried a thick stick with a big top. He eschewed gloves and looked, upon the whole, something like a dissipated Robinson Crusoe."

Although Mr. Sawyer refused to dissect a head solely upon the ground of expense, Jack Hopkins was probably the keener worker. He regales Mr. Pickwick with some reminiscences of the operating theatre, and mentions with genuine pride one of our old surgeons, Mr. Slasher, whereof all may read in Chapter XXXII of Pickwick. Bob Sawyer was perhaps indiscreet with his drinks and (like many of his successors) found landladies an unappreciative class, but finally he and Mr. Benjamin Allen received surgical appointments in the East India Company. "They each had the yellow fever fourteen times and then resolved to try a little abstinence, since which period they have been doing well."

Alas, in these warlike days our own Bob Sawyers are with us no more.

It would be impossible in discussing Dickens and the profession to leave out Mrs. Gamp. This lady also was trained at Guy's, but her friend, Mrs. B. Prig, was from:

> "Bartlemys; or, as some said, Barklemys; or. as some said, Bardlemys; for by all these endearing and familiar appellations had the hospital of St. Bartholomew become a household word among the sisterhood which Betsy Prig adorned."

And here again it is obvious that Dickens was doing his best to pay us a compliment. Read his description of Mrs. Gamp:

> "She was a fat old woman, this Mrs. Gamp, with a husky voice and a moist eye which she had a remarkable power of turning up and only showing the white of it. Having very little neck it cost her some trouble to look over herself, if one may say so, at those to whom she talked. She wore a very rusty black gown, rather the worse for snuff, and a shawl and bonnet to correspond. . . . The face of Mrs. Gamp—the

nose in particular—was somewhat red and swollen, and it was difficult to enjoy her society without being conscious of a smell of spirits . . . setting aside her natural predilections as a woman she went to a lying-in or a laying-out with equal zest and relish."

Later he talks of the "Prig School" of Nursing. Indeed, in some respects he displays remarkable insight. He knew that this Hospital had devoted attention to surgery—Mr. Slasher makes his bow. He knew the honourable reputation of our nurses. Mrs. Prig heads a school.

Truly, treatment was not as perfect then as it is now, as the following extracts show:

"Betsy Prig has nussed a many lunacies and well she knows their ways, which putting 'em right close afore the fire, when fractious, is the certainest and most compoging."

"If you should turn at all faint we can soon revive you, sir, I promige you. Bite a person's thumbs or turn their fingers the wrong way," said Mrs. Gamp, smiling with the consciousness of at once imparting pleasure and instruction to her auditors, "and they come to wonderful, God bless you!"

"She administered the patient's medicine by the simple process of clutching his windpipe to make him gasp, and immediately pouring it down his throat."

Those were dark days, but it is pleasant to think that even then our nurses were at the head of their profession.

Now for the doctors who appear incidentally in the novels.

Mr. Chillip, "the meekest of his sex, the mildest of little men," who assisted at the birth of David Copperfield; Dr. Slammer of the 99th, that stricken amorist ("Lots of money—old girl—pompous Doctor—not a bad idea—good fun—cut out the doctor," thus Mr. Jingle at the Ball):

Professor Dingo (of European reputation), and Mr. Bayham Badger, second and third husbands respectively of Mrs. B. B. in Bleak House:

Dr. Haggage, who, with Mrs. Bangham, flycatcher and general attendant, ushered Little Dorrit into a very foul world indeed, the world of the Debtor's Prison.

"The doctor's friend was in the positive degree of hoarseness, puffiness, red-facedness, all-fours, tobacco, dirt, and brandy; the doctor in the comparative—hoarser, puffier, more red-faced, more all-fourey, tobaccoer, dirtier, and brandier. The doctor was amazingly shabby in a torn and darned rough weather jacket, out at elbow and eminently short of buttons (he had been in his time the experienced surgeon carried by a passenger ship), the dirtiest white trousers conceivable by mortal man, carpet slippers, and no visible linen. 'Child-bed?" said the doctor; 'I'm the boy.'"

This interesting midder case is described in *Little Dorrit*, Chapter VI.

It must not be forgotten that Mr. Skimpole, in *Bleak House*, surely one of the most detestable characters in all fiction, had been a medical man.

All these have been caricatures or libels of our profession. Only once does Dickens attempt to draw what with pride we may regard as the typical General Practitioner. Allan Woodcourt is the hero of *Bleak House* in that he marries the heroine, Esther Summerson. The character is lightly drawn and is of no importance as a doctor—any other pleasant young man would have done as well, but Dickens treats it with far more sympathy than any other of his doctors. The scene of Little Jo's death is one of the excellent things of the book, and at the very end Esther Summerson sums up most that is best in a doctor's life:

"We are not rich in the bank, but we have always prospered, and we have quite enough. I never walk out with my husband but I hear the people bless him. I never go into a house of any degree but I hear his praises and see them in grateful eyes. I never lie down at night but I know that in the course of that day he has alleviated pain, and soothed some fellow-creature in the time of need. I know that from the beds of those who were past recovery thanks have often, often, gone up in the last hour for his patient ministration. Is not this to be rich?"

Thus Dickens amends. H. L. S.

ST. BART.'S 1870–76.

A FEW RECOLLECTIONS FROM MY DRESSERSHIP UNDER "TOM" SMITH, MY UNCLE.

By GERARD SMITH, M.R.C.S.

DR. SAMUEL GEE was pathologist. One day he was to have performed a *p.-m.* for my uncle; failed to be at the *p.-m.* room up to time. Tom Smith wrote on the slate outside the room: "Gone to Gurneys, S. Gee." Those who know the extremely retiring, almost shy, disposition and devotion to duty of that great physician, Samuel Gee, *and* the character of that resort of the billiard-playing and less industrious Bart.'s students—the "pub." known as Gurneys in Little Britain—will appreciate this little episode.

It was a great sight in skating winters to see (then) Dr. Church and "Tom" Smith skating intricate figures on the "Welsh Harp" at Hendon. A finer skater than Dr. Church I never saw, and "Tom" Smith ran him very close.

I had the privilege with my cousin, the late S. Moberley Smith, of assisting my uncle at private operations (many of those cleft-palates operations which Tom Smith likened to "spitting through a keyhole in the dark," amongst other operations). If a local G.P. was about to assist also, Tom

Smith sometimes asked for his forbearance in case, as he said, "I should, for instance call you an ass, or even a damned ass, during the operation." He was eminently an easy man to assist, and always assisted his assistants, but with one who assisted him frequently and therefore had learned his ways he expected a strict rapidity and precision; he kept his cleft-palate needles of various sizes in old tin match-boxes, which had portraits on them, and a sharp demand for "Bismarck" or "Gladstone" meant a needle from the box bearing the portrait.

I assisted by holding the patient's legs in position at an operation for piles, but as the patient was a man of immense muscular power, and the anæsthetist a little cautious, I was raised helplessly off my feet and well over the patient by his powerful thighs; such an interruption would have certainly enraged many surgeons. "Tom" Smith patiently asked me, "When, young man, you have finished your observations up there, perhaps you will kindly descend."

After an operation on the child of a man of wealth, who did not assent readily to fees asked, Tom Smith whispered to me and my cousin: "I will get you chaps a good extra fee out of this; just watch his face when I ask him for it." As we were departing and were waiting for the fees extracted, it was quite a delightful pantomime.

When chatting in his quiet-voiced way with a woman at Bart.'s, on whom he had operated the day before, he said: "I did not ask you what is your occupation; I know you are not married." She said she was a cook. He replied, with a distressed air: "Why did I not know this before operating? I have been looking for an opportunity to kill a cook for weeks!"

He had no reverence for drugs. I remember him calling to (then) Dr. Lauder Brunton in the Hospital Square: "I say, Brunton, I want you to give me a drug to inhibit a patient's vaso-motor what's-his-name!" On another occasion he asked me to write him a prescription for a gargle for his private patients. I did so. Some days later he met me in the Square and said: "I say, my covey, that gargle dissolves all my patients' teeth; write me another!"

These were the times of transition from pure empiricism in therapeutics to prescribing on lines of scientific pharmacology, and Lauder Brunton's work had scarcely yet taken hold of us. The time when Moxon said "drugs are but aids to faith in a weary time" (as some of us still say).

In the wards Tom Smith's teaching was unsurpassed—he knew the temperament of each student, and how best to bring out his faculty of observation.

It was a lesson in surgery to see him handle a painful injured part. I remember a distinguished French surgeon visiting the wards and examining a painful limb. Tom Smith's French was not strong, and he said, looking over the Frenchman's shoulder, "I say, it hurts *infernally*, you know"! then, appealing to the surrounding students, "tell him, someone, in his own lingo, that it hurts infernally!"

Nothing in all his magnificent operating impressed me more than his catheterising; his hand "invited" the urethra to accept the catheter; it looked as if *vis a tergo* was *nil*, but the catheter was being drawn in by its point; and this was the impression in even the worst cases of stricture.

In the out-patient room at Bart.'s his unfailing optimistic view of each case, and equally his perception of the saving grace of humour in even otherwise serious matters, helped both his teaching of his students and the recovery of his patients; the time was lightened by his inimitable *sotto voce* asides. I remember his nudging me, and telling me to look at that woman just coming in; that will be a specific case "she has, to begin with, 'a syphilitic bonnet.'" Throughout his teaching it was the pressing need of getting away from the theoretic side of diagnosis as quickly as might be consistent with fair certainty as to the actual conditions, and passing to the practical aspect of treatment: "What is the matter with him?" "Why do you think so"? "What would you *do* for him?" were his three points; but he seldom lingered over contesting theories, and kept etiology for other occasions than the actual presence of the patient. "What would you DO for him"? always took precedence of prognosis and etiology. Prognosis was often: "Let's get this done first, and then we shall see"; every opportunity of giving the student just starting his work some small surgical manipulation or proceeding to carry out, he seized, a practical teacher.

I attended regularly his work at the Ormond Street Hospital for Sick Children at 9 a.m. during my second and subsequent years; in the out-patient department and wards of that hospital Tom Smith was at his best: he had a rare capacity for attracting even the most fractious or frightened child, and his handling of them—I mean his actual manipulation of their bodies—was an education. His conversation with them was always amusing; in talking to a child, whilst keeping their attention on his talk, he always seemed to bring in the students around by his humorous way of speaking, often even in apparently aimless or absent-minded chatter to a child.

I remember his ausculting a child's chest, and listening (without a stethescope) to the voice sounds; he asked the child: "Are you married?" and being answered "No," wishing for a further test, he asked: "Not at all?"

His introduction of bright-coloured ribbons upon straps, wherewith a child might be rewarded as a great treat by being tied down on his back for hours, in cases where such a posture was needed, is one instance of his methods at Ormond Street. The children were delighted with the treat.

There was a formula he used for the many cases of eczema in the out-patients at Ormond Street: "Give him plain and simple food, no tarts, nor sucks, nor sausages, nor pork, nor herrings; nothing that he LIKES; use no soap to the sore parts; use oatmeal or bran and water; use a

little, and only a little, of this ointment on lint; give the medicine three times a day—go away, my good woman—bring the child this day week—next child!"

His anatomy lectures at Bart.'s I was fortunate enough to attend. I remember a lecture on the facial muscles, commencing: "Gentlemen! you all know with what an infernal scrunch your teeth close upon a stone in your cake"; this precluded the masseter muscle, of course.

He had a habit of playing with the pointer which he used on diagrams, and aiming little dabs with its point on any spot which seemed in reach was a constant occurrence; but of all objects, the nose or person of a drawing or sleeping student on the end of the bottom row of seats, was his favoured aim; sometimes there would be silence, the lecture arrested, and the theatre full of interest, when he experimented thus on a sleeping student. The lectures were at 9 a.m. Many came some distance by train, and at the bottom of the well-like theatre the air was carbonised and soporific.

"The tonsils, gentlemen, by the will of a beneficent providence, have the function of earning fees for surgeons," was a dictum of Tom Smith's.

The extreme facial seriousness and absence of laughter on his part was the essential of his humorous remarks.

The description of the "kicking diaphragm which produced that peculiar 'haw-haw' performance which is supposed to express hilarity" was a very solemn utterance, as also "the cat-like cough and the rising to return thanks," which defined the function of vomiting.

I remember an occasion when one of our surgeons who possessed a remarkably small hand (being, indeed, built physically on a very small scale), was undertaking an abdominal examination *per rectum*, and the hand was announced as touching some hitherto unreached part, Tom Smith remarked to a colleague: "I say, we are responsible, you know, if he should get lost."

An elderly nurse at Bart.'s was fond of long words (there were some nurses then who had no facility with anatomical terms) she once took a remark of Tom Smith's about the mucous membrane, to refer to the macintosh sheet in use; and he always asked her for the mucous membrane afterwards when he wanted the sheet.

ODE OF THE DEPARTING DRESSERS.

Should you ask me whence this story,
Whence this legend and tradition,
I will answer, I will tell you,
This the story of the Pink Firm.

We must bid farewell to Dressing,
And to all its pleasures rare,
Ranging from a suprapubic,
To a photo in the Square.

What a time we had at Christmas,
Zepps and lampshades, waiters three,
Chinese wigwams, fortune-tellers,
Dressings dry with C.V.B.

Crackers, holly, violincellos,
Turkeys, pudding, cakes and tea,
Teddy Bears, and scraps of paper,
Oh, my word, it was a spree.

Graver times, too, came upon us,
As upon the matter *re*—
Fibula for Mr. D——s,
From the staff of Theatre—!

How they said we shirked the dressings,
Always in the ward were late,
Our excuses always scoffed at,
That, of course, was only fate.

They recked little of the patients,
Left forlorn in halls below,
Wanting plasters, gargles, tablets,
Anything for aught we know.

Then the lights were fairly thrilling,
Having just crawled into bed,
You would hear the porter tapping,
Filling nervous hearts with dread.

"Colston wants you very urgent!
Hurry, sir, it's half-past three."
Then you fall out, wond'ring dully,
If they'll give you any tea.

In the ward the H.S. greets you,
"Sorry, lad, that there's no gore,
Merely perforating gastric,
We'll emerge at half-past four."

When at last the op. is over,
And you've slept for minutes four,
Once again you're rudely wakened,
(Now it is a morning raw.)

"If you please, another case, sir,"
So you wander round again,
Find a beery Smithfield porter,
Suff'ring from a minor sprain.

On the morrow, tired and sleepy,
You would stagger round the ward,
Listening to the worthy Major,
Feeling somehow rather bored.

Now, alas! those days are over,
Happy days, and full of fun,
This, we think, will leave on record,
How the Pink Firm took the bun.

REVIEWS.

RADIUM, X RAYS AND THE LIVING CELL. By H. A. COLWELL and S. RUSS. (G. Bell & Sons, Ltd.) Pp. 324. Price 12*s.* 6*d.* net.

The author's object is to describe some of the main experimental facts which have been established as to the effects that the X rays and the rays from radium have upon the living cell. Part I. of the book deals largely with a description of the properties of the radiations, and is adapted to meet the needs of those who approach the subject with a view to experimental investigation. A considerable portion of the work is devoted to the effects of the rays upon malignant cells, and the results so far described seem to give a good augury for the foundations of a rational basis of radio-therapy. The subject is not approached from the clinical aspect, but in places data have been selected from clinical observation when these have borne upon the subject matter. The book is an extremely able and interesting piece of work, and should prove to many an introduction to one of the most important branches of therapeutics.

MEDICAL DISEASES OF THE WAR. By A. F. HURST. (Edward Arnold.) Pp. 151. Price 6*s.* net.

The author has had constant opportunities of studying every phase of the diseases occurring on active service, not only in the military hospitals in London, but also in the Mediterranean and at Salonika, and this book is a record of his own observations, amplified by a study of the literature not only as published in England and France, but also to a certain extent as published in Germany. The work is extremely interesting and often very original. It should prove of considerable service to the younger medical officers who are not well up as yet in their "Diseases of the War."

DISEASES OF THE THROAT, NOSE, AND EAR. By W. G. PORTER. (John Wright & Sons, Ltd.). Pp. 280. 77 illustrations. (2nd edition.) Price 7*s.* 6*d.* net.

This work is not intended to be an exhaustive text-book. The purpose which it is intended to fulfil, which it admirably succeeds in doing, is that of a text-book giving sufficient information to be of use to the senior student or to the general practitioner.

Special attention has accordingly been paid to diagnosis, and to treatment in so far as the latter can be carried out by the non-specialist. The major operations have not been described, the indications for their performance and their general features alone being given.

The forty-four coloured illustrations are very clear, and should prove of much service in assisting diagnosis when the general practitioner has not had much experience in some of the diseases.

SURGICAL ANATOMY. By T. A. C. MACEWEN. (Baillière, Tindall & Cox.) Pp. 353. 77 illustrations. (2nd edition.) Price 10*s.* 6*d.* net.

The author presents a concise yet connected account of the anatomical facts of importance to the surgeon, and indicates the relative importance of these facts by a brief reference to their surgical bearing. The physiology of parts under discussion has also been touched on where of surgical import.

In presenting the second edition the work has not been materially altered, except that a special section on surgical anatomy is now prefixed to each division.

The book is lucidly written, and some of the new illustrations are extremely ingenious in their conception, where relations of a difficult nature have to be elucidated. We can cordially recommend this book to all students, the more so since the author has retained the old and official nomenclature throughout.

EXAMINATIONS, ETC.

UNIVERSITY OF OXFORD.

A Congregation was held on December 15th, 1916, at which the following degree was conferred:

B.M. K. A. I. Mackenzie.

UNIVERSITY OF CAMBRIDGE.

D.P.H. Examination, October, 1916. R. W. Jameson.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

E. D. Adrian, M.B.(Cantab.), was admitted a *Member*.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

The following candidates were admitted *Fellows*, December 14th, 1916:

T. J. Cobbe, M.B., Dublin; A. E. Woodall.

NEW ADDRESSES.

MAPLES, E. E., The Gables, High Road, North Finchley N.
VINER, G., No. 3 General Hospital, B.E.F., France.
WALKER, K. M., 28th Field Ambulance, B.E.F.

BIRTHS.

BARKER.—On December 13th, at Down Hall, Rippingale, Lincs, the wife of G. Laycock Barker, Physician and Surgeon, of a son.

DAVIES.—On December 21st, at 9, East Park Parade, Northampton, Marjorie, the wife of Captain J. P. H. Davies, Welsh Field Ambulance, of a daughter.

HOWELL.—On December 22nd, at 45, Harley Street, W., the wife of C. M. Hinds Howell, M.D., F.R.C.P., of a son

MCLEAN.—On December 2nd, the wife of Dr. W. McLean, Medical Inspector, Board of Trade, Liverpool, of a daughter (Elizabeth).

PRINGLE.—On October 2nd, at Thakurbari, Darrang, Assam, the wife of Kenneth D. Pringle, M.B., of a daughter.

MARRIAGES.

GLENNY—ELLIOTT.—On December 9th, at St. John's Church, Clifton, by the Rt. Rev. Bishop Stileman, D.D., Vicar of Emmanuel, and the Rev. C. H. E. Cropper, Vicar of Holy Trinity, Clifton (cousin of the bride), Elliott Thornton Glenny, M.B., B.S.(Lond.), F.R.G.S., Captain, R.A.M.C., to Rachel Winifred, eldest daughter of Christopher Elliott, M.D., of Clifton, Bristol.

JAMESON—BAINES.—On December 1st, at St. John's Church, Putney, by the Rev. H. Westall, Vicar of St. Cuthbert's, Earl's Court, assisted by the Rev. Canon Thurston Rivington, Vicar of Putney, George Dearden Jameson, Captain, R.A.M.C., son of Mr. and Mrs. Jameson, of Miller's Place, Warwick, to Phyllis, only daughter of Mr. and Mrs. Baines, of 37, Carlton Road, Putney Hill.

DEATHS.

ARNOULD—On December 18th, at Bombay, Loris Arthur, Captain, R.A.M.C., M.R.C.S. (Surgeon to the G.I.P. Railway), youngest son of A. H. Arnould, D.C.L., and Mrs. Arnould, of 9, Nevern Square, S.W., aged 36.

EVE.—On December 15th, at 61, Harley Street, after a few days' illness, Lt.-Col. Sir Frederic Eve, F.R.C.S., son of the late William Eve, of the Manor, North Ockenden, Essex, aged 63.

MITCHELL.—On Friday, December 15th, at "Swadelands," Lenham, near Maidstone, Henry Mitchell, late Surgeon-Major, 2nd Life Guards, dearly-loved husband of Mary Mitchell, and second son of the late Sir Henry Mitchell, Kt., of Parkfield House, Bradford, Yorkshire, aged 59.

WYER.—On December 11th, 1916, at Epperstone House, Leamington Spa, Otho Francis Wyer, M.D., J.P., aged 79 years.

ACKNOWLEDGMENTS.

The Nursing Times, The Hospital, Long Island Medical Journal St. Thomas's Hospital Gazette, Westminster Hospital Gazette, New York State Journal of Medicine, L'Attualità Medica, Guy's Hospital Gazette, The Medical Review.

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.* 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. XXIV.—No. 5.] FEBRUARY 1ST, 1917. [PRICE SIXPENCE.

CALENDAR.

Fri., Feb. 2.—Dr. Calvert and Mr. Waring on duty.
Minor Operations. Mr. Eccles' dressers.
Clinical Lecture (Medicine) Dr. Fletcher.
Tues., ,, 6.—Dr. Morley Fletcher on duty.
Wed., ,, 7.—Clinical Lecture (Surgery) Mr. Wilson.
Fri., ,, 9.—Dr. Drysdale and Mr. McAdam Eccles on duty.
Minor Operations. Mr. Bailey's dressers.
Clinical Lecture (Medicine) Dr. Calvert.
Tues., ,, 13.—Dr. Hartley on duty.
Wed., ,, 14.—Clinical Lecture (Surgery) Mr Wilson.
Fri., ,, 16.—Dr. Horder and Mr. Bailey on duty.
Minor Operations. Mr. Wilson's dressers.
Clinical Lecture (Medicine) Dr. Hartley.
Tues., ,, 20.—Dr. Calvert on duty.
Wed., ,, 21.—Clinical Lecture (Surgery) Mr. Wilson.
Fri., ,, 23.—Dr. Morley Fletcher and Mr. Wilson on duty.
Minor Operations. Mr. Waring's dressers.
Clinical Lecture (Medicine) Dr. Horder.
Tues., ,, 27.—Dr. Drysdale on duty.
Wed., ,, 28.—Clinical Lecture (Surgery) Mr. Bailey.
Thurs., Mar. 1.—Hichens' Prize.
Applications for Luther Holden Scholarship to be sent in.
Fri., ,, 2.—Dr. Hartley and Mr. Waring on duty.
Minor Operations. Mr. Eccles' dressers.
Clinical Lecture (Medicine) Dr. Fletcher.
Tues., ,, 6.—Dr. Horder on duty.
Clinical Lecture (Surgery) Mr. Bailey.

EDITORIAL NOTES.

THE following resolution was adopted at a General Court of the Governors of the Hospital on January 25th:

"That the Governors of St. Bartholomew's Hospital, in General Court assembled, hereby tender their cordial and sincere congratulations to the Right Hon. Viscount Sandhurst, P.C., G.C.S.I., G.C.I.E., G.C.V.O., Treasurer of the Hospital, upon his elevation to the dignity of a Viscounty of the United Kingdom.

"The Governors desire to express to Lord Sandhurst their appreciation of his whole-hearted devotion to the interests of the Hospital; they recognise that the complete unanimity which, during his Treasurership, has characterised their deliberations has been due to his business ability and to his courteous and genial character."

* * *

We learn that Colonel Gordon Watson, C.M.G., A.M.S., was married to Miss Teevan, the eldest daughter of the late Charles James Teevan, on February 1st, 1917. We extend our heartiest congratulations and best wishes to Colonel Gordon Watson.

* * *

We have to give our congratulations to Dr. Stansfeld, who has been appointed Physician to the Metropolitan Hospital. This notice should have appeared in an earlier issue, and we must apologise for its previous omission.

* * *

We extend our sincere congratulations to the following, who have received the Military Cross:

Capt. H. E. P. Yorke, R.A.M.C., who "displayed great courage and determination in tending the wounded under very heavy fire. Later, himself wounded, he continued to carry out this work."

Temp. Capt. Rupert Farrant, R.A.M.C. "During the whole day he tended wounded in an open trench which was subjected to a violent bombardment. On one occasion he led a party into 'No Man's Land' and brought in several wounded men."

Lt. Daniel Davies Evans, R.A.M.C., who "displayed great courage and determination in collecting and attending to the wounded under very heavy fire."

Temp. Surgeon Geoffrey Sparrow, R.N. (attd. R.N.D). "He displayed great courage aud determination collecting and attending to the wounded under very heavy fire."

* * *

We have to congratulate Surgeon Hother McCormack Hanschell, R.N., who has received the Distinguished

Service Cross, in recognition of his services in connection with the Tanganyika Flotilla. The comparative immunity from sickness enjoyed by the members of the expedition was due to the unremitting care bestowed by him on the health of the personnel and on the sanitary state of the camps and vessels.

* * *

Dr. Robert Armstrong-Jones has been appointed to be Consulting Physician in Mental Diseases to the London Command, with the honorary rank of Major in the R.A.M.C. We congratulate him upon this well-deserved honour, with which his skill and eminence have been recognised.

* * *

The following gentlemen have been nominated as Resident Medical Officers, commencing February 1st, 1917:

House Physicians.—

Dr. Calvert	L. P. L. Firman-Edwards
Dr. Fletcher	K. N. G. Bailey
Dr. Drysdale	G. H. Rossdale
Dr. Hartley	P. O. Ellison
Dr. Horder	G. Verniquet

House Surgeons.—

Mr. Waring	H. E. Griffiths
Mr. Eccles	C. W. B. Littlejohn
Mr. Bailey	J. P. Ross
Mr. Wilson	E. M. Atkinson
Extern Midwifery Assistant	G. F. Cooke
Medical Receiving Room Officers	H. A. C. Langton, E. R. Longstaff
Surgical Receiving Room Officers	P. Bousfield, A. R. Dingley
Ophthalmic House Surgeon	C. J. L. Blair
House Surgeon to Throat, Nose and Ear Department	A. Morford

* * *

The Dean desires us to acknowledge the receipt of a small oil painting, "The Anatomy Lesson" after Rembrandt, which has been presented by "An Old Bart.'s Man." The picture has been handed to the Secretary of the Students' Union and will be placed in the Abernethian Room in due course, so that it may be seen by all students.

FROM THE FRONT.

EXTRACTS FROM A LETTER FROM CAPT. ANTHONY FEILING, R.A.M.C.

No. 2 BRITISH GENERAL HOSPITAL, MESOPOTAMIA,
November 25th, 1916.

I'VE heard no news from Bart.'s for ages. . . . Well, here I am, still in ——, and likely to remain, as far as one can see, for any period of time! For I have signed on again here for a second year's service; if lucky, I may get an exchange to India before next hot season, but it's all quite uncertain; I am not particularly keen on a second summer here, though, of course, it won't be so bad as last one was, for I can't feel the least bit optimistic about an early end to the war. You will be amused to hear that I have become a "Specialist in Bacteriology"! Rs. 60 a month extra pay, and a funny little laboratory of my own, like an overgrown rabbit-hutch, placed in the courtyard of an Arab house. So I am finding my experience in the pathological laboratory at Bart.'s very useful; the work is, of course, dull and routiny, but no worse than the wards! And I always contrive to get called in to see all the interesting cases; besides one gets off all the tiresome duties of being orderly officer, etc., and is very much more one's own master, so that on the whole I am quite pleased. No neurology, unfortunately, lately. Since being appointed I have, amongst other work, done 350 Widals for T.A.B. and nearly 700 blood-films for malaria! So I think I've earned my pay! We've started a medical society here, and have had some good meetings; one Batt and myself treated to a paper on paratyphoid, which we think of publishing, perhaps. Batt is very well, and a great companion to me. Nicoll left for home two days ago, rather seedy, too. Our late C.O. was one Col. Gill, an old Bart.'s man, went down in the "Arabia," but was rescued; the "Arabia" was also responsible for the loss of one of our mails homeward bound. Life here isn't really bad now; the climate for the time being is delightful, and will continue so, I expect, till the rains come. Do you know we haven't had rain since April? I have moved into a room in an Arab house, in the same building as my laboratory, and find it a good deal more comfortable than a tent. I have also acquired an Indian servant, and live really quite luxuriously. But it's all very *boring!* Nothing doing in the way of military activity. Batt and I bought a bellum—one of the native canoes—and have taken exercise therein on the Tigris, which has been quite good fun; but the ship is now leaking badly, and we have to plaster her sides carefully with mud before embarking. I hear that a whole lot of Bart.'s men came out with Bruce Porter and the 40th General. Hamill is rumoured to be sick and to have left for India; Charles is, I believe, running an X-ray show somewhere, and I have heard nothing of old Willett. We have just been visited by a sort of travelling troupe of scientists: Ledingham of the Lister Institute, Wenyon of fæces fame, Balfour from Khartoum, and Buchanan of the L.G.B.—a most weird assortment, but all good and very agreeable men! I have been trying to learn from Wenyon something about the protozoa of the human intestine, but it's a most appalling subject, and I was never enamoured of stool examinations! . . . I think I shall start again when I get home as an expert in tropical medicine! But I shall be old and *quite* bald by that time.

Well, remember me to all my friends at Bart.'s.

Yours truly,

ANTHONY FEILING.

SOME EXPERIENCES IN GERMANY IN 1914–15.

By Captain A. SCOTT-WILLIAMS, D.S.O., R.A.M.C.

ON August 27th, 1914, the Germans took possession of a village, in the church of which I was present with wounded. The next day we were moved to another village, where the church was used as an aid post of the Germans. The ground surrounding the church was used as a latrine with no sort of sanitary supervision whatever. This primitive state of sanitary requirements is typical of German notions. In the prisoners' lagers an open cement pit was used—flies and stench flourished. While here milch cows were slaughtered and we partook of them. Here I obtained drugs and dressings for the British of whom I was left in medical charge, probably because the German medicoes had their time fully occupied by their own wounded.

A week later we were moved to Cambrai, the men were crammed in a waiting-room for the night; the next day we started a journey of about fifty-four hours, the men in goods waggons, from which they were generally refused permission to alight for any purpose. The German Red Cross had free refreshment bars at all the halts, but the British generally got nothing, chiefly on account of the hostility of the German woman. Eventually we landed at a beer-garden-restaurant which was taken over to be a hospital. I was allowed to do nothing. A nursing sister gave anæsthetics here. It was here that I sent a post-card home which caused my people to drop mourning for me, as I had been officially reported dead. Ten days later two officers and I and nineteen men left for Munster internment camp, but we three officers went on to Magdeburg, whence we journeyed on to Halle a/s, after two days' travelling. This was an officers' camp. A factory had been cleared of its machinery, and we occupied the boards, on which loose straw had been put. The washing arrangements consisted of hand-bowls; to get a bath I used two basins on the groundw ith a foot in each, and so carried on. A month later I was transferred to Torgau. The French had undertaken the cooking here, and did well with what was provided. We could buy ham, sausages, and cheese at the canteen. This was the best officers' camp I was in. There was a large field in which we had football, Swedish drill, etc. France *v.* England was a favourite match.

Two months later another move took place. It seemed as if we moved about to impress the populace with the number of British prisoners that were supposed to be taken. They were evidently disappointed when they learnt we were not newly arrived in their country. This time found me in Magdeburg. Here it was that the Hun tried to get possession of all valuables above 15 marks value. I succeeded in keeping my watch and ring and money, as the doctors claimed they were not prisoners of war, so the ten of us were put on one side. An unteroffizier was ordered to search us, but he did not like the job, and made the merest pretence of a search, with the request that we would not give him away. Chocolate and tobacco sent us from home were forfeited; we were supposed to be consoled by being told it was given to the German Red Cross. However, a change of command took place and the robbery was stopped; rumour had it that the new commandant's son was a prisoner in England. During the period that we were forbidden to smoke, we could, nevertheless, buy cigars and cigarettes from the Germans. Provided one smoked only in the barrack-room and put one's pipe, etc., out of sight on the entry of a German, nothing was said. French Belgian, Russian, or English were mixed together in the different rooms. The Germans hoped that the Allies would not get on together. Here I filled up the time by re-learning German by reading the *Berliner Tageblatt*, by giving English lessons and receiving French lessons, and walking round and round the small yard. There was no space for games.

This ended my seven months odd in officers' lagers, during which I did no medical work at all. The last five months were spent at Gardelegen at a men's camp, where typhus had scared German doctors, officers, and guard out of the camp. The cultured Hun was so scared that we were even not allowed to write letters, for fear the louse would get past the barbed-wire enclosure.

Whatever came into the camp had to remain; the men scored as regards parcels that were wrongly delivered, as they used the contents. Parcels and letters were delivered satisfactorily here; the parcels were censored in view of the owner, and nothing but contraband was taken away. The men's food was awful; it looked like pigs'-wash. Soup often contained meat that was bad. The Russians used to forage for decayed potatoes and herring-heads that the French and English had thrown away. It was at this camp I saw a Highlander wearing trousers and kilt. It appears the Germans tried to make them give up the kilt, and, on refusal, they were made to wear both.

During the time that typhus went on in the camp everyone carried on as they chose, so that the absence of the German from the camp was not a matter of grievance. Football was played between the huts, and many window-panes disappeared; a boxing match was arranged between an Englishman and a Frenchman, the former was knocked-out early in the second round; we intended to put up another Englishman to take on the victor, but the German Commandant had the English doctors on the mat, and forbade boxing as being inhumane. Every evening the main road through the camp was crammed by the Allies. This road went by the name of Petticoat Lane. Roulette tables, etc., hawkers, bands, etc., abounded. The Russians made

bags out of the towels, shoes out of paillasse covers and blankets; others sold cigarettes, tea, and coffee. At the same time French music swelled forth. The French made their own violins and 'celloes. Every sort of trade and profession was represented in camp, and the output was interesting, A well-known French clown got up excellent performances. Money from concerts, etc., went towards buying milk and eggs for typhus patients.

Some empty barrack-rooms were fitted up with a stage and scenery, but all this disappeared immediately the Germans returned inside the camp. For this reason there were regrets that the typhus came to an end, as all freedom also ceased. Headmasters' conferences talk a lot about Latin and Greek. A knowledge of German and French is of practical use in easing misunderstandings on the Continent. Some of the Russians were ready to converse in Latin, but there was no response. A lot of irritation could be avoided were Frenchmen, Germans, and English able to understand one another without interpreters; besides, one cannot get prohibited goods, such as alcohol, so easily unless one can "sling the *bât*" without the intervention of a third party.

A NOTE ON CHARLES DICKENS AND THE DOCTORS.

By W. H. MAIDLOW, M.D., F.R.C.S.

I EXPECT "H.L.S." is more concerned to give examples of his types of fiction doctors in the works of Charles Dickens than to exhaust the list of them. The list of Dickensian doctors may be considerably increased, and I venture to add some in case it may be of interest.

In *Pickwick* there is Dr. Payne; in *Little Dorrit*, Chap. XXI, one who was among the "evening magnates" at Harley Street. He describes Mr. Merdle's constitution as that of a rhinoceros, "with the digestion of an ostrich, and the concentration of an oyster." In *Martin Chuzzlewit* there is the menial Dr. Jobling; and no description, I think, of Dickensian doctors is complete without the snob, Dr. Parker Peps, in *Dombey and Son*.

Besides Allan Woodcourt, to make amends, Dickens gives us Dr. Losberne in *Oliver Twist*, who was fat "more from good humour than from good feeding"; Manette, in the *Tale of Two Cities*, in which work, by the way, written in 1859, is the early use of an anæsthetic in fiction; and Dr. Jeddler, the father of Grace and Marion, in the *Battle of Life*—a great philosopher, the heart and mystery of whose philosophy was to look upon the world as a gigantic practical joke. Dr. Marigold is a cheapjack, who is hailed as a fellow M.D. by a nice country doctor. Lastly, in *Nicholas Nickleby*, we have Drs. Lumbey and Snuffim.

There are, in various less-known works, apothecaries and incidental doctors. In *American Notes* there is quite an amusing group, consisting of Drs. Torrell, Crocus, Howe, Bell Knight, and Kutankumagen. How reminiscent of a local branch of the B.M.A.!

But it seems to me that Dickens knew very little of medical men compared with his knowledge of lawyers such as he presents in Tulkinghorn, Kenge, or Vholes. The best of them, such as Woodcourt, Losberne, Manette, or Jeddler, might not have been doctors at all as regards their influence on the stories, apart perhaps from their right of entry into various homes. Losberne, perhaps, did some sort of medical good to Oliver, but the others did very little, if any, medical treatment. The portrayal of the medical students is, however, another matter; these he might have been at their not infrequent appearances in the police-courts. Dickens, however, with his proclivity to caricature, must have intentionally exaggerated some tendency or trait in the doctors he came across. It does not follow he regarded the class with such hostility as did Molieré. He had a great friend in his medical attendant, Dr. Beard, of Welbeck Street, who attended him at his final apoplexy. I often think the tangle of *Edwin Drood* had something to do with this attack. I know when *I* try to solve it I get dangerously excited!

The study of great writers' doctors is an interesting and delightful medical hobby, and, as we rise from the investigation, we are apt to have a fuller knowledge of the author and our profession as existing at the time of the book. But, alas! the work has nearly always been done before us, and I believe *Dickens' Doctors* has been tackled pretty thoroughly by Dr. John Chalmers Da Costa in 1905. A commentator on this book, which I have not in my library, adds: "We may comfort ourselves with the reflection that the satirist lets the doctors off lightly in comparison with the lawyers."

Another doctor in *Battle of Life* is Alfred Heathfield, Jeddler's son-in-law. He was happy in a country practice among the poor.

A NOTE ON THE MEDICAL CLASSIFICATION OF RECRUITS.

By TEMP. CAPT. EDGAR WILLETT, R.A.M.C.

AT about the middle of last May the War Office authorities rather suddenly added to the ordinary duties of the work connected with the Division II War Hospital, Croydon, that of the inspection and examination of recruits and men called up under the Derby Scheme. No special instructions were issued, but candidates had to be examined, and classified according to

the different categories, in numbers of about 300 a week, and I am informed by the clerk-orderly that up to the end of 1916 something like 8000 men were examined. The work was more difficult than the usual examination of recruits for general service, as instructions were given that all men who could be classified into any of the seven possible categories were to be accepted, and in a great many cases it was exceedingly difficult to decide to which class a man should properly be assigned. Classes B3 and C3 quickly became so full that intimation was received that no additional cases should be accepted for these classes, such assignment being equivalent to rejection; these instructions were modified later on. Out of the 8000 cases referred to above, I am informed that about 7000 came under my personal examination for reference to their respective classes, and it is perhaps a satisfaction to state that very few (certainly not more than ·01 per cent.) came back for further re-examination. A great deal of the "spade work" in filling up the medical history sheet was done first by the clerk-orderlies, viz., as far as 1–6, while 7–11 was undertaken by a junior medical officer; the actual examination of teeth, heart, lungs, abdomen for hernia or previous operations, and legs for varicose veins, etc., then devolved on me to make the final decision into which category the individual should be placed.

Without a doubt the large majority of men examined wished to escape service if possible, pleading business or some slight defect, which they usually magnified; a very large number had already previously been examined on attestation or had appealed to the local tribunal.

The work was not entirely without its humorous side, as the following two letters which I received will show:

I.

"Dear Sir,—As regards K. M. H—, an employee of —— bakery, a roundsman, regular food and discipline would improve his general health, which has been neglected by self-indulgence. Having been a great source of worry to his relations, it is their wish that you should pass him."

Unfortunately for the relations, this man was 40 years of age and was found to be suffering from bad varicose veins of the legs; he was quite unfit for service and was rejected.

II.

"From Mrs. B——,
"X— Road, Croydon.

"Dear Sir,—I have now taken the trouble to write to you to ask you if you will help me; my husband is coming to you at 1.30 on Thursday to be examined pending going into the Army; as my life is almost unbearable with him at home, I hope you will do your best to get him in for me, as I am sure he is only saying he is not fit because he is afraid to join up: I have six children, and if he is not passed I shall have to break up my home as I cannot bear it much longer. He does not knock me about, but his vile tongue (*sic*) is worse than the cat-and-nine-tails, so I pray God you will do your best for me, as he thinks by his coming down to you he will get out of it, but he has got brothers in the Army, so I think if they are fit, so is he. Do not let him know I have sent this to you, as he would not be fit to be at large if he knew, as he has got a murderous temper. Once more asking your kind help, I remain an hearted (?) woman, willing to do any thing for my country.

"I remain, your obedient servant,
"Mrs. B——"

This letter reached me when I happened to be particularly busy, and when the particular Thursday came I quite forgot to be on the lookout for Mr. B——, and am therefore unable to say whether he was passed for general service, into any other class, or whether he was rejected.

On one occasion I received an unsolicited testimonial. Towards the close of a busy afternoon one of the recruits (I think a bank clerk) came back to me and said: "I should like to say, Sir, how much I have been struck with the way in which this examination has been conducted: everybody has been so polite, quite different from what I expected."

THE DAWN OF MEMORY.

REMINISCENCES OF MY THIRD YEAR.

By LEONARD PORTAL MARK, M.D.(Durham).

"These are begot in the ventricle of memory, nourished in the womb of *pia-mater*, and delivered upon the mellowing of occasion."
—*Love's Labour's Lost.*

IT is interesting to see how far memory will carry us back into the past, to note if we can remember our earliest sensations, the order in which they seem to have appeared, how some of them, fixed in our memory at its dawn, have remained there for years, to form part of our nature—a link with the past.

The various senses play a conspicuous part in connection with the earliest facts which we remember and these can be roughly grouped under vision, hearing and language, taste and smell, the sense of motion and locality, the appreciation of passing events.

Dr. Robert Armstrong-Jones in his interesting address before the Abernethian Society "On Dreams and their Interpretation" points out that 60 per cent. of dreams relate to sight, whilst only 5 per cent. relate to the sense of hearing, 3 per cent. to taste, and 1·5 per cent. to smell. I

believe that very similar percentages, if they could be obtained, would hold good as regards the memory of early events. The earliest and the most vivid are those connected with vision. Then come others, fewer in number and later in date connected with hearing and language. Sensations of taste and smell become fixed in the memory much later and some of the last seem to be those of motion and locality. Such an order certainly applies to the various impressions produced in my early childhood and retained since in my memory.

I had an exceptional opportunity of fixing the dates of some of these very early impressions, as at the age of three years I was taken on a voyage to America, and the ten months spent there were an eventful time in the family's history. My father went to South America soon after my birth and only came back to England and rejoined my mother after two years, just when I was about old enough to "know my own father." But I have never been able to remember anything of such a great event as his return nor any first impressions of him. Nor can I remember anything of my life in England before that or of the journey to Baltimore. But after my arrival there my memory seems to have blossomed out almost suddenly as is proved by the series of facts connected with that period. It is of interest that this first group of "trivial fond records" which I have not wiped away from the table of my memory, are all connected with

THE SENSE OF VISION.

I will enumerate some facts remembered about the hotel at Baltimore where we lived for ten months.

I have visions of a big staircase and long corridors, and of an immense room that I peeped into one day. It was the dining-room where all the guests were assembled and stood up while grace was being said. They all seemed such tall people.

My two brothers and I were given a small white kitten to play with, which always put its front paws into the saucer when given any milk.

At the end of the garden behind the hotel, where we used to play, there was a well being sunk. I remember the ladders, and the earth brought up by the workmen.

My sister was born at the hotel. I was taken into a room and saw her lying across the foot of a bed, wrapped in a grey shawl. I remember nothing more of my introduction to my sister, when I was three years and two months old. I have sometimes wondered if that vision was fixed in my memory by the help of the grey shawl, which cropped up many times during the family peregrinations, also by the periodical recurrence of the anniversary (1st of April), which was religiously kept in the nursery days, and helped to preserve it as one of the "evergreens of one's memory."

I was taken with my brothers to my sister's christening. I remember nothing of the ceremony, and of the church the only vision retained is that of a square box with lofty sides too high to see over, in which we were placed and made to kneel down before a seat with cushions. We amused ourselves all the while pulling at the buttons of the cushions, a game at which I was at a disadvantage, being the smallest, and the cushions being on a level with my chin.

My father, who went to Baltimore as Her Majesty's Consul, never settled down there or took a house, as he was very shortly promoted to the consulate of Marseilles. Some notes in his diary, kept on the journey home, mention two occasions which seem to have left traces on my memory. We stopped two days at Niagara, where it rained most of the time, but we were able to "see the Falls in a momentary glimpse of sunshine" just before leaving. I have a very vague recollection of huge masses of vapour reaching up to the clouds, something confused and terrifying, something of another world "enshrined in preternatural mist." I have a distinct recollection of the wooden parapet on the bridge or pier where we stood to see the view. This left an impression because in a fit of naughtiness I threw over it one of the arrows belonging to the bow my eldest brother had been given.

After that I have visions of some immense walls, something titanic, on the top of a hill. There were red-coated soldiers about and a flagstaff. I was lifted up and made to look over a parapet at the view, and this produced a feeling of vastness and awe which I retained. This must have been the citadel of Quebec.

We embarked at Quebec for Liverpool in the propeller "Anglo-Saxon," the earliest screw steamer which my father travelled in after crossing the Atlantic ten times in paddle boats.

On the journey to England I used to share a bunk with one of my brothers, one of us being put at each end, so that our feet met in the middle of the bed. A cot was rigged up by the carpenter against the side of the cabin to hold the baby. Of course, I never realised at the time what a narrow escape we all had from shipwreck one evening when the ship bumped against an iceberg. My father, who was on deck at the time, often spoke of it afterwards.

We stopped a few weeks in London. Our new nurse, Elizabeth, joined the family and became the darling of us children for the next ten years. I have no first impressions of her coming, and the only fact that I can remember about that time in London was when she took me out for a walk and we stopped in front of a very large building in a huge open space. There were many soldiers walking about; it may have been the Wellington Barracks. Two soldiers stopped to speak to my nurse and one of them, a drummer, bent down and spoke to me. The braid on his tunic made

a vivid impression. The date of this vision of soldiers is easy to fix, as we started in a few days for France and I had no opportunity of seeing any English soldiers for the next three years.

(To be continued.)

REVIEWS.

THE BRITISH JOURNAL OF OPHTHALMOLOGY. (Geo. Pulman & Sons). Issued monthly. Single copies, 4*s.* net. Annual subscription, 31*s.* 6*d.* post free.

This new periodical comes into existence through the union of three other well-known periodicals: *The Reports of the Royal London Ophthalmic Hospital, The Ophthalmic Review,* and *The Ophthalmoscope.*

This Journal is the property of a limited liability company, the declared object of which is to further the study of ophthalmology rather than to earn large dividends. The literary conduct of the journal is in the experienced hands of Mr. Sydney Stephenson as editor, and Mr. Erskine Henderson as sub-editor. The prime mover of this new development has been Mr. W. H. H. Jessop, who considered that the time was opportune for this unification, and who with the assistance of the owners of the separate periodicals has succeeded admirably in seizing the opportunity.

The contents are for the most part divided into two classes: Communications and abstracts, while book notes and sundry notes find a place at the end. Without a doubt every ophthalmologist will read this periodical as a matter of course, and we wish it and its promoters the success which is deserved in taking a leading place in the world's literature of ophthalmology.

LIGATIONS AND AMPUTATIONS. By A. BROCA, translated by E. WARD. (John Wright & Sons, Ltd.) Pp. 285, with 510 illustrations. Price, 8*s.* 6*d.* net.

This little work has been translated in the hope that it may prove useful to English-speaking students of medicine as well as to French, and of interest to others who have been compelled by the War to turn their attention very largely to these types of operation.

Professor Broca believes that far from advancing, some of the guiding principles in performing amputations have been lost sight of in recent years, and he emphasises their importance and adds information he has gathered from his War experiences.

The descriptions are given in careful detail which is of great advantage to the inexperienced, as it is often the little points which take the longest to discover. Naturally there are differences in the teaching of the two countries, but the translator has simply translated the book as it is written.

The illustrations are excellent, and the work should prove not only interesting but of great value to those who by force of circumstances are now more especially interested in War surgery.

GERMAN SYNTHETICS NOW BRITISH.

Since the war began the general practitioner has had a useful opportunity of seeing to what extent he can do without the multitude of German synthetics which were formerly thrust upon his notice. It is true that, for the more popular ones, substitutes have been provided by British manufacturers, who are at any rate to be congratulated on their patriotic enterprise, and some of them have achieved a quite surprising degree of success, considering the difficulties they have had to face. At the worst, these may be regarded as hopeful auguries for the future of synthetic chemistry in this country.

On the other hand, it has been found that many of the much-vaunted German proprietaries—though ingenious enough from a pharmaceutical standpoint—are by no means essential; some indeed are quite superfluous luxuries which might well be dispensed with in the future, since their main recommendation is that they save the trouble of prescription-writing.

There are, however, a few honourable exceptions, and most clinicians will give a prominent place amongst them to the Sanatogen group of chemical compounds, including Formamint, Albulactin, and Cystopurin, which have lately been acquired by a British syndicate of high standing.

Concerning Sanatogen and Formamint little need be said here; their therapeutic properties are thoroughly well established, and their clinical record, covering more than a decade, may be left to speak for itself. But the more recent products, Albulactin and Cystopurin, are of fresher interest, and make special demands on our attention as representing new advances in their respective spheres.

Albulactin, in particular, merits investigation at the hands of those concerned with the problem of artificial infant-feeding.

According to an interesting article in the *Lancet* before the war, "milk modification by means of Albulactin is preferable to and more reliable than all other plans. It gives a sense of security which is otherwise only felt when breast-feeding is employed." In the analytical columns of the same journal, it is pointed out that Albulactin "represents the proteid which predominates in human milk." It is in fact simply pure soluble lacalbumin, which is now held to be largely responsible for the unique nutritive power and easy digestibility of human milk. Albulactin must not therefore be classed amongst the ordinary "artificial" infant foods; even those who condemn such foods, root and branch, have found it of marked value.

In Cystopurin we have a product more limited in its scope, and perhaps less original in its conception, than the other preparations mentioned, but one of equally superior efficacy when judged by the standard of clinical results.

Cystopurin is described as "a double salt of Hexamethylene-tetramine and Sodium Acetate with water of crystallisation," and there is abundant evidence of its value in bacterial affections of the urinary tract, especially in cystitis and gonorrhœa. Its action is both diuretic and sedative, giving adequate relief without any unpleasant symptoms such as gastric trouble, renal irritation, or offensive odour in the breath. Last year, we are informed, it was employed with great benefit amongst British troops who had returned from German South-West Africa suffering from obscure urinary trouble due to excessive perspiration and the lack of good drinking water.

EXAMINATIONS, ETC.

UNIVERSITY OF OXFORD.

Second M.B. Examination.—December, 1916.

Materia Medica and Pharmacology.—K. A. I. Mackenzie, G. H. Rossdale.

Pathology.—J. J. Savage, G. K. Stone.

Forensic Medicine and Public Health.—K. A. I. Mackenzie.

Medicine, Surgery and Midwifery.—K. A. I. Mackenzie, G. H. Rossdale.

UNIVERSITY OF CAMBRIDGE.

Second M.B. Examination.—October, 1916.

Part II. Pharmacology and General Pathology.—B. W. Thompson.

Second M.B. Examination.—December, 1916.

Part I. Human Anatomy and Physiology.—J. V. Sparks, F. C. Cozens, S. G. Galstaun.

Third M.B. Examination—December, 1916.

Part I. Surgery and Midwifery.—D. J. Batterham.

Part II. Medicine, Pathology, and Pharmacology.—A. Orr-Ewing.

At a Congregation held at Cambridge on January 19th, the following degree was conferred:

M.B., B.C.—A. Orr-Ewing.

UNIVERSITY OF LONDON.

Second Examination for Medical Degrees.—December, 1916.

Part I.—E. Gallop.

CONJOINT BOARD.

First Examination.—January, 1917.

Part I. Chemistry.—B. Goldfoot.
Part II. Physics.—B. Goldfoot.
Part IV. Practical Pharmacy.—S. E. D. A. El Daab, S. L. Higgs, S. W. Page, R. I. Rhys, W. S. Tunbridge.

Second Examination.—January, 1917.

Anatomy and Physiology.—R. W. P. Hosford, H. J. Levy, J. L. C. O'Flyn, C. Shaw, L. A. Simiaka.

APPOINTMENTS.

BHAT, K. S., M.R.C.S., L.R.C.P., appointed R.M.O., East London Hospital for Children, Shadwell.
PENNEFATHER, C. M., M.B., B.S.(Durh.), appointed District Medical Officer of the Hendon Union.
ROBERTS, C. H., M.D.(Lond.), F.R.C.S., F.R.C.P., appointed to the Staff of Lady Howard de Walden's Maternity Home for Officers' Wives, 35, Albert Road, N.W.
STANSFELD, A. E., M.D.(Cantab.), M.R.C.P., appointed Physician to the Metropolitan Hospital.

NEW ADDRESSES.

BHAT, K. S., East London Hospital for Children, Shadwell.
CAMPBELL, F. W., Capt., R.A.M.C., Lucknow Cavalry Field Ambulance, B.E.F.
CAZALY, W. H., Major, R.A.M.C., Lucknow Cavalry Field Ambulance, B.E.F.
DANNATT, R. M., Surgeon, R.N., H.M.S. "Venus," c/o G.P.O., E.C.
DOWSING, H. L., 275, Beverley Road, Hull.
IRELAND.—A. E., 9, Brunswick Mansions, Brunswick Square, W.C.
JAMESON, R. W., 422, Buxton Road, Stockport.
JOYNT, I. W., Officers' Mess, 3rd London General Hospital, Wandsworth, S.W.
TURNER, P. E., 49, Disraeli Road, Putney, S.W.

BIRTHS.

ARCHER.—On January 23rd, to Ada Caroline, wife of Charles W. Archer, Temporary Surgeon, R.N., of 2, Monckton Road, Alverstoke, Hants—twin daughters.
BARROW.—On January 4th, at Bishopton, Lochgilphead, Argyll, the wife of Surgeon Murray Barrow, R.N., of a son.
LOUGHBOROUGH.—On December 15th, at "Clan Conal," Lee-on-the-Solent, the wife of W. G. Loughborough, of a son.
TATCHELL.—On December 29th, at 29, Barkston Gardens, S.W., the wife of Percy Tatchell, of a daughter.
YOUNG.—On January 10th, at 2, Inverness Gardens, Kensington, the wife of Captain (Temporary) F. P. Young, R.A.M.C., of a daughter.

MARRIAGES.

BURD—WALKER.—On January 8th, at All Saints', Bournemouth E., by the Rev. A. P. Annand, Lycett Burd, M.D.(Cantab.), to Elizabeth, daughter of the late E. V. Walker, Dewsbury.
GORDON—POWER.—On December 27th, in London, Hon. Lieut.-Col. Mervyn Henry Gordon, M.D., R.A.M.C., son of the late Canon H. D. Gordon, of Harting, Sussex, to Mildred Olive, daughter of the late Sir William Power, K.C.B., F.R.S.
OKELL—ROBERTS.—On January 2nd, at Holy Trinity Church, Stratford-on-Avon, Captain Charles Cyril Okell, M.C., R.A.M.C., elder son of Charles Percy Okell, Esq., Titchfield Terrace, Regent's Park, to Dorothy Gladys, youngest daughter of the late W. Owen Roberts, Esq., Pulrose House, Isle of Man.
RADLEY—CLAYTON-SMITH.—On November 30th, at St. Thomas's Cathedral, Bombay, Captain S. B. Radley, F.R.C.S., R.A.M.C., to Gladys, daughter of W. E. Clayton-Smith, of Pontefract.
SMYTHE—WOOD.—On January 16th, at the Parish Church, Clifton, by the Rev. D. Lee Pitcairn, M.A., Gerald Arthur Smythe, Captain, R.A.M.C., son of the late Mr. and Mrs. A. W. Smythe, of Southsea, Hants, and grandson of the late Arthur Smythe, M.D., of Pau, France, to Sarella Mary Mackenzie, third daughter of Mr. and Mrs. Robert Ley Wood, of Clifton.
SPENCE—STEVENS.—On December 29th, at St. Marylebone Church, by the Rector, the Rev. Dr. Morrison, Douglas Leigh Spence, Lieut., R.A.M.C., elder son of the late Dr. W. J. Spence, Bedford, and Mrs. Spence, New Cavendish Street, W., to Florence Mabel, third daughter of Mr. and Mrs. T. W. Stevens, Grove Road, Leighton Buzzard.
WATSON—TEEVAN.—On February 1st, at St. James's, Spanish Place, Colonel C. Gordon Watson, C.M.G., to Geraldine Teevan, daughter of the late Charles James Teevan.

DEATHS.

ALLEN.—On December 27th, at his residence, 13, Fairfax Road, South Hampstead, John William Allen, M.R.C.S., aged 83.
BEARD.—On December 23rd, Charles Izard Beard, M.B.(Cantab.), aged 89.
HENDLEY.—On February 2nd, at his residence, 4, Loudoun Road, N.W., Col. Thomas Holbein Hendley, I.M.S., Rt., C.I.E., aged 69.
HUGHES.—On December 18th, 1916, in Northern Assam, from cerebral malaria, David E. J. S. Hughes, M.R.C.S., L.R.C.P., only son of the late Rev. David Meates Hughes, Rector of Clyst Hydon, Devon, and of Mrs. Hughes, Wotton Lodge Nursing Home, Gloucester, aged 30.
SALTER.—On December 21st, at 2, Higher Summerlands, Exeter, John Reynolds Salter, M.R.C.S., L.S.A., aged 90.
TAYLOR.—On January 18th, 1917, at 13, Higher Broadway, Exmouth, Herbert Paget Tayler, M.B., (Cantab.), aged 59.

ACKNOWLEDGMENTS.

British Journal of Nursing, The Nursing Times, Guy's Hospital Gazette, Magazine of the London (Royal Free Hospital) School of Medicine for Women, St. Mary's Hospital Gazette, Annual Report of the Prince Alfred Hospital, Sydney, New York State Journal of Medicine, The Liverpool Medico-Chirurgical Journal, Long Island Medical Journal.

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.*

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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. XXIV.—No. 6.] MARCH 1ST, 1917. [PRICE SIXPENCE.

CALENDAR.

Thurs., Mar. 1.—Hichens Prize.
Applications for Luther Holden Scholarship to be sent in.
Fri., „ 2.—Dr. Hartley and Mr. Waring on duty.
Minor Operations. Mr. Eccles' dressers.
Clinical Lecture (Medicine) Dr. Fletcher.
Tues., „ 6.—Dr. Horder on duty.
Wed., „ 7.—Clinical Lecture (Surgery) Mr. Bailey.
Fri., „ 9.—Dr. Calvert and Mr. McAdam Eccles on duty.
Minor Operations. Mr. Bailey's dressers.
Clinical Lecture (Medicine) Dr. Calvert.
Mon., „ 12.—Kirke's Scholarship and Gold Medal.
Tues., „ 13.—Harvey Prize.
Junior Practical Anatomy.
Dr. Morley Fletcher on duty.
Wed., „ 14.—Senior Practical Anatomy.
Clinical Lecture (Surgery) Mr. Baily.
Thurs., „ 15.—Senior Scholarships.
Junior Scholarships.
Fri., „ 16.—Dr. Drysdale and Mr. Bailey on duty.
Minor Operations. Mr. Wilson's dressers.
Clinical Lecture (Medicine) Dr. Hartley.
Mon., „ 19.—Second Examination for Medical Degrees (London), Part II, begins.
Tues., „ 20.—Dr. Hartley on duty.
Thurs., „ 22.—Second Examination for Medical Degrees (London), Part I, begins.
Fri., „ 23.—Dr. Horder and Mr. Wilson on duty.
Minor Operations. Mr. Waring's dressers.
Tues., „ 27.—First Examination Conjoint Board begins.
Cambridge Lent Term ends.
Dr. Calvert on duty.
Thurs., „ 29.—Second Examination. Conjoint Board begins.
Fri., „ 30.—Dr. Morley Fletcher and Mr. Waring on duty.
Minor Operations. Mr. Eccles' dressers.
Sat., „ 31.—**Winter Session ends.**
Essays for the Wix and Bentley Prizes to be sent in.
Tues., April 3.—Second Examination of Society of Apothecaries begins.
Dr. Drysdale on duty.
Fri., „ 6.—Dr. Hartley and Mr. McAdam Eccles on duty.
Minor Operations. Mr. Bailey's dressers.
Sat., „ 7.—Oxford Lent Term ends.

EDITORIAL NOTES.

IN this number of the JOURNAL we again publish a supplementary list of those who are serving with His Majesty's Forces either at home or abroad, together with the portraits of those gallant sons of our Hospital who have fallen in the service of their country. Once more we must apologise for any omissions or errors, for this list is a difficult one to compile and mistakes are inevitable. We shall, however, be pleased to rectify any errors in a future supplement if our readers will kindly inform us of such.

* * *

With this number of the JOURNAL we enclose forms of application for the use of those who may not already be subscribers and who wish to become so. There is a two-fold reason for calling special attention to this matter. In the first place, there are from time to time articles and items of news from Bart.'s men of all ages serving with the country's forces, and this cannot fail to be of interest to the majority of their old friends. In the second place, the cost of producing the JOURNAL has increased enormously, both paper and labour being expensive items now, and as it is the organ of the Students' Union and a very considerable source of that Union's funds, it has been our endeavour to keep the JOURNAL going as a sound business concern. We have had to curtail the JOURNAL somewhat and to make savings in other and various ways, and up to the present we are glad to say that we have succeeded in our aim, and have been able to hand various sums to the Students' Union. In order to continue to do this we require all the support which we can get, and we hope therefore that a large number of old Bart.'s men will respond to our invitation to use the enclosed application forms.

* * *

We have to congratulate Dr. Robert Armstrong-Jones on being the recipient of the honour of knighthood. Sir Robert is well known to all readers of the JOURNAL, and it is unnecessary for us to enumerate further his great merits and hard work in the realm of mental diseases.

the *menu* card was headed "In the Field," yet one would hardly have known it from the list of dishes set forth, and we actually had an orchestra and a skilled entertainer.

The toast of "Bart.'s" was proposed by the junior man present, Capt. Gibbons. He pointed out that the object of the dinner was not the food, but the "dashed idea," with which we all agreed.

Lieut.-Col. Peake, in reply, read letters from several Bart.'s men who had hoped to be present as guests. Sir Anthony Bowlby and Sir Wilmot Herringham were prevented by the weather conditions from travelling at night. Col. Gordon Watson was, unfortunately, confined to his bed, but was on a fair way to recovery. Lieut.-Col. Peake said that though many generations of Bart.'s men had come and gone since he was first a student there, yet he was able to see the persistence of the Bart.'s spirit throughout all the changes. He said he had known Sir Anthony since the threshold of his most successful career, which had never failed to do credit to the venerable institution which had launched him. Col. Gordon Watson, like other members of the Senior Staff, had given an excellent example of the Bart.'s spirit when he had given up a rapidly growing and lucrative practice to take the step of accepting a temporary commission. He was informed, further, that Col. Gordon Watson shortly proposed taking another important step—this time for duration. (This reference to G. W.'s approaching marriage was loudly cheered.)

After expressing a hope for frequent repetition of such dinners as this, Col. Peake concluded a very happy speech by calling for talent in the way of entertaining. This was rather slow in appearing, till Col. Peake had opened the road himself with a song. Several others produced what they could (the audience realising that it was not the quality of the effort so much as "the dashed idea" that counted), and at 11 o'clock the meeting dispersed "in an orderly manner."

The following were present at the dinner: Lieut.-Col. W. P. Peake, Lieut.-Col. V. V. Wilmot, Lieut.-Col. Coleman, Capt. F. G. Lescher, Capt. E. S. Marshall, Capt. J. V. Fiddian, Capt. H. B. G. Russell, Capt. N. C. Patrick, Capt. P. Gosse, Capt. G. Gibbons, Capt. C. N. Binney, Capt. A. Chillingworth, Capt. J. M, Plews, Capt. W. R. Sadler, Lieut. J. Davies, Capt. C. R. Woodruff, Capt. J. E. Hepper, Capt. F. A. Roper, and Lieut. D. P. Thomas.

We reproduce a copy of the *menu*, which should make the mouths of those in England water, for in England it is not allowed that one should partake of so many dishes.

ST. BARTHOLOMEW'S HOSPITAL DINNER
(2ND ARMY)

In the Field, January 26th, 1917.

MENU.

Huitres.

Potage.
Crême de Tomates.

Poissons.
Soles au beurre.

Entrée.
Vol au vent.

Roti.
Poulets de Gravelines.
Pommes rissoles.
Salade chicorée.

Entremet
Moka.

Dessert.
Café.

A CASE OF COMBINED NERVE INJURY AND ANEURYSM DUE TO A SHELL WOUND.

By E. GERALD STANLEY, M.S.(Lond.), F.R.C.S.(Eng.), Capt. R.A.M.C.(T.C.).

Specialist in Advanced Operative Surgery, 9th Division, India; Surgeon to Dreadnought Hospital, Greenwich; and Senior Demonstrator of Anatomy, St. Bartholomew's Hospital.

A PATIENT, a private of a regiment of infantry, was admitted under my care while working with the French Army. Three hours before he had been wounded by the explosion of a high-explosive shell, and when I saw him he had no appreciable shock.

There was a small, irregular wound of entrance the size of a sixpenny piece in the mid-line of the left thigh posteriorly and at the junction of the mid and lower thirds. There was no bleeding, and the first field dressing had been applied in the trenches.

As wounded were continually arriving, he was not X-rayed on admission. The wound was enlarged, the edge tissues excised, saline irrigated, and closed with a few catgut sutures for the muscles and fishing-gut for the skin. Eventually it healed *per primam*.

The next morning I noticed that he had "foot-drop," and on examination found the anterior tibial group of muscles paralysed as well as the peronei, complete anæsthesia over the areas supplied by the anterior tibial and musculo-cutaneous nerves, and a patch of anæsthesia on the plantar surface of the heel.

From the direction of the wound I believed that the great sciatic nerve had been hemisected on its external aspect, cutting the fibres which later would come off as the external popliteal nerve. This proved to be the case.

The fragment of shell could not be found by X-ray examination. Accordingly, that day, and thirty-four hours

after being wounded, I exposed the great sciatic nerve at the site of injury, confirmed my diagnosis, and easily sutured half the thickness of the nerve. It appeared as if half the diameter of the nerve on the external aspect had been bitten out. No trace of a fragment of shell was found, but the wound was seen to be nearly postero-anterior, with a very slight inclination inwards.

The wound healed by first intention.

Massage was commenced at once and, much to my surprise, some sensation had returned after the lapse of a month.

And now the sequel. Six weeks after the operation the private said he felt a sensation like electricity running up and down his thigh, and when I carefully examined him the first thing I felt was a distinct thrill in the thigh, and with a stethoscope I heard a loud "bruit" at its maximum immediately opposite the old wound and conducted up and down the thigh. Ten days later there were *all* the signs and symptoms of an aneurysm of the femoral artery in its middle course. The picture was text-book.

As I believed a collateral circulation must have been well established, and as the expansile impulse was becoming daily more palpable, I decided to look and see what could be done for the best.

Accordingly, about two months after his being wounded and under spinal anæsthesia, I exposed the femoral artery in the femoral canal, and there was the most beautifully sacculoform aneurysm one could wish to see springing from the anterior-internal aspect of the artery; it had a fairly narrow neck, and I considered it ideal for a reconstruction operation on the lumen of the artery.

Giles' clamps were applied just above and below the sac and the sac opened. *Fluid* blood escaped; there had been no clotting, and *loose in the sac* was a piece of irregular shell, some $\frac{1}{8}$ in., roughly square. The intima of the sac was smooth and uninjured. With some little difficuly I sutured the oval mouth of the sac leading into the artery with a single row of fine silk and a round, very fine sewing needle. A small collateral from the sac also needed suturing. On removing the clamps no bleeding at all occurred.

The sac was pleated up with three more rows of silk sutures according to Giles' technique, but deep sutures were not put through the skin into it, as I could not see their utility. The wound was closed in the ordinary way.

Healing by first intention took place. Both the popliteal and internal tibial arteries pulsated normally, and there was no disturbance of circulation whatever.

The limb remained at rest, slightly raised and enveloped in cotton wool, for some days.

I was lucky enough to see this patient in a military hospital in Paris some seven months after his second operation. He had complete return, of sensation and the tibialis anticus was making feeble attempts to contract. There was no "bruit" or abnormal pulsation in the course of the artery, and all seemed well.

The points that struck me in this case were:

(1) The early return of sensation after nerve suture.

(2) The presence of the projectile *free* inside the sac.

(3) That the intima should be *uninjured* and the blood *unclotted*, as everything was favourable for clotting. (How could one hope to cure an aneurysm by clotting better than to put an irregular piece of shell inside it?)

(4) How the projectile ever *entered* the artery and there remained to form a complete *true* aneurysm.

(5) The ideal nature of the aneurysm for Matas's operation with restoration of the lumen of the vessel.

The patient, I may say, thought all his trouble was due to the piece of shell which I had not removed from his leg, and before the second operation I told him I would find it for him (rather rashly).

There was no jugglery, however, in producing the piece or where it was found, as two eminent French surgeons were present at the operation and were as unable to explain how the apple got inside the crust of the dumpling as I.

An excellent article in the *Royal Army Medical Corps Journal*, by Major McAdam Eccles, on aneurysm stimulated me to publish this case.

"THE ART OF ANÆSTHESIA."*

By H. Edmund G. Boyle, M.R.C.S., L.R.C.P., Capt. R.A.M.C.T.

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

WHEN I told you last week that I should try to tell you to-day something about the "Art of Anæsthesia," I did not quite realise how difficult my task would be.

The real art of anæsthesia is not easily summed up, for it consists of a large and varied number of points that may individually appear to be trivial, but when welded together into the whole or perfect article, becomes of really great importance.

The art of anæsthesia is acquired after you have become familiar with the various methods of administration and are able to properly apply that knowledge. Experience will

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

give you dexterity and skill, and those of you who are blessed with that inestimable of all things, tact, will find that the true art of anæsthesia is not, perhaps, so difficult after all.

Remember, too, as I have told you before, the anæsthetist must, above all things, be calm and unruffled. Let no emergency or possible impending danger, or even fatality, impair your nerve or make you falter. To yourself be what you like—but to those who are working with you let your nerve be as the finest steel, and let it be said of you, "in an emergency he is the calmest man in the theatre."

To begin with, let us take the attitude of the anæsthetist to the surgeon.

The anæsthetist ought to be in the position of adviser to the surgeon on all matters appertaining to anæsthesia. He ought to be consulted by the surgeon as to what anæsthetic he considers best for the particular case in hand—whether he thinks it necessary to use any pre-operative medication—*e.g.* the administration of morphia or atropine, etc., or the giving of glucose as a possible preventative of after-sickness, or even delayed chloroform poisoning. To do all these things the anæsthetist certainly ought to see his patient prior to the operation, say the day before. This has the added advantage that the patient knows whom he will meet on the "dreadful" day of operation; for, to most people, the operation is a terrible ordeal, and it ought to be our especial province to make that dread, and that almost necessary discomfort, as little as possible. Unfortunately, in the present hurly-burly of life, this precaution is but seldom exercised, but it would, I feel sure, be of great assistance to the patient if it were more generally observed.

If, now, we turn to the selection of the anæsthetic best suited to the case, think for a moment what a wide field there may be. Let me begin by telling you what I consider are the main points that should influence your selection.

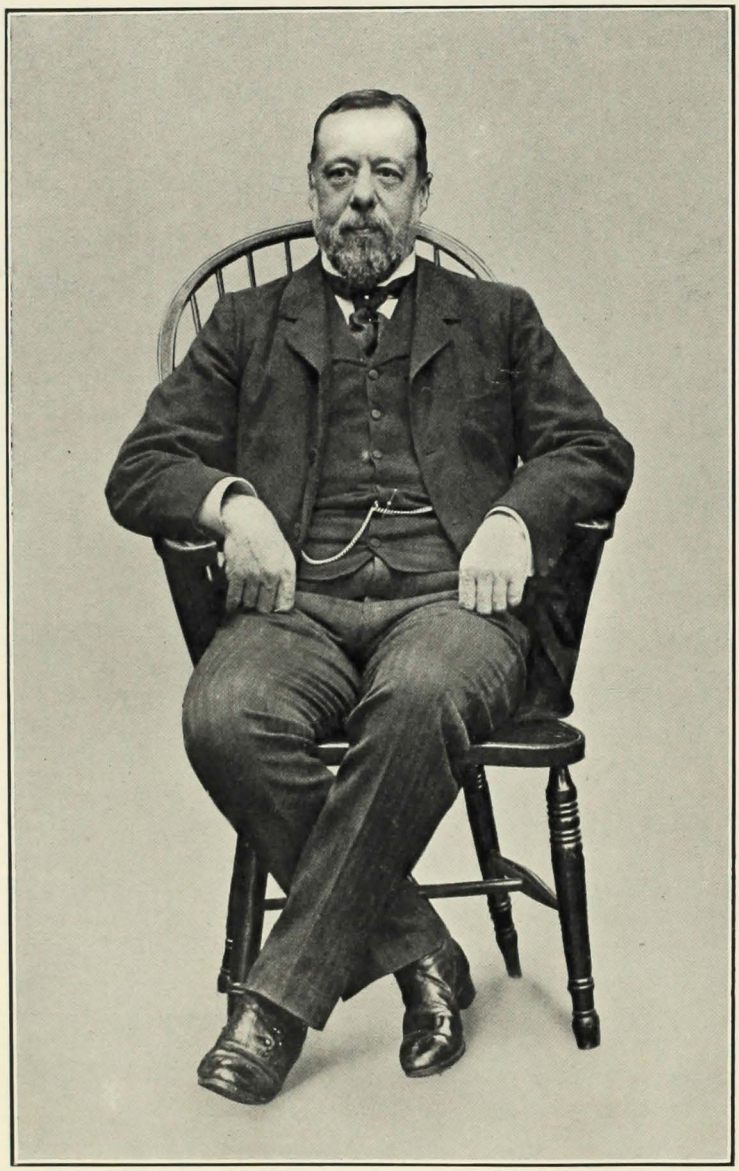
First and foremost, you must consider the *safety* of the patient; next, perhaps, we may put the convenience and comfort of the surgeon. Thirdly, the comfort before, during, and after the operation, of the patient; and lastly, skill, convenience, and comfort—call it what you will—of the anæsthetist.

Now, if we take the safety of the patient, we have to consider what anæsthetic we think will be the best for the particular operation in hand. For the vast majority of operations, I think that, perhaps, the safest and most comfortable anæsthetic is gas and ether. It is most comfortable for the patient because you have shortened your period of induction. Anyone who has ever had an anæsthetic realises that the period of induction is most uncomfortable, and I feel very strongly that a man who habitually subjects his patients to a long period of induction is lacking in consideration for his patients, or else has never given a thought to the matter. If, then, you are going to consider the convenience of the surgeon it is advisable, in most cases, especially abdominal cases, to change to chloroform, thus giving the gas, ether, chloroform sequence. But if you are going to think of the after-comfort of your patient, I think that you will get a better result if you give gas and oxygen, and, if necessary, a little ether with a Gwathmey, or some similar apparatus, than any other anæsthetic that I know.

The comfortable after-condition of patients who have been given gas and oxygen is to me one of the most remarkable points about the method. I am judging not only from my own observation but also that of the Sisters who have charge of these patients, and they tell me that on the whole these patients are infinitely better after their operation than those who have any other form of anæsthesia. The almost complete absence of after-sickness and the rapid recovery to consciousness and the general well-being make it almost ideal from the patient's point of view. It is only fair to add that up to the present I have not succeeded in obtaining relaxation of the abdominal muscles such as one can get with chloroform, but still, abdominal operations can be done with gas and oxygen provided always that the surgeon is prepared to be very gentle with the tissues, and to wait and be patient if there is straining and hardening of the abdominal wall. If you cannot give gas and oxygen or gas and ether, then give open ether; but in any case if you are thinking of your patient's comfort you will give morphia and atropine half an hour before, and before the open ether you will put a few drops of essence of orange on your mask. This serves to abolish the horrible smell of the ether.

In selecting your anæsthetic agent you ought to know the relative dangers of the various drugs. I think that we may consider that nitrous oxide or nitrous oxide and oxygen are about the safest of all anæsthetics, whilst chloroform is generally considered to be the most dangerous drug. Between these two we have ether, the various mixtures A. CE., C.E., and then ethyl chloride quite close up to chloroform on the danger list. It is said that fatalities are five times more frequent with chloroform than with ether, but I think myself that this figure would probably be less if you deducted those cases which died during the induction by chloroform; that is in my opinion the most dangerous period of chloroform anæsthesia. I do not think that there is very much danger in giving chloroform if only some ether is given to induce the anæsthesia.

(*To be continued.*)



WALTER HAMILTON HYLTON JESSOP, M.A., M.B.Cantab., F.R.C.S.Engl.,

SENIOR OPHTHALMIC SURGEON TO ST. BARTHOLOMEW'S HOSPITAL; PRESIDENT OF THE OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.

Adlard & Son & West Newman, Ltd.

BART.'S

1888.

BARTHOLOMEW'S! What memories, awaking
Dim thought of days, long passed, when life was gay,
Those were the times of cases few and trifling;
Responsibilities as clouds in May.

Those were the days when Berry, Clarke, and Bowlby
With sleeves upturned, showed us the way to know
The ultimate division of a venule,
And where each muscle fibre ought to go.

When Jessop, primed with knowledge, filled with judgment,
Showed us how filaments of nerves were traced,
Supplying quaintly, subcutaneous spaces,
Just over where the parent trunks were placed.

Then Savory transcendent, full of satire,
Twisted each dresser's brain with agile skill;
And little Gee, with quietest gentlest humour,
Requested the constituents of a pill.

And in the theatre, gloves and masks, unheard of,
Drowned in the perfume of carbolic spray,
Willett and Baker showed us graphic details
Of surgery in all its gory way.

Those were the days when flourished great John Langton.
Those were the days when Lockwood, Walsham taught;
When Brunton gave us many brilliant details
Of lines of physiology and thought.

Cripps was a force endowed with rectal ardour;
Filled with a hæmorrhoidal instinct sure and keen,
As day by day he passed the ancient portal,
Carriage and horses of the best were seen.

Those were the days when Marsh and Butlin, cultured,
Lectured on joints and throats; and these we knew
Were very special subjects, deep and hidden,
And really understood by very few.

1917.

These times have passed. The world has altered strangely,
Sorrow and trouble travel hand in hand:
Traditions live! Men who have heard these teachers,
Give willingly their all to save their land.

—*F. P. Wightman.*

OBITUARY.

WALTER HAMILTON HYLTON JESSOP, M.A., M.B.CANTAB., F.R.C.S.ENGL.,

Senior Ophthalmic Surgeon to St. Bartholomew's Hospital; President of the Ophthalmological Society of the United Kingdom.

WITH sincere regret we record the death of Mr. Jessop. He was quite well on February 10th, and went to the Hospital; he came back feeling cold and ill, pneumonia developed and he died within the week on February 16th.

He had seemed to be in his usual health, full of spirits and energy, but it was known that the extra work entailed on him by the War both at St. Bartholomew's and at No. 1 Base Hospital, Camberwell, as well as the voluntary and enthusiastic work involved in the setting up of the new *British Journal of Ophthalmology* had tired him, and left him ill-prepared to resist an attack of acute pneumonia.

He was born in 1853, the son of Walter Jessop, F.R.C.S., of Cheltenham; his education was obtained at Cheltenham College, the Bedford Modern School, and later at Gonville and Caius College, Cambridge, which he entered with a Tancred Studentship. After obtaining the B.A. degree at Cambridge in 1876 he came to St. Bartholomew's, obtained the M.R.C.S. in 1880, the F.R.C.S. in 1884, the M.B.Camb. in 1886. Henceforth the Hospital was for him one of the dominant interests of his life. He was House Surgeon to Mr. Willett at a time when there was no junior house surgeon—all the work fell to one man.

It seems impossible at this time that one man could carry on the work of both offices until it is remembered that the number of operations were comparatively few; there was only one operating theatre for four surgeons and four assistant-surgeons, and only two operating days—Wednesday and Saturday. He was afterwards Ophthalmic House Surgeon under Mr. Henry Power and Mr. J. Bowwater Vernon. After serving on the junior staff he became Demonstrator of Anatomy in 1882, and remained in the rooms until his election to the staff. It was during this time that he made life-long friendships with colleagues like Bruce Clarke and Lockwood, both of whom are now gone, and also with successive generations of Bart.'s men who passed through his hands, many of whom lived with him in Harley Street.

Life at this time was a struggle; he had taken up ophthalmic surgery as the work of his life, had been elected Surgeon to the Central London Ophthalmic Hospital, and Ophthalmic Surgeon to the Children's Hospital at Paddington Green, but his position at St. Bartholomew's was by no means secure; it needed courage and tenacity to hold on.

On the retirement of Mr. Power in 1894 he was elected Junior Ophthalmic Surgeon to St. Bartholomew's Hospital, after a stoutly contested election, carried on, after the old method, with a personal canvass of the whole body of the

Governors. His position then became secure, professional success followed, and with it the sunnier side of Jessop's nature developed.

In his work he stood by the tradition of the eye wards, which had acquired a certain character and individuality; thus it had been the custom to do the simple operation for the extraction of cataract without iridectomy; there were ways of treatment, methods of doing things, tricks of bandaging and the like, justified by experience, which gave the work of the eye wards at St. Bartholomew's a character of its own; in all these matters Jessop not only followed the tradition but jealously maintained its superioity.

As a teacher he was not fluent, but his methods were appreciated; he had a bent towards sarcasm, but he could be tolerant of fools. As a surgeon he rather followed the French school: he had received an austere training at Moorfields under Nettleship and others which made his practice sound. He had made contact with the great founders of modern ophthalmology and had sat under the giants like Bowman and Donders. He was not prolific as a writer, but some good work stands to his credit, notably his research into the action of cocaine on its first introduction, and the Hunterian Lecture in 1887–8 at the Royal College of Surgeons, the subject being "The Intra-ocular Muscles; their Anatomy and Physiology." He was the author of a popular text-book which ran through two editions. He reached his chief ambition when he was elected President of the Ophthalmological Society in 1915. He used this position to set on foot the establishment of a British *Journal of Ophthalmology*, securing for that purpose the amalgamation of the *Royal London Ophthalmic Hospital Reports*, the *Ophthalmic Review*, and the *Ophthalmoscope*, the object being to form a thoroughly representative British journal which should appeal to the whole English-speaking world and also be welcomed on the Continent, which had been crushed by the volume and ponderousness of German ophthalmic literature.

He lived to see the successful launching of the new journal.

Jessop had become almost the representative figure of English ophthalmic science on the Continent; he was a member of the most important of the foreign ophthalmological societies; he assiduously attended all International Congresses and was generally present at the annual meetings of the Paris and Heidelberg societies. He was frequently voted into the chair and had sufficient command of languages to fill the duties of the office successfully. He had many close friends amongst his continental colleagues; and was always glad to welcome them either in Harley Street or in his country home, where Mrs. Jessop entertained with gracious cordiality.

Jessop was a good friend, and a warm-hearted honest man. He was, perhaps, seen at his best at the head of his table entertaining his colleagues; he had the faculty of drawing out what was best in the way of anecdote or recollection from his guests; sometimes the fun was fast and furious when he succeeded in setting one to cap the stories of another on their experiences or on the methods of practitioners they had known.

As a story-teller his own method was peculiar; the barest framework of the story was outlined, an impressionist picture; it was filled in with a word, a half-sentence, a smile, or a flash of silence.

His love of art was genuine and enthusiastic; his knowledge, judgment, and taste were good. His Whistler lithographs are famous, and he loved to show and talk about his collections and the ways of collectors: he would tell of a rival who, after offering very large sums for a unique specimen, finally handed him a blank cheque to fill in as he liked in exchange for the picture; that cheque was not filled in.

At his country home he was always glad to see old friends; under his roof the guest was free to follow his own way, to join him in a morning swim in the river, or a hard spell of gardening. He lived the free life of the country whenever he could get away from his work, and took his full share as a magistrate, and in other ways in the social life of the neighhourhood.

BIRTHS.

FAWKES.—On February 9th, at Walney Island, Lancashire, the wife of Surgeon Marmaduke Fawkes, M.B., Royal Navy, attached Naval Airship Section of R.N. Air Service, of a daughter (Marguerite).

HUDSON.—On January 29th, at the Florence Nightingale Home, to Major and Mrs. Bernard Hudson, R.A.M.C., of Davos-Platz, Switzerland—twin sons.

DEATHS.

DOBELL.—On February 22nd, at his residence, Parkstone Heights, Dorset, Horace Benge Dobell, M.D., in his 90th year.

JESSOP.—On Friday, February 16th, at 73, Harley Street, of pneumonia, Walter Hamilton Hylton Jessop, M.A., M.B.(Cantab.), F.R.C.S., J.P., of Mill House, Sutton Courtenay, and Harley Street, Senior Ophthalmic Surgeon to St. Bartholomew's Hospital, and President of the Ophthalmological Society of the United Kingdom, in his 64th year.

PROWSE.—On February 5th, 1917, at 9, Saville Place, Clifton, Bristol, William Prowse, M.R.C.S., aged 91.

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 & WEST NEWMAN, LTD., *Bartholomew Close.* 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.*

Published with 'St. Bartholomew's Hospital Journal,' March, 1917.

St. Bartholomew's and the War.

SUPPLEMENTARY LIST, No. 3.

The following supplementary list, made up to February 27th, 1917, 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.

Many of the photographs are produced from blocks kindly lent by the Proprietors of the *Lancet*.

This List brings the total number of those serving to about 1950.

Roll of Honour.

Killed.

Surg. (temp.) C. H. Gow, R.N.
Maj. P. A. Lloyd Jones, R.A.M.C., D.S.O.
Capt. (temp) J. L. Green, V.C., R.A.M.C., attd. Sherwood Foresters.
Capt. (temp.) G. O. Maw, R.A.M.C.
Capt. (,,) G. P. Selby, R.A.M.C., attd. Lancashire Fusiliers.
Capt. (temp.) A. J. Waugh, R.A.M.C., attd. N. Staffs Regt.
Capt. (temp.) D. H. D. Wooderson, R.A.M.C., attd. Liverpool Regt.
Lance-Cpl. J. S. Heape, Signal Section, Middlesex Regt.

Accidentally Killed.

Capt. (temp.) R. K. Macgregor, R.A.M.C.

Died of Wounds.

Capt. (temp.) R. M. Dennys, Loyal N. Lancs. Regt.
Capt. (temp.) R. W. Michell, R.A.M.C.
Capt. (,,) C. T. Tresidder, Glos. Regt.
Lt. D. R. Drysdale, Dorsetshire Regt.
Lt. (temp.) W. R. Wilson, R.A.M.C.
2nd Lt. A. W. R. Don, Royal Highlanders (The Black Watch).

Died.

Staff-Surg. J. K. Murphy, R.N.V.R.
Col. J. Harper, R.A.M.C.T.
Lt.-Col. W. Selby, D.S.O., V.H.S., I.M.S.
Maj. F. R. Miller, R.A.M.C.T.
Capt. (temp.) L. A. Arnould, R.A.M.C.
Lt. (temp.) S. W. Burrell, R.A.M.C.
Lt. (,,) H. J. S. Kimbell, R.A.M.C.
Lt. (,,) F. Whitaker, R.A.M.C.

Drowned.

Capt. (temp.) J. Cropper, R.A.M.C.

Wounded.

Flight Sub-Lt. I. de B. Daly, R.N.
Capt. (temp.) E. A. Aldridge, R.A.M.C., attd. A.S.C.
Capt. (temp.) H. S. Baker, R.A.M.C.
Capt. (,,) H. J. Bower, R.A.M.C.
Capt. (,,) T. W. David, R.A.M.C.
Capt. (,,) D. H. Derry, R.A.M.C., attd. K.R.R.C.
Capt. (temp.) R. Farrant, R.A.M.C.
Capt. (,,) J. Ferguson, R.A.M.C.
Capt. (,,) H. A. Harris, R.A.M.C. attd. R.F.C.
Capt. (temp.) R. M. Miller, R.A.M.C., attd. R. Welsh Fusiliers.
Capt. (temp.) A. T. Nankivell, R.A.M.C., attd. Argyll & Sutherland Highlanders.
Capt. (temp.) J. A. Pridham, R.A.M.C.
Capt. (,,) A. E. Quine, R.A.M.C., attd. Middlesex Regt.
Capt. (temp.) P. W. Ransom, R.A.M.C., attd. Northumberland Fusiliers.
Capt.(temp.) P. T. Spencer-Phillips, R.F.A.
Capt. (temp.) O. Teichmann, R.A.M.C., attd. Yeomanry.
Capt. D. R. Thomas, Cheshire Regt.
Capt. (temp.) J. H. Tomlinson, R.A.M.C.
Capt. (,,) A. C. Wilson, R.A.M.C.
Capt. (,,) C. R. Woodruff, R.A.M.C.
Capt. (,,) H. E. P. Yorke, R.A.M.C., attd. E. Yorks. Regt.
Lt. W. Champneys, Grenadier Guards.
Lt. (temp.) G. C. Linder, R.A.M.C., attd. R.F.A.
Lt. (temp.) J. M. Hammond, R.A.M.C., attd. Devon Regt.
Lt. (temp.) J. A. Noble, R.A.M.C.
Lt. (,,) R. Puttock, R.A.M.C., attd. R. W. Kent Regt.
Lt. (temp.) J. C. Sale, R.A.M.C., attd. 11th Essex Regt.
Lt. (temp.) C. P. C. Sargent, R.A.M.C.
Sec. Lt. K. C. J. Jones, Bedfordshire Regt.
Sec. Lt. G. Kinneir, Manchester Regt., attd. Gloucester Regt.
Sec. Lt. W. E. M. Mitchell, R. Irish Rifles.

Slightly Wounded.

Surg.-Prob. C. E. E. Herington, R.N.V.R.

Injured in Flying Accident.

Capt. (temp.) C. B. Heald, R.A.M.C.

Accidentally Injured.

Capt. W. S. Edmond, R.A.M.C.

Taken Prisoners at the Capitulation of Kut-el-Amara.

*Capt. A. S. Cane, R.A.M.C.
Capt. E. G. S. Cane, R.A.M.C.
Capt. R. C. Clifford, I.M.S.
*Capt. H. H. King, I.M.S.
Capt. T. E. Osmond, R.A.M.C., attd. Norfolk Regt.
Capt. W. C. Spackman, I.M.S.
Capt. R. T. Vivian, R.A.M.C., attd. 6th (T.F.) Devon Regt.

* Now exchanged prisoners.

Mentioned in Despatches.

By Gen. J. Nixon from Mesopotamia; Euphrates Operation, June 26th to July 25th, 1915.

Capt. R. C. Clifford, I.M.S.

By Sir Ian Hamilton, December 11th, 1915, (published May 6th, 1916).

Col. (temp.) A. E. Garrod, A.M.S.

By Sir John Nixon; Mesopotamia Operations, October to December, 1915 (published May 11th, 1916).

Surg.-Gen. H. G. Hathaway, A.M.S.
Maj. W. Haywood Hamilton, I.M.S.

By Sir C. Dobell; Cameroon Operations.

J. C. M. Bailey, W. A. Med. Staff.

By Gen. Barnardiston; Operations of the Tsingtau E. F., November 13th, 1914 (published May 31st, 1916).

Capt. G. H. Dive, R.A.M.C.

By Sir Douglas Haig (published June 16th, 1916).

STAFF.

Bt.-Col. M. H. G. Fell, R.A.M.C. (4th time).

A.M.S.

Col. O. R. A. Julian, C.M.G. (2nd time).
Col. S. Westcott, C.B., C.M.G. (2nd time).
Lt.-Col. (temp. Col.) F. W. Hardy, R.A.M.C. (2nd time).
Lt.-Col. (temp. Col.) H. S. Thurston, C.M.G. (3rd time).
Maj. (temp. Lt.-Col.) R. L. V. Foster, R.A.M.C. (2nd time).

R.A.M.C.

Lt.-Col. (temp.) G. N. Stephen.
Maj. (temp.) T. C. L. Jones.
Capt. (temp.) H. J. Couchman.
Capt. (,,) G. H. Dive (2nd time).
Capt. (,,) S. Gukney-Dixon (2nd time).
Capt. (,,) C. Kingston.
Capt. (,,) E. S. Marshall.
Capt. (,,) E. White.
Capt. (,,) D. H. D. Wooderson (the late).
Lt. (temp.) A. J. W. Cunningham.

Roll of Honour—*continued.*

R.A.M.C.T.

Bt.-Col. and Brig.-Surg. C. E. Harrison, C.V.O.
Lt.-Col. W. P. Peake, T.D.
Maj. (temp. Lt.-Col.) R. M. West.
Capt. J. Miller.
Lt. (temp. Capt.) J. E. Sandilands.

By Sir A. Wilson; Military Operations in Egypt, November, 1914, to March, 1916.

First List.

Maj. R. W. Knox, D.S.O., I.M.S.

Second List.

Maj. R. W. Knox, D.S.O., I.M.S.
Maj. W. R. Battye, D.S.O., I.M.S. (2nd time).
Capt. C. H. Fielding, I.M.S.

Sir John Maxwell.

First List. Part I. Operations on Western Front.

Staff.

Lt.-Col. E. P. Sewell, R.A.M.C.

Part II. Administration in Egypt.

R.A.M.C.

Capt. E. J. Bradley, R.A.M.C., Sp. R.
Capt. E. W. H. Groves, R.A.M.C.

General List.

Local Maj. Dr. E. V. Oulton.
Local Maj. Dr. L. P. Phillips.

Second List.

R.A.M.C.

Lt.-Col. A. R. Tweedie (T.F.).

By General Smuts, Commander-in-Chief E. African Forces, dated May 8th, 1916.

Capt. G. T. Burke, I.M.S.
Capt. R. S. Townsend, I.M.S.

By Gen. Sir Beauchamp Duff, Commander-in-Chief in India, Aden Operations, dated March 9th, 1916.

Major G. E. Cathcart, I.M.S.
Major J. K. S. Fleming, I.M.S.

By Sir C. Munro, Commanding Mediterranean Exp. Force, dated April 10th, 1916.

Gen. Headquarters Staff.

Surg.-Gen. W. G. A. Bedford, C.B.

R.A.M.C.

Lt.-Col. L. Humphrey (T.F.).
Capt. (temp. Maj.) H. S. Beadles (T.F.)
Capt. (temp.) T. E. Hammond.
Capt. L. R. Shore.
Capt. O. Teichmann (T.F.).
Surg.-Capt. W. T. Rowe (T.F.).
Lt. (temp.) E. C. Mackay.
Lt. (temp.) G. Walker.

Medical Unit R.N. Division.

Surg. (temp.) M. Onslow-Ford, R.N.
Surg. (temp.) C. H. S. Taylor, R.N.

I.M.S.

Maj. W. R. Battye, D.S.O. (3rd time).
Capt. T. J. C. Evans (2nd time).
Capt. C. J. Stocker.

By Sir John Jellicoe for services with the Battle of Jutland, published September 16th.

Fleet Surg. J. H. Pead, R.N.
Fleet Surg. A. R. H. Skey, R.N.

By Commander-in-Chief, Egyptian Expeditionary Force, July 1st, 1916 (published September 26th, 1916).

Capt. (temp.) L. L. Satow, R.A.M.C.

By Lt.-Gen. Sir Percy Lake, Commanding Indian Expeditionary Force, "D," August 24th, 1916.

Staff and Headquarters.

Bt.-Lt.-Col. H. Boulton, I.M.S. (2nd time).

Cheshire Regt.

Capt. (temp.) D. R. Thomas.

R.A.M.C.

Lt.-Col. S. F. St. D. Green.
Capt. R. T. Vivian.
Capt. P. A. With.

I.M.S.

Maj. F. P. Connor.
Maj. R. A. Lloyd.
Capt. W. H. Hamilton (2nd time).

By Gen. Townshend, "Kut Garrison Recommendations."

Infantry.

Capt. T. E. Osmond, R.A.M.C., Norfolk Regt.

Indian Army.

Capt. R. C. Clifford, I.M.S. (2nd time).
Lt. W. C. Spackman, I.M.S.

Medical Services.

Capt. A. S. Cane, R.A.M.C.
Capt. E. G. S. Cane, R.A.M.C.

By Lt.-Col. Sir Percy Lake, Commanding Indian Expeditionary Force, Mesopotamia Despatch, April 30th–August, 1916.

Surg.-Gen. F. H. Treherne, C.M.G. (4th time).
Bt.-Col. M. H. G. Fell (5th time).

By Gen. Sir A. Murray, Commander-in-Chief, Egyptian Expeditionary Force, Operating from June 1st–September 20th, 1916.

Local Lt.-Col. L. P. Phillips, A.M.S. (2nd time).

By Lt.-Gen. G. F. Milne, Commanding Officer, British Salonika Army.

R.A.M.C.

Capt. (temp.) R. A. Mansell.
Capt. (,,) R. M. Vick (2nd time).

By Sir Douglas Haig (published January 3rd, 1917).

Staff.

Capt. E. P. W. Wedd, Essex Yeomanry.

A.M.S.

Col. H. S. Thurston, R.A.M.C. (4th time).
Maj. L. V. Thurston, R.A.M.C.

Consultants.

Lt.-Col. (temp. Surg.-Gen.) Sir A. A. Bowlby, K.C.M.G. (3rd time).
Lt.-Col. (temp. Col.) Sir Wilmot Herringham (2nd time).

R.A.M.C.

Lt.-Col. C. W. Mainprise (2nd time).
Maj. (temp.) G. E. Gask.
Capt. (temp. Maj.) G. H. Dive (3rd time).
Maj. R. C. Wilmot.
Maj. (temp. Lt.-Col.) M. G. Winder.
Capt. (temp.) E. C. Cunnington.
Capt. (,,) L. E. Hughes.
Capt. (,,) A. J. Kendrew, M.C.
Capt. (,,) R. W. Michell (the late).
Capt. (,,) R. M. Miller.
Capt. (,,) T. M. Miller, M.C. (Sp. Res.)
Capt. (,,) R. S. Scott.
Capt. (,,) G. C. E. Simpson.
Capt. (,,) L. H. Terry.

Canadian A.M.C.

Lt.-Col. C. A. Peters.
Capt. W. H. Scott.

By Secretary of State for War, January 23rd, 1917.

Lt.-Col. (temp.) H. Gilbert Barling, R.A.M.C.
Lt.-Col. (temp.) W. A. Turner, R.A.M.C.

By Gen. the Hon. J. C. Smuts, Commander-in-Chief East African Force.

Maj. (temp.) H. B. Owen, Uganda Medical Service.

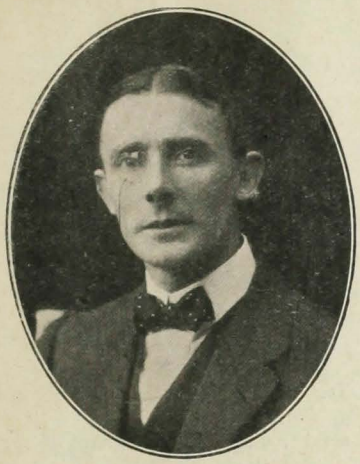
By the Secretary of State for War, February 24th, 1917.

Surg.-Gen. W. G. A. Bedford, C.B., A.M.S. (2nd time).
Surg.-Gen. H. G. Hathaway, C.B., A.M.S. (2nd time).
Col. J. M. Beamish, A.M.S.
Col. S. S. Hoyland, A.M.S.
Col. (temp.) H. H. Tooth, A.M.S.
Lt.-Col. J. B. Anderson, R.A.M.C.
Lt.-Col. C. Averill, R.A.M.C.
Lt.-Col. L. K. Harrison, R.A.M.C.
Lt.-Col. (temp.) R. J. Morris, R.A.M.C.
Lt.-Col. B. Myers, N.Z.M.C.
Lt.-Col. F. P. Nichols, R.A.M.C.
Lt.-Col. J. E. Nicholson (late R.A.M.C.).
Lt.-Col. J. Oldfield, R.A.M.C.
Lt.-Col. G. S. A. Ranking, R.A.M.C. (late I.M.S.).
Lt.-Col. (temp.) A. S. Woodwark, R.A.M.C.
Lt.-Col. (,,) A. Wrangham, R.A.M.C.
Maj. (temp.) A. G. P. Gipps, R.A.M.C.
Maj. (temp. Lt.-Col.) W. B. Grandage, R.F.A.
Maj. E. H. Myddelton-Gavey, R.A.M.C.
Maj. M. G. Pearson, S.A.M.C.
Capt. (temp.) A. Abrahams, R.A.M.C.
Capt. (temp.) H. D. Gillies, R.A.M.C.
Capt. (temp.) F. Hernaman-Johnson, R.A.M.C.
Capt. (temp.) H. J. Pechell, R.A.M.C.
Capt. (,,) A. Trower, R.A.M.C.
Capt. (,,) T. G. Wakeling, R.A.M.C.
Surg.-Capt. R. A. Bostock, ret. Res. of Officers, Scots Guards.

Nursing Service.

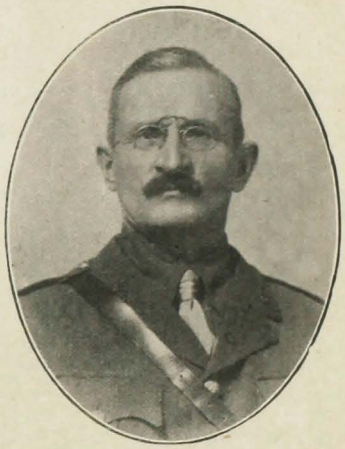
By Sir Ian Hamilton.

Miss M. Acton, Matron, T.F.N.S.



Loris Arthur Arnould, M.R.C.S., L.R.C.P., Capt. R.A.M.C. [October 1st, 1898.] *Died from plague* December 18th, 1916.

Stanley Walter Burrell, M.R.C.S., L.R.C.P., Lt. R.A.M.C. [October 4th, 1910.] *Died of cerebro-spinal meningitis* July 22nd, 1916.

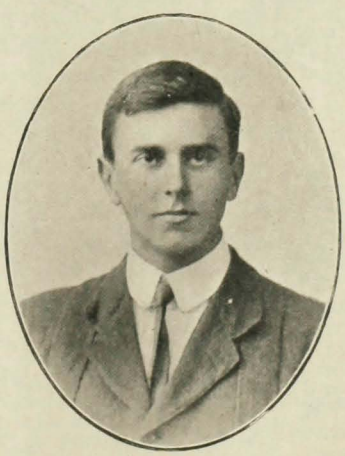


John Cropper, M.D.Cantab., Capt. R.A.M.C. [October 1st, 1888.] *Drowned on Hospital Ship "Britannia"* November 21st, 1916.

Richard Molesworth Dennys M.R.C.S., L.R.C.P., Capt. Loyal N. Lancs. Regt. [September 18th, 1901.] *Died from wounds* July 24th, 1916.

Archibald William Robertson Don, 2nd Lt. Royal Highlanders (The Black Watch). [June 18th, 1914.] *Died from wounds* September 11th, 1916.

Donald Roy Drysdale, Lt. Dorsetshire Regt. [April 21st, 1913.] *Died from wounds* September 25th, 1916.



Charles Humphry Gow, M.R.C.S., L.R.C.P., Surgeon R.N. [August 1st, 1912.] *Killed in action* November 13th, 1916.

John Leslie Green, V.C., M.R.C.S., L.R.C.P., Capt. R.A.M.C., attached Sherwood Foresters. [September 17th, 1910.] *Killed in action* July 1st, 1916.

Date of entry to Hospital is bracketed.

Roll of Honour—*continued.*

By Sir Douglas Haig.

Miss E. M. DUNCAN } Sisters, Civil Hospital
Miss M. PATERSON } Reserve.
Mrs. PHILLIPS.
Miss COCKSHOT.
Miss H. WHITE.
Miss A. WILSON.
Miss E. JOHNSON.
Miss D. FOSTER.
Miss E. GORDON.

By Gen. G. F. Milne.

Sister (Acting Matron) M. E. THOMSON.

By Gen. Maxwell.

Miss A. STUTTLE.
Miss K. LOWE.

By Lt.-Gen. Sir Percy Lake.

Miss P. F. WATT, Lady Supt., R.R.C., Q.A.M.N.S I. (2nd time).

East African Despatches.

Mrs. COOPER (Miss MAULTON).

Promotions and Decorations for Field Service following Despatches.

C.B. (MILITARY DIV.).

Surg.-Gen. W. G. A. BEDFORD, C.M.G., A.M.S.
Col. O. R. A. JULIAN, C.M.G., R.A.M.C.
Lt.-Col. (temp.) H. GILBERT BARLING, R.A.M.C.
Lt.-Col. (temp.) W. A. TURNER, R.A.M.C.

C.M.G.

Col. (temp.) A. E. GARROD, A.M.S.
Col. C. E. HARRISON, C.V.O., A.M.S.
Lt.-Col. L. HUMPHRY, R.A.M.C.

D.S.O.

Lt.-Col. C. W. MAINPRISE, R.A.M.C.
Lt.-Col. E. P. SEWELL, R.A.M.C.
Capt. (temp. Maj.) G. H. DIVE, R.A.M.C.
Maj. L. V. THURSTON, R.A.M.C.
Maj. (temp. Lt.-Col.) M. G. WINDER, R.A.M.C.
Capt. R. C. CLIFFORD, I.M.S.
Capt. W. HEYWOOD HAMILTON, I.M.S.
Capt. (temp.) R. M. MILLER, R.A.M.C.
Capt. A. SCOTT WILLIAMS, R.A.M.C.

V.C.

Capt. J. L. Green, R.A.M.C. (the late).

MILITARY CROSS.

Surg. (temp.) G. SPARROW, R.N.
Capt. (temp.) R. E. BARNSLEY, R.A.M.C.
Capt. (,,) T. R. H. BLAKE, R.A.M.C.
Capt. (,,) A. J. CLARK, R.A.M.C., Sp. R.
Capt. R. C. CLIFFORD, I.M.S.
Capt. G. E. DYAS, R.A.M.C.
Capt. (temp.) EVAN EVANS, R.A.M.C.
Capt. T. J. C. EVANS, I.M.S.
Capt. (temp.) R. FARRANT, R.A.M.C.
Capt. (,,) R. A. FULLER, R.A.M.C.
Capt. (,,) J. R. KEMP, R.A.M.C.
Capt. (,,) A. J. KENDREW, R.A.M.C.
Capt. (,,) F. G. LESCHER, R.A.M.C.
Capt. (,,) R. A. PETERS, R.A.M.C.
Capt. (,,) D'ARCY POWER, Junr, R.A.M.C., Sp. R.
Capt. (temp.) A. RICHMOND, R.A.M.C.
Capt. (,,) J. C. SALE, R.A.M.C.
Capt. L. R. SHORE, R.A.M.C.
Capt. (temp.) W. N. SODEN, R.A.M.C.
Capt. (,,) D. R. THOMAS, Cheshire Regt.
Capt. (,,) J. H. TOMLINSON, R.A.M.C.
Capt. R. S. TOWNSEND, I.M.S.
Capt. (temp.) J. R. TRIST, R.A.M.C., Sp. R.
Capt. (,,) J. H. WOOD, R.A.M.C.
Capt. (,,) H. E. P. YORKE, R.A.M.C.
Surg.-Capt. W. T. ROWE.
Lt. (temp.) D. D. EVANS, R.A.M.C., Sp. R.
Lt. (,,) C. C. OKELL, R.A.M.C.
Lt. C. J. STOCKER, I.M.S.

DISTINGUISHED SERVICE CROSS.

Surg. H. M. HANSCHELL, R.N.

TERRITORIAL DECORATION.

Maj. W. E. MILES, R.A.M.C.T.

KNIGHT OF GRACE OF ST. JOHN OF JERUSALEM.

Col. S. WESTCOTT, C.B., A.M.S.

LEGION OF HONOUR, CONFERRED BY THE PRESIDENT OF THE FRENCH REPUBLIC.

Fleet-Surg. J. H. PEAD, R.N.

ORDER OF ST. SAVA (5TH CLASS), CONFERRED BY H.M. THE KING OF SERBIA.

Capt. (temp.) L. A. WALKER, R.A.M.C.
Capt. (,,) G. WHITTINGTON, R.A.M.C.
Capt. (,,) J. S. WILLIAMSON, R.A.M.C.

ORDER OF THE WHITE EAGLE, CONFERRED BY H.M. THE KING OF SERBIA.

2nd Class (with Swords).

Surg.-Gen. F. H. TREHERNE, C.M.G., R.A.M.C.

4th Class (with Swords).

Maj. R. W. KNOX, D.S.O., I.M.S.

5th Class (with Swords).

Capt. (temp.) J. A. ARKWRIGHT, R.A.M.C.
Capt. (,,) H. FALK, I.M.S.
Capt. (,,) J. G. F. HOSKEN, R.A.M.C.
Capt. (,,) R. A. MANSELL, R.A.M.C.

ORDER OF THE NILE (3RD CLASS).

Temp. Hon. Lt.-Col. L. P. PHILLIPS, R.A.M.C.
J. B. CHRISTOPHERSON.

ROYAL RED CROSS (1ST CLASS).

Miss M. ACTON (Matron), T.F.N.S..
Miss A. M. BIRD (Matron, Gt. Northern Hospital).
Miss J. M. CLAY, Q.A.I.M.N.S.
Miss D. FINCH (Matron, University College Hospital).
Miss HALE (Matron, Endell St. Military Hospital).
Miss A. E. HOLMES.
Miss LARNER.
Miss E. MACFARLANE, Sister (Acting Matron), T.F.N.S., Malta.
Miss A. MCINTOSH (Matron, St. Bartholomew's Hospital).
Miss M. RUNDLE.
Miss E. ST. QUINTIN, Q.A.I.M.N.S. (Acting Matron, Military Hospital, Abergele).

ROYAL RED CROSS (2ND CLASS).

Miss APPLETON.
Miss BOSWELL.
Mrs. CARTER.
Miss P. DALE.
Miss A. E. HARRIS.
Miss M. HORDER.
Miss D. MINCHIN.
Miss MOUCK-MASON.
Miss D. MUDIE.
Miss H. SIMPSON.
Miss WHITLEY COOZE.
Miss L. A. BOURNER (Sister) } 1st London
Mrs. PETERS (Staff Nurse) } General
Miss E. L. PRESTON (Sister) } Hospital.
Miss M. PEMBERTON (Res. Sister, Royal Herbert Hospital, Woolwich).
Miss A. TAYLOR (Sister, Adelaide Hospital, Dublin).
Mrs. WAKELING (Matron, General Hospital, Southend-on-Sea).

ROYAL NAVAL MEDICAL SERVICE.

TEMPORARY SURGEONS.

BARROW, R. M., M.B., B.S.Durh.
BLAIR, C. J. L., M.R.C.S., L.R.C.P.
BLACKBURN, W. H., M.R.C.S., L.R.C.P.
BROOKS, J., M.R.C.S.
BURTON, G. E., M.R.C.S., L.R.C.P.
DANNATT, R. M., M.R.C.S., L.R.C.P.
DUNN, S. G., M.R.C.S., L.R.C.P.
DU PRÉ, W. H., M.R.C.S., L.R.C.P.
EBERLI, W. F., M.R.C.S., L.R.C.P.
FAIRBANK, J. G. A., M.B.Lond., L.D.S.
FIDDIAN, E. A., M.R.C.S., L.R.C.P.
FIRMAN-EDWARDS, L. P. L., M.R.C.S., L.R.C.P.
GASPERINE, J. J., M.R.C.S., L.R.C.P.
HAYNES, J. F., M.R.C.S., L.R.C.P.
HEATH, G. E., M.R.C.S., L.R.C.P.
HEYWOOD-WADDINGTON, W. B., M.R.C.S., L.R.C.P.
LANDER, H. D., M.R.C.S., L.R.C.P.
MACKENZIE, K. A. I., M.B.Oxon.
MASSON, K., M.R.C.S., L.R.C.P.
ORR-EWING, A., M.B., B.C.Cantab.
PIDCOCK, B. H., M.R.C.S., L.R.C.P.
ROSS, J. P., M.R.C.S., L.R.C.P.
STATHERS, G. S., M.R.C.S., L.R.C.P. (July, 1915.)
TERRY, C. H., M.R.C.S., L.R.C.P.

SURGEON PROBATIONERS.

CARLYLE, T.
EVANS, T. G.
GOUMENT, L. C.
LEMARCHAND, F. W.
LLEWELLYN, E. E.
MILLAR, GORDON.
MURRAY, E. F.
SARGENT, E. J. G.

HON. STAFF-SURGEON, R.N.V.R.

HARDING, C. O'B., M.R.C.S., L.R.C.P (Sussex Div.).

LIEUT.-COMMANDER, R.N.V.R.

HOWDEN, I. D. C., M.D., C.M., F.R.C.S.Edin.

LIEUTENANT, R.N.V.R.

MARTIN, E. G.

ROYAL NAVAL MEDICAL SERVICE—*continued.*

TEMPORARY SURGEON, R.N.V.R.

ASHLEY, T. E., M.R.C.S., L.R.C.P.

SURGEON PROBATIONERS, R.N.V.R.

HORDER, C. A.
THOMPSON, B. W.
CHAPPLE, K. R.
WALL, A. D.

HOSPITAL SHIPS.

H.M. Hospital Ship "Formosa."

Maj. R. D. IRVINE, M.S.Durh., R.A.M.C.

H.M. Hospital Ship "Jan Breydel."

Capt. W. AMSDEN, M.R.C.S., L.R.C.P.

ROYAL VAL AUXILIARY SICK BERTH RESERVE.

HARRISON, S. G.

ROYAL NAVAL AIR SERVICE.

Prob. Flight-Lt. J. T. C. GRAY.

ARMY MEDICAL SERVICE.

DEPUTY DIRECTOR OF MEDICAL SERVICES.

Col. J. GIRVIN, M.R.C.S., L.R.C.P. (9th Army Corps M.E.F.).

ASSISTANT DIRECTORS OF MEDICAL SERVICES.

Col. H. C. C. DENT, M.B.Durh., F.R.C.S. (N. Midl. Div.)

Lt.-Col. C. A. PETERS, M.R.C.S., L.R.C.P., C.A.M.C.

DEPUTY ASSISTANT DIRECTORS OF MEDICAL SERVICES.

Maj. W. E. MILES, F.R.C.S. (1st Lond. Div.).
Maj. R. STORRS, L.R.C.S., L.R.C.P.Edin. (6th Division).

Capt. W. T. ROWE, M.D.Lond., M.R.C.P. (Mounted Division).

SANITARY OFFICER.

Maj. A. H. HOGARTH, M.D., D.P.H. Oxf. (Southern Army).

ROYAL ARMY MEDICAL CORPS.

TO BE LIEUTENANTS AND GRANTED RANK OF TEMPORARY CAPTAIN.

(FROM R.A.M.C.T.)

Capt. R. E. BARNSLEY, M.R.C.S., L.R.C.P.

(FROM R.A.M.C. SP. R.)

Capt. E. CATFORD, M.R.C.S., L.R.C.P.
Capt. R. ELLIS, M.B., B.S.Lond.
Capt. F. G. A. SMYTH, M.R.C.S., L.R.C.P.

(FROM TEMPORARY R.A.M.C.)

Capt. H. J. BOWER, M.R.C.S., L.R.C.P.
Capt. H. J. COUCHMAN, M.B., B.C.Cantab.
Capt. E. S. CUTHBERT, M.R.C.S., L.R.C.P.
Capt. G. D. JAMESON, M.R.C.S., L.R.C.P.
Capt. O. B. PRATT, M.R.C.S., L.R.C.P.

ARMY MEDICAL SERVICE.

(TEMPORARY COMMISSIONS.)

Hon. Maj. (temp.) Sir R. ARMSTRONG-JONES, M.D.Lond., F.R.C.S., F.R.C.P., Consulting Physician in Mental Diseases to the London Command.

Col. (temp.) H. GILBERT BARLING, C.B., M.B., B.S.Lond., F.R.C.S., Consulting Surgeon to the British Expeditionary Force in France.

Col. (temp.) C. GORDON WATSON, F.R.C.S., C.M.G., Consulting Surgeon to the Second Army in France.

ROYAL ARMY MEDICAL CORPS.

(TEMPORARY COMMISSIONS.)

TEMPORARY LIEUTENANT-COLONELS.

SIR RONALD ROSS, K.C.B., F.R.S., M.D.
STEPHENS, J. W. W., M.D.Cantab., D.P.H.

TEMPORARY HONORARY LIEUTENANT-COLONEL.

PHILLIPS, Ll. P., M.D.Cantab., F.R.C.P., F.R.C.S.

TEMPORARY MAJORS.

CROSSE, R. E., M.R.C.S., L.R.C.P.
HAMILL, P., M.D., D.Sc.Lond., M.R.C.P.
HOTCHKIS, R. D., M.D.Durh.

TEMPORARY CAPTAINS.

ADRIAN, E. W., M.B., B.C.Cantab., M.R.C.P.
ALLEN, W. G. E., M.R.C.S., L.R.C.P.
ATTLEE, W. H. W., M.D.Cantab.
BARRIS, J. D., M.B., B.C.Cantab., M.R.C.P., F.R.C.S.
CANE, M. H., M.R.C.S., L.R.C.P.
COATES, G., M.D.Oxon.
COOPER, W., M.R.C.S., L.R.C.P.
DAVIES, F. M., L.R.C.P.
EVANS, D. C., M.R.C.S., L.R.C.P.
GIBB, H. P., M.B., B.C.Cantab., F.R.C.S.
GOODMAN, H., M.R.C.S., L.R.C.P.
GRIFFITHS, H. E., M.R.C.S., L.R.C.P.
HARRISON, H. C., M.R.C.S., L.R.C.P.
HEASMAN, W. G., M.R.C.S., L.R.C.P.
HILTON-HUTCHINSON, R., M.R.C.S., L.R.C.P. (Jan., 1915).
LINDSAY, A. W. C., M.R.C.S., L.R.C.P.
MARTIN, J. N., D.P.H., R.C.P.S.
PARSONS, C. T., M.D.Lond.
PARSONS, J. H., M.B., B.S.Lond., F.R.C.S.
POLLOCK, A. K. H., M.R.C.S., L.R.C.P.
RUSSELL, JAMES, M.D.Aberd.
SLADE, J. G., M.D., B.C.Cantab.
STORER, E. J., M.R.C.S., L.R.C.P.
THOMPSON, G. H., M.R.C.S., L.R.C.P.
TROWER, A., M.R.C.S.
WELLER, C. A., M.R.C.S., L.R.C.P.
WILLIAMS, R., M.R.C.S., L.R.C.P.I.

TEMPORARY LIEUTENANTS.

ADAM, G. H., M.R.C.S., L.R.C.P.
ATTERIDGE, K. D., M.R.C.S., L.R.C.P.
APPLEGATE, J. W., M.R.C.S., L.R.C.P.
BAILEY, J. C. M., M.D.Lond.
BALGARNIE, W., M.B.Lond., F.R.C.S.
BAYLIS, H. E. M., M.B., B.S.Durh.
BECKTON, W., M.R.C.S., L.R.C.P.
VON BERGEN, C. W., M.B., B.S.Durh.
BLACK, P., M.R.C.S., L.R.C.P.
BLOXSOME, A. H., L.R.C.S., L.R.C.P.Edin.
BODVEL-ROBERTS, H. F., M.R.C.S., L.R.C.P.
BOOTH, W. H., M.R.C.S., L.R.C.P.
BOSTOCK, A. H., M.R.C.S., L.R.C.P.
BRODRIBB, A. W., M.B., B.Ch.Oxon.
BURN, S. A., M.R.C.S., L.R.C.P.
BURSTAL, E., M.B., B.Ch.Oxon.
BUTCHER, H. H., M.R.C.S., L.R.C.P.
BUTT, H. T. H., M.R.C.S., L.R.C.P.
CAMPBELL, E. K., M.B.Edin., F.R.C.S.Eng.
CHARLES, C. P., M.R.C.S., L.R.C.P.
CHEESE, F. W., M.D., B.S.Durh.
CHILLINGWORTH, A. J., M.R.C.S., L.R.C.P.
CHIPP, E. E., M.R.C.S., L.R.C.P.
CLARKE, P. S., M.R.C.S., L.R.C.P.
COALBANK, R. M., M.R.C.S., L.R.C.P.
COOK, J. B., M.D., Ch.B.Vict., D.P.H. Cantab.
CRELLIN, D., M.R.C.S., L.R.C.P.
CRONK, H. L., M.R.C.S., L.R.C.P.
CROSS, F. W., M.R.C.S., L.R.C.P.
DARBY, W. S., M.B., B.C.Cantab.
DAVIS, K. J. A., M.C.Cantab., F.R.C.S.
DAY, C. D., L.M.S.S.A.
DICKINSON, W. R., M.R.C.S., L.R.C.P.
DOBSON, W. T., M.R.C.S., L.R.C.P.
DODSON, G. E., D.T.M. & H.Cantab.
DONALDSON-SIM, E. A., M.R.C.S., L.R.C.P.
DOUGLAS, A. R. J., M.D.Lond., F.R.C.S.
DOVE, P. W., M.B.Lond.
DRAKE, D. J., M.R.C.S., L.R.C.P.
EMLYN, C. W., M.R.C.S., L.R.C.P.
EVANS, L. W., M.R.C.S., L.R.C.P.
FENTON, T. G., F.R.C.S.
FORBES, J. G., M.D., D.P.H.Cantab., M.R.C.P.
GARDNER-MEDWIN, F. M., M.R.C.S., L.R.C.P.
GILL, J. F., M.B., Ch.B.Aberd.
GRÜN, E. F., M.R.C.S., L.R.C.P.
HAGGARD, T. B. A., M.R.C.S., L.R.C.P.
HAIGH, B., B.C.Cantab., D.T.M.Lond.
HAMMOND, J. M., M.B., B.S.Lond.
HAYSOM, N. N., M.R.C.S., L.R.C.P.
HOWELL, B. W., M.B., B.S.Lond., F.R.C.S.
HUGHES, E. E., M.B., M.Ch.Manch., F.R.C.S.
IREDALE, S. C. W., M.R.C.S., L.R.C.P.
JONES, G. P., M.R.C.S., L.R.C.P.
KEBBELL, C. F. V., M.R.C.S., L.R.C.P.
KEMP, C. G., M.D.Durh.
KENNINGTON, E., M.R.C.S., L.R.C.P.
KNOBEL, W. B., M.D.Cantab.
LAWRENCE, M. R., M.B., B.Ch.Oxon.
LEATHART, P. W., M.B., B.C.Cantab.

ROYAL ARMY MEDICAL CORPS—*continued.*

LEEMBRUGGEN, R. A., M.R.C.S., L.R.C.P.
MAINGOT, R. H., M.R.C.S., L.R.C.P.
MANLOVE, J. E., M.R.C.S., L.R.C.P.
MAYO, H. R., M.B., B.C.Cantab.
MOORE, R. F., B.C.Cantab., F.R.C.S.
MORGAN, C. C., L.R.C.P.Edin., L.S.A.
MOSES, D. A. H., M.R.C.S., L.R.C.P.
MURRAY, E. G. D., L.S.A.
MURRAY, W. A., M.B., C.M.Aberd.
NAYLOR, J., M.R.C.S., L.R.C.P.
NOBLE, J. A., M.B., B.Ch.Oxon.
OGLE-SKAN, H. W., M.R.C.S., L.R.C.P.
ORAM, E. H. B., M.B., B.S.Lond., F.R.C.S.
PAGE, G. F., M.R.C.S., L.R.C.P.
PINNOCK, D. D., M.B., B.S.Melb., F.R.C.S.
PRACY, D. S., M.R.C.S., L.R.C.P.
RANKING, G. L., M.R.C.S., L.R.C.P.
RENDEL, A. B., M.B., B.C.Cantab.
RICE, F. M. P., M.R.C.S., L.R.C.P.
ROBERTSON, M. K., M.R.C.S., L.R.C.P.
ROSTON, L. M., M.B., B.S.Durh.
RYAN, M. J., L.S.A.
SAUNDERS, A. L., M.R.C.S., L.R.C.P.
SCOONES, H. E., M.R.C.S., L.R.C.P.
SHERRARD, N., M.R.C.S., L.R.C.P.
SHORE, T. H. G., M.B., B.C.Cantab., M.R.C.P.
SIMPSON, W., M.B., B.S.Lond.
SMITH, H. G., M.B., B.S.Lond., D.P.H. Cantab.
SMITH, J. M., M.B.Cantab.
SMITH, W. A., M.R.C.S., L.S.A.
SPILSBURY, F. J., L.R.C.S.Edin., L.R.C.P.I.
STERRY, J., M.R.C.S., L.R.C.P.
STIVALA-ASPINALL, G., M.R.C.S., L.R.C.P.
THOMAS, D. P., M.R.C.S., L.R.C.P.
TUCKER, A. B., M.B.Lond., F.R.C.S.
VERDON-ROE, S., M.B., B.C.Cantab.
WADE, A. H., L.M.S.S.A.
WAKEFORD, V. D. C., M.B., B.S.Lond.
WARD, V. G., M.D.Lond.
WATERS, A. C. S., M.R.C.S, L.R.C.P.
WATKINS, G. D., M.R.C.S., L.R.C.P.
WEIR, H. H., M.B.Cantab.
WEST, J. A., M.R.C.S., L.R.C.P.
WHITE, E. H., M.B., B.Ch.Oxon.
WILDMAN, W. S., F.R.C.S.
WILKS, J. H., M.B., B.C.Cantab.
WILLIAMS, C. L., M.R.C.S., L.R.C.P.
WILLIAMS, E., M.R.C.S., L.S.A.
WILLIAMS, E. K., M.R.C.S., L.R.C.P.
WILLIAMS, H. G. E., M.R.C.S., L.R.C.P.
WIMBLE, H. C., M.R.C.S., L.R.C.P.
WOOD, J. F., F.R.C.S.
WOODALL, A. E., M.D.Vict.Manch., F.R.C.S.
YOUNG, F. H., L.M.S.S.A.

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

CAPTAINS.

CAUTLEY, J. B., L.M.S.S.A.
EVANS, D. D., M.R.C.S., L.R.C.P.

LIEUTENANTS.

BAILEY, K. N. G., M.R.C.S., L.R.C.P.
BAILEY, T. B., M.R.C.S., L.R.C.P.
BATTERHAM, D. J., M.R.C.S., L.R.C.P.
BRAIMBRIDGE, C. V., M.R.C.S., L.R.C.P.
BULL, L. J. F., M.R.C.S., L.R.C.P.
COOK, P. N., M.R.C.S., L.R.C.P.
CUNNINGHAM, L., M.R.C.S., L.R.C.P.
DAVENPORT, R. C., M.R.C.S., L.R.C.P.
DAY, G., M.R.C.S., L.R.C.P.
DINGLEY, A. R., M.R.C.S., L.R.C.P.
GOLDSMITH, E. O., M.R.C.S., L.R.C.P.
HUME, J. B., M.R.C.S., L.R.C.P.
LONGSTAFF, E. R., M.R.C.S., L.R.C.P.
MACAULAY, H. M. C., M.R.C.S., L.R.C.P.
MOSER, R., M.R.C.S., L.R.C.P.
WHARRY, H. M., M.R.C.S., L.R.C.P.
WILSON, W. E., M.R.C.S., L.R.C.P.

J. V. ABRINES, L.R.C.S., L.R.C.P.Edin., Civil Surgeon, attd. R.A.M.C.
R. J. P. THOMAS, M.R.C.S., L.R.C.P., Civil Surgeon in Charge of Troops, Bull Point.

EXPEDITIONARY FORCES.

No. 14 Field Ambulance, B.E.F.
Capt. R. H. SIMPSON, M.B., B.S.Lond.

28th Field Ambulance, B.E.F.
Capt. K. M. WALKER, M.B., B.C.Cantab., F.R.C.S.

140th Field Ambulance, B.E.F.
Capt. J. Ll. DAVIES, M.R.C.S., L.R.C.P.

1st N. Midland Mtd. Brigade Field Ambulance, Egypt.
Lt. H. E. BLOXSOME, M.R.C.S., L.R.C.P.

8th Mounted Brigade Field Ambulance, Egyptian Exp. Force.
Maj. H. S. BEADLES, M.R.C.S., L.R.C.P.

Lucknow Cavalry Field Ambulance, B.E.F.
Maj. W. H. CAZALY, M.B., B.C., D.P.H. Lond., I.M.S.
Capt. F. W. CAMPBELL, M.R.C.S., L.R.C.P., R.A.M.C.

1/1 South Midland Casualty Clearing Station, B.E.F.
Capt. G. L. KEYNES, M.B., B.C.Cantab.

No. 4 Casualty Clearing Station, B.E.F.
Capt. T. M. MILLER, M.R.C.S., L.R.C.P., Sp. Res.

No. 16 Casualty Clearing Station, Persian Exp. Force.
Capt. W. B. WOOD, M.D.Cantab.

39th Casualty Clearing Station.
Capt. G. S. HUGHES, M.B.Lond., F.R.C.S., Surgical Specialist.

29th Stationary Hospital, M.E.F.
Maj. C. A. S. RIDOUT, M.S.Lond., F.R.C.S.

Station Hospital, Tremulgherry, Deccan.
Capt. E. G. STANLEY, M.S., Lond., F.R.C.S.

Station Hospital, Dilkusha, Lucknow.
Capt. L. B. CANE, M.D.Cantab.

No. 3 General Hospital, B.E.F., France.
Lt. G. VINER, M.D.Lond., F.R.C.S.

No. 24 General Hospital, B.E.F.
Lt. J. F. ALEXANDER, M.D., B.C.Cantab.

No. 26 Indian General Hospital, Aden.
Lt.-Col. T. H. FOULKES, M.R.C.P., F.R.C.S., I.M.S.

No. 27 General Hospital, Abbassieh, Cairo.
Col. J. GIRVIN, M.R.C.S., L.R.C.P., A.M.S., O/C.
Capt. J. B. BINNS, M.R.C.S., L.R.C.P.
Lt. E. E. CHIPP, M.R.C.S., L.R.C.P.

No. 31 General Hospital, Port Said.
Lt. W. H. LAMPLOUGH, M.D.Durh.

No. 34 General Hospital (Welsh Hospital), B.E.F.
Maj. L. B. RAWLING, M.B., B.C.Cantab., F.R.C.S.
Lt. J. S. BURN, M.B., B.C.Cantab.
Lt. R. L. M. WALLIS, L.M.S.S.A.

43rd General Hospital, B. Salonika Force.
Capt. T. H. HARKER, M.D.Lond.

Military Hospital, Imtarfa, Malta.
Lt.-Col. G. BASIL PRICE, M.D.Lond., F.R.C.P., O/C.

16th Divisional Train, A.S.C.
Capt. A. S. BLACKWELL, M.D.Lond., F.R.C.S.

24th Divisional Train, B.E.F.
Capt. C. H. T. ILOTT, M.B., B.C.Cantab.

62nd Heavy Artillery Group, B.E.F., France.
Capt. R. M. SOAMES, M.B., B.C.Cantab.

MILITARY HOSPITALS.

CAMBRIDGE HOSPITAL, ALDERSHOT.
Capt. H. D. GILLIES, F.R.C.S., Specialist in Plastic Surgery.
Capt. A. RYLAND, F.R.C.S.Edin., Specialist in Oto-Laryngology.

QUEEN ALEXANDRA HOSPITAL, MILLBANK.
Maj. (temp.) (Col. ret. Ind. Army) G. F. ROWCROFT, D.S.O., M.R.C.S., L.R.C.P., I.M.S.

HERBERT HOSPITAL, WOOLWICH.
CORFIELD, E. C., M.R.C.S., L.R.C.P., Civil Surgeon.

MILITARY HOSPITAL, BAGTHORPE.
ANDERSON, A. R., F.R.C.S., Cons. Surg.

2ND BIRMINGHAM WAR HOSPITAL.
Temp. Maj. R. C. TWEEDY, M.D.Durh., Chief Res. Surg.

NO. 1 BRITISH RED CROSS (DUCHESS OF WESTMINSTER'S) HOSPITAL.
Hon. Capt. J. W. NUNN, M.R.C.S., L.R.C.P.

NO. 2 BRITISH RED CROSS HOSPITAL.
Temp. Hon. Maj. B. HUDSON, R.A.M.C., M.D.Cantab.

NO. 6 BRITISH RED CROSS (LIVERPOOL MERCHANTS' MOBILE) HOSPITAL.
Temp. Hon. Maj. F. A. G. JEANS, M.B., B.C. Cantab., F.R.C.S.

NO 10 RED CROSS (LADY MURRAY'S) HOSPITAL.
Temp. Hon. Capt. H. W. CARSON, F.R.C.S.

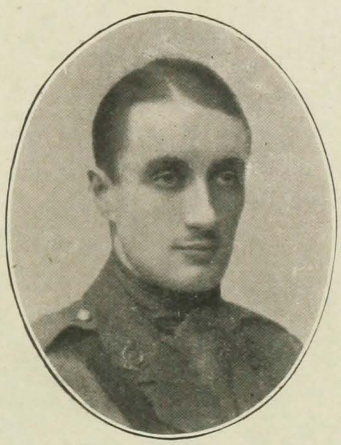
BRITISH RED CROSS IN RUSSIA.
BERRY, J., M.B., B.S.Lond., F.R.C.S.

James Harper, M.D.Lond., M.R.C.S., Col. R.A.M.C.(T.), A.D.M.S. 58th Div. [October 1st, 1875.] *Died* March 24th, 1916.

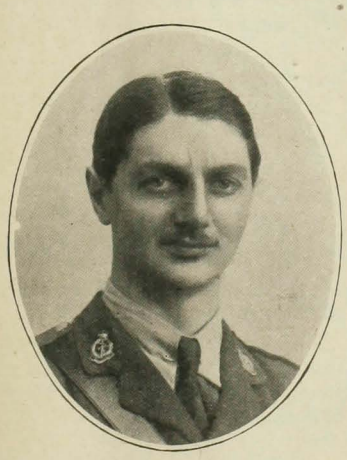
John Schofield Heape, Lce.-Cpl. Signallers, 16th Middlesex Regt., Public Schools Battalion. [April 8th, 1914.] *Killed in action* July 1st, 1916.

Harry John Sullings Kimbell, M.R.C.S., L.R.C.P., Lt. R.A.M.C. [October 9th, 1899.] *Died* May 28th, 1916.

Percy Arnold Lloyd-Jones, D.S.O., M.B. B.C.Cantab., M.R.C.S., L.R.C.P., Maj. R.A.M.C., D.A.D.M.S. [October 31st, 1899.] *Killed in action* December 22nd, 1916.



Reginald Kinloch MacGregor, M.R.C.S., L.R.C.P., Capt. R.A.M.C. [July 28th, 1905.] *Accidentally killed* about May 2nd, 1916.



George Oliver Maw, M.R.C.S., L.R.C.P., Capt. R.A.M.C. [March 19th, 1908.] *Died from wounds* July 10th, 1916.

Robert Williams Michell, M.D. Cantab., F.R.C.S., Capt. R.A.M.C. [January 8th, 1887.] *Died from wounds* July 20th, 1916.

Frederick Richard Miller, M.D.Brux., M.R.C.S., L.R.C.P., Maj. R.A.M.C. (T.), D.A.D.M.S. 60th Div. [October 1st, 1882.] *Died as the result of an accident* February 4th, 1916.

Date of entry to Hospital is bracketed.

MILITARY HOSPITALS—*continued.*

THE LORD DERBY WAR HOSPITAL, WARRINGTON.

Capt. L. T. GILES, M.B., B.C.Cantab., F.R.C.S.

GUILDFORD WAR HOSPITAL.

Temp. Hon. Lt.-Col. H. A. POWELL, M.D., M.Ch.Oxon., F.R.C.S.

LEWISHAM MILITARY HOSPITAL.

Surg.-Maj. C. T. T. COMBER, M.D.Durh., Surgeon.
RHODES, J. H., M.B.Lond, M.R.C.P., Radiologist.

COUNTY OF MIDDLESEX WAR HOSPITAL.

Lt.-Col. L. W. ROLLESTON, M.B., B.S.Durh.
Maj. A. O'NEILL, M.R.C.S., L.R.C.P.
Capt. H. C. HALSTED, M.D.Durh.

NORFOLK WAR HOSPITAL.

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Lt. H. WHITWELL, M.R.C.S., L.R.C.P., Asst. Surg.

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Temp. Hon. Maj. S. BOUSFIELD, M.D. Cantab.

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HADFIELD, C. F., M.D.Cantab., Civil Surgeon.

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EDWARDS, F. SWINFORD, F.R.C.S., Hon. Cons. Surgeon.

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No. 43.

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* Invalided out of Army.

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(If another commission has been received the name is preceded by an asterisk and appears elsewhere also.)

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TEMPORARY HON. MAJOR, R.A.M.C.

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GIBSON, S. H.
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HUTCHENS, H. J.
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KNIGHT, C. V.
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MERCER, W. B.
MILLEN, S. A.
MONCKTON, R. V. G.
PALMER, C. S.
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RENDALL, P.
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ROBINSON, G. S.
ROWSTRON, N. F.
SADLER, F. J.
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*WEST, J. A.
WILLIAMS, R. H.
WIMBLE, H. C. (ill-health).
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WOODD, C. S.
WORTHINGTON, G. V.
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FOLKESTONE V.A.D. HOSPITAL.

Dodd, P. V., M.D.Dub., S.M.O. (resigned).

GRAVESEND V.A.D. HOSPITAL.

LAWRENCE, S. M., M.D.Lond., Hon. Surg.

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Surrey, 12.

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RED CROSS V.A.D. HOSPITAL, HELSLEY.

BLAGDEN, J. J., M.R.C.S., L.R.C.P., Hon. Cas. Surg.

MARLPIT COURT V.A.D. HOSPITAL.

Kent, 88.

NEWINGTON, C. W. H., M.R.C.S., L.R.C.P., Hon. M.O.

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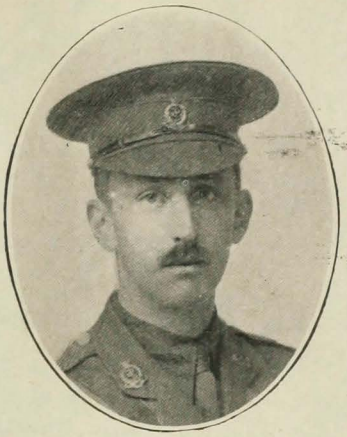
DICKINS, S. J. O., M.D.Brux., Surg. and Commandant.

Kent, 70.

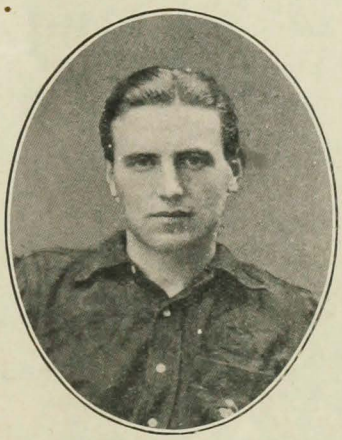
WHITEHEAD REID, E. D., M.B., B.C.Cantab., M.O. in Charge.



Gerard Prideaux Selby, M.B., B.Ch. Oxon., M.R.C.S., L.R.C.P., Capt. R.A.M.C. [September 26th, 1911.] *Killed in action* September 26th, 1916.

William Selby, D.S.O., V.H.S., F.R.C.S., Lt.-Col. I.M.S. [October 1st, 1887.] *Died as the result of an accident* September 8th, 1916.

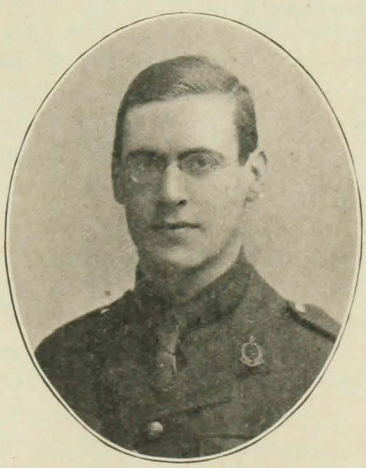
Charles Tolmie Tresidder, Capt. Gloucester Regt. [October 1st, 1907.] *Died from wounds* April 22nd, 1916.



Arthur John Waugh, M.B., B.C. Cantab., M.R.C.S., L.R.C.P., Capt. R.A.M.C., attached N. Staffs Regt. [April 19th, 1909.] *Killed in action* August 18th, 1916.

Frederic Whitaker, M.B., B.C.Cantab., M.R.C.S., L.R.C.P., Lt. R.A.M.C. [October 2nd, 1897.] *Died from dysentery* October 28th, 1916.

Walton Ronald Wilson, M.R.C.S., L.R.C.P., Lt. R.A.M.C., attached Seaforth Highlanders. [September 18th, 1912.] *Died from wounds* July 12th, 1916.



Douglas Henry David Wooderson, M.B., B.S.Lond.., M.R.C.S., L.R.C.P., Capt. R.A.M.C., attached King's Liverpool Regt. [September 21st, 1908.] *Killed in action* August 6th, 1916.

We regret that no photograph is available for reproduction of the following:
James Keogh Murphy, M.D., M.C.Cantab., F.R.C.S., Staff Surg. R.N.V.R. [January 11th, 1892.] *Died* September, 13th, 1916.

Date of entry to Hospital is bracketed.

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Miss W. HAVILAND.
Miss N. HILLS.
Miss D. LACEY.
Miss M. McCAUL.
Miss M. MOODY.
Miss E. NOAR.
Mrs. NOY *née* FISHER.
Mrs. SARGENT *née* DEAR.
Miss E. J. B. WRIGHT.

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Miss L. APPLEYARD.
Miss W. BICKHAM.
Miss M. BURDETT.
Miss P. COMYN.
Miss G. HIND.
Miss E. HINDLE.
Miss M. HITCH.
Miss E. LITTLEJOHN.
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Miss M. PEARCE.
Miss D. PRIESTLEY.
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HASLAR.

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Miss HAWKINS.
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Miss P. KEEN (No 1 British Red Cross (Duchess of Westminster's) Hospital).
Miss LIVOCK.
Miss O'KANE.
Miss ROWNTREE.
Miss VINCENT.

In Salonika.

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Miss A. WARD.

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Miss E. RICE.
Miss SOUTH.

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St. Bartholomew's Hospital Journal.

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

VOL. XXIV.—No. 7.] April 1ST, 1917. [PRICE SIXPENCE.

CALENDAR.

Tues., April 3.—Second Exam. of Society of Apothecaries begins.
Dr. Drysdale on duty.
Fri., ,, 6.—Dr. Hartley and Mr. McAdam Eccles on duty.
Minor Operations. Mr. Bailey's dressers.
Sat., ,, 7.—Oxford Lent Term ends.
Tues., ,, 10.—Final Exam. Conjoint Board (Medicine) begins.
Dr. Horder on duty.
Wed., , 11.—Oxford Easter Term begins.
Thurs., , 12.—Exam. for D.P.H.(Camb.) begins.
First Exam. of Society of Apothecaries begins.
Final Exam. Conjoint Board (Midwifery) begins.
Fri., , 13.—Final Exam. Conjoint Board (Surgery) begins.
Dr. Calvert and Mr. Bailey on duty.
Minor Operations. Mr. Wilson's dressers.
Tues., , 17.—D.P.H. (Conjoint) Exam. begins.
Dr. Morley Fletcher on duty.
Wed., , 18.—Cambridge Easter Term begins.
Fri., ,, 20.—Dr. Drysdale and Mr. Wilson on duty.
Minor Operations. Mr. Waring's dressers.
Mon., ,, 23.—**Summer Session begins.**
Tues., ,, 24.—Dr. Hartley on duty.
Fri., ,, 27.—Dr. Horder and Mr. Waring on duty.
Minor Operations. Mr. Eccles' dressers.
Tues., May 1.—Dr. Calvert on duty.
Thurs., ,, 3.—Primary F.R.C.S. Exam. begins.
Fri., ,, 4.—Dr. Morley Fletcher and Mr. McAdam Eccles on duty.
Minor Operations. Mr. Bailey's dressers.
Mon. ,, 7.—Exam. for M.B., B.S.(Lond.) begins.

EDITORIAL NOTES.

ON February 8th last the death occurred, in his 92nd year, of Mr. Peter Reid, who had been a Governor since 1864.

At all times a generous subscriber to the funds of the Hospital, Mr. Reid, in the year 1882, gave anonymously a sum of £5000 for the purchase of the site on which the Kettlewell Convalescent Home was erected.

But the benefaction which will always be specially connected with Mr. Reid's name was the founding and endowing by him in January, 1890, of "The Hospital Convalescen Home" at Parkwood, Swanley, for the reception of convalescent patients on their discharge from London hospitals and still requiring active professional treatment. For this object he placed a sum of £100,000 in the hands of trustees, associating with himself the late Sir William Savory and Mr. William Henry Cross, who was at that time the Clerk of this Hospital.

Not content with his original donation of £100,000, Mr. Reid increased his contributions to a total of approximately double that sum by various gifts from time to time in furtherance of his benevolent object.

The Home was opened in June, 1893, with accommodation for 120 patients, and up to the end of last year more than 37,000 poor persons had received its benefits without charge of any kind.

Apart from gifts to personal friends and others, the bulk of Mr. Reid's estate has been bequeathed to charity.

* * *

It is with much pleasure that we congratulate Temp. Capt. John Ferguson, R.A.M.C., on obtaining the Military Cross. "He displayed great courage and determination in tending the wounded under the most intense hostile fire. Later, although himself wounded, he remained at his post until all the wounded men had been dressed."

* * *

Sir Francis Champneys has been re-elected as Representative of the Royal College of Physicians of London on the Central Midwives Board, and Sir Dyce Duckworth has been re-elected as Representative of the same body on the Council of the Queen Victoria Jubilee Institute for Nurses.

* * *

Mr. H. J. Waring has been elected to represent the Royal College of Surgeons of England on the General Medical Council in the vacancy occasioned by the retirement of Sir Henry Morris.

* * *

ROLL OF HONOUR.

We very much regret to learn of the death, on active service, of Major Sidney Rowland, R.A.M.C., from cerebro-spinal meningitis. Born in 1872, he was educated at Berkhamsted Grammar School and Downing College, Cambridge, where he directed his attention to natural science. He completed his medical studies at St. Bartholomew's Hospital, and shortly afterwards joined the staff of the Lister Institute. From the outset of his career he was engaged in research, and worked at a number of important problems, notably upon the scientific basis of typhoid vaccination, and, later, at a similar aspect of vaccination against plague. In 1906 he was seconded by the governing body of the Lister Institute to the Commission for Investigation of Plague in India, where he remained for two years. During this period his work, in conjunction with that of Major Glen Liston and the late Major G. Lamb, of the Indian Medical Service, and Dr. C. J. Martin, F.R.S., of the Lister Institute, helped to establish the transmission of plague by rat-fleas. He returned to the Lister Institute in 1908, and a year later was again seconded to the Plague Commission, and worked in this country upon the problem of plague prophylaxis, making important contributions both to the immediate knowledge of vaccination against plague and also to certain of the wider questions of immunity. In September, 1914, he obtained a commission in the R.A.M.C., and proceeded at once to France in charge of No. 1 Mobile Laboratory. He was among the first of the bacteriologists to be called upon to use their knowledge for the prevention of disease among troops in the field. Shortly before his illness he was engaged in the discovery of carriers of the cerebro-spinal meningococcus among the troops, and it is supposed that he must have contracted the disease in the execution of these duties.

Our sincerest sympathy is extended to his relatives and many friends.

* * *

It is with great sorrow that we learn that Lieut. H. A. Hammond, R.A.M.C., D.S.O., has died of wounds received in action with the Salonika Forces on February 12th. Lieut. Hammond was qualified in 1909, and shortly after that period took up a practice in Bournemouth. He joined the R.A.M.C. in July, 1916, and left shortly afterwards for Salonika, where his D.S.O. testifies to the usefulness of his work. We extend our deepest sympathy to Mrs. Hammond in her sad bereavement.

FROM THE FRONT.

LETTER FROM CAPT. L. B. CANE, R.A.M.C.

H.M.T. ——,

AT SEA;

February 15th, 1917.

"WE have at least six Barts.'s men on board—R. C. Davenport, R. D. Maingot, M. B. Lindsey, Cook, Bull, and myself—and are having a very pleasant voyage, one of the longest taken by troops during the war.

"We have already been on board since before Christmas, and shall not reach our final destination till some time in March.

"We have just reached our third port of call, and except at these places have seen no land and scarcely any ships since leaving England.

"The chief objects of interest at sea have been porpoises, albatross, sharks, and whales.

"Battalion sports have been in progress for some weeks, also cricket and other deck games, and we have frequent concerts and pierrot shows in the evenings.

"Recently we had a musical revue, and a comic opera is in rehearsal.

"Even in war time King Neptune holds his court, and seldom have more new-comers to his realms been initiated with the ancient rites than when he visited His Majesty's troopship —— on her first crossing of the line.

"Appearing on board in the early afternoon, Father Neptune, with his queen, counsellors, and court, proceeded with discordant band of sea-pirates around the ship.

"Arrived at the saloon, he read aloud his proclamation, and later ascended the throne on a raft by the forward rail.

"As the name of each 'general' was then read out by the Chancellor, a rush was made by sea-police adorned with blood-red skulls and crossbones. The 'visitor' was, by force, held in the 'chair,' whilst a black boy freely lathered him with a paint brush, and the State Barber, smoking an immense cheroot, wielded his great razor, and shaved and marked him with cabalistic signs.

"Next he was borne aloft and hurled over the ropes that bounded Neptune's bath, to be thoroughly cleansed from all his landsman's sins, and so fitted to dwell with shark and crab and mermaid slim in coral caves below.

"For one brief moment then was he held up for examination by the Court Physician, who, taking his temperature with a bath thermometer, invariably declared that it was far too high, and he must again be 'cooled,' and a magic potion forced between his lips.

"When at last, as a fully-fledged merman, he emerged dripping from his bath, he was greated by the beating of

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

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

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

NOTES ON WAR SURGERY IN FRANCE.

By Colonel C. Gordon Watson, C.M.G.,
Consulting Surgeon, Army.

Wound Suture.

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

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

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

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

Secondary Suture

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

There is no need to dress the wounds so long as the patient is comfortable; the wounds, though discharging serum freely through the sutures, may be left untouched from the first, except as regards the outer dressings, for weeks at a time, without impeding the progress. An immense amount of labour is thus saved. When the wounds are dressed for the first time the dressings slip off without pain, and the uninitiated surgeon will often be amazed to find the wound practically healed or well on the road to recovery.

"THE ART OF ANÆSTHESIA."*

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

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

(*Continued from p.* 62.)

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

(1) *Dental extraction.*—Here I think that N_2O and O is undoubtedly the best anæsthetic—with a single administration with a Hewitt's apparatus. That is to say, as soon as anæsthesia occurs, the face piece is removed and the dentist permitted to do his work. The time available is a little longer than with nitrous oxide alone and the patient's comfort, both for induction and afterwards, is greater than with nitrous oxide alone. Should the dentist need more time it is quite simple to adjust a nose-piece and give a prolonged nasal administration. There are one or two points about administration for dental work which you must remember. Let the dentist put the mouth-prop in himself, because he knows where he wants it, and it will be out of his way, and if it is not in the right place he cannot blame you. Be careful in using your gag. Do not break your patients' teeth. It is not necessary, and they do not like it. Do not smother your patients. Put the face-piece on gradually and quietly. And then there is one thing that you must never forget. Never give nitrous oxide to women unless you have someone else present throughout the operation. Occasionally some of these people have curious erotic dreams, and if you have not got a third person as a witness you may find that you are accused of having committed an assault. Such cases have occurred before, and it is as well to be guarded against such unpleasantness.

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

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

Tonsils and adenoids.—When I first began anæsthetics these were nearly always done rapidly, but nowadays, with the careful dissection of the tonsils that some surgeons practise, the administration of the anæsthetic becomes one of the most difficult and dangerous tasks that we are called upon to perform. The *position* of the patient is, in my opinion, extremely important. As soon as anæsthesia is complete the patient should be turned half over so that the dependent cheek lies on the pillow. The reason for this is that the blood goes into the cheek and can be easily swabbed out, and there is less likelihood of blood getting into the larynx. You will find many other positions used, but this position, which we all learned from the late Sir Henry Butlin, is probably the safest. When you have your patient anæsthetised, you continue your anæsthetic with a Junker's inhaler and chloroform. You will find some surgeons seem to like to push the tongue back and completely block the air-way, but you must insist that they stop and let the patient breathe or you may get a relative overdose of your anæsthetic. The best sequence for adults is gas, ether, chloroform, and for children A.C.E., C.E, or open ether.

Goitre.—Now, if we come to goitre we get a very large field of choice for your anæsthetic. As you all know, the operations for goitre—either for the simple condition or for exophthalmic goitre—are exceedingly dangerous things, especially the exophthalmic condition. Indeed, so dangerous is it that some surgeons refuse to operate unless a local anæsthetic is used. In America they have gone to the extent of keeping their patients in bed for several days before the operation, and each day the patient is given a hypodermic injection of water. Sometimes a little morphia is put into it, and each day the rectum is washed out and he is given an injection of pure olive-oil—the patient not knowing quite when the operation is going to be done. And on the morning of the operation the same procedure is gone over as is gone through on the previous day, with this exception. Instead of water he is given morphia and atropine and instead of plain olive-oil, olive-oil and ether, and as the patient sinks into sleep he is taken to the theatre and then if it is necessary to deepen the anæsthesia, open ether is employed and the goitre is removed. All this is done to remove the factor of fear from these easily-startled people. For my own part, in dealing with goitre, both simple and exophthalmic, I think that if you give them a little morphia and atropine beforehand and then anæsthetise them with gas and ether, and then continue with endotracheal ether, you are probably using about as good and safe a method as is possible.

I want you to remember that during the operation for goitre the surgeon very often is pulling on the trachea. As likely as not the trachea is compressed and rather scabbard-like, and I know from my own experience that if you have not got a tube down the trachea you can have some very troublesome respiratory conditions. Therefore I would strongly advise you, for goitre, to use the endotracheal method. You have your tube down the trachea and you are able to give ether or air, or oxygen at will. There is a curious feeling of safety when giving an endotracheal ether for goitre cases, which I have never had with any other form of anæsthetic. Remember that the death-rate after exophthalmic goitre is extremely high, and any method which will reduce that is welcome. And, finally, on the question of goitre, remember that chloroform for exophthalmic goitre is practically absolute poison.

Head cases.—There again you can use your endotracheal ether, and as in the case of goitre, it has the advantage that the administrator and all his apparatus are safely out of the way of the operator, thus leaving a clean aseptic field—a point which the operator will value.

Actual administration.—In the first place, during the induction period you should keep the room absolutely quiet. Remember that hearing is the last of the senses to go, and all the preparation, walking about the room, talking, etc., and the careless dropping of bowls and instruments, is very distressing to the patient. With an absolutely quiet room you will not only find that the patients appreciate it, but the anæsthetic will probably go much better than if the whole thing had been done amidst a babel and clatter.

If you are giving a nitrous oxide and ether I want you to remember that you are not to slam the mouth-piece on the patient. Put it on quietly—be gentle. And thirdly, if you would make it a practice to put a small mouth-prop between the patient's teeth you will find that you will save yourself a good deal of trouble. As I have told you before, no man can hold his breath if his mouth is a little open. If you have a small mouth-prop he cannot clench his teeth and get black in the face. Subsequently, during your anæsthetic you can place a small rubber tube about 6 in. long in the mouth so that one end is outside and the other end is somewhere about the upper part of the larynx. You can manœuvre it so that they breathe freely and quietly through the tube. You will find that your patients will keep a beautiful colour—a beautiful pink—and you will not have to keep the jaw forward. It saves you an infinite amount of trouble and keeps the air-way clear. If you are not skilled in the use of chloroform or if you are using a mask, be careful not to blister your patient's face. Grease the face well with vaseline beforehand.

Never send your patient back to bed until the reflexes are present. You really ought to see your patient back to bed, and you should never send him away from the table so that he takes hours to recover. When you put your patient to bed, put him on his side and draw the legs up. The reason for this is that patients vomit less if placed on the side, and are less likely to inhale the vomit. The reason I suggest the legs should be drawn up is because if you go through any of the wards you will find the majority of the people

are curled up on their side as being the most comfortable position to lie in.

And, finally, see that there are no hot-water bottles in the bed. Have the bed warm, but no bottles in it.

THE PATIENT'S POINT OF VIEW.

To nearly every patient who undergoes an operation, the day of operation and the operation itself are more or less dreaded. It may be the fear of losing consciousness—and this is most marked in those who have never had an anæsthetic—or it may be the dread of what the surgeon will find; for example, if it is a case of suspected malignant disease; or it may be the general fear of an operation and its results. All these possibilities arise before the patient expecting to be operated on, and some of these factors at times produce a condition that some people would call "funk." But, believe me, these people cannot help their condition. They are really to be pitied. You must remember that they are lay-people, and unaccustomed to the—to them—horrible preparations, and details of the operation. As lay-people they cannot possibly take the same view of operations, etc., that we, as medical men, do.

Unfortunately there are a great many medical men who, full of zeal and enthusiasm in pursuit of knowledge of disease, yet fail to remember, or understand, that their patients are, after all, human beings, and as such are possessed of some form of sensitiveness and feelings. Some medical men—and we all know them—are so wrapped up in their little circle that they must be for ever talking of it, around it, in it; they totally fail to grasp the very elementary fact that there are other people outside their very limited range of vision, to whom medical details are positively repugnant. To men such as these I would say—when you are about to anæsthetise your patients, put off your borrowed cloak of thoughtlessness and callousness, array yourself and behave yourself, as what you ought to be, a gentleman and an ornament to your profession.

JOHN HUNTER AND ST. BARTHOLOMEW'S HOSPITAL.*

By W. LANGDON BROWN, M.D., F.R.C.P.

MR. PRESIDENT AND GENTLEMEN,—One hundred and eighty-nine years ago to-day John Hunter was born, and for the eighty-ninth time the Society meets to commemorate that event. Men distinguished in the profession have lavished their learning and their oratory in praise of Hunter, and deeply appreciative as I am of being asked to follow in their wake, I may well ask what aspect of the subject is there left for me to dwell on? Looking through the list of orators I discovered the interesting fact that I am the first member of the staff of St. Bartholomew's Hospital to be invited by the Society. As Hunter spent part of his student days at St. Bartholomew's, it seems appropriate that I should say something of the Hospital as it was in his day, and of the men he met there. For much information I must express my indebtedness to Dr. Norman Moore, who has once again shown me that kindness that has never failed since I first entered the Hospital, of which he is the distinguished historian.

We are the resultant of our heredity and our environment. The factor of heredity was strongly marked in the face of John Hunter, as is shown by the number of the family who achieved distinction, such as his brother William, and two of his sister's children—Dr. Matthew Baillie, the leading London physician of his day, and Joanna Baillie, the well-known writer. But even such an original genius as John Hunter must have owed something to his environment. As Stephen Paget truly says, "It is not we who make our profession, it is our profession that makes us." For that reason our calling reveals itself in most of us to a shrewd observer almost at the first glance. So it may be of interest to recall part of Hunter's environment, even though we may conclude that he was less beholden to it than more ordinary mortals.

John Hunter entered St. Bartholomew's Hospital in 1751, when already twenty-three years of age. Even then the Hospital was an ancient institution, for it was founded by Rahere in 1123. The picturesque legend that Rahere was court jester to Henry I has no foundation, for he was a Canon of St. Paul's. A judge may be a jester, but a Canon never. When on a pilgrimage to Rome, he visited Tre Fontane on the Campagna, the scene of St. Paul's martyrdom. Falling a victim to the malaria then so rife there he was nursed by the monks in the Monastery of S. Bartolommeo on Tiber Island. This was the site of the temple of Æsculapius—the original pillars of which still support the Church of S. Bartolommeo. This temple of Æsculapius was built after the great plague in Rome in B.C. 292, when, "in accordance with the advice of the Sibylline books, ambassadors were sent to Epidaurus to bring the statue of Æsculapius to Rome. They returned with it, but, as the vessel sailed up the Tiber, a serpent, which had lain concealed during the voyage, glided from it, and landed among the reeds on this spot—an omen hailed by the people under the belief that Æsculapius himself had thus selected it. In consequence of this story, the form of a ship was given to this end of the island, and its poop may still be seen below the end of the convent garden, with the head of Æsculapius sculptured on it in high relief. . . . For over two thousand years the island has been dedicated to the spirit of healing." (Hare.) While fever-stricken on this island, the story goes, Rahere had a vision of

* Being part of the Eighty-ninth Annual Oration delivered before the Hunterian Society on February 14th, 1917.

St. Bartholomew, who ordered him to build a church and a hospital in London in his honour. Certain it is that on his recovery he returned to London, obtained a grant of land from the Bishop of London, and founded not only the Hospital just outside the Roman wall of the city, but also the magnificent priory of St. Bartholomew's the Great, which, even in its present mutilated form, is one of the architectural glories of London.

Rahere's Hospital, though then on the outskirts of London, became in course of time surrounded by buildings which acquired an historic interest. The smooth field or Smithfield in front of the Hospital was the scene of the famous Bartholomew Fair, which, also established by Rahere, later became a regular saturnalia. The field had more tragic memories as the place of repeated martyrdoms, until, in the words of Fuller, "the hydropsical humour which quenched the life of Mary extinguished also the fires of Smithfield." Earlier, when King Richard II met his rebellious Commons on this spot, it was just within the gate of the Hospital that Wat Tyler met his death. This was in 1381, ten years after the Charterhouse had been founded on the other side of the field. To the west of the Hospital, Cock Lane, famous for its ghost, ends in Pye Corner, where the Fire of London burnt itself out. To the east lies Cloth Fair of Elizabethan fame. When I entered St. Bartholomew's it was almost entirely composed of Tudor houses, few of which remain to-day. Little Britain, so charmingly described by Washington Irving, forms the eastern boundary of the Hospital. From Little Britain the first number of the *Spectator* was issued seventeen years before Hunter's birth. Between Cloth Fair and Little Britain lies St. Bartholomew's the Great, but to say anything of its history or beauties would require a whole evening, so I refrain. On the south side lay Christ's Hospital and Newgate Prison, both recently destroyed.

The present building is the one which John Hunter entered. It was then of recent date, and, indeed, incomplete. It was begun from the designs of James Gibbs only twenty-one years before; one side of the quadrangle was built during John Hunter's stay, and the last side was not built till five years later. To James Gibbs London owes several admirable buildings—St. Martin's in the Fields (where Hunter was buried), St. Mary's-le-Strand, and St. Peter's, Vere Street—each a gem in its way. The more massive St. Bartholomew's was designed for utility rather than ornament; but it is a stately pile, and at that time must have been a great advance in hospital architecture. More picturesque than the main building is the Henry's VIII's gateway, recalling Temple Bar in its structure.

The staircase of the Great Hall is enriched by two wall paintings executed in 1736 as a gift by Hogarth, who was then residing in Bartholomew Close. Hogarth says in his manuscript notes: "Without having had a stroke of this grand business before . . . and with a smile at my own temerity I commenced history painting, and on a great staircase at St. Bartholomew's painted two scripture stories with figures seven feet high. These I presented to the charity." He hoped it might establish a fashion for such paintings in London, but was disappointed in that expectation. One of them represents the Good Samaritan pouring oil and wine into the wounds of the man who fell among thieves, the other the Pool of Bethesda. Among the halt and diseased in the latter picture is a beautifully modelled nude female figure which was formerly considered by many to represent a typical *malade imaginaire*, but when the picture was cleaned a conscientious workman was stopped just in time from scraping off some curious patches from her knees, and then it was found that Hogarth had accurately represented a case of psoriasis.

Entering the Great Hall, the first picture on the left hand of the door is Sir Joshua Reynolds' portrait of Percival Pott, who was Senior Surgeon to the Hospital when Hunter joined. Pott, who has given his name to three diseases, was then the acknowledged head of his profession, and it was to become his pupil that Hunter came to the Hospital after the death of his former master, Cheselden. Stephen Paget says of Hunter's stay at St. Bartholomew's: "He walked the wards, and was present at grave operations, which things a student may do without much profit, but it was his privilege to go straight from one good master to another and to see simplicity of treatment and avoidance of officious interference which made Pott so great in Surgery." Ottley says: "The actual cautery and the charcoal pan were still considered an essential part of the dressing apparatus at the hospitals and a farrago of applications going under the name of suppuratives, digestives and sarcotics were implicitly relied on for affecting those changes which Nature was all the while performing in spite of her injudicious allies. Pott was the first surgeon in this country who successfully attacked these abuses." No doubt this had an influence on Hunter, who, in the last year of his life, wrote thus of Pott: "Mr. Pott, though one of the senior surgeons in London, gave lectures to the pupils of St. Bartholomew's Hospital, which lectures became the basis of his works on the operations of surgery, and do credit to the Governors of that charity for their choice of one so able to instruct." But in spite of this testimony it is a lamentable fact that in after life these two great men had become hostile towards one another. It is not pleasant to see the former pupil attack his teacher, more especially when the difference is on personal grounds. But the most determined panegyrist of Hunter would not claim that he was a peace-loving man. If we are to paint him as Oliver Cromwell wished himself to be painted, we must admit that his repeated disputes as to priority of discovery throw an unpleasing sidelight on his character. And it was a strange irony of fate that after his death his own brother-in-law

should have stolen his discoveries wholesale, and then have destroyed the evidence of his theft.

Pott was accused by the Hunters of stealing from them the discovery of the nature of congenital hernia. The accusation was made publicly in a lecture. Pott denied the truth of the charge and naturally objected to the manner in which it was made. In any case, all of them had been anticipated by Haller, though to John Hunter must certainly be conceded the explanation of the descent of the testis in its relation to congenital hernia. From what we know of Pott as a high-minded gentleman, the accusation of the Hunters seems improbable, and became all the more so when the Hunters fell to accusing one another of similar thefts. But the difference with Pott lay deeper than this. Pott was no favourite with the Scots' school in London. He possessed just those gifts which John Hunter lacked; he was well versed in the history of medicine and surgery, a clear and fluent lecturer, a classically correct and elegant writer, agreeable and courteous in manner, and prudent in regard to pecuniary matters. So Ottley says, and these were not Hunterian virtues. Moreover, he was not fond of employing physiological reasoning to guide his practice; he was an empiric, while John Hunter "was the first who taught us to bring the lights of physiology to bear upon the practice of our art." There was, therefore, antagonism in nationality, personality, and method. Added to this, no doubt, there was professional jealousy in that Pott achieved success early in life and retained it late, only leaving five years for John Hunter to reign as undisputed leader of his profession.

Hunter's association with the Pitcairns, two other members of the staff of St. Bartholomew's, was not thus clouded. William Pitcairn had been elected Physician to the Hospital two years before Hunter entered. He was then forty-eight, and he continued to hold office till he was seventy-nine, dying at the advanced age of ninety, only two years before Hunter. The fine old house in which he lived in Warwick Court is still standing, and is used as a residence by the employees of Messrs. Copestake, Crampton & Co. Later in life he had also a country residence, where he cultivated a botanic garden covering five acres. He was Goulstonian Lecturer at the Royal College of Physicians, of which body he was subsequently President. After retiring from practice he became the Treasurer of St. Bartholomew's, and at the end of his long life was buried in the Hospital church. His brother, Major John Pitcairn, who was the senior British officer to be killed in the battle of Bunker's Hill, had a son, David, who also became Physician to St. Bartholomew's, when he was thirty-one, in succession to his uncle. He was much younger than John Hunter, being only two years old when Hunter entered the Hospital, but in after life they became closely associated. David Pitcairn was educated at Cambridge; he was Goulstonian Lecturer and Harveian Orator at the Royal College of Physicians, and became a Fellow of the Royal Society. He was the first to point out (in the course of his lectures at St. Bartholomew's) the association between acute rheumatism and valvular disease of the heart. This is the more interesting because he himself had mitral regurgitation. He was a handsome man, as his portrait by Hoppner proves; but, as Dr. Norman Moore pointed out to me years ago, his face bears a mitral aspect. I subsequently came across a report of the post-mortem examination of David Pitcairn, and Dr. Norman Moore's observation was strikingly confirmed therein. As he retired from the office of Physician to the Hospital at the early age of forty-four, it may be presumed that his valvular lesion made his health delicate. But he lived sixteen years after his resignation, and he also was buried in the Hospital church.

The long association of the Pitcairns with St. Bartholomew's has been perpetuated by the naming of a ward after them. The closeness of the association between David Pitcairn and John Hunter is shown by the facts that Pitcairn was one of those to whom John Hunter submitted his work on venereal disease for an opinion before publication, and that Hunter consulted Pitcairn about his own health. Hunter had his first attack of angina in April, 1785; he was again taken ill in May, and he consulted David Pitcairn on the 20th of that month. He told him that six weeks before he had cut his hand while examining the body of a patient who had died of hydrophobia, and that he had gone in fear of having contracted the disease, proving once again that even the most eminent practitioner may be incapable of diagnosing his own malady.

Hunter relates a consultation with David Pitcairn over a case of carbuncle as follows: "As neither bark nor calomel nor opium had been of any use I said to Dr. David Pitcairn, 'Now, do not let us permit this patient to be lost, whilst we are are only using such means as experience shows to be of little or no effect, for, David, this is a case more belonging to my province than yours, and I being an older man have seen more of them than you have, and can tell you perhaps what you did not know, that we have no powers in this case that are known.' Now, David is a truly sensible man and not governed by form; he therefore agreed, but wanted to know where we were to begin. 'Why, with the first letter of the alphabet, and go through the catalogue of the materia medica; so that we do not stop too long on the letter B (bark) as is generally done.'"

We can see from all this that the relations between Hunter and David Pitcairn were cordial, and that each possessed the other's confidence.

Another eminent Bart.'s man with whom Hunter was friendly was John Abernethy. But here again the friendship began long after Hunter's student days, for Abernethy was not born till 1764. Like Hunter, he was a pupil of Pott's. Abernethy is too well known for it to be necessary

for me to give any review of his career. But it is interesting to recall that his daughter married Sir George Burrows, an eminent physician of the Hospital, and that their only daughter married Mr. Alfred Willett, whom most of us will remember as a distinguished Bart.'s surgeon, for he died as recently as 1913. His son, John Abernethy Willett, a fellow-student of mine, is well known to the present generation of Bart.'s men.

Abernethy was a man of kind heart but brusque manners. His appreciation of Hunter's personality he expressed thus: "I was acquainted with Mr. Hunter at a time when he must have greatly interested anyone who duly appreciated the results of his talents and labours, or who had any sympathy for the highly susceptible mind of genius, rendered still more so by excess of exertion and the perturbed feelings incident to bodily disease. He seemed to me conscious of his own desert, of the insufficiency and uncertainty of his acquirements, and of his own inability readily to communicate what he knew and thought. He felt irritated by the opposition he had met with. . . . "I know, I know," said he, "I am but a pigmy in knowledge, yet I feel as a giant when compared with these men." An attitude of mind which may explain Hunter's difficulties with some of his contemporaries. But Abernethy also bore witness to the existence of a saving grace, for he said that "Mr. Hunter was a man of very considerable humour."

* * *

To-day it is appropriate to recall that Hunter lived in warlike times. He owed his first professional advance to his position as Staff-Surgeon with the Fleet that captured Belleisle in 1761, and with the Army in Spain the following year. And when he was dead, it was war which militated against the purchase of his beloved museum by the Government. "What, buy preparations," said Pitt, "why I have not enough money to buy gunpowder!" A saying which we may yet find ominous for the advance of medical science, though its practical value in war may be recognised for the moment.

If we are to advance, the Hunterian tradition must be a living tradition; in the literal sense of the word, it is something to be handed on. There have been great men in the past, like Hippocrates and Galon, who, by the very weight of their authority, seem to have hampered subsequent advance—for it was held almost sacrilege to dispute their doctrines. But when a man says, as Hunter did in lecturing to his pupils, "You had better not write down that observation, for very likely I shall think differently next year," he discounts in advance any claim to infallibility that might be made for him by his disciples. The conclusions may be transcient, but the method remains; the torch-bearer falls, but others carry on the light.

There was a custom in one of the American Universities that on Commemoration Day there should be a procession, starting with the most junior graduates, followed by those of increasing majority. To the young men full of hope and ambition succeeded the middle-aged, bearing the heat and burden of the day, and to them the old men whose work was done; a procession full of meaning, enabling us to realise how our universities are constantly and successfully performing the miracle of putting new wine into old bottles. It visualises both the evanescence of the individual and the continuity of the institution—a feeling which, if a man lack, his school, his university, and his hospital have taught him but in vain.

In that procession there was a gap which has a poignant parallel for us to-day, for the years 1862 to 1865 had no representatives—all the graduates of those years had perished in the Civil War. In these days our thoughts turn to the gaps in our ranks, to the men we have lost from whom we hoped so much. But it is to those very gaps that we shall owe the vindication of our right to develop our traditions in our national way.

The same thought has been beautifully expressed by a recent writer on Rugby school:

"They . . . have fought the good fight and have finished their course, almost before the echo of their schoolboy feet have died in quad. and cloister; but they are surely with us still—

> "Endless battalions in the listening twilight,
> Swinging home at evening the Army of our Dead."

THE DAWN OF MEMORY.

REMINISCENCES OF MY THIRD YEAR.

By Leonard Portal Mark, M.D.(Durham).

(*Continued from p.* 55.)

"These are begot in the ventricle of memory, nourished in the womb of *pia-mater*, and delivered upon the mellowing of occasion."
—*Love's Labour's Lost.*

Sense of Hearing. Impression of Words.

I DO not remember our journey to Marseilles when I was three years and six months old. After my arrival there the very early impressions that I can remember are of a different character and are mixed up with other senses than vision. They are more difficult to fix as first impressions, as their influence may have lasted over a long period or become fixed during the years I spent there. I often think it strange that I should have no recollection of my nurse Elizabeth's voice any more than of her face. But I remember many songs and nursery rhymes that she taught me and to this day can think of some thirty of them that I could only have learnt from her. The others which I picked up were French, from the French children that I played with, from the servants, from songs I heard in the streets and street cries. Elizabeth had a very musical ear and often sang. She had little of the colloquial faculty and could not

learn French. She did not always teach me correct words. A curious mistake she instilled into my infant brain was when she taught me the Lord's Prayer and made me say, "Hallowited be Thy Name," putting four syllables to the first word. I cannot tell the age I reached before I realised the mistake. Even to-day I could not recite the prayer without having to think whether I mispronounced the word, so that:

"My words fly up, my thoughts remain below."

One of the earliest expressions which I picked up in the street was "Goddem," which the French boys used to shout at us when we were recognised as English. It was a nickname given to Englishmen in France ever since the days of Joan of Arc. It probably made an extra impression on me because I was told it was a naughty word to use.

One of my earliest recollections of words dates from my first visit to Toulon when I was four and half years old. It was in my father's consular jurisdiction, and he went there periodically, or when a man-of-war was to be launched, and sometimes took me with him. I have a vivid recollection of the ships in the harbour, the arsenal, the gangs of convicts being marched about in their bright yellow and red clothes, chained together in couples. These impressions became more fixed at subsequent visits. The first time that I was there we went to lunch at Six Fours, a small village on a hill overlooking the harbour, a spot which remained famous in the seige of Toulon. It was the one selected by Napoleon, when he went there to command the artillery in 1793, to establish the batteries so as to sweep the harbour and roadstead, and so force the English fleet to evacuate Toulon. At the inn were some old sailors or fishermen that my father got chatting with about early days when Toulon was occupied by the red-coats. I remember very vividly how funny they were when they kept repeating with gestures: "Soupe salad! Rosbif, oh my! Rosbif salad!" mimicking the English soldiers as they still remembered them clamouring for this food. The words made an indelible impression, although the interest attached to the spot could only have been revealed to me much later, when I was old enough to know that these men had been witnesses of the dawn of the Napoleonic legend, and that we were in the historical spot where Napoleon's genius first shone forth and where he first met the English—an interesting link with the past.

TASTE AND SMELL.

That day at Toulon (it must have been my first day's outing) seems full of memories. Perhaps the most important is one connected with the sense of smell. At the inn I could not bear the smell of some very savoury soup or stew which was served up. I think that my aversion was partly due to the coarse earthenware plates and dishes with a yellow glaze placed on the table. No amount of coaxing would make me partake of it, the smell was too much for me, and while the rest of the party enjoyed their meal I stood in the doorway hungry and sulky. It must have been my first introduction to *Bouillabaisse*, a dish that I afterwards became very fond of. My father, no doubt, had ordered it so as to taste the real thing *in loco*. It was the occasion when he must have picked up the Provençal words "bén pebra e bén safrana" (well peppered and well saffroned), which he used to quote when we had the dish on our own dinner-table.

Sensations of smell were certainly late in becoming fixed in my memory, and I was seven years old before I can record another one. I went for a few months to a dame school. What I remember most vividly are two smells connected with the place. The small boys used every day to be turned out to play in a courtyard, at the further end of which fowls were kept. I disliked their smell so much that I could not go near them. Many a time since, in my walks or travels, has the smell of a poultry yard brought back visions of those days.

The other smell was the very strong one of pepper, which the mistress and her two daughters always carried about their persons. I only learnt the reason a few years after from one of the boys who again became my school-fellow at the Lycée. We were laughing about the old school and the mistress, and he remarked, that "elle puait le poivre." When he confided to me how he had discovered that it was because she kept pepper amongst her clothes to protect them from the moths I marvelled at his sagacity.

SENSE OF FEELING, MOTION, FRIGHT.

At the age of four I had two small adventures which made a vivid impression and caused me much fright. One day I went up to a hill not far from our house where there was a large open space laid out for the building of the town museum and picture galleries. There was a strong mistral blowing, and my brothers and some other boys were flying kites. One big boy flew a very large kite and was holding on to the stick used for winding the string, he wanted me to hold it, and, putting the stick in my hands, he let go himself. I suddenly felt myself lifted off my feet and dragged along by the force of the wind for a few paces, until the boy saw how frightened I was and caught hold of the string again.

The other adventure had more serious consequences, as it made me start in life with a dislike for sea-bathing and, I believe, deprived me of much pleasure in my early days. The first time that I was taken to bathe in the sea I was carried in the arms of one of my aunts, and when she got to where the water was about level with her waist, imbued no doubt with the popular idea that the head should be