

THE LONDON HOSPITAL GAZETTE

No. 198]

JULY, 1918

[ONE SHILLING

EDITORIAL

By the time the present number reaches its readers the close of another Session will be at hand. Four years will soon have come and gone since we, leaving behind us the relatively quiet and smooth waters of Peace, were forced into the turbulent seas of War. During these long years we have endeavoured with what success it is not for us to say, to preserve the GAZETTE as a link between "London" men wherever they may be. That it might the more effectively fulfil this high purpose, we decided to post free copies to all "London" men serving their country, little dreaming at the time that either the War would last so long or that the Army would reach such vast proportions. In the past we have been able to keep afloat in a more or less creditable form, but we are now threatened for the first time by a new and formidable danger, in the form of an empty treasury. As will be shown, set forth in another column over a well-known signature, the large number of free copies, and the increased price of paper and printing, make it necessary for us to make an appeal to all "London" men who are not on our list of subscribers, to let us place them on that list, and so permit us to continue as best we may our useful and beneficent task.

Since our last issue we have to add, with deep sorrow, other names to the list of those who have given their lives that we may live ultimately in Peace and with Honour:—Captains H. W. Batchelor, H. Dunkerley, W. McQuiban, Lieut. Thomas Smith, all of the R.A.M.C.; Lieutenant W. R. Barrett, Essex Regiment; Lance-Corporal L. E. Stevens, Sherwood Foresters, and Albert Edney.

To Majors G. D'R. Carr, M.C., and A. R. Clayton (A.A.M.C.), Captains P. A. Creux, E. Herga, M.C., O. B. D. Mawson, F. E. L. Phillips, R. N. Porrit, and Lieutenant A. H. Southam, all of the R.A.M.C., and to Lieutenants A. Bray, Royal Warwicks, and G. C. Butterworth, R.F.A., all of whom are reported wounded; to Surgeon W. A. McKerrow, R.N., and Capt. S. A. Forbes, prisoners of war, we offer our warmest sympathy, while we anxiously await news of Captain P. A. Green, R.A.M.C., who is reported "missing."

Our Honours List continues to receive numer-

ous and notable additions:—Sir Frederick Treves has been elected a *Companion of Honour*: while a *Knighthood of the Victorian Order* has been conferred on Sir E. S. Worthington. The D.S.C. has been awarded to Surgeon A. F. R. Wollaston, R.N., and the D.S.O. to Major J. J. Abraham, R.A.M.C., Major A. R. Clayton, A.A.M.C., Capt. H. Woollett, R.A.F. (who already holds a bar to the M.C.), and Capt. A. B. Bratton, M.C. (Loyal N. Lancs.). The *Bar to the M.C.* has been awarded to Acting-Major H. H. Robinson and Capt. R. T. Caesar, both of the R.A.M.C.; while the M.C. has been awarded to Capt. V. D. Corbett, Middlesex Regt., Captains A. C. Ainsley, W. H. Alderton, S. Batchelor, G. F. Bird, W. E. H. Bull, J. W. Dew, D. G. Rice-Oxley, and E. L. Hopkins, all of the R.A.M.C., and Lieut. G. E. Milward, R.F.A.

Miss E. H. Becher has been created *Grand Dame of the British Empire* and Miss E. M. McCarthy has been made a *Companion of the British Empire*. In addition, to a large number of our Nursing Staff has been awarded the *Royal Red Cross*.

Major H. Stedman was awarded the *Croix de Guerre* by the King of the Belgians, and Major L. J. Austin has been elected an Honorary Associate of the *Order of St. John of Jerusalem*.

In addition to the foregoing honours, the following have been *Mentioned in Despatches*:—Temp. Major-General Sir B. Dawson, Surgeon-General N. R. Howse, V.C. (A.A.M.C.), Temp. Lieut.-Colonel A. Martin Leake, V.C., Lieut.-Colonel A. C. Rankin, R.A.M.C., Major R. W. Thomas, R.A.F., Major Sir E. S. Worthington, Captains T. B. Batchelor, C. F. Burton, M. Das, (I.M.S.), T. G. Fleming, W. D. Kennedy, C. M. Ingoldby, E. Phillips, M.C., F. E. L. Phillips C. R. Reckitt, F. E. W. Rogers, R. Y. Stones, A. W. Wakefield, B. Varvill, O. W. D. Steel, M.C., and Lieut. A. C. Lambert.

While death is surfeiting on the lives of the young, he continues inexorably to take toll of the old: two notable figures, Mr. John Couper, Senior Consulting Surgeon, and Mr. Munro Scott, late Warden of the College, have been recently removed from our midst, while in Dr. Meredith Jones and Dr. Prosser James we have lost two men who have cast no little lustre on their alma mater.

A very important step has recently been taken by the Hospital and College authorities in thier

decision to admit women students. For the coming year, viz., 1918-19, it has been, we understand, thought advisable to admit only a limited number of women from among those who have already passed the second professional examination. In future years it is probable that they will be admitted for the whole medical curriculum, or should the present arrangement with East London College continue, as soon as they have passed the first professional examination. We further are given to understand that the proportion of men to women will be maintained at something like the proportion obtaining in the profession generally. Apart from these considerations, women will be admitted on exactly the same terms as men, and will be eligible for resident and staff appointments. It is perhaps not without interest here to recall that a woman student, viz., the late Mrs. Garrett Anderson, was admitted to the wards of the London Hospital over 50 years ago, but at that time the admission was for clinical instruction only.

In addition to women students, the new students whom we may expect to welcome to the College in October are those medical students who, being in their 19th year, shall have passed the first professional examination by July 31st. At the East London College there are, we believe, thirty or so students working to that end. Students in their third year will, we understand, be called up for service, extending over periods of six months, in the Royal Navy or in the Army, as surgeon probationers or surgical dressers. These arrangements appear to leave little room for criticism, giving neither undue preference to the student nor showing that lack of prevision as to future requirements to which we have become so sadly accustomed.

"London" men everywhere will, we feel sure, be deeply grieved to hear that our old friend "F.J." has decided to resign from the Honorary staff of the Hospital. What the "London" will be without his cheery presence, and how the Club's Union will fare, without his sound advice and ripe experience, we cannot trust ourselves to think. It is some consolation, however, to know that the parting is not to be complete, for he will still it is hoped, for many years continue his appointment as Lecturer in the College during the Summer Sessions. Meanwhile, we would like to express to him the deepest gratitude of all "London" men for the invaluable services which for so many years he has so generously given to the Clubs' Union as Honorary Treasurer, and to assure him that he carries with him into his retirement the warmest wishes and the highest esteem of all those who have ever been associated with him.—"*Integer vitae, scelerisque purus.*"

In conclusion, we would again express our warmest thanks to all those who have by their literary contributions helped us to bring out still another number of the GAZETTE.

1889-1918—NEARLY THIRTY YEARS AGO

"Wandella," Dargaville,
New Zealand.

6th January, 1918.

To the Editor of THE LONDON HOSPITAL GAZETTE.

DEAR SIR,

Having just returned from the service set apart for this day by King George, I have had forcibly brought to my mind the fact that the earth on which we live is a remarkably small place. No doubt this platitude will astonish you! So, to come straight to the reason which prompted me to sit down at the other side of the globe and tap off a little screed to the LONDON HOSPITAL GAZETTE, it is due to the fact that this same London Hospital was my *alma mater* over twenty years back. I joined the London in 1889 with G. H. Cowen, of Southampton Hospital; L. A. Smith, who is still with you; Rigby, to whom I send the chin-chin of the man to whom he gave kindly information as to the London Fellowship years ago. The dear old London. It seems a dream when I think of the time when "Freddy" filled the anatomical theatre, and we cheered to the echo at his keen witticisms, and listened to his clear placing before us of the relations of the anterior triangle with a few deft strokes of coloured chalk. "Mac" (Macarthy), who one morning on a pea-soupy November had us together in the physiological theatre, and was lecturing in his old style, with the quick uplift of the eyebrows. Then came the joke; we raised the floor, and he raised his hands in mute protest, but we were young, and our youth had not yet become stagnant in our veins. He stopped, and said, "There will be no more lecture this morning, gentlemen"! It was only 9.10 a.m.! How we trooped out into the corridor, and shook hands with ourselves, the keen to get in an extra hour at Scarpa's triangle, or the lymphatics of the thorax (!), and the unkeen to slide down the banisters to the first floor to smoke another pipe and read the boxing fixtures.

The old snatches—

In gorgeous pantaloons and lovely spats,
Flower in coat, fur collar, white top hat.
Though I percuss and auscultate with care
I can't make certain that there's fluid there.
Hand me a brandy syringe, we'll explore,
There can't be any harm in making sure.

There are still many at the London who will remember to whom this refers. And again—

Come here, young man,
And spot this tumour if you can.

One can see again the whimsical smile, but one can also hear the swift sarcasm if the unlucky wight went astray. I never had the privilege of "dressing" for Freddy, but I heard.

I guess you're perhaps becoming a trifle bored, and yet I hardly think you are. We two are London men, even if you are one of the *new* and I am one of the *old*. There are some things which bind one more strongly than others, and the *London* knits us all together.

With cordial greetings to every London man.

Yours very sincerely,

LEONARD L. BURTON.

1889-1918—NEARLY THIRTY YEARS AGO.

DEAR OLD CHAP,—You see I address you as if I were really intimate, as possibly we would be if I were at the London now, and you had just lit up, and I had taken the cigarette from the case you held out. It struck me you might care to have a spin with me across the span of thirty years, and see what sort of a thing the medical is to those, or rather for those, who are not tied down to a trip between Harley Street, and Whitechapel.

No envy ever comes across my mind for my friends of long ago who have blossomed out into specialists, and whose names are illuminated with red lamps in the murk of a London fog in the dressing-room hall. I visited the old place ten years after I left it, and lost myself in the out-patient department!

Well, I'll skip the years of grind, years in which we looked forward to passing the final, and saw a vision set up in our dreams of a name-plate with M.D., F.R.C.S., a car, chauffeur, butler, and a steady stream of patients anxiously hanging on our words, while they feel with perspiring fingers the elusive sov., beside the less elusive shilling. Alas, alack! far too many of us never rose above the L.S.A.

Once more I'm becoming prosy, and if I ever expect the editor to print my screed, I shall have to hurry on. Well, through at last, my mind turned to the sea. I had spent three years as a youngster up country in the Cape of Good Hope, and now, with a qualification, I imagined opening out to me the prospect of any liner afloat. Egregious egotism of youth. I soon discovered that my applications returned with persistent regularity. I had no sea experience, and also had no *influence*. Saddened, I began to think I would have to settle ashore, when, one day, as I

was slowly walking along that Mecca for ship surgeons, Leadenhall Street, I caught sight of Thomas Ronaldson & Sons, shipping agents. I strolled in, and rushed out a few minutes later with my head on fire, and the possibility of a boat to Halifax. I went down to the docks, and interviewed the Marine Superintendent, and was introduced to the skipper, who was only 28. I came away appointed to the "*Halifax City*" as ship's doctor. In her I made three voyages to Halifax and St. John's, N.B., and back. Here I had my first lesson in doing without—a case of bromide rash, and no Liq. Arsenicalis. My first experience of malingering, and my first triumphs, which ended in making the chief engineer and the chief officer my firm friends. If a man was sick, he was laid up, no matter how short-handed, but if it was "cramps" and late booze ashore, the man had a stiff "smile" and was sent back to work.

How I remember the fogs of the banks, and the creeping round to St. John's and back, and into Halifax before numbers of other vessels had even raised their anchors. My! how that first ship of mine did roll. They said she touched an angle of 45 degrees. I had only a medicine chest, bottles on the floor of a cabin shared with a passenger. Then a voyage to the West Indies in one of Scrutton's boats. My first experience of British Guiana, Trinidad, Surinam. It was an iron-decked ship, and one day, when hanging by my feet at sports I slipped, and but for the kindly service of a bystander, might have cut short my sea experience.

Then Rennie's to the Cape. It was at the time of the Jameson Raid. We reached Durban Christmas Day, 1896. The steward had written a menu on which, with flourishes let loose, he announced to the world that there was roast beef of Old England. Ah, me, at the eleventh hour the menus showed the ruthless stroke of the same hand ———. It had gone "off." It was not surprising, as we had our supply of meat kept in a square box, and the box stood on deck, and the Rimmel like scents which issued from its iron-bound side would have livened up a plucked "primary."

On the homeward voyage we had a number of Jameson's wounded troopers on board. We started for the old country with the self-same meat safe, and a supply of poor coal, and limited . . . but even at this length of time it is best to draw the curtain. Suffice it to say that we put into Dakar for coal, and provisions, and were ten days late! Our wounded men were expecting all kinds of greeting on their arrival. *Nothing* happened, and even the baggage carriers didn't turn a hair. Poor Jameson men!

Then I went off to Elder Dempsters, and had eighteen months in their service. My first voyage was from Rotterdam in the little *Elmina*, of about 1,200 tons. We went up the Forcados River, and hitched on an accessory rudder of twelve feet to negotiate the turns. I must briefly relate an exciting experience, and one that only could befall the ultra sensitive, as I was in those days. We were lounging on deck when a nigger came over the side. He had a note for the doctor. I opened it. It ran somewhat as follows:—

"DEAR SIR,—I am an amateur photographer, and have run out of Liq. potassii, and nitric acid for developing purposes, and shall be much obliged if you can kindly spare me some.

Yours truly, —"

(Enclosed £1.)

I went below and unearthed the two articles, and returned with them to the deck, to find that the nigger in the meantime had been freely labelled "POISON—A tablespoonful to be taken three times a day. SHAKE" labels from head to foot. I gave him the things, and he departed. The next day the same nigger reappeared with a second letter:—

"DEAR SIR,—I herewith return the Liq. potassii, and nitric acid, as I suppose if I had enclosed five shillings or five pounds, it would have been the same thing.

Yours truly, —"

Yours truly went hot all over. I had omitted to give the nigger the change. I had intended to charge the five bob mentioned. I sat down, wrote an apology, and then looked up to find the nigger had vanished. I suppose he did not want to be "shaken up" any more. That night I gave the letter (with a pound out of my own pocket) and the two things the keen photographer had asked for to the "chief," who was going ashore. My conscience was clear.

A few nights later we were playing whist on the way up the coast. Suddenly the chief looked up and said, "Good lord, doc., what on earth was that parcel you gave me the other day? The bally thing exploded, and I threw it into the river!"

There is no accounting for the mad things that the tyro in the ways of the world will be capable of. I sent the man *another* sov. by a boat which was going down, but omitted (!) the nitric acid and liq. potassii!!

The next voyage we were off the Gold Coast, and a signal was run up from another of the company's steamers that they wanted the doctor. The old man said, "I know the skipper, I'll go with you, doc." We went over. "Ah! glad to

see you, old man. I've a case here of a man with a compound fracture of the leg. Gangrene has set in, and we must do something. The leg will have to come off. Will you have a look at it first?"

"Certainly."

I did so. There was no sign of gangrene, but simply a vesicular condition due to unsuitable dressings plus heat, and having been left for over a week in the dressings it had been done up in to bring him on board, it had not improved. After examination, we chatted the case over, and he said, "Well, do you mind doing it—putting it up properly? It's so damned hot down there!" I did it, and got the man, whose temperature was over 103, sponged, and bromide as he was delirious, and tossing about. Some months later I heard he was as good as ever—one of the cases which are the cause of the ship surgeon being dubbed "only a ship surgeon," with a contemptuous shrug of the shoulders.

Next I went tropping to Malta in the British India Company. As soon as we arrived in the Mediterranean, the surgeon-major who was in medical command went down with asthma, and I had to do his work and my own, both out and returning. We had 1,800 "details" on board.

My next offer was a boat of the New Zealand Shipping Company, but I refused, as they wanted me to stay a number of voyages. So I tried elsewhere, and found a vacancy for a surgeon in a big line of boats running to New York. I was playing tennis with a friend in Lincolnshire, when my opponent looked up and said, "By the way, have you seen the deal with the Atlantic Transport? They have bought up five boats from the — Company." The name of my boat was amongst them. A few days later I called at the offices of the Atlantic Transport, and was told that they were sorry, but they had appointed one of their own men. The boat to which I had been detailed was the *Cleopatra*, which, when they nominated me for the post, was on the stocks. She was sold, and her name was changed to the *Mohegan*. On her maiden voyage she went on the rocks at the Manacles, and the ship surgeon was drowned!

Away to Calcutta in the British India Company. The good old *Galconda*. In her I had my first experience of going through the Canal at night. We had an arc lamp fixed up in the bows, and a line of light stretched out away in front. I guess things are changed since those days when we hankered to be "Somewhere East of Suez, where the best is like the wust, and their ain't no ten commandments, and a man can raise a thirst."

It stands out as one of the few voyages on which I was able to get up a chess tournament. Later,

at Calcutta, I wended my way up to the club where a native-European tournament was in progress. The secretary said, "Do you care for a game with a native?" I replied that I would be delighted, and I sat down to play with a man who was as black—what a traveller once promised the ointment would be when I told him that the *Liq Picis Liq* was not dark enough.

Well, all the time we played the coloured gent kept mumbling, and I decided in my conceited English way that I could wipe the floor with him.

The game ended, myself the winner! The secretary strolled up saying, "Your opponent says, 'Do you mind playing with other pieces?'" "Certainly"—with condescension. We played. I did not have a look in; he could easily have given me a knight.

The Royal Mail Steam Packet Company. I shall never forget my first beat. The —, she was quite out of date and one of the "has beens" in every sense, and yet we wore frock coats and white gloves, and were IT, in capital letters.

Jamaica, Tobago, St. Vincent, St. Lucia, La Guaria, Porto Cabello, Carupano—the last three as we had not sufficient cargo, and hoped to pick some up. They informed us there was no cargo. "You used to come here, and we kept it for you. Then you ceased coming, and the Germans get it all, as we can depend on them." Coming events cast their shadows before.

Then a voyage in the *La Plata*, a vessel of 5,000 tons, to Pernambuco, Bahia, Rio, and the River Plate, Monte Video, and Buenos Ayres. On this trip a man fell from a height of ten feet and had acute myelitis (spinal). His temperature went up to 107, even though I was having him rubbed with blocks of ice. He died just outside Santos, and we buried him at sea. At the latter port we had everything visé by the consul. Then we went on to Buenos Ayres, and the port medical authorities did their best to make out that we were trying to conceal a case of yellow fever.

Then came a trip to Durban and Cape Town, Lórenco Marquez (Delagoa Bay). Thence on to Mauritius, Tamatave, Madagascar. At Port Louis I was given a tin box by the medical officer of health for the Government pathologist at Durban. It contained enough plague germs to decimate London. On arrival at Durban the man was away, and no one would accept the "present." I took it down the coast, and then one night the "old man" came to me and said, "I want you to drop that box overboard, doc., I'm scared of it." And so the ghastly tragedy was enacted while we steamed beneath the southern stars! I expect that dabbler in "jarms" is waiting for his supply of plague,

and Durban mice are chortling amongst themselves at the let-off.

Then the Boer War, and my appointment to the transport *Kildonian*, the largest transport the Government possessed. On our first voyage down South we had over 3,000 troops aboard, and left Queenstown with three bands playing. At Cape Town the troops disembarked, and we became a prison-ship for Tommies who had been guilty of slight misdemeanours; then, after ten days of this, we were sent round to Simon's Bay, where we took aboard 1,900 Boer prisoners. I had sole charge of these, with 200 of a guard, for forty days. I may say we had 80 beds, and used the services of four day orderlies and four night. Forty of the beds I kept for the Boers and forty for crew, guard, and ship's company. The average attendance at the "out-patient department" was 50 a day. I had the 80 beds full the whole time. Then came the order that the Boers were to be transhipped. At Cape Town we took on board 1,600 invalids, and left for Southampton.

There were three other men with myself placed in charge of the invalids. I was fortunate in being given a share, in addition to my duties as ship surgeon. Four days out from Cape Town a case of confluent small-pox developed! We had four horse-boxes on the boat deck. These were whitewashed, and placed ready for such cases as might turn up. In one we placed our man, and put a sentry over him, had fresh water laid on, and commenced, after vaccinating the sentry, by doing ourselves as an example, and then the whole of the 1,600 invalids and the crew. As I only had six dozen tubes of lymph, we turned out of our course (!) for St. Vincent, Cape Verde, for a further supply. Three further cases were discovered from amongst the men who had come from the same camp—Green Point, and these were placed in the horse boxes, while the whole of the remainder were isolated on the poop deck, and sentries placed at the foot of the gangway ladders. We docked at Southampton with all four men convalescent and no further cases. The substantial cheque from the Government was the most pleasant souvenir of this last trip for many a day as ship surgeon.

The Black Country for thirteen years. In my first year I had a wire commanding me to attend at Buckingham Palace, and King Edward gave us our Transport Medals. I never forget the fact that we were told we must not say a word when we went up. It was one of the last times I donned frock coat and silk hat. Well, to return to private practice. I built up a practice, then one day awoke to the fact that it was not worth a ten pound note, as the National Insurance

Act had come into force. Some of us stuck to our pledge, but the black-legs out-numbered the faithful, and the pledge was dissolved. Afterwards I agreed to do the work, and with a panel of nearly 1,500 stuck at the work for three months. But as I had never had to do with the club system, I gave it up, selling my practice. During the last four years of my Staffordshire work I took an annual holiday as ship surgeon, running in the Yeoward Line, to Lisbon, Madeira, Santa Cruz, and Orotava, Teneriffe, in the *Aquila* (she was torpedoed early in the war), and on the *Winifredian* to Boston, U.S.A.

Practice sold, I wondered if South America might offer a chance for a fresh start. I obtained a surgeoncy in the *R.M.S. Oronsa*, Pacific Co. to the west coast ports of South America. I was away three months, and we went up to Callao. While in this port I was fortunate in having a pass given me for the Central Railway of Peru, and went up the Andes to the highest point reached by any rail in the world, 15,600 feet, and from this place we dropped down to Oroya, 12,000 feet; here I stayed for the night, suffering from mountain fever, and a temperature over 103, with vomiting and a head on fire. It was not before we reached 8,000 feet on our return that my trouble disappeared. I had been 36 hours without food. It was certainly a great trip. I started photography on this voyage for the first time. Let me strongly recommend you to take up this interesting art, even if you only dabble in it. I exposed over 600 plates during my South American trip, and have in my possession snaps taken at over 15,600 feet above sea level.

But I must slip along. South America held out prospects to the young, and to the man who could devote at least a couple of years to the study of Spanish, and to one who could oil the palm of the Spanish authorities—this latter is essential, as far as the exam. is concerned. For the East side the exam. takes place at Buenos Ayres, for the West side at Santiago.

I returned to England, and decided on Canada. Reaching Montreal in April, 1914, I at once explored the possibilities of this city, and speedily found that it was too French. I took a ticket to the Eastern Townships, Lennoxville, Sherbrooke, Magog, Megantic, and found the same thing—French, French, French, and a strong, deep-rooted prejudice against English. At Sherbrooke, with a population of 18,000, there were 20 medicos, and of the population 11,000 were French.

I returned to Montreal feeling that Quebec Province held out nothing in the way of openings.

Taking the C.P.R., I entrained for the wild and woolly West.

Reaching Winnipeg on a Friday night, I rushed the place during Saturday morning, and went round to a number of men to whom I had introductions. On Saturday afternoon I took an excursion ticket to Winnipeg Beach, forty miles north-east of the city. The train left at 2.30, and we were loaded with excursionists in summery outfits, boys in boating costume, girls with dresses suitable for Henley during regatta week. Think of it! Winnipeg poured 1,800 of her toilers on that day by three trains during the afternoon and evening for the Beach.

At Winnipeg Beach I interviewed the secretary of the club there. He offered me 100 dollars per month if I would stay during the season, as they had no man to deal with any accident or illness that might turn up. I saw Gimli, a place twelve miles further up Lake Winnipeg, and had a run round a place devoted to foreigners. Here were Shackleton's 110 Husky dogs. They were fine animals. Neither Winnipeg Beach nor Gimli offered sufficient inducement, and so I returned to the city. A couple of days here, and then off to Brandon, Portage La Prairie, Hamiota, Dauphin, Roblin. At the last place I pulled up after only 14 days from leaving Montreal, and stayed for nearly two years. Of my work there I need only say that I was a coroner for the Province under the Liberal Government for almost the whole of my stay in the Province of Manitoba. Journeys of anything from five to twenty-five miles from the town were done by "rigs" in the summer months and cutters (sleighs) in the winter, which lasts six months, with temperatures of 40 to 56 below zero. Here I obtained insight into Canadian ways and customs. I could more than a tale unfold as to conditions of life in the Far West, but if you wish for this I must give it another time; sufficient to indicate the trend of the subject when I say that a letter of mine to the Editor of the *Lancet* drew forth the comment from him that he hardly dare publish it, as it might result in a libel action!

From this, do *not*, as you value your peace of mind, or your prospects of success, settle in an up-country town in the West.

Then came a cable from a cousin in New Zealand, pressing me to come out here. I had in the meantime applied for ship surgeoncies both East (Montreal and Halifax) and West (Vancouver and San Francisco). I was appointed to a boat sailing in September, 1916, from Halifax for the West Indies, and had had an offer of another of the Philippines from Seattle. The latter place I was expected to arrive at, if I had

accepted the offer, within forty-eight hours, and it was nearly 2,000 miles away!

At last I was *en route* for New Zealand. During the last month in Canada I had been in communication with the medical boards of British Columbia, Quebec, Saskatchewan, and Nova Scotia. I was determined to find a settling place soon! August 30th, 1916, was the day I left Vancouver, and after touching at Honolulu and Fiji, we reached Auckland on September 18th. At once I was signed on for the Expeditionary Force Overseas, if necessary, ere I left the *R.M.S. Niagara*. Now I am here, in the Northern Wairoa, 100 miles north of Auckland. The river is a wonderful one for transport. Vessels of over 2,000 tons can lie alongside the wharf at the foot of the street. We have a couple of papers—one a daily and the other a tri-weekly issue. Then there are four churches, one private hospital, a couple of maternity homes. The public hospital, is eight miles down the river. I have one other opposition here, a Guy's man. There are three banks, three hotels, two chemists, a library, good club for men, tennis, bowling, and golf clubs. During the winter there is a Literary and Debating Club run. I started a Chess Club, which is going every week. In the winter we had an average of ten, and now we have at least four every week. At present four of our members are playing four of Auckland's Chess Club men by correspondence. I believe we shall give a good account of ourselves. My opponent, a second-board man, has been informing me that there was going to be a rumpus in the Kirkyard before Christmas as far as I was concerned, but on Christmas Eve he sent a move which makes me think that the old London will, after all, uphold her own end of the stick, even in this small affair of honour!

* * * *

But your cigarette has gone out, and . . . why bless my soul, we have missed Russell Andrews in the maternity wards, and Lewis Smith in the pathological department! Ah, well, it's not often we have the opportunity for a chat—what do you say to a stroll up to the City: we can catch the train at Liverpool Street out to my place, and perhaps I can show you a few curios. There were those I got at Benin after the massacre that time I missed going on the old *Matadi*, which was blown up in the Congo. It was a lucky escape, wasn't it? Then there was that boat I avoided of Smith's City Line, which was lost; she was supposed to have foundered with all hands in the Hoogley, but I was certainly not born to be drowned.

"Cheeroot? Well, I don't mind; and you say you got them from Trichinopolee: I know the brand."

. . . Better board a 'bus. . . . What, no 'bus? . . . Ah! I forgot.

LEONARD L. BURTON.

THE HALIFAX DISASTER.

Halifax (N.S.) and its suburb, Richmond, lie on one side of Halifax Harbour, and the small town of Dartmouth occupies the other. Halifax Harbour is long and comparatively narrow, opening at the Richmond end into Bedford Basin, and at the Halifax end into the Atlantic.

On December 6th, 1917, at 8.40 a.m., the French steamship *Mont Blanc*, loaded with T.N.T., and carrying a deck cargo of benzene, collided near the entrance to Bedford Basin with the Belgian relief ship *Imo*, and by some means the former was set on fire. She was abandoned by her crew, and about 9.5 a.m. the T.N.T. exploded with such force that the shock was felt over 100 miles away at sea. Richmond, which consists mainly of wooden buildings, was almost entirely destroyed; many houses in Dartmouth were blown down, and in Halifax all light structures were shattered. Burning fragments of the *Mont Blanc* fell in many places, and soon numerous fires sprang up all over Richmond and Dartmouth. The dry wooden ruins blazed rapidly, and many people who escaped death in the initial destruction, perished by fire.

After the explosion, I landed with a sick berth rating, and as many dressings and first-aid appliances as we could carry, and proceeded to the dockyard. There were many injured on small vessels which had been damaged by falling debris, and some American naval surgeons had established a dressing station near the gate. Outside the dockyard a sugar refining plant was completely in flames, and many smaller buildings were on fire. A panic was created throughout the city when a military ammunition dump also caught, but the flames were extinguished before they could reach the explosive.

When all the injured had been taken from the dockyard, we walked along the railroad to the station. Between forty and fifty persons had been in this building at 9 o'clock, and of these only two or three survivors were taken from the ruins. In the main street running from Richmond to Halifax, every building was more or less damaged; in Richmond no streets could be traced at all. Hundreds must have been killed

instantly ; in many parts none were left to search for and identify the dead.

From this tragical scene we made our way along Barrington Street into the city, where all the hospitals were overcrowded and short-handed. I was sent over to the Y.M.C.A. building, used as an emergency hospital, where a sergeant R.A.M.C. was attending to some thirty or forty patients, most of them suffering from shock as well as injuries. During the afternoon and evening many others were brought in, until about 100 patients were in the building. For the next four days we had a very busy time, and I was only able to gather more information from out-patients.

That same night snow commenced to fall, and for the whole of the next day a severe blizzard raged, covering the ruins with snow several feet deep in places, increasing many times the difficulties and dangers of the rescue work, and adding much to the sufferings of the 23,000 people now homeless. These found shelter in the public buildings, and in many of the private houses which had escaped, in huts, tents, etc., erected by soldiers. Stores were commandeered and food distribution was organized. Relief trains with doctors, nurses, and food arrived from Boston and other American and Canadian cities. Saturday, December 8th, dawned fine and clear. For the whole of the day and night, and through all Sunday's heavy rain, rescue parties of sailors, soldiers and civilians dug through the snow and searched the wrecked houses. Even on Sunday, more than 72 hours after the explosion, a few persons were taken, still alive, out of the ruins.

On Monday a second blizzard lasted the whole day, and on Tuesday, steaming slowly out of harbour, we left behind us, with its fifteen hundred dead and thousands of injured, the snow-clad, half-ruined city.

A. G. DUNCAN.

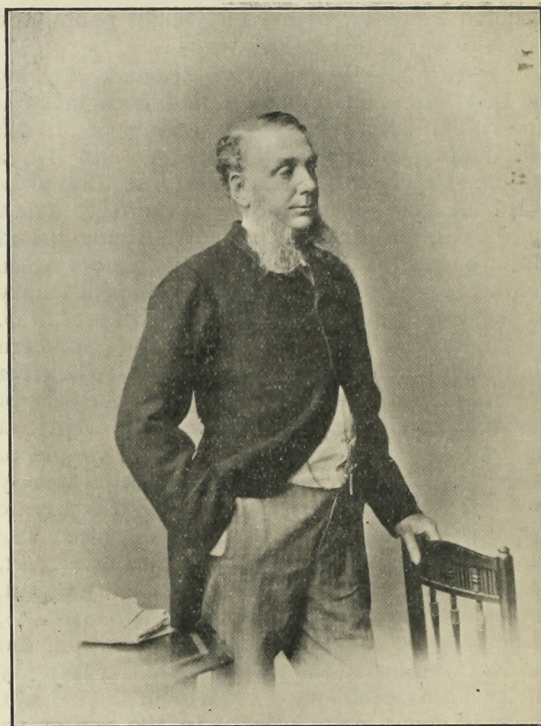
Surgeon-Probationer R.N.V.R.

2nd April, 1918.

BYEGONE MEMBERS OF THE HOSPITAL STAFF

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

The following photograph of Mr. Peter Yeames Gowlland should have been printed with the memoir which appeared in the March number of the GAZETTE (see Vol. xxii., No. 2, p. 52).



PETER YEAMES GOWLLAND.

Algernon Frampton, Junr., appointed Assistant Physician, August 1st, 1832 ; Full Physician, December 4th, 1844 ; Resigned, Oct. 7th, 1851.

No biography of this physician was published. From various sources, however, the following scanty details have been collected.

Algernon Frampton was the son of the gentleman of the same name who served this hospital as physician between the years 1800 and 1841, and of whom a memoir appears in our GAZETTE for November, 1913(*). Algernon the younger was born in 1803. He went to Cambridge and became a member of his father's old College

* NEPOTISM.—When an officer has served his institution faithfully, it is only natural that he should be associated with or followed by a relative possessed of suitable merit. This very proper form of nepotism has been adopted at the London Hospital upon several occasions. Sir William Blizard was succeeded by his nephew, Mr. Thomas Blizard, and by Mr. Thomas Blizard Couling. Dr. William Hamilton, one of our physicians, was followed upon the surgical side by his son, Mr. Alfred Hamilton. In the same way, Dr. William John Little was followed by his son, Mr. Louis Stromeyer Little. Mr. James Adams succeeded his father, Mr. John Adams. Mr. Henry John Barrett, dentist, was succeeded in the same speciality by his nephew, Mr. Ashley Barrett. Dr. Samuel Fenwick was followed by his son, Mr. Henry Fenwick ; Sir Morrell Mackenzie and Sir Stephen Mackenzie were cousins. Lastly, Sir Jonathan Hutchinson has been happily succeeded by his son, Mr. Jonathan Hutchinson.

(St. John's). He graduated B.A. in 1825, M.B. in 1829, M.L.* and M.D. in 1834. In the Honorary List he appeared as 12th Wrangler.

At the Royal College of Physicians he was elected a Fellow in 1835, and subsequently served as one of the Censors.

In addition to his post at our Hospital, he was also upon the staff of the London Dispensary.†

He died, after a lingering illness, at his house, 29, New Broad Street, December 3rd, 1851, being then in his 49th year.

He inherited, or acquired, a considerable fortune, which he left to his "dear wife Ann Maria," and to his two brothers, the Rev. Charles Frampton and Mr. John Frampton, barrister. He seems to have left no children.

His only contribution to Medical literature was "A New Test for Corrosive Sublimate" (*Medical Gazette*, 1843). This was a silver deposit similar to Reinsch's test for arsenic.

[His will, *Neale's Honours Register, University of Cambridge, The Lancet, Churchill's Medical Directory*, and information kindly supplied by Mr. Fleming, Registrar of the Royal College of Physicians.

Sir Jonathan Hutchinson, appointed Assistant Surgeon, November 24th, 1859; Full Surgeon June 16th, 1863; Consulting Surgeon, June 16th, 1883; Died June 23rd, 1913.

The Life of this great surgeon has been so frequently written (*vide* newspapers, medical and lay, British and foreign, at the time of his death, and in our own GAZETTE, especially an article by Sir Frederic Treves), that it seems unnecessary here to do more than mention certain details omitted from other Memoirs. These details, kindly indicated by Sir Jonathan's son, our present Senior Surgeon, are as follows:—

Farming Proclivities. Part of the estate which Sir Jonathan purchased at Haslemere, he devoted to the purpose of a farm. On this farm he not only attended to the usual details of agriculture, but devoted part of it to the study of the diseases to which the lower animals are subject. On one occasion the late King Edward, whose extensive knowledge of his subjects was remarkable, on being asked whether he knew Mr. Hutchinson replied, "Oh, yes, he is the surgeon who has a hospital for sick animals in Surrey."

Shooting Parties. During the "'eighties," Sir Jonathan used to invite to Haslemere, for the purpose of shooting, parties made up of House surgeons and senior students. These parties,

always enjoyable, did not involve much slaughter of game, but there was plenty of exercise in digging out rabbits and tramping over the hills. The pleasure of attending these parties, enhanced as it was by the genial hospitality of their host, will always remain a pleasing memory with those who had the good fortune to take part in them. Mr. Hutchinson, himself, was a good shot, and used his gun until well past the age of seventy.

The Haslemere Educational Museum. When it is remembered that Sir Jonathan Hutchinson originated the museums at the Annual Meetings of the British Medical Association, it will not be difficult to understand that his philanthropic love of instruction induced him to found the Museum which is one of the principal attractions of Haslemere. This Museum was the first of its kind to be established in a rural district, and, with a similar museum more recently opened at Selby, has been recognised by Government as a place of instruction. Unfortunately, the Haslemere Museum is not endowed, consequently its permanent vitality is not assured.*

Clinics. The high value of Sir Jonathan's Clinics will long be gratefully remembered by those who attended them. Both at the Royal College of Surgeons and at the London Hospital they attracted large numbers, an especial feature being the photographs, water-colour drawings, and other illustrations of which Sir Jonathan amassed a large collection, now in the possession of our College and at the ready service of those who wish to use them.

Love of Poetry. In Poetry, Sir Jonathan found a pleasing and profitable recreation, his favourite authors being Shakespeare, Wordsworth, Browning, and Lord Tennyson. With Lord Tennyson, Sir Jonathan discovered the health-giving property of the Haslemere district, and, with him, called public attention to its suitability for jaded Londoners for week and or longer holidays.†

William John Little, appointed Assistant Physician July 3rd, 1839; Full Physician July 8th, 1845; Resigned, July 7th, 1863.

Family History. The patronymic "Little" does not always indicate that the original owner of it was a person of small stature, or, if so, that his peculiarity was transmitted to his descendants

* The Haslemere Museum is almost entirely supported by the liberality of the Hutchinson family. For a full description of the Museum see the Homeland Associations excellent *Handbook for Haslemere*.

† Haslemere seems to have an especial attraction for authors and artists. Among those who have or have had places of residence there are Tennyson, George Eliot, Mrs. Humphrey Ward, George MacDonald, Conan Doyle, Richard La Gallienne, Frederick Harrison, Bernard Shaw, Edward Whymper, Cecil Lanson, Birket-Foster, Bruce Ivy, and Mrs. Allingham.

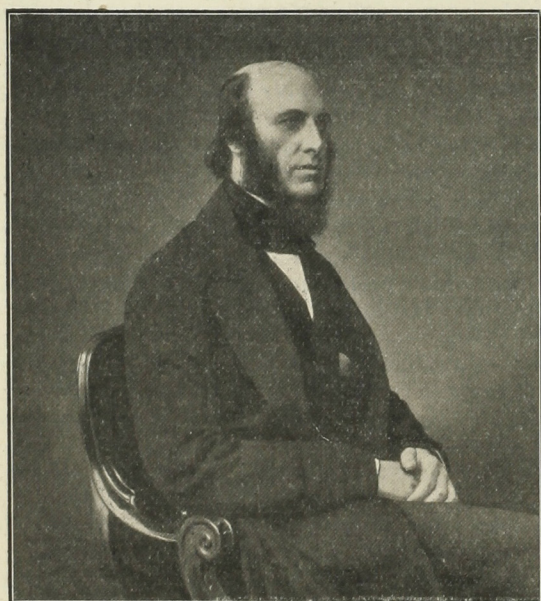
* M.L.—"Medicineæ Licentiatu sive Practicant in Medicina.

† London Dispensary, Moorfields, founded by the Rev. John Wesley, in 1759.

as those who have the pleasure of knowing the present members of our physician's family can testify. The name appears to have been sometimes used as a jesting satire, as in the case of Robin Hood's comrade who was a foot taller than any of his colleagues.*

With regard to the ancestry of our physician, a glance at Bromfield's *History of Norfolk* will show that the Little family to which he belonged had been resident in Norfolk for many generations. In the village of Carbrook, near Kimberley Dr. Little's grandfather occupied the important position of Parish Clerk, and he, with the Vicar, are said to have been the only educated persons in the place.

Immigrants from the country into London, usually settle in that part of the Metropolis



WILLIAM JOHN LITTLE.

nearest to the district from which they have arrived, and the son of the Parish Clerk of Carbrook, Mr. John Little, fixed upon Whitechapel, at that time a semi-rural district, and acquired a famous hostelry, the old Red Lion, which stood as its successor stands, at the corner of Leman Street. In this old inn, haunted by the memory of Dick Turpin, who made it a place of call, our physician, the future "Apostle of Tenotomy," as Stromeyer calls him, the son of John and Hannah Little, was born, August 7th,

* This infant was called John Little, quoth he,
Which name shall be changed anon,
The words we'll transpose; so wherever he goes
His name shall be called Little John.

—(Lower's *English Surnames*.)

1810, and baptized a few days later in Whitechapel Church by the Rector, the Reverend Doctor Mathews.

In interesting Reminiscences which Dr. Little has left, he states that in 1815, during the "Hundred Days," the 10th Hussars were stationed in Whitechapel, the Colonel of the Regiment fixed his headquarters at the Red Lion, took much notice of the landlord's son, our future physician, whom he used to play with and dance upon his knee. Dr. Little also records that during the severe frost in the winter of 1813-14, he was taken to the Fair held upon the frozen Thames.

General Education. An educated father naturally takes care that the benefits he has himself received shall be received by his son. This was the hopeful condition in which our physician, when a boy, was placed. Being of a delicate constitution, he was sent to an excellent school at St. Margaret's, near Dover. Here he would receive the bracing air of the North Sea and at the school he developed a special aptitude for, and received instruction in the French language. At the age of thirteen he was sent to the celebrated College of St. Omer, in the department of the Pas de Calais. Here he so perfected his knowledge of French that he was able to carry away the prize for French Composition in the face of his French competitors. He records the great kindness which he, a Protestant, received from his teachers, who were Jesuits.* At the age of sixteen he returned to London.

Professional Training. In infancy he had suffered from a fever, probably due to anterior poliomyelitis, for the fever was followed by paralysis of muscles of the left leg, with subsequent talipes. It is said this affliction induced him to become a doctor, in order to discover the cause of and, if possible, a cure for a deformity so troublesome, as Polonius said—

That we find out the cause of this effect,
Or rather say the cause of this defect,
For this effect, defective, comes by cause.†

To promote his son's professional aspirations, Little's father apprenticed him to a well-known local practitioner, Mr. James Sequeira, 35, Jewry Street, Aldgate, father of the present distinguished professor of dermatology at our Hospital.

In 1828 he entered our Hospital as a "first year's man." Among his teachers were Mr.

* The College of St. Omer was founded in 1592 for the education of English and Irish Catholics. It was suppressed during the French Revolution, but subsequently re-opened as a seminary. Daniel O'Connell, the Irish patriot, was a student there.

† *Hamlet*, Act II., Scene 2.

Goldwyre Andrews and Sir William Blizard.* He also attended classes at the Aldersgate School of Medicine.† the lectures by Grant upon Comparative Anatomy at University College, and those by Hodgkin upon Pathology of St. Thomas's Hospital.

As stated above, the main object he had in entering the profession was to study the cause and the cure of the malady of which he was a victim. He had heard of the successful division of the tendo achillis by Delpêche, of Paris, in 1823, and of the improvement in Delpêche's operation by Stromeyer, of Hanover, in 1831.‡ In 1835 and again in 1836 he went abroad and attended the clinics of Leyden, Leipsic, Dresden, and Berlin. Finally he reached Hanover, where he placed himself under the care of Professor Stromeyer, "to whose skill and kindness" (he writes) "I am indebted for the restoration of my foot."§ He finally returned to London in 1837.

Some years later, when upon the occasion of his jubilee in 1876, Stromeyer received from the University of Hanover an honorary degree, he turned to Little, who was present, and said, "Dr. Little, I owe this to you."

Professional (Technical) Qualifications. Before proceeding abroad, and after spending three years (the period then required for a curriculum) at our Hospital, Dr. Little obtained, in 1831, the License of the Apothecaries' Company, at that time the only qualification, apart from a University degree, which enabled a doctor to practice in London or within ten miles thereof. In 1832 he obtained the M.R.C.S. In 1837, before he left Berlin, he graduated M.D. "Berol".|| In the same year, upon his return to London, he took the membership of the Royal College of Physicians, and in 1877 was elected a Fellow of that body. His election to the last-mentioned honour was rather overdue, and seems to have been bestowed largely through the influence of his friend Dr. Billing.

Professional Career. At Hanover, by the courtesy of Dr. Stromeyer, Little performed his first tenotomy. Stromeyer was pleased to call Little "Apostel der Tenotomie," and commissioned him to proclaim everywhere the Gospel of Tenotomy. This association between a

Teuton and a Briton in a common cause recalls a rhyme written in the *Scribleriad* 150 years ago—

"The one a German of distinguished fame,
His rival from projecting Britain came."*

At Berlin, in conjunction with Dieffenbach, Dr. Little treated upwards of thirty cases of club-foot.†

Upon returning to London, Dr. Little at once sought a post which would enable him to practice the manual dexterity he had acquired abroad. A vacancy upon the surgical side of our Hospital occurred. Dr. Little applied, but was unsuccessful. Soon after, however, namely, in 1839, he was elected to the medical side in the room of Dr. Thomas Davies, deceased, having Dr. Fox as a competitor.

Elections at our Hospital were, at that time, carried out by the deplorable practice of canvassing the Governors. Mr. Muirhead Little, Dr. Little's son, in a letter with which he has favoured the writer, says:—

"The election was carried on like a parliamentary contest, and cost my father £500. Probably his rival, Dr. Fox, spent more. I still have my father's canvassing books, and copies of his advertisement and circulars."

In the first number of our GAZETTE,‡ Mr. Muirhead Little has given an amusing if amazing account of this election. Circulars were issued, advertisements were inserted in the daily press, and carriages were employed to convey voters to the hospital to vote. As a low election device, an anonymous circular was issued by the other side a few days before the election, pretending to come from Dr. Little's friends, stating that Dr. Little had retired from the contest. This nefarious circular was, however, issued in sufficient time to enable a counter-stroke to be published, and Dr. Little was elected with 389 votes as against 160 votes given for his opponent, Dr. Fox.§ In addition to his post in the Hospital itself, he was also appointed Lecturer upon Comparative Anatomy and Physiology in the College, and finally he became Lecturer upon Medicine.

Once upon the staff of our Hospital, he turned his attention to the treatment of club-foot and other deformities of the body. The custom of a medical man of eminence practising both medicine and surgery was not uncommon in London in

* It is a pleasant reflection to the writer to know that his own father and his uncle must have been fellow-students at the "London" with Dr. Little.

† The Aldersgate School of Medicine was one of the private schools attached and adjacent to hospitals for the purpose of giving lectures which were not given at the hospitals themselves.

‡ Delpêche operation was by two linear incisions, one on each side of the tendon; Stromeyer's by a single puncture and a subcutaneous tenotomy.

§ Preface to his *Treatise on Club-foot*, p. x.

|| Berol—Berlinum (Berlin).

* Hanover, however, was at this time, a British possession, and Stromeyer a British subject.

† Little's work in association with Stromeyer is also referred to by Sir James Paget in his memoir of Stromeyer (*Proc. Roy. Med. Clin. Soc.*, 1877, p. 179).

‡ *London Hospital Gazette*, Vol. I., 1894, p. 89.

§ Charles James Fox, M.D., son of our physician, Dr. Joseph Fox (*Gazette*, Oct., 1913).

those days, and still exists in some of the smaller provincial towns.*

Club-foot from the time of Hippocrates downwards had been regarded simply as a congenital malformation of the tarsal bones, and, as such, incurable. Dr. Little, during his sojourn upon the Continent, had learned otherwise, and that a cure could be effected by tenotomy.†

He performed his first tenotomy in London on February 20th, 1838, although he had been preceded by Mr. Whipple, of Plymouth, who had divided the achilles tendon in May, 1837, according to the method of Bouvier, of Paris.‡ Dr. Little's patient, a private case, was a lad 15 years of age, who suffered from talipes varies. Little divided the tendo achilles, and twenty-eight days later the patient was able to walk eight or ten miles a day.§ This, and many succeeding and successful cases made Dr. Little, as an orthopædist, famous throughout the country and abroad. He soon had formidable, if friendly, rivals. Among these was the late Mr. William Adams, of whom Dr. Little speaks in terms of high praise.

Prof. Arthur Keith, F.R.S., in his interesting account of our physician, states that Dr. Little also drew attention to that condition of spastic paralysis which has ever since been known as "Little's Disease."||

Dr. Little's work at our Hospital did not exhaust his energy for similar activity elsewhere. In 1838, with the help of friends, he founded the Royal Orthopædic Infirmary. He was Physician to the Infant Orphan and the Merchant Seaman's Orphan Asylums, to the Royal Hospital for Incurables, and to the Asylum for Idiots.

Of Societies he was a member, in this country, of the Provincial Medical (now British Medical) Association, and of the Royal Medical and Chirurgical, the Pathological, and the Hunterian Societies; while abroad he was elected a member

of the Societa-Medical-Fiscia of Florence, the Gesellschaft für Natur und Heilkunde zu Dresden, and of the Imperial Medical Society of Constantinople.

In 1832 he had been selected to accompany another of our physicians, Dr. Cobb (see GAZETTE March, 1918) to Newcastle-upon-Tyne, to investigate the outbreak there, the first in this country, of asiatic cholera. This tedious journey, made by stage-coach, occupied several days. When Gateshead was reached, Dr. Little and Dr. Cobb were the only passengers.*

Retirement. Feeling the need for repose, Dr. Little, for some time enjoyed the benefits of a "Week-end House" he occupied at Walthamstow, which was, at that time, a quiet country village. The result of strenuous work lasting more than fifty years told upon a constitution not over strong, so that in 1884 he left London, and went to live at Ryarsh, near West Malling, Kent.

Last Illness, Death, Burial. In advanced age, Dr. Little suffered from the malady common to men at that period of life, viz., enlarged prostrate gland, with the consequent cystitis and uræmia. He was confined to his room, however, only ten days before his death, and on July 7th, 1894, he ended his long, beneficent, and illustrious life. His body is interred at Ryarsh.

Personal Attributes. In character, Dr. Little was a man of retiring and modest nature. The infantile paralysis from which he had suffered kept him much indoors and prevented his taking part in those field sports and outdoor exercises which produce so much vigour of body and of spirit in the British youth; consequently, he had little recreation outside his professional work. The result being his invaluable aid to the unhappy victims of physical deformity. In appearance he was of pleasing countenance, had well-cut facial features, a keen eye, and dark brown hair.

Portrait. A portrait of Dr. Little has recently and most kindly been presented to our College by his son, Mr. Muirhead Little. This has been enlarged to hang upon our Library wall, and reduced to illustrate this memoir. (See p. 94).

Arms. In College window.

Estate. Dr. Little died worth property valued for probate at £8,173 1s., his assets, including the Red Lion Tavern, in which he was born, the Dolphin Inn at Romford, and house property at Eastbourne.

Places of Residence. Success, like the sun, usually travels from east to west, and the successful men of our Hospital have commonly followed this line of topographical progression.

* In this connection it is curious to note that Druitt's *Surgeon's Made Vecum*, the most popular manual of Surgery during the latter half of the nineteenth century, was written by a general practitioner, Mr. Robert Druitt, M.R.C.S., L.S.A., who also made himself famous for a work upon "Cheap Wines"!

† With regard to the history of the terms "Club-foot" and "Tenotomy," the *New English (Oxford) Dictionary* states that "Club-foot" was first used by Leland, who, in his fourth *Itinerary*, published in 1538, writes: "Hales, with his club foot hath gotten an interest in this Collidge," and that "Tenotomy" was first used at a meeting, in 1842, of the Royal Medical Academy of Paris.

‡ For a description of Bouvier's method, see "Club-Foot," Introduction, p. lix.

§ A detailed description of this and of other cases will be found in Dr. Little's volume, *A Treatise on the Nature of Club-foot*.

|| Keith Lectures of the Royal College of Surgeons, December, 1917.

* For an account of the Newcastle Outbreak, see Creighton's *Epidemics of Britain*.

Dr. Little commenced practice at 126, Fenchurch Street; then he removed to 15, Billiter Street,* In 1845 he went to reside in the Consultant Quarter of Finsbury, and lived at 10, Finsbury Square. In 1853 he removed to 34 (now 71), Brook Street, and finally to 18, Park Street, where he remained until his retirement to Ryarsh.

Marriage. In 1837, Dr. Little married, at Tonbridge, Eliza, daughter of Mr. Thomas Roff Tamplin, of Lewes, Sussex, whose brother, Mr. R. W. Tamplin, became Surgeon to the Royal Orthopædic Hospital.

Family. The issue of this marriage was four sons and seven daughters, of whom seven reached maturity :—

1. Archibald John, author of many works upon China, in which country he resided many years
2. Robert William, Editor of the *North China Daily News and Herald*. He died at Shanghai.
3. Louis Stromeyer, who became one of our Surgeons.
4. Ernest Muirhead, F.R.C.S., of Seymour Street, the well-known Orthopædic Surgeon, and a kind and valued helper to the writer in the preparation of this memoir.
- (1) Catharine Eliza Hannah, who married Mr. Joseph Langdale Pickering, a well-known artist.
- (2) Bertha Arabella, who married Mr. Frederick Hollens, of Eastbourne.
- (3) Alice Hamilton, unmarried.

Publications. The following is probably not a complete list of Dr. Little's valuable contributions to Medical literature :—

Symbolæ ad Talipedem Varum Coguoscendum, Inaugural Thesis, Berlin, 1837, 4to.

1. *A Treatise on the Nature of Club-foot and Analogous Dis——* (dedicated to Sir Astley Cooper), Lond., 1839, 8vo.
2. *An Ankylosis or Stiff Joint*, Lond., 1843, 8vo.
3. *On Saline and other injections into veins* (Harveian Oration), Lond., 1852, 8vo.
4. *On the Nature and Treatment of Deformities of the Human Frame*, Lond., 1855, 8vo, originally published as Lectures in *The Lancet*, 1843-44.
5. *On Spinal Weakness and Spinal Curvature*, Lond., 1868, 8vo.
6. *Orthopædic Surgery*, in Holme's *System of Surgery*, Lond., 1870.
7. A Paper upon Club-Foot, and another upon *Genu Valgum*, *Transactions International Medical Congress*, Lond., 1881.
8. *Medical and Surgical Aspects of In-Knee* (*Genu Valgum*), Lond., 1882, 8vo. In the

production of this work he had the assistance of his son, Mr. Ernest Muirhead Little, F.R.C.S.

9. He also contributed to the *Obstetrical Societies' Transactions* (Vol. III.), an important paper indicating the dangers liable to occur to the infant by the unskilful use of obstetric forceps, and describing the condition afterwards known as "Little's Disease."
10. Two Introductory Addresses at the London Hospital Medical School (1858 and 1871).

[His will, his works, *Times*, *Lancet*, *British Medical Journal*, Prof. Keith's Lecture, Roy. Coll. Surg., Dec., 1917, Gurlt and Hirsche's *Biographisches Lexikon*, and information kindly furnished by Mr Ernest Muirhead Little.

Charles Frederick Maunder, appointed Assistant Surgeon, September 18th, 1860; Full Surgeon, March 18th, 1869; died July 4th, 1879.

Mr. Maunder was born in 1832, at Bristol, of which city his father was an eminent merchant. After some preliminary local training, he was sent to a well-known school at Totteridge, Herts, the head master of which, at that time, was Mr. C. J. Thorowgood.* At this school young Maunder was a great favourite and took many prizes.

Upon leaving Totteridge, and having decided to enter the medical profession, his father apprenticed him to Mr. J. S. Lansdowne, Surgeon to the Bristol General Hospital. Here Mr. Maunder wrote the Prize Essay for the Medical Society of that hospital. Upon leaving Bristol, he came to London and became a student of Guy's Hospital, University College Hospital, and Paris. At Paris he made the acquaintance of M. Ricard, whose lectures he translated into English. He also studied Surgery at Edinburgh under Professor Syme. He qualified M.R.C.S. in 1854, and F.R.C.S. in 1857. He joined H.M. Forces during the Crimean War, and was appointed Civil Assistant Surgeon to the Renkioi Hospital.

Upon returning to London, he became Demonstrator of Anatomy at Guy's Hospital, but upon his election to the London Hospital, he filled the same post at our School, and was also appointed Demonstrator of Operative Surgery.

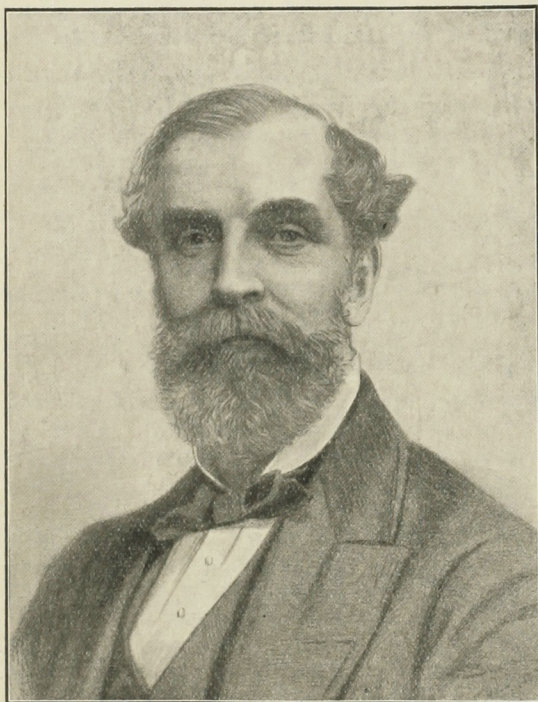
Mr. Maunder was a brilliant operator. Deeply interested in his work, and proud of his success, his nervous system, unusually tense, suffered in consequence. Upon one occasion he operated upon four cases of strangulated hernia within

* Totteridge, near Barnet, is not without medical interest. The house in which Mr. Maunder was educated, an old red-brick, gabled mansion, was once the residence of Baron de Bunsen, the famous chemist, while in the churchyard lies the body of Sir Lucas Pepys, Physician to George III.

* At this time London was a residential as well as a commercial city.

thirty hours. The enthusiasm so produced was followed, next morning, by an attack of jaundice.*

For about a year before his death he suffered from irritability of temper and vague nervous symptoms, partly due to the failure of the West of England and South Wales Bank shares in which had been left him by his father. These distressing nervous symptoms became intensified, and he consulted Sir William Gull, our physician, Dr. H. G. Sutton, and his old friend Mr. Richard Davy. As a result of the advice given by these consultants, he retired to the house of a medical man living at Crouch End. In an unguarded



CHARLES FREDERICK MAUNDER

(Copy of Portrait kindly lent by the Misses Maunder.)

moment, however, he precipitated himself from a top window, and fractured the base of his skull.†

* The emotional effect of a great operation upon a great surgeon is probably commoner than is suspected. It is said that Cheseldon (1688-1732), the great lithotomist, Surgeon to St. Thomas's Hospital, trembled like a leaf after performing one of his brilliant operations.

† The London Hospital has had the misfortune to lose, by self-destruction, two of the most eminent members of its staff, the gentleman who forms the subject of this memoir, and Dr. Bathurst Woodman, of whom the writer hopes to give an account later.

No account of the inquest which must have followed Mr. Maunder's death has been found in any newspaper, military, medical, or lay.

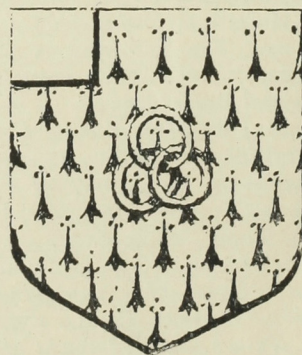
Mr. Maunder was a man of charming personality. Graceful and dignified in his bearing, courteous in his manner, tall and upright in stature, his back was an unbroken straight line from the nape of his neck to the base of his spine; a short, quick military step; these and other attributes proclaimed him the "officer and the gentleman." His course round the wards was always well attended, his lectures attracted a large audience, and his operations numerous observers. The writer, in common no doubt with Mr. Maunder's other pupils, holds a grateful and pleasing recollection of this great teacher and warm friend.

Mr. Maunder married, in October, 1859, at Edgbaston, Miss Catharine Beaumont, daughter of a Birmingham banker. By this lady he had three children, a son, Guy, a lawyer who died in 1910, and two daughters, the Misses Alice and Edith Maunder, who have, most kindly, contributed to the compilation of this memoir.

Mr. Maunder lies buried in the cemetery at Hillingdon, near Uxbridge. He left estate, valued for probate, at £12,000.

His places of residence were 29, New Bond Street, when first in practice; then, in 1872, 16, Queen Anne Street.

A portrait of Mr. Maunder has been kindly presented by his daughters to our College.



Arms.—(Not yet in College window). Ermine, three annulets interlaced and a canton.

Contributions to Medical Literature. Among these are:—

1859.—*A Translation of Ricard's Lectures.*

1860.—*Operative Surgery*, 2nd edition 1873.

1874.—*Tumour of Lower Jaw removed without External Wound.*

1875.—*Surgery of the Arteries.?*

1877.—*Fistula in Ano.*

[*Lancet*, Boase's *Modern English Biography*, and information kindly supplied by the Misses Maunder and by Dr. Gordon Brown.]

CROUP—II.

By F. G. CROOKSHANK, M.D., M.R.C.P.

(Continued from Vol. XXII., No. 2, p. 55.)

AMONGST the less common of the diverse trials of the practitioner concerning "croupy" infants, is the dealing with a baby subject to what is known as *congenital laryngeal stridor*.

Certain weakly children manifest from birth, and, should they so long survive, until perhaps two or three years of age, a laryngeal stridor, that is pretty constant; but liable to aggravation at times, with marked indrawing of the substernal region, and great dyspnoea.

Such babes usually die of "intercurrent pulmonary affections"—blessed phrase!—but it has been my hard fate to meet with one actually suffering with laryngeal diphtheria. Other people have recorded similar concomitances, a fact which bears directly on what has been already said concerning the special liability of certain "types" of infant to "croupy" disorders of diverse origin.

Much ink has been spilt in respect of these children with congenital laryngeal stridor: but it is generally agreed that in them the larynx is small; while some find the epiglottis folded like an unopened clover leaf, and Dr. Sutherland has noted a valvular arrangement of the arytaeno epiglottidean folds.*

Dr. John Thomson, however, lays stress on "disorder of the performance of respiratory movements: asynergia of larynx and lungs."

Yet, in truth, these observations are perfectly compatible, the one with the other, and all with the notions put forward in the last number of the GAZETTE. The fact is that in children with congenital laryngeal stridor the organization of certain respiratory functions is imperfect, and the form of certain respiratory organs is demonstrably retrograde. There are defects both of morphogenic and of physiogenic import; and the obvious imperfection in peripheral form is linked with imperfect control by the nervous centres, whilst physiological tissue inferiority is shown by susceptibility to bacterial invasion and other causes of catarrh.

The diagnosis of congenital laryngeal stridor is made, (1) on the history, (2) on recognition of the morphological and physiological characters of the infant; but it must be insisted that recognition of the "congenital" element does never justify the overlooking of one or other of such infections

as those to which the respiratory hypogeny renders the infant obnoxious.

After congenital stridor, *laryngismus stridulus*.

This name is applied by general concert to a symptom-group that has been sometimes called "*spasmodic croup*," but is really that affection spoken of by Gooch as "child crowing," and likened by others to a "whoop without a cough*."

Careful clinical observation has, however, shown that we should apply one and the same name, not only to the easily recognized attacks of "child crowing," but to certain other "attacks," some of them "silent," as it is said, and others highly organized and involving almost every muscle in the body.

The term *laryngismus stridulus* covers now indeed a whole series of clinical manifestations, much in the same way as does the word epilepsy. We connote with the term the notion of recurrent laryngeal spasm, not due to inflammatory inception, of varying degrees of severity, and with a varying tendency for the spasm to "spread"; undoubtedly most common in children with respiratory hypogeny, probably determined by a deficiency of calcium salts in the blood associated with rickets, or dysthyrenosis, if not by affections of the parathyroids or the thymus: and in some cases at least provoked or aggravated by such peripheral irritation as exists, during teething, when there is enlargement of bronchial glands, or in the course of various intestinal disorders. In the simplest and most straightforward attacks the babe will hold his breath and "go black in the face," the larynx is in spasm, respiration is arrested, and the diaphragm fixed. Then, as the laryngeal spasm relaxes, the midriff suddenly descends, and, while the vocal cords lie flaccid, a blast of air is indrawn with a whooping caw, and the pink comes back to the face. Such attacks may be frequently repeated, and are often called "temper fits" by mothers, who are accustomed promptly to turn the child upside-down and smartly to smack the nates.

In the major seizures, so graphically described by Dr. Charles West, there are carpo-pedal contractions, and even opisthotonus. Every muscle in the body may appear to partake of the spasm, whilst the face may turn pale, and urine and flatus be passed, ere one hears the welcome "crow" that heralds remission and relief.

The form of attack most to be dreaded is, how-

* Cases like Dr. Poore's classic instance, etc., of congenital *web* are to be placed in a different category.

* *Spasmodic laryngitis* is not a synonym for *laryngismus stridulus*, but for the symptom group which is properly called *spasmodic croup*; namely, *laryngitis stridulosa*. The article in Osler's "Principles and Practice of Medicine," page 617, does not make this point clear.

ever, that which has been called "silent." In such attacks, instead of remission with a crow, death may occur with a hiccough; and the initial "holding of the breath" is signalized by pale lividity rather than by purpling of the face. A "silent" attack may occur after many noisy ones—major or minor—but is sometimes the first—and the last—in a brief eventful history. Indeed, there is reason to believe that not a few deaths ascribed to overlaying might, with greater diagnostic propriety, be ascribed to "laryngismus stridulus" of the "silent" type.

The treatment of the disorder requires care and intelligence, and, above all, a recognition, not merely of the nature of the "disease," but of the state of the child suffering. An attempt should be made to achieve this before resorting to the familiar prescriptions of the junior H.P.—Syr.Chloral: p. r. n.; and Mist. Amm. Ipecac. q.s.!

There is, on the whole, much evidence that in at any rate some cases of laryngismus stridulus the thymus is unusually large; and it may well be that the state of the thymus is concerned in the bringing about of the "spasmophilic tendency" and errors in calcium metabolism. But we must remember that, ontogenically, the thymus is a disappearing organ, and, phylogenetically, one that once had some peculiar functional activities in relation to the whole respiratory system (Beard).

It is, therefore, not surprising that this organ should be found so frequently larger than is normal in children with hypogeny of that function system; or that the attention of pathologists should have been so often directed to such enlargement in cases of death following "croupy" or other respiratory disorders.

Indeed, as is well known, "Millar's asthma," or "thymic asthma," is still a subject of allusion in the larger text books of medicine; and it seems probable enough that many cases now recognized as "laryngismus stridulus" would once have been called by one or other of these names.

There is, however, some evidence that prolonged attacks of dyspnoea, of another kind and not yet inflammatory, do sometimes occur in young children; may terminate in death, and are associated with the presence of a very large thymus. I have seen, I believe, at least two such cases.

The usual explanation of them that is offered, is that the dyspnoea is due to direct pressure on the windpipe by the enlarged gland; but this is not entirely satisfactory; and it is wise to admit that, in nature and in the nursery, the rigid distinctions and defined categories beloved by the student find no justification.

The idea of inflammatory changes in the laryngeal mucosa forms no part of our conception of the essential nature of either laryngeal stridor of congenital origin, or of laryngismus stridulus. But it is not thus in respect of the croupy affections now to be discussed.

Children, no less than adults, are liable to suffer from a simple laryngitis; but, by reason of the closer association in them of the constituent parts of the respiratory function system, such a laryngitis becomes part of a general respiratory catarrh and merges clinically into broncho-pneumonia.

At the onset of measles, whooping cough, or broncho-pneumonia, however, "croupiness" may be marked, especially in the subjects of respiratory hypogeny. The early and domestic diagnosis will then be almost certainly "croup," and the doctor himself may be doubtful, for a day or two, of the true nature and probable course of the malady.

There is, however, one conception to which special allusion is necessary. It is that of the affection, duly recognized as a "clinical entity," to which the names false croup, spasmodic laryngitis, and laryngitis stridulosa have been applied; and which has shared with laryngismus stridulus the appellation "spasmodic croup," which should never be applied to that affection.

A weakly child, with respiratory hypoplasia, and poor functional organization, aged perhaps two, three, or four years, is exposed to an east wind one afternoon in February or March, what time the attendant nurse-girl dallies amorously with a postman or a constable. He—I say he advisedly, for croupy children are most often male—is a little flushed when put to bed; perhaps his bath is hurried, and not quite hot, for the nurse is *distracted*—and perhaps he is not quite so well dried as usual; but he wakes in the small hours with a cry and a start and a brassy cough, and there is stridor and dyspnoea, that increases as he flings himself about and gets cyanosed and agitated. He "fights for his breath," and the doctor is sent for, and arrives, rather cross, and the mother gets excited and says, "Is it croup, doctor—tell me at once! Let me know the worst!" After an hour or two of alarms and excursions, mustard baths and emetics, the child falls asleep, to wake next morning, better, though not well; hoarse, coughing, and with slight fever.

Next night, and perhaps the night after, something of the same sort occurs again; but with care there then may be no more croup until or unless some hazard of the weather, some trifling neglect, again provokes the disorder.

This is how we picture a "typical" case of spasmodic laryngitis, or laryngitis stridulosa;

and we are right in ascribing the symptoms to a non-specific catarrhal inflammation of the larynx, attended by swelling and spasm of the glottis, and involving widespread disorder of the respiratory functions in a child so disposed by its state and degree of organization of form and function.

Now, in Cap'en Cuttle's phrase, the "bearings" of a knowledge of this disorder "lies in the application of it."

Cases of severity occur, and the child may seem urgently to need tracheotomy; yet, before the necessary preparations have been completed, the *ipecacuanha* may act, well and exhaustively, if tardively. Other cases appear to become progressively worse for some hours—and yet all may be ultimately well. But the doctor who has had a run of luck with several severe or a typical case of *laryngitis stridulosa*, will then be caught napping by the first case of laryngeal diphtheria he comes across. The golden rule is *always* to give the child the benefit of the doubt, and, unless justly convinced that the case is not and cannot be one of laryngeal diphtheria, on no account to leave it without first administering a sufficient dose of antitoxin, swab or no swab. I say "swab or no swab," for the practitioner who awaits the result of a swabbing before administering antitoxin to cases of "croup," that *may* be laryngeal diphtheria, will often enough exchange the child's life for the privilege of filling up a death certificate with unwonted accuracy. In hospital life the "M.A.B." is a very present help in time of trouble; but in general practice, if the squire's son and heir dies of "croup," the country round rings with it.

It is better to treat a dozen cases of *laryngitis stridulosa* with antitoxin than it is to let *one* case of laryngeal diphtheria perish while "waiting for the result of the swab."

Membranous laryngitis occurs under several sets of circumstances, and its elucidation is not less difficult than that of other forms of croup.

It is, of course, in the main an affection of early life; the adult larynx was comparatively rarely implicated (even in the bad old days) by the extension of diphtheria from the fauces, but the immature larynx is peculiarly obnoxious to it.

On the whole, the subjects of membranous laryngitis are less obviously "hypogenetic" in a respiratory sense than many other "croupy" children: a fact only to be expected when we realize that membranous laryngitis is an affection in respect of which extra-corporeal causes are of greater importance than is the case in laryngismus stridulus and *laryngitis stridulosa*. Nevertheless, in the bringing about of membranous laryngitis, respiratory hypogeny does play a part, particularly

by reason of the underlying "physiological tissue inferiority."

Membranous laryngitis is, undoubtedly, in the great majority of cases due to invasion by the Klebs-Löffler bacillus, and many people, in accordance with the best traditions of medical reasoning, declare that the proof of the statement lies in the dictum that a membranous laryngitis otherwise caused is not a "true" membranous laryngitis. Much in the same way do some literary folk declare that Shakespeare was not really written by Bacon, but by another person of the same name!

Still, every now and again a baby will suck the spout of a tea-kettle without the knowledge of its mother, and the results of the inhalation of the steam may be such a "croup" that the very elect are deceived for a time. Again, *late* in the course of measles a grave form of croup is met with—to be distinguished carefully from the catarrhal laryngitis of the pre-exanthematous stage of the disease—and *this* form of croup is associated with the presence of a nasty friable 'membrane' in the larynx.

It is commonly taught nowadays in London that this *late* laryngitis of measles is always due to diphtherial infection; and no doubt post-morbillic laryngeal diphtheria is common.

But recent work in America supports the older view that I learnt as a student, and which my own experience of some years in charge of an isolation hospital confirms—that, in quite a number of cases the *late* laryngitis of measles is "septic," and not diphtherial. These cases do not do well, however, and it is right always to give the child antitoxin and the benefit of the doubt. But intubation is preferable for them to tracheotomy.

Most physicians, however, are accustomed to declare that, putting inhalation cases on one side (even admitting for the sake of fairness that *some* morbillic cases may not be diphtherial, all cases of "true" membranous croup must be considered to be diphtheria.

Yet there are still a few who adhere to the notion, last supported openly by Dr. Fagge, that certain cases of very severe croup (generally requiring tracheotomy or intubation) are really cases of laryngitis, *not* due to infection by the Klebs-Löffler bacillus, and yet attended by inflammatory changes which, if not truly "membranous," are at any rate far more severe than anything that occurs in *laryngitis stridulosa*.

The question is one which might be argued indefinitely, for the elements of rigorous proof are elusive. Personally I incline to the older view, but will only say here that, living once in a riverside district where croup of all kinds abounded, I have more than once done tracheotomy for severe croup in respect of which all efforts to

establish, by bacteriology, the diagnosis of laryngeal diphtheria, failed utterly, and in which "false membrane" was present. One practical point is this, at any rate—whilst, as has been said, every child should be given antitoxin if there be reasonable doubt, *the failure to obtain, in certain severe cases of croup, presumably membranous, a bacteriological finding of diphtheria, does not mean that the child will recover without resort to tracheotomy or intubation.*

Laryngeal diphtheria—indisputably due to invasion by the Klebs-Löffler bacillus, and accompanied by what Dr. Ringer used to call "true false membrane,"—is best seen during the epidemic or seasonal prevalence of diphtheria. But the fear of it, when the doctor meets with "croup" whereof the remissions are but trivial, must be ever present to his mind. In times of epidemic, perhaps one case in ten of diphtheria presents itself as apparently primarily laryngeal; but the proportion varies. The student generally learns that laryngeal diphtheria is either (1) primarily laryngeal, or (2) secondary to affection of the fauces; but as a matter of fact, cases which are indubitably consequent on faucial invasion are nowadays comparatively few, and should be even fewer. Twenty-five years ago they were common and tragic.

The question may be asked, and with reason, whether there is indeed such an affection as *primary* diphtheria of the larynx. I do not say that such cases do not occur, but I am certain that many so-called cases of primary laryngeal diphtheria are really examples of infection of the larynx following infection of the nose, or, more precisely, of the naso-pharyngeal tonsil.

One item of proof is this: that in cases of supposed primary laryngeal diphtheria, with no trace of overt infection of the fauces, a platinum loop passed at the back of the nose will, time and again, effect a "positive" cultural result when repeated *faucial* swabbing draws blank. The fact is that diphtheria of the naso-pharyngeal tonsil is, far more frequently than is realised, the starting point, not only of laryngeal diphtheria, but of the "acute" nasal form of the disease, and of the diphtherial broncho-pneumonia such as we have lately seen so frequently in the wards. If the importance of this view were generally admitted, there would be fewer fatal forms of diphtheria, for the platinum loop would be more frequently used, in the manner just indicated, than is the custom. But, are not many at least of the children with "adenoids" to be numbered amongst those who display the traits of respiratory hypogenesis?

In this sketchy and discursive account of some of the kinds of cases often called "croup," there

are many lacunæ, and space will not permit more than bare allusion to those cases of infantile asthma in which laryngeal spasm is marked.

Asthma itself, as Mr. Pickwick said of the word "politics," comprises in itself a study of no inconsiderable magnitude—and its relation to respiratory hypogeny is both interesting and important. One can only here, in passing, recommend the reading, and re-reading, of Dr. Gee's classical lecture on Asthma. But the intention of the writer has been in these notes not so much to give an account of the cases called croup as to suggest a point of view.

Disease is disorder of function: all disease is disorder of function. Disease should be studied as disorder of function, and individuals who are ill should primarily be studied in respect of their disordered functions.

The tendency of the student is to jump from consideration of a person who is ill, to consideration, not of how, in what manner, and why his functions are disordered, but of something which is considered *the* disease from which the sick person is suffering. And, as often as not, an immediate attempt is made to "settle the diagnosis" by employing a term which may or may not accurately connote the disorder of function existing, but does connote totally unjustifiable "pathological" assumptions.

A student is asked to auscultate a heart and say what he hears; he replies, "Mitral regurgitation." He sees a paralysed man, and finds that he has increased knee jerks and an up-going toe. What is the matter? "Lateral sclerosis," is the reply. Whatever excuse there may be for jumping to "pathological" conclusions, when we are face to face with disorders of function of the adult organism, there is really none for so acting in respect of the disorders that occur in childhood. For, in childhood, disorders of function—diseases, that is—are often enough, developmental; not so much a question of the operation of extra-corporeal agencies as of biological failure on the part of the organism to adjust itself to strains and stresses that must be encountered in the course of a normal life and which provide the stimuli under whose provocation proper reactions should occur.

The biological, and therefore "functional" aspect of disease (for life itself is the function that distinguishes protoplasm that "lives" from dead or inert matter that has "properties," but no functions) is one which is bound to assume, and which is indeed assuming, under the influence of neo-Lamarckism, an increasing importance throughout the world. And rightly so.

For, so long as we insist solely on what one may call the stamp-collector's idea, that diseases

are to be regarded as "things" with definite physical characteristics that can be stuck into definite pigeon holes with appropriate labels—for so long shall we fail to appreciate the true nature of *disease* and the value of the comparative study of *diseases*. The fact is that in England we have of late years assimilated only the very worst part of Teutonic materialism: have given way almost entirely to a *posteriori* methods, and have allowed ourselves to make use of a strange jargon of which such terms as "clinical entities," "specific causes," "functional disease," and "organic changes" are popular and irritating ingredients. Such ideas and terms pass muster only because they are familiar; the moment they are examined they are found unsatisfactory.

We need to turn again to the real philosophy of the Latin races, and to cease to neglect the statement of general principles, the definition of terms, the art of deduction from assured premises and the use of pure logic.

We shall then find largely justified the vitalistic and humoralistic teachings of the French school of medicine in respect of constitution, diathesis, and the relations between form and function.

We will realise, moreover, that the true art of diagnosis does not consist (once again let it be said) in attempting to identify "clinical entities" by catalogue descriptions—but (in the words of Mr. G. B. Shaw) *in finding out exactly what is the matter with the patient*, and in stating it.

I do not know any symptom-groups so difficult to understand by the use of stamp-collector's methods and text-book descriptions as those which are suggested by the word "croup"; but I do know that the difficulties in comprehension and in treatment disappear when we attempt to find out "*all that is the matter with the patient*," and do all that that implies.

This finding out involves necessarily a study, not only of the present disorder of function, but of the state of organization of function hitherto existing. One key to the comprehension of the organization of function lies in the observation of external form: the *morphology* of the patient. Always important in the understanding of "constitution and diathesis," the observation of the physiogenic and morphogenic "index" is paramount when we are concerned with the young.

There is no more fruitful field for true research than the investigation of the morphology and physiology of persons subject to certain disorders. But, unfortunately, the *cachet* affixed so liberally to those who do something with a squirt and a test-tube is denied others who, recognizing that disease is disorder of function, attempt to understand the "constitution" of those whose functions are disordered and whose disorder it is their business to adjust.

AN APPEAL TO OLD LONDONERS

Re THE GAZETTE AND CLUBS' UNION.

MY DEAR BOYS,

At birth and for what might be called the period of dentition the GAZETTE was a healthy infant; in adolescence it languished sadly, but the energies of a good G.P. and one physician as its sole medical staff so far made it a robust adult that it was able to contribute not unworthily to the parental expenses, but the war has brought about a serious relapse in its health, strength and wage-earning capacities, with the result that it now has to issue an appeal for help.

Descending to the language of ordinary life, the facts are that during the earlier period of the war the GAZETTE appeared at its usual times and was sent to its subscribers with the pre-war regularity and ease; as time went on its staff was depleted, its expenses for paper, printing, etc., were enormously (in comparison with its financial status), increased while at the same time those responsible for its appearance thought that it formed a warm bond of union between those left at home and those who had gone to the front in various capacities, and consequently an effort was made to send a copy of each number to every single old Londoner, irrespective of whether he were a subscriber or not. I am one of those who thoroughly approved of this bit of what some would call extravagance, for I believe that the GAZETTE has put heart into many a weary brother at the front and made him feel that he was remembered by those left at home, and that his conduct was appreciated and his memory kept green.

Now, however, a time has come when this pleasant ideal must be given up unless we can get some substantial financial help, not only is the price of paper four to six times as high as it was, but there is difficulty in obtaining adequate supplies even at this price; not only are our paying subscribers diminishing in number, but their payments get more and more irregular; not only are literary contributions obtained with greater and greater dystochia, but permanent sterility is threatening; in plain language, the GAZETTE must be helped literarily and financially, or its regular appearance must cease, and it must be withdrawn from the trenches.

Yours, very sincerely,

F. J.

The Accounts of the Clubs' Union and GAZETTE will be found on pages 115-7.—EDITOR.