

THE LONDON HOSPITAL GAZETTE

No. 196]

DECEMBER, 1917

[ONE SHILLING

EDITORIAL.

Since our last issue there have been on the whole but few changes, directly affecting the College. The losses we are sustaining leave us, however, continually the poorer. We have to report the deaths of Capt. (Temp. Lieut.-Colonel) H. Gibson, Captains J. E. S. Wilson, A. Traill, and E. Phillips, all of the R.A.M.C., and all killed in action. Private W. Bowra, 17th City of London Regiment, was also killed in action, and 2nd Lieut. B. W. Phillips, R.F.A., died from an accident while flying near Doncaster.

The following have been wounded:—Captains A. Willatt, K. Biggs, M.C., W. H. Cornelius, F. E. Johnson, J. A. Liley, M.C., Lieut. A. S. Ford, 2nd Lieutenants R. D. F. Robertson, M.C., T. A. S. Samuel, and D. D. C. Thompson, R.G.A., and Private F. J. Corbett, London Regiment. Captain E. H. Moore, D.S.O., has been gassed, 2nd Lieutenant P. G. Mortlock, Royal Fusiliers, is missing, and Lance-Corporal E. D. Herriott, K.R.R., is reported a prisoner of war. To all we offer our warmest and sincerest sympathy.

Turning to the honours gained, we are glad to report that Lieut.-Colonel E. C. Montgomery Smith has received the D.S.O., that Captains K. Biggs, S. J. A. Beale, J. L. Hamilton, H. D. Lane, D. C. M. Page, and L. H. Guest, all of the R.A.M.C., have been awarded the Military Cross, as has also 2nd Lieutenant R. D. F. Robertson, of the Lancashire Fusiliers. Lieut.-Colonel A. B. Fry, I.M.S., has received the Croix de Chevalier (France). Captain J. W. Bouwer, S.A.M.C., and Lieut. W. A. Rees, R.A.M.C., have been mentioned in dispatches. We are glad also to be able to congratulate quite a number of our nursing staff. Miss Beatrice Monk, Assistant Matron, has received the R.R.C., as have also Miss Ellen Schlegel, Miss Ada Spong, Miss Alice Elliott, Miss Kate Brothwell, Miss Daisy Elliott, Miss Elsie Bell, Miss Mildred Nodal, and Lady Foley. Miss Christine Collings (Sister Harrison), Miss Cowper Smith (Sister George), Miss Gertrude Mann (Sister Charrington, 2nd time), Miss Mabel Marsten (Sister Turner, 2nd time), Miss Elsie Mussett, and Miss Mary Flynn, R.R.C., have been mentioned in dispatches.

Although Dr. G. B. Bartlett's name does not actually occur in any honour list, his name was mentioned in the most laudatory terms recently

by the Director-General of the A.M.S., Sir Alfred Keogh, when opening the War Exhibition at the Royal College of Surgeons. We are, we believe, stating nothing but the plain truth when we say that no one has in his particular sphere done better or more useful work than Captain Bartlett, although, characteristically enough, it has been done as quietly as it has been done thoroughly.

The number of students at work in the Hospital and College has again been reduced by the natural process of qualification. During the year ending July 31st, 1917, 57 London men received their diplomas. This number compares with 55 for the year 1915-16, with 100 for the year 1914-15, and with 88 for the year 1913-14. The number of men returning from the Army to continue their studies is on the other hand increasing. The National Service Ministry now tells us that all men who can qualify in 36 months' time should consider that they are better serving the interests of their country by resuming their studies. It is not unlikely, we think, that even further concessions will be made, not merely to get men back, but also to keep certain classes from being called up. We understand that in Germany all medical students have been sent back to their studies.

The arrangements with East London College to which we referred in our last Editorial, whereby first-year medical students enter at that College, is now in full and satisfactory working order.

Residents quickly come and go these days, for three months is usually the longest period for which the Admiralty and the War Office are willing to second them. The number of Women Residents is now, we believe, reduced to one.

May we again, even at the risk of appearing unduly importunate, say how much easier our task would be, and how much more interesting would be the GAZETTE, if our readers out of their rich and varied store of experience, would spare an odd moment now and again to send us an account of their own particular wanderings and work?

And now, for the fourth time, it is our privilege to send forth in the name of the old College to all who have ever entered through its portals and studied within its walls our warmest Christmas greetings and our best wishes for the coming year. This time next year may we ALL see the Home-fires burning!

REFLECTIONS ON THE WAR—III.

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"In that weary funereal season,
In that heart-stricken, grief-ridden time
The weight of a king and the worth,
With anger and sorrowful mirth,
We weighed in the balance of earth,
And light was his word as a treason,
And heavy his crown as a crime."—
—Swinburne.

These words were written fifty years ago, but they might well have been inspired by the disclosures of to-day; they would make no unfitting epilogue to the great speech in which M. Venizelos recently unfolded to the elected representatives of the Greek nation the pitiful record of their ex-King's treachery; they would certainly serve for appropriate comment on the telegraphic correspondence of 1904-5, recently published, between Kaiser "Willy" and Tsar "Nicky," and they express the reflection inevitably suggested by the published proofs of Swedish complicity in German intrigue. The exposure will at least serve more than one good purpose: it will foil the attempt of the Central Powers to win by fraud and trickery a contest which they no longer hope to win by force; and it will surely make clear to all concerned that this struggle can only end when these Powers have been so decisively defeated and so completely exhausted, that they will be in no condition to disturb the peace of Europe again for fifty years; at present the dog has the bone in his mouth, and all the conferences in the world will not make him drop it. When his jaw has been broken, and every tooth drawn, moral reflections will no doubt be heard with respect; till then they are ineffective and out of place. It is true that the end so much desired is not yet in sight, and that all we can say with certainty is that we are three years nearer to it than when we began; we can only speculate as to the proportion which this period bears to that which still remains to pass before the Peace bells ring, and our speculations will vary with our temperaments. The pessimist sees at the end of an almost interminable journey the blank wall of a stale mate; the optimist sees, but a short space ahead, a turn in the road, and believes that the bright vision of Victory awaits him there. Is either right? or is the truth between these two extremes, as so often happens? So far neither has been wholly right, or wholly wrong. The pessimist was right when he predicted that, if Germany failed to win, the war would be a long one; but he was wrong when

he predicted that Germany would get to Paris; he was wrong when he predicted that Verdun would be taken. The optimist was wrong when he predicted an early victory for the Allies, but he was right when he predicted that Italy, Roumania, and America would in time join forces with the Allies; how the pessimist scoffed at these predictions! What fun he made of the American Notes; but his gibes look a little threadbare now, when everyone recognizes the amazing accuracy with which the President gauged the national pulse and made his moves from time to time at just the right speed that enabled him to carry a united nation behind him all the way. It is well for Europe and America too that the position of President is filled at this critical hour by a man of such great ability and high character; his personality is undoubtedly a great asset to the cause of the Allies. In much that is written and spoken about the war, one looks in vain for so clear and complete a grasp both of its origin and its possible issues as is expressed in the following extensive quotations from his recent "Flag Day" speech at Washington:—

"The war was begun by the military masters of Germany, who have proved themselves to be also the masters of Austria-Hungary. These men never regarded nations as peoples of men, women and children of like blood and frame as themselves, for whom governments existed and in whom governments had their life. They regarded them merely as serviceable organisations, which they could, either by force or intrigue, bend or corrupt to their own purpose. They regarded the smaller States particularly, and those peoples who could be overwhelmed by force, as their natural tools and instruments of domination. Their purpose had long been avowed. The statesmen of other nations to whom that purpose was incredible, paid little attention, and regarded what the German professors expounded in their class-rooms and the German writers set forth to the world as the goal of German policy, as rather the dream of minds detached from practical affairs, and the preposterous private conceptions of Germany's destiny, than the actual plans of responsible rulers. But the rulers of Germany knew, all the while what concrete plans, what well-advanced intrigue lay on the back of what professors and writers were saying, and were glad to go forward unmolested, filling the thrones of the Balkan States with German princes, putting German officers at the service of Turkey, developing plans of sedition and rebellion in India and Egypt, and setting their fires in Persia.

"The demands made by Austria upon Serbia were a mere single step in the plan which compassed Europe and Asia, from Berlin to Baghdad. They hoped that those demands might not arouse Europe, but they meant to press them, whether they did or not. For they thought themselves ready for the final issue of arms. Their plan was to throw a belt of German military power and political control across the very centre of Europe and beyond the Mediterranean into the heart of Asia, and Austria-Hungary was to be as much their tool and pawn as Serbia, Bulgaria, Turkey, or the ponderous States of the East. Austria-Hungary, indeed, was to become a part of the Central German empire, absorbed and dominated by the same forces and influences that originally cemented the German States themselves."

After pointing out the real progress towards the realisation of this Pan-German dream already made, but recently arrested, he continues:—

"Is it not easy to understand the eagerness for peace which has been manifested by Berlin? Ever since the snare was set and sprung, 'Peace, peace, peace,' has been the talk of her Foreign Office for a year or more; not peace upon her own initiative, but upon the initiative of the nations over which she now deems herself to hold the advantage. A little of the talk has been public, but most of it has been private, through all sorts of channels. It has come to me in all sorts of guises, but never with the terms disclosed which the German Government would be willing to accept."

"The military masters, under whom Germany is bleeding, see very clearly to what point fate has brought them if they fall back, or are forced back an inch. Their power abroad, and at home, will fall to pieces. It is their power at home of which they are thinking now, more than of their power abroad. It is that power which is trembling under their very feet. Deep fear has entered their hearts. They have but one chance to perpetuate their military power, or even their controlling political influence. If they can secure peace now, with the immense advantage still in their hands, they will have justified themselves before the German people. They will have gained by force what they promised to gain by it—an immense expansion of German power, and an immense enlargement of German industrial and commercial opportunities. Their prestige will be secure, and with their prestige their political power. If they fail, their people will thrust them aside. A Government accountable to the people themselves will be set up in Germany, as has been the case in England, the United States, and France—all great countries

of modern times except Germany. If they succeed they are safe, and Germany and the world are undone. If they fail, Germany is saved and the world will be at peace. If they succeed, America will fall within the menace, and we and all the rest of the world must remain armed, as they will remain, and must make ready for the next step in their aggression. If they fail, the world may unite for peace, and Germany may be of the union."

"The sinister intrigue is being no less actively conducted in this country than in Russia, and in every country of Europe into which the agents and dupes of the Imperial German Government can get access. . . . But they will make no headway. Falsehood betrays them in every accent. These facts are patent to all the world, and the great fact that stands out above all the rest is that this is a people's war for freedom, justice, and self-government among all the nations of the world—a war to make the world safe for the peoples who live upon it."

It is clear from these last words that President Wilson realises that this war is one in which no people can be really neutral; every nation, small or large, is too deeply interested in the result to be neutral at heart; if the rape of Belgium were attended with any but disastrous ultimate results to her ravisher, the independence of Holland or Denmark would not be worth a year's purchase; and how long would even the semblance of independence be vouchsafed to Switzerland, to Sweden, or to Norway? Neither promises nor bribes nor the destruction of their shipping nor the murder of their seamen, nor sinister attempts to compromise their Governments in the eyes of the Allies, have yet induced these small nations to abandon their neutrality in favour of Germany; small wonder that they have not yet abandoned it in favour of the Allies! The object lesson of Belgium is too plain; they are within too easy reach of the savage claws; but can anyone suppose that the people in each of these countries have at heart any other wish than that the maddened beast who has outraged all these human instincts should be destroyed? Beyond the claws' reach—in Asia, Africa, or America—there is hardly a nation to be found which is not openly supporting the Allies. This slow accumulation of irresistible power on their side is sufficient warrant for optimism, but evidence of the waning power of Germany is not difficult to find; the human documents found on captured soldiers are more numerous and, if possible, more eloquent than ever; here are samples quoted by Mrs. Humphrey Ward in the *National News* last April:—

"It is indeed a miserable existence. How

will it all end? There is absolutely nothing to be got here. Honey costs 6s. 6d. a pound, goose fat 18s. a pound. Lovely prices, aren't they? One cannot do much by way of heating, as there is no coal. We can just freeze and starve at home. Everybody is ill. All the infirmaries are overflowing. Small-pox has broken out. You are being shot at the front, and at home we are gradually perishing."

"... On the Kaiser's birthday, military bands played everywhere. When one passes and listens to this tomfoolery, and sees the emaciated and overworked men in war-time, swaying to the sounds of music, and enjoying it, one's very gall rises. Why music? Of course, if times were different, one could enjoy music. But to-day! It should be the aim of the higher authorities to put an end to this murder. In every sound of music the dead cry for revenge. I can assure you that it is very surprising that there has not been a single outbreak here, but it neither can nor will last much longer. How can a human being subsist on $\frac{1}{4}$ lb. of potatoes a day? I should very much like the Emperor to try and live for a week on the fare we get. He would then say it is impossible. ... I heard something this week quite unexpectedly which, although I had guessed it before, yet has depressed me still more. However, we will hope for the best."

"You write to say that you are worse off than a beast of burden. ... I couldn't send you any cakes, as we had no more flour. ... We have abundant bread tickets. From Thursday to Saturday I can still buy five loaves. ... My health is bad; not my asthma, no, but my whole body is collapsing. We are all slowly perishing, and this is what it is all coming to."

"... The outlook here is also sad. One cannot get a bucket of coal. The stores and dealers have none. The schools are closing, as there is no coal. Soon everybody will be in the same plight. Neither coal nor vegetables can be bought. Holland is sending us nothing more, and we have none. We get $3\frac{1}{2}$ lbs. of potatoes per person. In the next few days we shall only have swedes to eat, which must be dried."

"... We shall soon have nothing more to eat. We earn no money, absolutely none; it is sad but true. Many people are dying here from inanition or under-feeding."

"We cannot send you any butter, for we have none to eat ourselves. For three weeks we have not been able to get any potatoes. So we only have turnips to eat, and now there are no more to be had. We do not know what we can get for dinner this week, and if we settle to get our food at the Public Food Kitchen we shall have to stand two hours for it."

"Here is February once more—one month nearer to peace. Otherwise all is the same. Turnips! Turnips! Very few potatoes, only a little bread, and no thought of butter or meat; on the other hand, any quantity of hunger. I understand your case is not much better on the Somme."

"Since January 16th I have been called up and put into the Foot Artillery at Dresden. On the 16th we were first taken to the Quartermaster's Stores, where 2,000 of us had to stand waiting in the rain from 2.30 to 6.30 ... On the 23rd I was transferred to the tennis-ground. We are more than 100 men in one room. Nearly all of us have frozen limbs at present. The food, too, is bad; sometimes it cannot possibly be eaten. Our training also is very quick, for we are to go *into the field in six weeks.*"

"Could you get me some silk? It costs 8s. a metre here. ... To-day, the 24th, all the shops were stormed for bread, and 1,000 loaves were stolen from the bakery. There were several other thousand in stock. In some shops the windows were smashed. In the grocers' shops the butter barrels were rolled into the street. There were soldiers in civilian dress. The Mayor wanted to hang them. There are no potatoes this week."

"To-day, the 27th, the bakers' shops in the — Road were stormed. ... This afternoon the butchers' shops are to be stormed."

"If only peace would come soon! We have been standing to for an alarm these last days, as the people here are storming all the bakers' shops. It is a semi-revolution. It cannot last much longer."

We must not, however, expect peace to be reached by a revolution of the German people; there is little doubt that the people were practically solid behind their Government as long as the war seemed likely to be successful; that stage has probably passed, but the people are without any real means of directing or influencing the Government in any other direction. The Reichstag is merely a debating society, and the Press an official mouthpiece. Meantime, the fall in the value of the mark continues with significant regularity. Military evidence tells the same tale; on the West Front the German retreat has definitely commenced; of course, the retreat is "according to plan," but it is a very different plan from the original one of 1914; most of my readers learn in their first year, if not before, that movement is the result of force, and takes place in the direction of the acting force; this movement is from West to East—from Paris towards Berlin—and this indicates

the direction of the resultant force; on the Eastern Front the very limited advantage taken by Germany of the chaotic state of the Russian forces is even more eloquent of approaching military exhaustion. Until this exhaustion is complete, and the military machine which they have worshipped with such pathetic sacrifice is utterly broken and discredited, the war will continue. The question in dispute is not one which admits of arbitration or compromise; it is a contest between the powers of Light and the powers of Darkness, between Right and Might, between Law and Outlaw. This contest will end—and will only end—with the triumph of Right; any other issue would be inconsistent with the history of mankind.

H. C.

Sept. 15th, 1917.

BYEGONE MEMBERS OF THE HOSPITAL STAFF

By S. D. CLIPPINGDALE, M.D., F.R.C.S.

The writer has had the pleasure of contributing to this GAZETTE two series of memoirs of past members of the Hospital Staff.

The first series entitled "Some Early Members of the Hospital Staff," commenced with the October number for 1912 and ended with the July number of 1913. It commenced with an account of John Harrison, the founder of the Hospital, and ended with a notice of Mr. John Scott, who resigned the surgeoncy in 1845.

The second series entitled "Some Later Members of the Hospital Staff," commenced in October, 1913, and finished in December of the same year. At the conclusion of this second series the writer expressed the opinion that, as a date had then been reached when memoirs of distinguished medical men could easily be found in the press, lay and medical, no further reference to our staff was called for in this GAZETTE.

It has recently been pointed out to him, however, that the proper medium for recording lives of the staff of any institution is in some periodical published by or under the auspices of the institution itself. Accepting this view, and in response to a wish expressed by our excellent Dean, Dr. Wright, the writer willingly returns to a task, which to him, is most congenial.

As before, a *pari passu* chronological arrangement will be observed—physicians and surgeons being taken alternately.

Dr. ARCHIBALD BILLING, elected physician 1822, resigned June 4, 1845:—

Archibald Billing, son of Mr. Theobald Billing, a gentleman of means, was born at St. Werburg, Cromlyn, South Dublin, January 10, 1791.

He entered Trinity College, Dublin, in 1807, and graduated B.A. in 1811, M.B. in 1814, and M.D. in 1819. He then came over to Oxford, became a member of St. Alban's Hall (Merton College) and re-graduated M.D. Then he settled in London, 6, Grosvenor Gate, Hyde Park.

At the Royal College of Physicians he became a "Candidate" (*i.e.*, Licentiate), 22nd December, 1818, and a Fellow, 22nd December, 1819. He was Censor in 1823 and Caisilarius in 1852, 1855, 1856 and 1857.

He then spent seven years in clinical study in British and Continental Schools.

When appointed physician to the London Hospital he at once devoted himself to the development of clinical study. Dr. Munk (*Roll. Roy. Coll. Phys.*) says he was the first to organise in London a system of Clinical Lectures, but according to the year-book of the London Hospital Medical College, he merely revived this system.

He left our Hospital upon the creation of the London University, of which he became the Professor of Medicine.

He held other medical appointments and was physician to two insurance companies—the "Imperial" and the "Merchant Tradesmen's."

He published the results of his long and laborious study in medical works of the greatest value. His "First Principles of Medicine," at first little more than a pamphlet when published in 1831, ran to six editions, and eventually became a bulky volume. Dr. J. F. Payne, who writes his memoir in the "Dictionary of National Biography," says that all Dr. Billing's works show that he based medicine upon pathology, and that he was much opposed to what he called the "German School."

He was one of the first London physicians to use Laennec's stethoscope.

He was, says Dr. Payne, one of the last physicians to visit his patients on horseback.

He was a Fellow of the Geological Society, one of the founders of the Royal Microscopical Society and corresponding member of medical societies in Dresden, Florence, Brussels and New York. He was also F.R.S.Lond., President of the Hunterian Society and Fellow of the Royal Medical and Chirurgical Society.

Lord Bacon has said "Blessed is the man who has a hobby." Dr. Billing's hobby was a very beautiful one—the study of jewels and precious

stones—and his work on the subject, which is dedicated by permission to Queen Victoria, is a beautifully illustrated and carefully indexed volume of some 300 pages. He is also stated to have been an accomplished amateur in both music and painting.

There is a portrait of Dr. Billing at our College and a woodcut drawing of him in the "Medical Circular," 1852.

He married Caroline, daughter of Dr. William Hamilton, another of our physicians (see GAZETTE, July, 1913), by whom he had four daughters:—

1.—Rose, married George Ling, of Lincoln's Inn, Barrister-at-Law.

2.—Agnes, married Alexander Sim.

3.—Florence, died unmarried.

4.—Edith, married Harry Newton, son of Sir William Newton, miniature painter to Queen Victoria.

Dr. Billing died at his residence 34, Park Lane, 2nd September, 1881, and is buried at Kensal Green beneath a handsome runic cross, upon the pediment of which is the following inscription:—

Sacred to the Memory of
ARCHIBALD BILLING, M.D., F.R.S.,

Who died September 2nd, 1881,

Aged 90.

"Deeply and universally
beloved and regretted."

In the same grave are also deposited the remains of Mrs. Billing (widow), who lived to the age of 94; Miss Billing (daughter), who died at the age of 84; and Rose Hamilton (daughter), wife of Mr. George Long, who died aged 67.

Dr. Billing left estate valued for probate duty at £45,546 12s. od.

Among his writings are:—

The First Principles of Medicine. 8vo. Lond., 1831, and five subsequent editions.

Practical Observations in Diseases of the Lung and Heart. 8vo. Lond., 1852.

On the Treatment of Asiatic Cholera. 8vo. Lond., 1848.

On the Sounds of the Head. "Lancet" and "Medical Gazette," 1836-40.

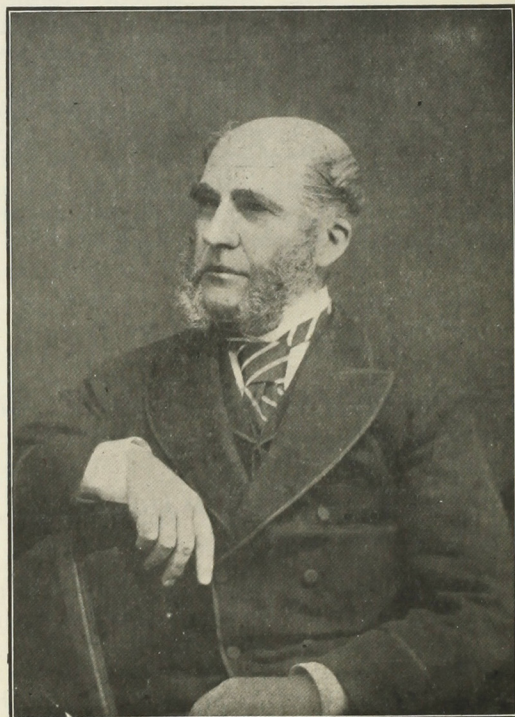
Clinical Lectures. "Lancet," 1831-2.

The Science of Gems, Jewels, Coins and Medals, Ancient and Modern. 8vo. Lond., 1867.

(His Will, "Dictionary of National Biography," "Times," "Gents Magazine," "Annual Register," Foster's *Alumni Oxoniensis*, and information kindly supplied by Mrs. Alexander Sim and the Misses Long).

Mr. GEORGE CRITCHETT, elected Assistant Surgeon, January 14th, 1846; Surgeon, August 13th, 1863.

Lineage.—Richard Critchett, of Cheltenham, born 1753, died 23rd October, 1839, having



George Critchett

From Photograph and Autograph kindly provided by Sir Anderson Critchett, Bart., C.V.O.

married Jane, daughter of — Billingsley, and had, with three daughters, Jane Lucy, Elizabeth and Harriett, a son:—

Richard Critchett, of Queen's Square, Bloomsbury, born March, 1777; died 24th June, 1865, having married Eliza, daughter of — Slacke, and had two sons:—

1.—George, our Surgeon.

2.—Charles, born 1827; died, s.p., 7th March, 1906.

Birth and Education.—Mr. Critchett was born at Highgate, 25th March, 1817, and received his preliminary education there.

Medical Education.—This he received at the London Hospital as a pupil of Mr. John Scott.

Of the Royal College of Surgeons; he became a Member in 1839 and a Fellow in 1844.

His election to the London Hospital was one of the most contested in the annals of that institution. He had as his opponent Mr. Nathaniel Ward, a powerful though junior adversary. Mr. Critchett won the election by five votes, among his supporters being Mr. Roberts the banker, who, at much personal inconvenience, came down to vote for him.

When elected he was appointed assistant surgeon to Mr. Luke, and at first devoted himself to general surgery. He was also demonstrator of Anatomy in the Medical School.

*His work as an Ophthalmologist.**—A good football player is ready to kick the ball immediately it comes before his foot. Mr. Critchett, a good surgeon and a keen observer was aware of the upward movement in the treatment of diseases of the eye and took advantage of it. "The Times" (4th November, 1882), in its obituary notice of Mr. Critchett, says "He was, for many years, a teacher and practitioner of general surgery. Eventually, however, he determined to confine himself to the speciality in which he achieved so remarkable a success. His career as an Oculist was coincident with an extraordinary progress in the branch of Medical Science which he had chosen, and he took a leading part in the advocacy and in the application of the various improved methods of examination and treatment thus afforded."

Among others who took advantage of the same progress in Ophthalmology were Bowman, Donders and Von Graefe.

Although Mr. Critchett's achievements in this branch of science were numerous, he is now remembered chiefly for three things: his invention of the operation for Iridesis, an operation by which nature's central pupil was transferred to the margin of the cornea; his invention of the subconjunctival operation for Strabismus; and his invention of the present method of removing the globe—a method which replaced a rougher and more sanguinary operation.

He published the results of his achievements in many treatises, of which an account will be given below.

Other Work and Distinctions.—In addition to his part at the "London," Mr. Critchett, almost from the commencement of his career, was upon the staff of the Royal London Ophthalmic Hospital, Moorfields, and for some years was

Ophthalmic Surgeon at the Middlesex Hospital.

In 1870 he was elected a Member of Council of the Royal College of Surgeons. He was President of the Hunterian Society for two years, Vice-President of the Ophthalmological Section of the International Medical Congress, London, 1881, and Vice-President of the Ophthalmological Society of the United Kingdom. He was Corresponding Member of the National Academy of Medicine, Rio de Janeiro, and an Honorary Member of the Academy of Medicine, Brussels.

Marriage and Descendants.—Mr. Critchett married Martha Wilson, daughter of Captain Brooker, R.N., of Bosham, Sussex, by whom he had two sons and one daughter:—

1.—Sir George Anderson Critchett, Bart., C.V.O., of whom hereafter.

2.—Richard Claude, who, under the pseudonym "Claude Carton," is well known as a dramatic author.

3.—Amy Eliza, unmarried.

Sir George Anderson Critchett, the elder son, is Consulting Ophthalmic Surgeon to St. Mary's Hospital. He studied at Cambridge (Caius College) and graduated there M.A. in 1873. He was Surgeon-Oculist to King Edward, by whom he was created a Knight in 1901, a Companion of the Royal Victorian Order in 1905, and a Baronet in 1908,[†] and holds the same position in the household of his present Majesty. He married, 4th August, 1883, Agnes Anne, daughter of the late Charles James Dunphie, of Rathdowney, Queen's County, and has a son and two daughters:—

1.—George Montague, Captain, Queen's Royal Rifles.

2.—Dora Sibyl, married Lieut. W. H. Upjohn, Welsh Guards.

3.—Violet Nita, married Captain Sinclair Buchanan, nephew of Sir George Buchanan, H.M. Ambassador at Petrograd.

Last Illness, Death and Burial.—Mr. Critchett, towards the close of his life suffered from an enlargement of the prostate gland, with consequent cystitis. During the eight weeks which preceded his death he was attended by Dr. Living, Sir Andrew Clark, Sir Henry Thompson, Mr. Walter Coulson, and Sir Henry Morris.

[†] Sir Anderson, on receiving the Baronetcy was granted the following arms:—Azure, a fire chest argent, fired proper between three crickets, or Crest,—In front of an Iris erect a starling proper. Motto—*Suivex raison*. This coat of arms is a good example of "Armes parlantes," or speaking heraldry as pointed out by the writer in his article "Heraldry and Medicine" ("Antiquary," Nov. 15) 1915. The fire chest and crickets being an allusion to the old adage, "The cricket on the hearth," and the Iris (the happy inspiration of Sir Anderson's elder daughter) having reference to that part of the eye upon which Sir Anderson and his father have so frequently operated with so much success.

* The writer takes the liberty of here using the term *Ophthalmologist* for he conceives that the term *Oculist* might be applied to the man who makes the spectacles, and *Ophthalmic Surgeon* to the performer of operations which all affections of the eye do not require.

He died on 1st November, 1882, and is buried in Highgate Cemetery.

He left estate valued for probate at £13,000.

Publications.—Among his published writings are:—

Lectures on Diseases of the Eye ("Lancet," 1854).

Operation for Strabismus by the Subconjunctival Method (International Congress, Heidelberg, 1864).

Treatment of the Superficial Affections of the Eye ("British Medical Journal," 1873).

On Ulcers of the Lower Extremity. 8vo. Lond., 1849.

Introductory Lecture, London Hospital Medical College. 8vo., Lond., 1847.

Places of Residence.—Mr. Critchett at first lived at 8, New Broad Street, afterwards at 46, Finsbury Square, subsequently he removed to 21, Harley Street (now the residence of his son), where he died.

("Dictionary of National Biography," Lodge's "Peerage and Baronetage," Boases' "Modern English Biography," Wentzche and Goult's "Biographisches Lexicon," "The Times," "British Medical Journal," and information kindly furnished by Sir Anderson Critchett).

Dr. JAMES ALEXANDER GORDON, appointed Assistant Physician July 18, 1827, Physician, November 18, 1828, Resigned December 2, 1844.

The ancestry of this physician has not been discovered. He was born in Middlesex. He studied medicine in Edinburgh under the guidance of Dr. John Abercrombie, and obtained his M.D. there, 24th June, 1814, the title of his graduation thesis being "De Arsenico" Then he made a long tour on the continent, spending one year at the University of Gottingen. He returned to England in 1818. In connection with Dr. Mackenzie of Glasgow, he established and edited the "Quarterly Journal of Foreign Medicine and Surgery." For the "Medical Repository" he also wrote a series of articles upon German Medical Literature. He was elected F.R.S., 2nd April, 1835.

Dr. Gordon became a Licentiate of the Royal College of Physicians, 16th April, 1821, a Fellow, 9th July, 1836, and was Censor in 1838.

About the year 1846 he went to reside upon an estate, "Pixholme," which he had purchased near Dorking. There he died 18th April, 1872, aged 78. His London residence had been 71, Grosvenor Street.

He married Elizabeth Catharine, widow of Mr. Robert Tucker, of 70, Lombard Street, by

whom he had a son, to whose wife he left a legacy.

His will, which was proved by Mr. Charrington, the brewer of Mile End, revealed an estate of £50,000, a large portion of which consisted of shares in the Phoenix Insurance Company.

(His will, Munk's *Roll. Roy. Coll. Phys.*, Boases' "Modern English Biography" Churchill's "Medical Directory.")

Mr. NATHANIEL WARD, elected Assistant Surgeon, 7th March, 1849. Resigned 3rd August, 1860.

The personal history of this gentleman has not been discovered. The date of his death is not known, consequently it is difficult to search for an obituary notice of him. He may have been a relative of another of our alumni, Mr. Nathaniel Bagshaw Ward, a distinguished naturalist who resided in Wellclose Square, but there in nothing to show such relationship.

As stated in the memoir of Mr. Critchett, Mr. Ward was a candidate for the appointment which Mr. Critchett obtained after a keen contest.

Mr. Ward became a Member of the Royal College of Surgeons, 22nd December, 1843, and a Fellow, August, 1845. When first appointed to our Hospital he was also made Demonstrator of Anatomy as is often the case with junior surgeons. He was Consulting Surgeon to the British Orphan Asylum and a Fellow of the Royal Medical and Chirurgical Society.

He resided first at 5, Christopher Street, Finsbury Square, but in 1861 removed to 1, Broad Street Buildings. In 1865 he went abroad and his name disappears from the "Medical Directory" in 1867.

He suffered from mental aberration, and one who must be regarded as an authority informs the writer that Mr. Ward returned to this country and died in a place of retreat. Further details are wanting.

During the short period of his active, perhaps too active life, Mr. Ward was a somewhat voluminous writer. Two volumes of his pamphlets are in our College Library, and among his other works are:—

An Introductory Address delivered at the opening of the London Hospital Medical School in 1850. 8vo., Lond., 1850.

A Memoir on cases of Strangulated Hernia, from cases occurring at the London Hospital. 8vo., Lond., 1854. Second edition, 1855.

The Salivary Glands. Todd's "Cyclopædia of Medicine."

The Spinal Nerves. Ibid.

(“London Hospital Calendar.” Churchill’s
“Medical Directory.”)

[Paper read to Medical Society — Army,
January, 1917.]

I have not attempted to correctly classify the types of wounds which the various missiles produce, but merely to make the list of them on this table, and so arrange them that their correct relation to one another and to the missile is shown.

I think every soldier should be taught the importance of avoiding mud coming into contact

with his wound or the wounds of his comrades. Men are apt to spoil their own chance by dragging themselves along the ground with their wound lowermost. I know that many men fall into mud when hit, so that I am in no way critical of the state in which they come down. A splint is applied as soon as possible. This must be firm for travelling and yet not too tight. It should be padded, and it is easy in quiet times to keep a number of straight splints in one's aid post, padded with wool or tow and bandaged over.

Personally I think straight splints are the best for advanced treatment. One can carry 100 long Liston splints where one could carry ten Thomas' splints. I think a Liston *properly* applied with firm ankle bandage and perineal extension is an excellent splint for aid post and Field Ambulance work for cases of fracture of the femur.

As a splint for a Casualty Clearing Station I agree with Captain Hood, whose excellent Paper you listened to a fortnight ago, it should be abolished. An improvised support behind it at the bottom of the stretcher greatly increases its efficiency and the patient's comfort. If in a Field Ambulance you are going to apply a Thomas' knee splint, I think you will also have to completely undress and thoroughly wash the limb before applying strapping, as without proper extension Thomas' splint is almost useless and does not save the patient pain.

This takes too much time. Also to give rest to the patient a stretcher bar to hang the end of the Thomas' splint to is necessary, and these can hardly be looked for near the trenches. Other splints which may be of great use in a Field Ambulance are (1) straight inner arm and forearm splint applied from the axilla to the fingers. If after bandaging this to the arm a triangular bandage be used to fix it to the side, a very efficient splint is obtained for the journey to the Casualty Clearing Station. (2) Ordinary forearm splints. (3) Most Field Ambulances also carry this back splint with foot piece for fractures of the tibia and fibula. Used with lateral splints it is very good. (4) The shutter splint is also very useful for fractures below the middle of the humerus and round the elbow joint. Bandaging an arm to the side also makes an efficient splint for many fractures of the humerus.

The question of hæmorrhages, tourniquets, morphia, blankets and warm ambulances were dealt with in Captain Hood's paper and the subsequent discussion.

We now come to the treatment in a Casualty Clearing Station but I shall refer back now and again to previous units.

It is becoming increasingly recognised that

nearly all compound fractures must be looked upon as emergency operations. It is dangerous to allow the patient to remain over longer than is necessary to combat the effects of his journey and the shock of his wound, this being usually accomplished within an hour or so. Sometimes in extreme cases it is necessary to run the lesser risk of severe infection, and wait even as long as 24 hours for the patient to recover from hæmorrhage or shock. However, acute septic poisoning or gas gangrene frequently supervenes and prevents the pulse from improving. If an anæsthetic has been given in the Field Ambulance it is most important that the M.O. should write on the man's card exactly how much has been done, or we are liable either to operate unnecessarily, or to leave the man alone with the deep part of his wound uncleaned. Cold and shock are dealt with as in other injuries, and I hope will form the subject of a future paper, perhaps by a Field Ambulance M.O.

X-rays.—These of course are frequently invaluable, but take time, and are sometimes unnecessary during the early treatment, where we practically confine ourselves to getting the patient over his gross infection. I do not think a large percentage of cases leave the table with the missile remaining, and the final position of the limb concerns the Base Hospital.

In all this list of various fractures there are really only two types which do not require what I wish to speak of as the "Complete Operation," and I will deal with them now. The first is this, small "E" and "X," and even in this class the clinical signs must be watched with great care, and the operation performed as soon as local or general symptoms indicate the inception of inflammation, this caution especially referring to the small "E" and "X" made by jagged pieces, which are almost certain to carry dirt and cloth. The second class which requires other treatment than complete operation is this one: those fractures complicated by hopeless laceration of soft parts, that is, cases where immediate amputation is obviously the only treatment. I will speak of this as "Primary amputation" in contradistinction to cases where one has tried but failed to subdue infection and "Secondary amputation" is necessary. It is very important, in my opinion, to distinguish between these two classes of amputation, as the treatment is quite different. These limbs sometimes reach us splinted, but with only a few tags of muscle and skin remaining between the proximal and distal parts of the limb. At other times these remaining tissues have been cut through and in either case a

tourniquet is usually applied above. The vessels have often been torn out, making the application of artery forceps or ligatures impossible.

Personally, I think the Field Ambulance is the place for these limbs to be properly amputated. Remember, I am speaking of quiet times, not a rush. My reasons are:—(1) The shock and cold of a further journey; (2) The danger of hæmorrhage. These limbs are difficult to splint adequately, and the sharp ends of bone will be continually lacerating the tissues, making anything but a tourniquet (which is in itself tantamount to a severe operation from the shock caused) inefficient; (3) These cases, by the time they reach the Casualty Clearing Station are frequently moribund, so that those who say that none but operations of extreme urgency should be done in a Field Ambulance are fully justified in allowing these cases to be treated as such.

The Field Ambulances are fully equipped for these operations and amputations do not take long. It is an argument in favour of there always being at least two M.O.'s in a Field Ambulance Dressing Station. In these early primary amputations before gas gangrene has had time to spread, I consider that it is quite safe and wise to make full flaps and apply a few stitches, leaving the angles of the wound open and large drainage tubes inserted. But I am sure it is wise to amputate before the tourniquet has had time to devitalise the tissue distal to it. When done in a Field Ambulance the skin can be cleaned with methylated spirit and iodine, and towels sterilised by boiling or soaking in 1:40 carbolic. During 15 months in Field Ambulance I amputated a number of these limbs. One cannot speak of first intention wounds where tubes are left in, but at least I can say that those cases which I saw amputated or did myself did not suppurate, as we followed each one until it left the Casualty Clearing Station for the Base. I would remind M.O.'s of Field Ambulances that Luken's catgut can now be obtained from the A.D.M. Stores. In the old days I used to carry a Caviarre pot in which I kept catgut in iodine. We always kept the patient 24 hours at least after an operation, and sent him to the Casualty Clearing Station with extra blankets and the stump immobilised by rolled blankets. The ambulance driver was cautioned to go very slowly. So much for primary amputations.

I now come to those cases where an attempt must be made to save the limb, and will describe to you what I have already termed the complete operation. The patient being warmed and sufficiently recovered from shock (if present) is anaesthetised; a full anaesthetic is necessary, and nitrous oxide is not sufficient, as complete

relaxation of the muscles is necessary. We have found that warm ether vapour is the anaesthetic of choice.

The limb is washed and shaved, the skin operation area is then well washed with methylated spirit (or since this became restricted we have to fall back on ether, which is more expensive) and then painted with iodine, and sterile towels laid around. The skin edges of the wound are then exercised. It is usually necessary to enlarge the wound upwards and downwards in the limb.

An orderly holds the extremity of the limb and moves it as necessary. A good light is essential, and this brings me to my most important point: If possible every part of the wound must be examined by the eye as stray pieces of cloth, leather or earth can usually only be detected by sight. If left they may cause the loss of limb or life.

All stinking or obviously dead muscle must be removed. You have all seen so much of this dead muscle that I need not describe it to you. If a muscle bleeds or retracts on cutting, it is not dead. Gentleness in operating helps to preserve the vitality of surrounding parts, and care must be taken not to cut through unbroken intermuscular fascia for obvious reasons.

As regards *comminuted bone fragments*: If quite loose or only attached by a tag of dead or hopeless muscle they must be removed, as they will otherwise form a suitable hiding place for organisms and act as dead foreign bodies, and cause prolonged sepsis. I will go further. It is necessary to remove fragments or even break away pieces of bone until you can see every part of the broken surfaces. I am not saying that a gap in the line of bone must be made. By this means I have often found muddy clothing between the ends of bones. If possible, the missile, if still present, should be removed, as it is probably badly infected. Personally I am never satisfied unless I have removed it, though not always successful.

As regards *ligatures*, I think catgut is the only safe material to employ. To use unabsorbable material is to introduce into an infected area an ideal hiding place for organisms, and these septic ligatures often in time ulcerate through the coats of the vessels, the clot within which will then be subject to septic softening and secondary bleeding results. I believe silk to be directly responsible for many of the secondary hæmorrhages now occurring in England and at the Base. Silk also causes sinuses and an enormous amount of time is spent by surgeons at home in removing silk which has been put in out there. It is also very important to *stop all bleeding*,

as blood clots seem to be the favourite medium for gas gangrene organisms.

The wound is now irrigated thoroughly with Dakin's fluid. We use here Carrel's method of irrigation as an after treatment, so these tubes are now inserted and are generally stitched to the skin to avoid their being displaced as the patient comes round. Four to eight tubes are generally sufficient for a compound fracture of the femur. Light dressings follow and a suitable splint.

I do not intend to spend much time on the choice of splints. Certain definite qualifications must be obtained in a splint chosen in a Casualty Clearing Station:—

1. It must afford the mechanism for a good extension being applied, giving the patient ease and the lacerated parts rest.

2. Accessibility to the wound is a necessity for reasons of inspection, irrigation, and dressing.

3. The splint must not press on the wound.

4. Only splints that can travel on a train can be used.

For practically all fractures of the lower limb from the ankle upwards, Thomas' knee splint, or modifications of it have so far been proved the best, as they fulfil most of these conditions. Whether the wound be anterior or posterior, a gap can be so arranged that accessibility is good and no pressure is present. Fracture boards should always be placed on the bed and a firm cradle used from which the end of the splint is hung. One is then able to keep the patient's bed dry during irrigation, and for this purpose a gap in the biscuits of the mattress can be made, sphagnum moss being particularly useful in absorbing any fluid which may be tracking into the bed.

I have two modifications of Thomas' splint to bring to your notice: The first I have used for a fracture in which the entrance wound was close to the great trochanter. This entrance wound would have been quite inaccessible if an ordinary Thomas' or Pages' splint had been used. I got this modification made, and the man went to England with it still on. Not only did he get past the Base with it, but the surgeon in England kindly wrote to say he was doing excellently and the splint was very efficient. This second modification with the circular bar cut away I have used when the entrance wound is just below the tuber ischii, making extension from here impossible. The splint in this case is hung by both upper and lower ends to firm cross bars, and as the extension from the tuber ischii is missing, I find it necessary to raise the foot of bed slightly. It very much resembles a Hodgkin's splint. For the upper arm, especially the humerus, I think the modified Thomas'

knee splint or Jones' modification of it is the most useful. I believe a new modification of this splint, hinged so that the arm can be moved to the side for travelling is being introduced by Major Sinclair.

There are many other useful splints, but it is impossible to mention them all. I am glad of the tendency to adopt as far as possible universal splints, but at the same time I hope this will not be carried too far. One now and then meets a case where either the situation of the wound or some complication such as a nerve injury or multiple wounds makes the ordinary splint inefficient, and then one has to look around for something that will do. I am one of those that hope that the generous collection of splints which we now possess will not be seriously diminished. That is all I have to say on the choice of splints.

It is important to avoid all *pressure* on the wound, so a gap must be arranged in the splint if the wound is posterior. Pressure prevents blood clot from being irrigated away and may also be just sufficient to stop the circulation in muscles already so devitalised. *Extension* is very important. It not only improves position but aids the splint to immobilise the damaged parts, diminishes pain very much and greatly increases freedom of drainage. There are some situations where extension is necessary but is difficult to apply. Fractures close to the ankle joint cannot be properly extended by means of strapping. It can be done by transfixion above the os calcis and about one inch deep to the Tendo Achilles, keeping close to the bone. An apparatus is now made for this purpose. A steel band like an ordinary clock spring is passed by means of a needle, and the ends are then threaded on to horse-shoe-shaped bar. Care must be taken that the transfixion wound is not infected from the fracture. Extension may be applied to the bar up to 14lb. Very little pain is experienced and none after two days.

Fractures near the wrist may be pulled on by using the weight of the arm. With the patient in bed the hand is made to grasp a horizontal stick about the size of a broomstick and fixed by a bandage. This provides excellent position for drainage and accessibility, the hourly irrigation being possible without waking the patient.

During the absence of an officer on leave I recently had two compound fractures of the digits to treat. One was a thumb. A bullet at 50 yards range had removed an inch of the first phalanx, passing from side to side and not opening a tendon sheath. A line of minute attached fragments of bone remained on each side of the hole. I transfixed the terminal phalanx with a

piece of silver wire, made rings at each end of this wire and carried tapes from these rings to an aluminium horse-shaped bar attached laterally at the end of an ordinary anterior forearm splint. The second was one of those deplorable fractures of the index finger, also the first phalanx. We all know how difficult it is to prevent some lateral displacement in these cases. The result is often a large swelling at the site of fracture and prolonged sepsis from want of free drainage. In this case I attempted to transfix the middle phalanx, but I could not make the only drill available catch on to the narrow edge of bone. Instead of this, I forced it through between the vaginal ligament and the bone, and just above the terminal enlargement of the bone, and inserted a wire. The tapes from this were carried over the end of a forearm splint and fixed to its under surface. Both these cases experienced but little pain and have done very well. I do not know that the method is original, but at any rate I think that it might be very useful.

I do not propose to describe Carrel's treatment, as this method of after-treatment has now been officially circularised, but will merely make a few remarks about it: (1) It is essentially an irrigation and not merely the repeated installation of a few drops of Dakin's fluid. (2) I think the hourly method greatly surpasses the two hourly, and am sorry that our British love of taking the easier way has officially made it two hourly for the trains. (3) Irrigation must be started from the first hour. Why wait, after cleaning the wound, for organisms again to get the upper hand? It is no excuse to say the patient is not round from the anæsthetic. (4) I believe that it is due to want of understanding of the method that has made some people find it no better than other treatments. (5) At La Pannie an experimental ward exists where every advocated treatment, by saline irrigation, salt packs, sugar, magnesium sulphate, Watson-Cheyne paste, etc., is given just the same chance as Carrel's method. I think every one who has seen the place has been convinced that it is the most scientific and genuine Hospital they have seen. They there find that Carrel's method is the only one that will sterilise a wound and keep it sterile at anything like a moderate cost. They now close nearly all their wounds, as soon as no organisms can be found in two consecutive examinations in smears taken daily from the depth of the wound. The time which it takes to sterilise the wound varies according to the wound, and may be anything from 8 to 40 days.

I now come to these complications:—

Multiple Wounds.—This is chiefly a question of how much the patient can stand.

Nerves.—This almost entirely concerns the surgeons in England, except that it is worth our while to put in one or two catgut sutures to keep the alignment of out nerves correct.

Tendons.—Seldom can be mended and the tendon sheath may become infected and require opening up. The risk of infection renders it dangerous to attempt elaborate repairs.

Vessels and Joints.—These are two large classes and will furnish a subject for papers from other M.O.'s who are in a position to select their cases. Being in charge of officers I cannot do this.

One remark about injuries to vessels. If one encounters a case with a swollen and tense limb, very painful, with perhaps a little blood clot showing in the wound, it is almost certain that an artery has been cut. It is then of the first importance, whatever the type of the wounds (it is usually the small "E" or small "X" variety) to open well up at once, clear out the blood clot and tie both ends of the cut vessel. These cases, owing to the presence of the blood clot and organisms, and the obstruction to venous return become gangrenous in the most amazing manner if left for a few hours. It is not enough to merely clean out the infected clot, the vessel must be found and tied or secondary hæmorrhage will probably occur. The situation where this complication occurs most commonly is in the calf, and either of the tibial vessels may be involved, and the operation is often extremely difficult owing to the anatomy of the part being so disturbed by the laceration of the tissues. Amputation at sight of these limbs is, in my opinion, quite unjustifiable, as excellent results are obtained if these principles are observed.

Secondary Amputations.—The last class with which I propose to deal is those in which severe gas gangrene has developed before admission, or develops in spite of operation. If possible the infected area must be excised. Failing this every corner of it must be freely opened and irrigation vigorously continued. If this does not stop the spreading of the infection, amputation must be done. In this "secondary amputation" flaps must never be made unless stitched right back, and personally I am strongly against this method, having seen gas gangrene develop in the devitalised flaps. Of one thing I am certain, that in the presence of gas gangrene it is absolutely essential to relieve any obstruction to the venous return and to relieve all possibility of tension in the parts.

Some retraction of the skin upwards as the circular cuts are made is allowable, but not a stitch must be put in, and it is wise to irrigate the stump.

Before sitting down I feel obliged to make one or two criticisms. I have spoken of the removal of loose bone fragments and the flapless method of amputation. Unfortunately some of our best surgeons at home fail to realise the virulence of the infections with which we have to deal and the part played by dead pieces of bone and dead tissue in harbouring germs, providing food for their growth and preventing efficient drainage. Writing of loose fragments this year, one says that "their removal is most pernicious." Another, that "unless absolutely free they must all be left." A third, "loose pieces must be scrupulously saved, the pieces, if loose, must be taken out of the wound and laid in alcohol, and then carefully replaced in position." What a waste of good spirit. A fourth says "a most important point is to resist the temptation to remove loose fragments."

These surgeons are referring to the question of non-union. Personally, I believe that where you get one case of non-union caused by the removal of loose fragments, you will get six cases (and perhaps a death or two) if the loose fragments are not removed, caused by prolonged sepsis (due to the presence of sequestra), leading to fibrous union, and also that even the one case has probably had his life or limb saved by the free drainage effected by the removal of bone. At any rate, we have sent them home a live man, and a bone grafting or plating operation may give him a firm limb.

As regards the flapless method of amputation, one surgeon rushed into print saying we were all wrong, and if we would adopt his method the ghastly stumps now seen would be done away with. I quite agree with him; they would mostly be buried. These articles appeared in our leading journals, and are going, and will go down as War surgery. I fear many limbs have been lost this summer owing to inexperienced men taking these writers as their guide. Otherwise the pitiful circular from the Base asking men to keep wounds open would not have been necessary at this date. It may be impertinence on my part, but I think it up to our surgical consultants to contradict such teaching at once. Otherwise progress will be slow.

This, Gentlemen, concludes my remarks; and I thank you all for your courtesy in listening to what must have been very old knowledge to most of you.

H. F. VELLACOTT,
Captain, R.A.M.C.

[The writer has since had the opportunity of observing the use of and personally using the bismuth, iodine and paraffin paste (B.I.P.P.) advocated by Colonel Rutherford Morrison, and unhesitatingly believes that by its proper application many wounds and stumps may be closed which previously he would have as certainly left open.]

NOTES ON THE RESULT OF THE SURGICAL TREATMENT OF GASTRIC AND DUODENAL ULCERS

Though "Gastric" or "Duodenal Ulcer" is so frequently chosen as a subject for clinical demonstrations, the method of treatment, even in well-established cases, is still disputed. Not only are the majority of physicians in favour of medical treatment, and transfer only those cases to the surgical wards which have been found not amenable to such treatment or which have developed alarming symptoms, but even surgeons are by no means unanimous as to the value of surgical treatment of these common complaints.

The frequency of the affection can be judged from the fact that during the years 1915 and 1916, there were admitted into this hospital nearly 800 cases with the diagnosis of "gastric or duodenal ulcer." Of this number 270 were treated in the medical wards.

During the same period, fifty-six cases came under the care of Mr. A. J. Walton, and they form the subject of the investigation made by Miss I. H. Pearse and myself. In all of them the operation of posterior gastro-enterostomy was performed, and according to the nature and site of the lesion found, the ulcer was either embedded or excised. In all but nine cases the pylorus was occluded.

Forty-four of the fifty-six patients answered my request and came up to hospital. A careful history of their condition since the operation was made, and they were questioned as to their ability to follow their ordinary occupation.

The results may be tabulated as follows:—

Class	Diagnosis	No. of Patients	Operation	Average length of time since operation
A	Duodenal Ulcer	7	Ulcer embedded, Postr. gastro-enterostomy	22 months
B	Perforated Duodenal Ulcer	3	Postr. gastro-enterostomy. Perforation closed generally occluding pylorus.	21 months
C	Gastric Ulcer	17	Pylorus occluded Postr. gastro-enterostomy	22 months
D	Perforated Gastric Ulcer	3	Pylorus occluded Postr. gastro-enterostomy	26 months
E	Gastric Ulcer	14	Pylorus occluded Ulcer excised Postr. gastro-enterostomy	18 months

Results :—

Class	Absolute cure	Very great relief	Great relief. Able to follow ordinary work	Slight relief	No relief
A	4	—	3	—	—
B	2	—	1	—	—
C	7	—	6	2	2
D	1	—	2	—	—
E	4	4	6	—	—
Totals	18	4	18	2	2

It will thus be seen, that of the forty-four patients interviewed, no less than forty had so much benefited by the operation that they were able to follow their ordinary occupation, and had, during the intervening period, never stayed away from work for more than a day or two. Many, indeed, expressed themselves that they had never felt better in their lives, and all were convinced that their operation was eminently successful.

Of equal interest, though less satisfactory, are those four cases, where the operation was not attended by much relief. From the notes it appears that in each of them the ulcer had invaded the pancreas. In one of these, too, there were symptoms suggestive of a gastro-jejunal ulcer.

In conclusion, I would thank Mr. Walton very warmly for his kindness in permitting me to investigate his cases.

J. MAURICE WINNETT.

REVIEWS

MEDICAL MEN AS PORTRAYED IN ENGLISH LITERATURE.

The above fascinating subject was chosen by Dr. A. J. Rice-Oxley for his Presidential Address to the West London Medico-Chirurgical Society in October last. On it he discourses genially and learnedly, quoting various references to medical men in English literature, as well as remarking and criticising the contributions which medical men have themselves made to what is our most glorious and permanent memorial. Strong as is his case for the view that medical men have

borne their full share in the general advancement of culture and *belles-lettres*, we think it might have been made even stronger. We should have liked to have seen references, for example, to Goldsmith, Keats, Henry Vaughan the Silurist, Armstrong, and Erasmus Darwin. One of Burns's greatest poems, again, is surely "Death and Dr. Hornbook." Another famous Scotsman, John Brown, the author of "Rab and His Friends," the most illuminating interpreter of canine character, should never, we think, be omitted in any list of literary medical men. Then too there are Francis Thompson and Dr. Robert Bridges, the present Poet-Laureate. A name which we miss perhaps as much as any is that of Albert Smith, the author of "Christopher Tadpole," "The Adventures of Mr. Ledbury," and "The London Medical Student," an author who is too little read nowadays, although he is, in some respects, comparable to Dickens himself. Certainly no one has described medical practice in London during the Victorian era with anything like the same detail or colour. We of "the London," too, would have liked to have seen a reference to our own H. H. Bashford.

No doubt, however, Dr. Rice-Oxley would have referred to these and others had time allowed. We hope that on some early future occasion he may be persuaded to give us some more of his interesting experiences in so wide and delightful a field.

PUBLIC AND PRIVATE HEALTH.

PAST, PRESENT, AND FUTURE.

1. HYGIENE AND PUBLIC HEALTH. *Louis Parkes, M.D., D.P.H., and Henry Kenwood, F.R.S. Ed., D.P.H. 6th Ed., 2 Plates, 89 Illustr., 787 pp., demy 8vo. Lewis & Co., 136, Gower Street, W.C., 1917. 14/- net.*
2. HYGIENE AND PUBLIC HEALTH. *Sir Arthur Whitelegge, K.C.B., and Sir George Newman. 13th Ed., 77 Illustr., 762 pp. Text, 34 pp. Index, small 8vo. Cassell & Co., La Belle Sauvage, London, E.C. 10/6 net.*

Not long ago the average medical student at the end of a three years' course qualified, became an assistant, and settled down to his life work without any great anxiety as to current progress. To-day the student of any and every branch of learning has before him a longer and harder course, more practical work, more and bigger books, but far better teaching, and in the end a far greater reward than ever before. For to-day all learning is being subjected to a severe test. Will it help the learner to be a better citizen? Will it make him more useful to the State than were those who have gone before him? Statesmen know and always have known, that their

tasks are lightened if the subjects of the State are aware of what is for their own good and what is not, and the rewards which statesmen can and do distribute go to those who prove that their knowledge and their learning has lightened the task of the Government of the day. The problems of the past have been complex enough, in all conscience, and their solution has been only too often unsatisfactory, but no one doubts that the future—the immediate future too—will bring problems even more anxious and more urgent than those which have distressed and perplexed both subjects and statesmen in the past. To us in the present is given the opportunity of preparing ourselves, and our successors, to solve these problems, and thereby earn the gratitude of our fellows and the reward of work of which the State cannot fail to recognise the real value.

In the not very distant past the State selected its civilian servants from the most part from the Church or from the Bar. The third faculty, Medicine, was regarded as capable of serving only private persons, and of caring for what we feel inclined to call Private Health, to borrow a term from the lawyers. But the last age put an end to any such misconception. From the days of Jenner onwards, Public Health has become of greater and greater importance as the years have passed. The lawyers have done much to advance its progress by such legislation as the Factory Acts, which abolished a state of barbarism too shocking for belief which none the less prevailed far and wide within the memory of living men. Of recent years the scientific as contrasted with the legal side of Public Health has loomed larger and larger in the public mind, and men are turning to our profession rather than to the lawyers for the solution of their problems. What the students of to-day are learning will be of real value, not only to themselves as practitioners, but also to the community in which they live, and the State of which they are citizens. There is no branch of medical study in which there has been greater progress than that with which our authors deal in these very concise and useful volumes. In the period of reconstruction, material, social, and political which must follow the declaration of peace, Hygiene and Public Health will be of immense importance, not only abroad, where whole districts, towns, and villages, must be rebuilt, but here also, where we shall never return to our former habits. As a people we have been urged, nay almost forced, to increase our output to the utmost, and for that purpose we have been led, or rather, driven, to adopt the most healthy life attainable, whether naval, military, or civilian. Let us hope that few of us will go back to the old bad ways of existence, for

they were wasteful and uneconomic to the last degree, and therefore anti-social. It will be to the student of public and private health that the reformers of the coming age will turn for information as to the direction of their own aims and the organization of their efforts, not only for the improvement of the conditions of the people in the great cities, but also for the raising of the standard of living in the country districts, which all past experience shows to be vital to the continued welfare of a progressive state. "*Latifundia perdidere Italiam*," said a late Roman author. Woe to us to-day if we neglect the country man.

If it is true that political power is really entrusted to its holders as a reward for political services rendered to the State, then the Medical profession may indeed hope that in years to come and before very long it may reap the harvest sown long ago by the splendid and self-denying services of the handful of medical men who in the last age built up the Science of Hygiene and the Art of preserving the Public Health. If so, those who come after us may see our profession placed in a position stronger and better than any which seems possible to-day, a position it has long deserved but, for want of organization, has hitherto failed to attain in anything like its due measure, largely because its good work has been done so quietly and so unobtrusively. "*Ama nesciri*" may be a good rule for a monk, but, after all, we are bidden to let our lights shine before men if we would lead them in the way they should go.

So far we have dealt with the relations of the student of health to the State, and we have thought of him as either an official such as a medical officer of health or as a private citizen engaged in forming public opinion and in using his political power and influence at elections, whether parliamentary or municipal, as candidate or as elector.

There is another and perhaps wider side to his activities; we mean his influence and advice as a medical adviser to his patients, his friends, and in his own household; where old prejudices and superstitions crop up in the most unexpected ways, on some of which our authors will throw much light. The filter, the dustbin, the larder, the kitchen, and the nursery may contain unsuspected dangers.

And now, if our readers are not already weary of our prolixity, we turn to the two books whose descriptions we have already given. At once we wish to state that both are excellent, but in different ways. The first is the larger book, and is written in a more literary style. It is a book to be read through at home with leisure to ponder its contents deliberately, which we have

done with great pleasure, and, we hope, to our own profit. It assumes much general knowledge of physics and chemistry. The second is far more condensed, and does not attempt anything like style. None the less, it contains a vast amount of information, and is an excellent "pocket book" or manual, not only for those attending lectures, but for those whose recollections of the diffusion of gases and the flow of liquids through tubes date back 30 to 40 years. To the latter class we ourselves belong, and we can testify to our satisfaction with the terse statements of the second pair of authors. We now propose to give samples from each of the books. We begin with KENWOOD and PARKES.

Much of the importance of the study of Health, whether public or private, arises from the fact that every one is interested in it, everyone thinks he knows something about it, everyone would like to know more about it, and the public at large expect the medical profession to know all about it. Take the common filter. How often do people drink any sort of water so long as it has been put through a filter of some kind. Now on pages 57 to 61 our authors describe a number of filters, their construction, efficiency, and the methods needful to keep them clean. Without proper attention a filter may become a "... nidus for the growth... of living organisms," and there will be in the filtrate "a considerably larger proportion of organic matter... than before." As to this, our authors rightly remark that "the wrong and misleading statements set forth... by the makers... are an evil which should be strenuously combated" (page 58). We are inclined to think that the making, sale, and advertising of such filters should be forbidden, but for this we need an educated public. Only the medical profession can educate in this matter. How many of us are capable of so doing?

Again, how many medical men could give an opinion on the respective merits of the "combined" and "separate" systems of sewerage? Yet on such a matter an ignorant Town Council might go hopelessly wrong, with the result that generations of ratepayers might suffer in health and in pocket. On page 116 the question is discussed so clearly that no one need hesitate to support the separate system by which the storm water passes directly to the river, and a far more concentrated sewage is carried to the sewage works, where it can be efficiently treated at a lower cost and with the hope of obtaining an end product of some economic value. On this whole question the long chapter on the Disposal of Refuse (p. 69 to p. 156) makes the reader feel that in time to come the State is bound to interfere more and more with the freedom of the

subject, simply because the State will have neither time nor money to spare for the correction of the mistakes of the subject! As soon as the State has made up its mind as to the best way of using land or building houses or factories, or laying drains, it will compel the subject to adopt that way, and no other. In the eyes of the law, Corporations such as City Boroughs and County Councils are "artificial persons," and as such their corporators must regard them. They must select the best and most efficient means of dealing with sewage and trade refuse, or find the State falling upon them with all its powers. Manufacturers will find that trade effluents which are a nuisance, or even an expense to the Corporation, must be treated till harmless. In this there need not be any hardship as all trade effluents contain matter of some value which can be recovered if only an efficient process is found. But all these things involve limitations of liberty.

On pp. 175-8 is a useful summary of the present position of experts as to "sewer gas," a mysterious exhalation from drains which a generation ago exercised an extraordinary influence on the public mind. It was believed to be the cause of enteric fever—until the *B. typhosus* displaced it. Sore throats, especially in house epidemics, were attributed to it—until the rise of the tonsil guillotine. Any obscure febrile attack led to a suggestion that the drains might be wrong—until the advent of influenza in the later 'eighties. However, it did good service by hastening the adoption far and wide of modern drainage. Considerable doubt was for a time thrown on the importance of this mysterious gas, but it now seems likely that bacteria may after all pass from the sewage, along defective drains, to an inhabited house, and there cause injury to health, though even this seems a little doubtful. Perhaps the real cause of the "sewer gas" diseases is to be found in the general stuffiness so dear to some indolent people.

In 20 pages (Ch. vii., pp. 296—315) our authors have dealt concisely with the care of the body itself—"exercise, clothing, and personal hygiene." They point out on p. 304 the perverse folly of the usual dress of children, and (we write the words in fear and trembling) criticise the unequal distribution of the dress materials now in vogue with women—"the upper part of the chest and the legs are unduly exposed, whereas the trunk below... is... clothed very warmly." Alas for our favourite stockings whose transparency has revealed the graceful outlines of youthful tibiales and peronei up to the insertion (or even origin) of the gastrocnemii.

On baths and washing, our authors take a strong and sensible position. Would that the

lower section of the "working" classes would realise that their neglected skins and unclean clothes are "injurious to health," dirt "on the surface of the body . . . blocking up pores and irritating lymphatics." Little things like the vertical movement of the toothbrush (p. 309) have not been overlooked. The chapter closes with wise words as to "*industrial fatigue*." "The shortening of unduly long hours . . . reduces . . . spoiled work . . . while maintaining the quantity of output." *O si sic omnes*.

Where so much is excellent it may seem ungracious to find faults, but we cannot pass over some inequalities in style, especially as transposition of a single word would cure them. On page 98 (middle) we read, "A defect which the less costly stoneware drains are free from." Surely it would be better to say, "A defect from which the less costly . . . drains are free." On the next page, last line but two, we read, "A velocity of flow of between 3 and 4 feet per second." Surely this should be, "A velocity of flow of 3 to 4 feet per second," "between" being mere surplusage. On page 142, line 3, we meet the strange phrase, "retractable to purification." If this is to be derived from the Latin, it must mean "capable of retraction," but apparently our authors meant to say "refractory." Perhaps it is merely a misprint. Surely "hard to purify" would convey the meaning intended.

Our limits compel us to turn to our second pair of authors, and from this point we quote WHITLEGGE and NEWMAN. We wish to say at once that in our opinion the smooth buckram binding, red edges, thin paper, and narrow margins are quite admirable. We should have liked, in addition, the rounded corners of "Hutchison and Rainey," and would it be possible to bind in a few markers?

Of the many debated subjects of recent years perhaps none roused more feeling than "Elementary Education." Ch. vii. pp. 217-263 deals with this subject from a very practical standpoint. It is now many years since we ourselves served the thankless office of "Manager" in a Voluntary School, but we are thankful to see that the prescribed minimum of to-day is above the highest hopes of an ideal school in those far-away times. We quote a few gems:—P. 219: "Windows should never be provided merely for the 'sake of external effect.'" "Glazing . . . trouble some to keep clean and in repair must be 'avoided.'" The varied requirements of the Board of Education are next set out in detail. We select a specimen. "The Teaching of Hygiene and Physical Training (p. 253), exercises in breathing, 'instruction . . . in the elementary rules of personal health, particularly in respect of food,

"drink (including alcohol), clothing, cleanliness, 'and fresh air and swimming may be included.'" We are glad to hear that "there are upwards of 1,200 medical officers engaged in the 'school medical service, of whom more than 100 are women.'" Our own neighbourhood must, we fear, have fallen far below the general standard, for "of the 6,000,000 children in the elementary 'schools of England and Wales—

10 %	suffer from defects in vision or hearing
30 %	decayed teeth,
2 %	adenoids,
1 %	ringworm,
3 %	otorrhœa,
1 %	tuberculosis,
2 %	heart disease,
10 %	unclean heads!!"

May the time soon come when these figures will represent the state of things in the R.R.

The short Chapter viii. on "Hospitals" is less interesting than some others, as it deals almost entirely with hospitals for infectious diseases. Ch. xii. "On Infection and Immunity," is of high value, and of great interest. Our authors discuss the *de novo* origin of various specific diseases, ending with a covert reference to symbiosis, which we think might with advantage have been expanded, but *Ars longa vita brevis*, warns us that our own limit is nearly reached. In Ch. xiii. we should like to extract the section on "Epidemic Diarrhœa," pp. 444-451, and drum it into the heads of our local mothers, who during the last two months have been swamping the R.R. and the medical wards with "D. and V." The old reformers' motto was, "Educate, Agitate, Organise," and as we read this section we wished that a pulpit could be set up in the R.R., from which the full duty H.P. or some other person of greater leisure could deliver periodic discourses on the subject, denouncing with the eloquence of a Whitfield, a Spurgeon, or Father Vaughan the follies of his hearers, their effect on the children, and the loss to the State.

Chapters xvii. to xviii. deal with legal matters, including the position of the medical officer of health and his satellites, the law he administers, factories, workshops, and bye-laws. Space forbids quotation. Ch. xxiii., in 30 pages, gives an admirable summary of vital statistics, introducing the reader to logarithms, registration, expectation of life, comparative mortality, statistical averages, and mean errors. We hope our readers will study these topics for themselves—some day! The full index is well constructed, and, so far as we have tested it, accurate.

DISEASES OF THE SKIN. *Sir Malcolm Morris.*
Pp. 770. 12s.

In this sixth edition the author has brought forth a book, pleasant to read—for which we give thanks—and one of value to the student and practitioner. The work is well up to date, as evidenced by the consideration of "Raid dermatitis," and allied conditions, and, to quote the author's preface: "... The section on Syphilis has been expanded and to some extent remodelled, in the hope that it will furnish useful guidance to those who are carrying such of the recommendations of the Royal Commission on Venereal Diseases as relate to diagnosis and treatment." This hope will be fulfilled, we venture to predict, and we congratulate the authors—for Dr. Dore has co-operated in the revision of this edition. Syphilis has more than ever, and rightly, we think, taken the foremost place in the study of skin diseases, many of which it simulates so closely.

The author has wisely availed himself of the best photographs at his command from different clinics and books on the subject. But the coloured plates, ten in number, though good, are not quite of such high standard.

Copious references to papers and books are given under each disease, and to authors and their views. This is meant for the specialist, and we trust the student will wisely avoid the names of investigators, and remember the disease, although we must confess we have ourselves a liking for Wickham, and miss, in the author's description, his name in relation to the striæ associated with Lichen planus.

That the student may easily realise what is to him of less importance, smaller type has been used for rarer diseases. We think of a sentence with regret, under the heading of Epithelioma: "On the whole, the results of treatment of cancer by X-rays has been disappointing . . ." We think the future will tell a different story, for under the term of cancer are grouped a variety of tumours or growths as different from one another as they are numerous, and each probably requiring for the destruction of its component cells a maximum of selective rays. Herein lies much future work, but already the dermatologist who is also a radiologist is doing much in the fight against neoplasms.

We like the book, for it impresses us as that of an honest worker, a fair colleague, and a distinguished dermatologist. We shall hope to see a seventh edition.

G. VILVANDRÉ.

DISEASES OF THE THROAT, NOSE, AND EAR.
4th Edition. By William Lamb. (Baillière, Tindall & Cox).

This "Guide" to diseases of the throat, nose, and ear has been written in a most attractive manner, and should prove a very useful little book for the student and general practitioner. No attempt is made to describe all the methods of examination (bronchoscopy and suspension laryngoscopy, for instance, are completely omitted), and the accounts of the various diseases are of necessity brief. It is remarkable to find, in a book of such limited size, that practically every malady of real importance is given a place. The advice is sound and practical, and little fault can be found with the descriptions of operations or advice as to treatment. The description of the method adopted by the author in the removal of tonsils is a little complicated, and he does not appear to aim at removing the whole tonsil with the guillotine, although, certainly in children, it can be accomplished in nearly every case if Sluder's procedure is adopted.

The author advocates a method of opening the mastoid antrum with an ordinary straight-edged chisel; this plan, if carried out according to his instructions, would lead to wounding the lateral sinus in a fair percentage of cases.

In the account of the treatment of syphilitic deafness, salvarsan or one of its substitutes ought to have been mentioned. It may give astonishingly good results where other drugs entirely fail. The book is a very excellent one, and might be read with benefit by all senior students.

DISEASES OF THE THROAT, NOSE, AND EAR.
By W. H. Kelson, M.D., F.R.C.S. (8vo.
Oxford University Press and Hodder & Stoughton, 1915. pp. 252 Text and pp. 18 Index. Six coloured plates. 89 illustrations in text. Price 8/6 net.)

Old "London" men of some years' standing will, we hope, recollect the author of this very useful book, and will regret that some accident has delayed the review of it for two years.

The intention of our author, as set out in his preface, is to produce a short, concise manual suitable for the use of senior students and general practitioners; a most praiseworthy object, in which we think his readers will consider he has succeeded. Anyone who has had any experience of the Aural Out-patient Department, must feel that many men in good practice are aware only too well that even the elements of Aural work have faded away from their minds, and that they send up patients for opinions which simple inspection would have enabled them in many

cases to form for themselves, with saving of time to their patients, and with profit to themselves. There is no mystery in Aural work.

Our author has begun his task by a simple list of instruments with illustrations of those really useful things without which no proper examination of aural patients can be made. Amongst these we are glad to find the pneumatic speculum made in metal as used in our own O.P. Department. We are a little sorry that our author has not combined with it some form of the otoscope, an instrument which, though much improved by a former London Hospital aurist, is still far from perfect. We venture to think that it stands to the simple speculum much as the indirect to the direct examination of the *fundus oculi*.

Space will not permit any lengthy extracts from the body of the work, but on p. 39 our author shows that he is well up to date as to the removal of tonsils by enucleation, and on p. 50, he is aware of the small but important point that in holding the tongue for laryngoscopy, it must not be pressed on sharp incisor teeth. The paralyses of the larynx are dealt with wisely and well in no more than six pages, including diagrams; posterior rhinoscopy is shrewdly said to "require considerable practice," but our author knows its value (p. 101). Twenty pages are given to disease of the frontal sinuses. The ear is dealt with in 70 pages, including a brief account of mastoidectomy, followed by 14 pages giving many useful methods and formulæ. The work closes with a clearly printed index of 18 pages, as to which (having ourselves indexed two books) we can say that it must have taken a great deal of honest work. We somewhat regret the thickness of the paper and the obsolete cloth cover, so dear to the Oxford Press, but so very much inferior to Messrs. Cassell's thin paper and buckram. We think that it is high time that this wasteful form of binding should cease to exist.

BAILLIERE'S POPULAR ATLAS OF THE ANATOMY AND PHYSIOLOGY OF THE FEMALE HUMAN BODY. 3rd Edition. By Hubert E. J. Biss and Georges M. Eupuy, M.D. (Price 4/- net.

One special feature of this third edition of a most valuable atlas for all students of anatomy and physiology is the fact that it is entirely of British production. Hitherto these atlases have been manufactured in Germany.

It contains five coloured plates, each plate consisting of seven or eight figures, which embrace all the anatomy common to both sexes, and also that particular to the female.

A second feature is the fact that one plate is built up in layers, which enables underlying

structures to be viewed by removing the layer immediately above.

The diagrams are clear, accurate, and reflect great credit on British lithography, as well as upon Mr. Dupuy, who prepared the original drawings.

A descriptive text makes an excellent supplement; and a key to the plates, the various parts of which are all numbered, enables the student to impose a self-catechism in his private room, as well as he could in the dissecting room with the subject in front of him.

The atlas should certainly be in the possession of all junior medical students.

INSANITY IN EVERY-DAY PRACTICE. By E. G. Younger, M.D. (Brux.), M.R.C.P. (Lond.) (Messrs. Baillière, Tindall & Cox). pp. x. and 130.

This little book gives good information about mental diseases. In the first part the author discusses the etiology of insanity, hallucination, illusions and delusions; the early and premonitory symptoms of insanity; examination of the patient with view to certification; Legal Bearings (a) England and Wales, (b) Scotland, (c) Ireland.

In the second part he gives an account of the clinical course and treatment of the various forms of insanity, and in the appendix copies of statutory forms of the ordinary Lunacy Certificate and the Urgency Order are given.

Perhaps we should not agree with the author on certain definitions given in the text, and the chapter on Neurasthenia is not as good as the description of the other conditions.

The book should prove most useful to the student going up for his final examinations, and also to practitioners.

THE IDEAL NURSE. By Charles A. Mercier, M.D., F.R.C.P., F.R.C.S. *The Mental Culture Enterprise*. pp. iv. and 49.

This is an address delivered by Dr. Mercier to the Nursing Staff of The Retreat at York at the opening of the Winter Classes, 1909. It was given to a special class of nurses, namely, those who nurse the insane, but the greater part of the lecture will be found most helpful to all nurses, in whatever branch they may have specialised. In the first part the lecturer tells us what are the steps by which a nurse becomes proficient in her work; how a nurse finds out the reasons why certain things in the ward are done in certain ways.

Dr. Mercier then discusses some of the essentials in the character of an ideal nurse, such as