

THE LONDON HOSPITAL GAZETTE

No. 201

JULY, 1919.

[ONE SHILLING.]

CONTENTS.

EDITORIAL	211	COLLEGE NOTES	235
SURGERY AT THE LONDON IN 1852	213	DENTAL NOTES	236
OUR VILLAGE	215	CORRESPONDENCE	236
THE "FOLLOWERS"	218	LONDON HOSPITAL CLUBS' UNION REPORT, BALANCE SHEET, ETC.	237
BYEGONE MEMBERS OF THE HOSPITAL STAFF (Illustrated)	219	REVIEWS	241
A TRIBUTE TO A GREAT WOMAN	223	NOTICES—CLUBS' UNION, THE GAZETTE, ETC.	246
OBITUARY (Illustrated)	225	HOCKEY CLUB	247
MEDICAL WORK AMONG THE ARABS OF MESO- POTAMIA (Illustrated)	227	EXAMINATION RESULTS	247
HOSPITAL NOTES	233	THE LONDON HOSPITAL MEDICAL CLUB	247
NURSING NOTES	234	BIRTHS, MARRIAGES AND DEATHS	248
		REGISTER OF HOSPITAL APPOINTMENTS	250

SUPPLEMENTS.

PORTRAIT OF THE LATE DR. F. J. SMITH.

CARICATURE OF "TOMMY."

[Published by the London Hospital Clubs' Union.]

EDITORIAL.

Khaki is becoming relatively rare. It is being replaced by "garments antique and rusty," dragged from the bottom of old chests of drawers. Nurses are returning, preferring palatial bedrooms within brick walls to tiny cubicles in wooden huts; clerks and dressers are seen again in the wards, and the College is a busy hive of industry. There is room for all, room for every one of the best brains and the best physiques of the land. Furthermore, there are wells of material to be tapped and mines of experience to be opened that equal or exceed those of any other Hospital in the British Isles. This is no idle boast, but a necessary result of the environment of the Hospital. It is realized by many visitors from the Colonies and the States, and, as never before, by some of the returning students of the past who have come to refresh their knowledge of "pre-war" diseases.

Bob Sawyer, we hope, will not be the only reader of the GAZETTE, when he receives a copy in Mesopotamia, to rejoice in the return of the old cover with its design by Mr. Tonks. We believe that the chief reason for the banishment of the plate to the cellar under the College was that the GAZETTE might have a table of Contents. The index is being retained in a less obtrusive form.

The attention of subscribers and all past students of the Hospital is directed to the subscription rates. The GAZETTE will be posted to

any address for a period of five years for the sum of two guineas. The Annual subscription will be ten shillings. Those who are about to leave the Hospital are asked to consider the advantages to themselves of the five-years' subscription.

We have pleasure in including in this number of the GAZETTE reports of some operations performed in the London Hospital in the year 1852. These reports are enlightening, as well as being tinged with humour.

When we take into consideration the difficulties under which Surgeons laboured while the art of operating was still in its infancy, without asepsis, without bacteriology, and without radiography, we marvel rather than scoff at the results obtained. Seventeen cases with strangulated hernia underwent operation and as many as ten recovered, four lithotomies were performed without one casualty. Study of the reports in detail will reveal much that is of interest to the surgeon and the student of the present day.

It is with a mingling of sorrow and thankfulness that we record the passing of Dr. Frederick J. Smith; of sorrow, for the loss of so noble a man; of thankfulness, for his release from pain and from the unaccustomed fetters of his illness. In April, 1919, after a painful illness of a few months, he made his *exitus e vita*. On another page will be found a summary of his professional career, with the address delivered by Dr. Robert Hutchison at the memorial Service held in St. Philip's Church.

We regret we have to announce the death of Lt.-Col. R. Holyoake, Major J. M. Mehaffey, Capt. F. B. Chenoy and Surg.-Lieut. D. Ll. Lewis,

also of Major H. H. Robinson, M.C. with Bar, who was killed in a flying accident. A further reference to these will be found in the Obituary column.

Since the publication of the last number of the GAZETTE many honours and awards have been made to "London" men, and also to late members of the Nursing Staff. We offer them our hearty congratulations, and thank them for the credit that redounds thereby to the Hospital.

The following is an imposing List:—

K.C.M.G.—Colonel W. T. Lister, C.M.G. C.M.G.—Lieut.-Colonel E. C. Montgomery-Smith, D.S.O., Colonel W. T. Mould, Lieut.-Colonel A. C. Rankin, Temp. Colonel C. C. Choyce, C.B.E., A.M.S. C.B.—Surg.-Captain G. T. Collingwood, M.V.O., R.N., Sir E. S. Worthington, K.C.V.O., C.M.G. D.S.O.—Captain E. Phillips, M.C. Bar to M.C.—Acting Major W. C. Hartgill, Acting Major H. D. Lane, Acting Major C. N. Coad. M.C.—Captain N. F. Graham, Captain R. R. Thompson, Acting Major G. E. Spicer, Captain A. G. P. Hardwick, Captain C. A. Beaumont. C.I.E.—Acting Lieut.-Colonel A. B. Fry, D.S.O., I.M.S. K.B.E.—Surg.-Captain D. J. P. McNabb, Lieut.-Colonel J. J. Abraham, D.S.O. C.B.E.—Lieut.-Colonel A. B. Soltau, C.M.G., O.B.E., Temp. Lieut.-Colonel W. B. Edwards, O.B.E., (T.F.), Acting Lieut.-Colonel E. H. Fenwick, (T.F.), Brev.-Colonel C. W. Mansell-Moullin, Colonel J. Sherren, Colonel H. W. Gratton, D.S.O., Acting Major E. C. Lindsay, Temp. Colonel C. H. Miller. O.B.E.—H. B. Elton, R. A. Worthington, Captain G. H. Davy, Major F. W. Andrews, Captain A. G. Maitland Jones, Temp. Major J. C. Woods, Major E. L. Marchant, N.Z.M.C., Acting Major T. S. Rippon, R.A.F., Acting Major W. B. G. Angus, M.C., Captain G. W. Beresford, Captain J. D. Driberg, M.C., Captain A. J. Gilchrist, M.C., Captain O. de B. Marsh, Captain H. G. Monteith, D.S.O., Captain F. H. Moxon, Captain A. C. Palmer, Acting Major R. L. Ritchie, Captain J. R. K. Thomson, Temp. Major W. W. Treves, Temp. Lieut.-Colonel W. V. Field, S.A.M.C., Major C. Bramhall. M.B.E.—Acting Major C. M. Kennedy, Acting Major H. F. Mullan. *Medaille des Epidemics (en Argent)*—Captain (Acting Major) J. H. Pendered, M.C. *Italian, Silver Medal for Valour*—Captain W. Eidinow, R.A.M.C., (S.R.). *Bronze Medal for Valour*—Temp. Captain J. T. Lloyd, M.C.

In addition to the above, several were mentioned in despatches, and the following, by the Secretary of State for War:—Messrs. P. Furnivall, R. M. Grogono, R. M. Going and C. N. Groves.

Five former members of the Nursing Staff have received the Royal Red Cross, First Class: they

are:—Miss L. Holroyde, Miss A. C. Bramwell, Miss L. Kennedy, Miss M. Bate and Miss M. Brasier.

Colonel Sir W. T. Lister, K.C.M.G., has been appointed Surgeon Oculist to His Majesty's Household. We offer him our hearty congratulations upon this well-merited honour.

The Hospital has suffered a loss from its active staff by the resignation of Mr. P. Furnivall, F.R.C.S.Eng. We hope that Mr. Furnivall will find life freed from the cares of Hospital conducive to a return to perfect health, and that he will long be able to enjoy a good cigar and a game of golf at Northwood.

We feel we cannot miss this opportunity of expressing to the late "Sister Currie," on behalf of all readers of the GAZETTE, our sorrow at her retirement from the Hospital and our appreciation of the work she did as Sister. Particularly grateful, we are sure, are past Residents for her unfailing kindness and attention to them when they were under her care in the sick-rooms. We offer her our best wishes for many years of good health in which to enjoy a well-earned rest.

At a recent meeting of the College Board a letter from the Goldsmiths' Company was read in which an offer of £15,000 was made for the endowment of a Chair of Bacteriology. The Court of the Company expressed the hope that this might lead others to assist the cause of medical education and research in a similar manner. It also pointed out that in order to improve social conditions, to prevent disease, or to raise the standard of national physique, the assistance of highly trained medical personnel was of the utmost importance. Such personnel was only obtainable from medical schools that were sufficiently endowed.

Members of the family of the late Captain Arnold Bosanquet Thompson, who was killed on December 25th, 1915, while serving with a Field Ambulance in Gallipoli, have presented sums of money amounting to £300, to provide a prize in the subject of Clinical Medicine or Surgery. The prize, established in memory of Captain Thompson, a former student of the Hospital, is known as the Arnold Thompson Prize.

Many of the Clubs of the London Hospital Clubs' Union shew signs of a considerable degree of animation, but some still require vigorous resuscitation, and perhaps transfusion with fresh blood. The work of the Hockey Club is recorded elsewhere in this number, but Secretaries of other Clubs seem to have been overcome with the magnitude of the change from naval and military to civil life so that they could not put pen to paper. Surely some at least of these Clubs have done work which is of interest to readers of the

GAZETTE, as well as being creditable to themselves. We hope that the Junior Scientific and the Arts Societies will awaken to a new birth, and that the strains of the Musical Society will disturb the sleepy stillness of the College halls at even.

It is proposed to publish with each issue of the GAZETTE a calendar of events or fixtures for the ensuing month. Club fixtures, meetings, matches, lectures will be included. Readers are asked to inform the Editor as early as possible of any such events and their dates, of which they may become informed. It is felt that if this is carried out such a calendar will be of great convenience to many.

Mr. E. C. Lindsay, C.B.E., is, we understand, adding yet another to his accomplishments, namely, that of the chameleon. In the morning, he is Registrar, in the afternoon, he is acting-Staff. We offer him our congratulations on this promotion.

We are pleased to note that Mr. C. M. Kennedy and Mr. H. F. Vellacott have been appointed to the Surgical Staff of the S. Devon and E. Cornwall Hospital. Mr. C. M. Kennedy—lately Major, R.A.M.C.—organised, under Colonel T. H. Openshaw, and for over a year was Commanding Officer of, the Charterhouse Square Military Orthopædic Hospital. We wish these two "Londoners" good luck in their new positions.

Mr. Archibald Edmund Clark-Kennedy, M.A., has been elected to a Fellowship at Corpus Christi, Cambridge.

Mr. J. R. Marrack, D.S.O., M.C., M.B., B.C. Cambs., has been re-elected a Fellow of St. John's College, Cambridge.

We are publishing with this number a copy of a photograph taken in Mesopotamia during the War, as it represents a group of "Londoners" connected with our Hospital over a period of nearly 30 years. With the exception of Colonel Mould, who was A.D.M.S. Amara area, the group consists of M.O.'s and Sisters, all of whom were attached to the 32nd British General Hospital in Mesopotamia. Since the photograph was taken, it has given the numerous friends of "Bonar" Lindsay much pleasure in congratulating him upon his recent marriage to Miss Goddard, who carried on her work at 32 B.G.H. under most trying climatic conditions for nearly three years. A copy of the photograph was sent to the Editor by Capt. J. P. Little shortly after it was taken, but unfortunately it never reached its destination and was probably lost at sea; hence the delay in its appearance. R.J.M.L.



Back—Capt. R. J. McN. LOVE, Capt. E. W. GROGONO.
Seated—Capt. J. W. GROGONO, Sister LENNOX, Colonel MOULD, A.D.M.S., Sister SELFE, Capt. A. B. LINDSAY.
Front—Sister GODDARD, Capt. J. P. LITTLE, Sister ADAMSON.

SURGERY AT THE "LONDON" IN 1852.

The earliest London Hospital Register of Operations to be found is dated 1852, and in this year we find that the combined Surgical Staff of the Hospital performed no less than 45 operations.

Of these 45, fifteen were Amputations, eight of which recovered; seventeen were Strangulated Hernia, ten of which recovered; four were Ligature of Arteries, two of which recovered; four were Removal of Tumours, all of which recovered; four were Lithotomys, all of which recovered; one was Castration, he recovered.

Some of the remarks on these cases are rather interesting:—

March 1st.—Hervey, Geo., 29, Railway Guard. Surgeon, Mr. Curling. Amputation of right and left legs for compound fracture of bones of both legs and feet.

"This patient was thought to be *in articulo mortis* when admitted, but the administration of brandy, almost *ad libitum*, and ammonia, he so far rallied as to be able to undergo amputation after six hours. He died, however, at the end of a fortnight, from gangrene and exhaustion."

May.—Nicholson, John, Sailor. Surgeon, Mr. Critchett. Ligature of Brachial Artery for false aneurysm of radial artery from stab of a penknife.

"This man left the Hospital before the ligature

came away. The wound was closed excepting where the ligature was hanging out."

August 27th.—Searle, John, 27, Engineer. Surgeon, Mr. Critchett. Removal of a Fibrous Tumour occupying the whole of the floor of the orbit, and protruding the eyeball forwards and upwards. Discharged cured September 12th.

"This case had been seen by many Surgeons at New York, and given up as not amenable to treatment, upon which the patient (an American) came to England. Mr. Critchett saw him at the Ophthalmic, and directed him here, and performed the operation the Tuesday after his admission. Operation entirely successful, and with scarcely any perceptible deformity; the only drawback being the inability to turn the eye downwards, in consequence of the division of the inferior rectus, which was unavoidable. Sight remains quite perfect. Chloroform administered, the patient inhaling upwards of two ozs."

September 7th.—Summer, Jane, 46, Widow. Surgeon, Mr. Wordsworth. Femoral Hernia of eleven years. Strangulated three days.

"A very large hernia, containing both gut and omentum. Patient was suffering from fever at the time. She sank gradually and died three days after the operation. Chloroform administered."

October 9th.—Scholfield, Fredk., 20, Labourer. Surgeon, Mr. Ward. Ligature of Femoral and Profunda, for punctured wound dividing Femoral and wounding Profunda.

"This man was admitted with a wound on the inner side of thigh, caused by piece of iron striking him. He bled a good deal when brought in, and it was thought to be venous hæmorrhage proceeding from a wound of internal saphena, and was treated by pressure. Ten days after the injury, and whilst getting out of bed, profuse hæmorrhage of an arterial character came on suddenly, and the patient lost a large quantity of blood. It was deemed advisable to enlarge the wound and ascertain the source, which was accordingly done by Mr. Ward. On examination the Femoral Artery was found to be completely divided, and the Profunda wounded, as also the Femoral Vein. Both arteries were secured by ligatures, above and below. The man progressed pretty favourably for a few days, when gangrene of the foot and leg set in, from which he sank. P.M. Gangrene and local Phlebitis. Mr. Ward has copious notes of this case."

October 12th.—Johnson, Chas., 30, Waterman. Surgeon, Mr. Curling. Removal of small Nævus on right temple.

"Came to Hospital with a small bleeding Nævus, situate on the temple. It was in an ulcerated condition and was removed. A good

deal of hæmorrhage followed, readily stopped by pressure and ligature of some of the vessels. This case did not heal "first intention," there was considerable overlapping of the flaps."

October 18th.—Chapman, Mary, 72, Widow. Surgeon, Mr. Curling. Strangulated Femoral Hernia.

"Only a very small Hernia, but had been strangulated *five* days, and upon her admission little or no chance of recovery, so much depressed. After dividing integuments, etc., something similar to sac itself came into view, and Mr. Curling thought at the moment he had opened the sac. It was found to be layers of fat, etc., firmly adherent to the sac itself. The intestine was quite black from gangrene. This peculiarity rendered the operation tedious. Died October 19th."

November 6th.—King, Joseph, 50, Warehouseman. Surgeon, Mr. Ward. Internal Strangulation. Had Hernia for 12 years.

"This man was brought to Hospital labouring from symptoms of internal strangulation. As he had been subject to hernia, Mr. Ward thought there might be some constriction, and an operation was deemed advisable, which was performed on the left side. No stricture was found, the wound was closed and the man put to bed. The symptoms becoming more severe, a consultation was held next day and a second operation determined upon. The original wound was enlarged but nothing found. An opening was then made on the right side, and several coils of intestine brought down and examined, but still without discovering anything like a constriction. Patient died on the following morning. A post mortem was made and the intestine was examined most carefully throughout its entire length and found to be perfectly pervious; not the least trace of strangulation. On opening the stomach it was found somewhat inflamed. Cause of death not satisfactorily ascertained."

November 13th.—Haggarty, John, 60, Labourer. Surgeon, Mr. Luke. Ligature of Femoral for very large Popliteal Aneurysm. Recovered from tying the Femoral, December 20th; but died January 27th.

"The patient was admitted with a very large Popliteal Aneurysm, upon which he had been working up to the day of his admission. Around circumference of tumor it measured 18½ inches. All his arterial system was greatly dilated. Pressure was applied to the femoral, but it was with extreme difficulty we could control the circulation, and only by using extreme pressure—which soon produced a sore. Pressure was applied for 14 days, during which time the tumour increased considerably and measured 21 inches. Pressure

was left off, and as the skin over tumour was about to ulcerate, amputation of the thigh was proposed, but patient would not consent. The femoral was tied, and the ligatures separated in 21 days. He had a slight attack of erysipelas. The size of the tumour rapidly diminished after ligature was put on femoral. About a month after this the sac ulcerated, and the contents—blood and matter—were evacuated, which gave him great relief. There is now great discharge which will probably wear him out.”

November 25th.—Palmer, Elizth., 61, Widow. Surgeon, Mr. Adams. Amputation of left thigh for large ulcer of leg and foot of many years standing.

“Has been cured in this Hospital with the same disease some time ago. She is considerably reduced from poverty, has worked hard upon the disease for years, and greatly aggravated her symptoms. Heart affected, and liver also. Has no chance of recovery without amputation, although in a very unfit state for operation. Chloroform not administered. Died from exhaustion, December 30th.”

December 4th.—Hassegan, Conrad, 17, Sugar Baker. Surgeon, Mr. Critchett. Ligature of Brachial Artery for division of Radial by a broken basin.

“This patient was admitted November 19th, with a wound about $1\frac{1}{2}$ inches long at lower fourth of forearm, dividing the radial artery and opening the wrist joint. The artery was secured by ligatures at either end, and the lad progressed well until the twelfth day, when secondary hæmorrhage came on. It was stopped by pressure, the parts being in too sloughy a state to admit of the artery being taken up. Subsequent hæmorrhage occurred at four different intervals. After the last occurrence it was determined to tie the Brachial, which Mr. Critchett did on December 4th. This lad had subsequent hæmorrhage after ligature of the brachial on several occasions, so that it was found necessary to lay open the forearm nearly its whole length, and secure the radial again, both above and below the original wound. After the last operation there was no more bleeding, the wound granulated up, and he was nearly well when he was taken from the Hospital by his parents. Chloroform administered at both operations.”

December 13th.—Durrant, George, 34, Labourer. Surgeon, Mr. Luke. Amputation of left leg, following Compound Fracture of Tibia and Fibula, four months old.

“Chloroform administered. The patient was very low from long continued discharge, night sweats, etc. Not the slightest union had taken place after *four months'* trial to save the limb.

After admission had a severe attack of delirium tremens. Has bed sores. Tibia protruding. He suffers from pain and an extreme irritability of system. Had sloughing of stump, and died of exhaustion, January 1st.”

December 30th.—Knight, John, 3, Furrier's Son. Surgeon, Mr. Adams. Lithotomy for Lithic Acid Calculus, the size of a small pea (very small).

“Chloroform administered. There was a difficulty in seizing the stone of so small a size. The boy's symptoms were very urgent before the operation, demanding an early performance after admission. Violent pains in making water, and constant to and fro movement of the body from pain.”

GEO. GUNTHORPE.

OUR VILLAGE.

If you go round Northern Europe *via* the Arctic Ocean, then turn south into the Sea called White because the water is muddy brown, then up one of the mightiest rivers of North Russia for some days, and thence up two or three tributaries for another three days, you come to Our Village. It is on both sides of the river, which has steep and high banks, very muddy in summer, slippery in winter. On our side, there are thirty houses, and the church, the school, and shop: on the far side there are about twenty-five houses, in an imposing row along the top of the high bank. There is also the graveyard and a smithy on our side: on both there are round the houses high wooden frameworks on which flax is dried, and bath-houses dot the open spaces.

Canoes, dug out of one great trunk, line the river banks, and attached to each house at one end is a large barn, which downstairs shelters the horses and cows, and upstairs shelters every other family belonging, such as hay, wood, sanitary arrangements, and all the lumber that collects in the rolling years. Russia is not a suitable place for outbuildings, nor, indeed, for keeping anything out of doors.

There is an open tract of ground cleared round Our Village, about two miles long by one and a half wide, divided by wooden fences into small fields, on which rye and flax and hay are grown. There is no sign of other crops, except a few potatoes. There is not a tree in our village—there are too many outside of it. As you enter by any of the three roads, you are met a *verst* out by a little square wooden shrine with its ikon, before which you cross yourself and murmur a prayer. After this, you feel Our Village is a blessed place.

Our Village is managed by a Council, and is owned by the inhabitants. The Council is consulted on occasions of public polity, and if we ourselves ask them for anything, such as a supply of wood, we are met with insuperable difficulties, such as lack of labour, bad roads, and other good reasons. However, if we reply that we recognise all these reasons, but that in spite of them the thing must be done, it IS done.

Our Shop, the opposite side of the street, is not imposing, and is co-operative. We can buy flour and felt boots at it, but it has no pins, or sugar, or tobacco. These are the only facts we know of Our Shop: the trade rarely appears brisk, and we are in a position to know who goes in there. Recently, the inhabitants of Our Village subscribed thirteen hundred roubles (about £32) towards obtaining the winter supply of food and necessities from Archangel for the neighbourhood, and entrusted this sum to one of the oldest inhabitants. He, however, took the wrong turning on leaving Our Village, and proceeded in the Bolshevik direction, and was unfortunate enough to be arrested by our watchdogs as a suspicious person. This has upset Our Village, and they very naturally wish to obtain possession of their fellow-townsmen and the roubles. The result is still in doubt.

When Our Village was captured from the Bolsheviks a few weeks ago, it was a fine Sunday morning, and the whole of Our Village were at their devotions in church. A machine gun was trained down the High Street, with instructions to shoot anyone attempting to escape, and at the assault the gallant Russian gunners kept up a continuous fusillade with great effect, straight down the street. The church stands at the end of the street, on a slight eminence; and so good was the shooting that not one bullet mark could be traced either on church or house. As far as could be ascertained, one cow and one horse in adjoining fields were the only victims of that gun. We judge that it was aimed a little on the high side, and the distant woods probably received most damage. We have, however, been much worried since over this very successful battle, because the dame who owned the cow, and who with great promptness cut it up and sold it to our men at eight roubles a pound, has ever since assaulted us with copious tears for compensation for the said cow. As we were attacking the enemy, we hardly feel in a responsible position towards the cow; but her importunity has succeeded, and we deemed it advisable to award to her of the cow and her of the horse, who is also importunate, one of our droschky horses which has threatened frequently to drop dead and only walks with a crutch, the same horse to be equally

divided between the said women, the method of division to be decided by themselves. This is truly Solomonic justice.

Our Church is picturesque, with cupolas and belfry, painted white, and built of wood, highly ornamented inside with pictures, ikons and gilding. The services, which take place on Sunday morning at 6.30-7, 8, and 8.30, are very well attended, and are reverent and well sung. All stand, and the atmosphere is close and redolent of incense. We can vouch for this, for the bells, which are one big deep tone and two tinkle-tinkles, wake us every time, and we can see the congregation pass our window without rising from bed. We have, indeed, twice attended service about 9 a.m., just in time for the exit. Our priest is a very worthy man, with long flowing beard and soft, intellectual face. He is a great help to us in all things, and, as well as being a priest, is also a skilful farmer, watch repairer and photographer. We make our headquarters in his house.

The ringing of our church bells is peculiar and melodious: one deep, loud dong, dong, dong, very slow, then a lessened interval, then a tinkle, tinkle, DONG, gradually quickening faster and faster, until it is tinkle, tinkle, tinkle, tinkle, as fast as possible. It ends with the congregation and the bells running as hard as they can to see who will get there first. We always bet on the bells, as they can stop when they like.

The houses of Our Village are of wood, the walls of massive tree trunks, only flattened on the inside to give a smooth surface—the interstices filled with moss or flax, and the better bedrooms plastered. No nails at all are used, and the whole erection, windows and all, fitted, interlocked together with saw and hatchet. Double windows and close-fitting, padded doors and closed stoves give absolutely no ventilation at all in the rooms, and it is a sin or an act of madness to open a window. The stoves retain their heat for many hours after the fire is out, and it is the custom to keep a fire burning briskly for three or four hours in the morning, then let it out, with the result that the room is so warm all night that, with a temperature below zero outside, one can sleep with one blanket. We have even slept with an open window within two feet of our head, outside of which has existed 25 degrees of frost, and yet been very warm with but one blanket. The rooms, naturally, are at times unbearably hot and stuffy.

The kitchen stove deserves special mention for its various uses. On baking days, the whole of the hot wood fire is raked out, the loaves thrust inside, and, with the front opening completely closed, the heat of the bricks makes excellent

bread. Above the stove is a space where the invalid or oldest inhabitant usually sleeps, while underneath is room for storing wood, but which oftener is used to keep the winter stock of poultry in. Eggs should be plentiful in winter in Russia. So you have three storeys in our kitchen :

- 1.—Granny ;
- 2.—Stove ;
- 3.—Poultry.

Recently, in our staff kitchen, the poultry have been installed. Several of our orderlies sleep on its floor, and we, over the way, can hear our prize rooster calling them at 2 a.m., in his vain protest at the lateness of the sun's uprising. Our friend, the local doctor, or *velcher*, keeps his birds in the consulting room.

The ordinary Russian living room is spotless—one could have one's meal anywhere on the wooden floor without table cloth—which is partly accounted for by the habit of slipping one's shoes off at the door before entering. But our Russian housewives are great scrubbers, and very clean themselves, and if, in the wooden houses, they are quite unable to combat the plague of venomous enemies which attack us everywhere, it is not wholly their fault. Where the rooms are covered with paper partly cracking off, there we cannot sleep for the countless hosts of night marauders. But, in our own little room, plastered all over, we am free.

Which leads us naturally to Our Baths. Have you ever tried Our Russian Bath? If not, do so at the first opportunity. A minor drawback is that what goes on inside is visible through windows to any inquisitive urchin who cares to look; but there are none such, so it does not matter. The Bath-house is a little, square, wooden building, with a small ante-room, in which is a stove, and where you unrobe. It is very hot here, and you wonder if you can breathe, but dare not open the door on to the snow and the public gaze. Having undressed, and feeling tropical, you open the inner door and step inside amid a cloud of steam. If it is hot outside, here it is infernal, and for a moment you gasp and prepare for flight. But, in a profuse perspiration, you gradually get used to it, mix a bowl of boiling and cold water to the desired heat, and have a complete scrub. When you feel as if you had melted away to a microcosm, you, if you have a companion (and whole families bathe together), lie down on a board and are basted with a birch broom all over. You then melt along, in the jelly that remains, through into the ante-room, and fit a complete suit of fresh clothes, or, better still, dash through the snow in your Arctic coat and shoes to your room, leaving behind your old

clothes with their many inhabitants, for a cleansing by our dear old neighbouring laundry woman. Thus, for a few brief happy days, do you feel clean and alone, till next attacked. Our Bath night is every Saturday, as, naturally, our bath takes a good deal of preparing, and the Priest and his family, whose bath we use, are cleansed before each Sunday.

Our Village Pump is opposite our window, and is the usual resort for the village gossip, especially when, as generally happens, the receptacle falls off the hook into the bottom of the well, and requires several soldiers to fish it up. Only the other morning there were three cans at the bottom simultaneously. We think, however, this was probably intentional. You are warned by Government not to drink the water unboiled. As Our Village has no provision for sanitation whatever, this may doubtless be wise advice.

Our Village Doctor is paid a handsome annual salary and receives no fees; hence we find, after but a few weeks' sojourn, that we are seeing an increasing number of his patients. He is a pleasant, gentlemanly little man, fond of shooting in the forest, and does his bit of farming. From what we have seen, the science of medicine is not very highly developed in him. An unsolicited testimonial was given on our behalf from a village a few *versts* away, where a local magnate told our interpreter that we had won golden opinions, "for," said he, "he does not know the language, but does know what is the matter with us, while the local doctor does know how to speak to us, but does not know what is the matter with us."

The children of Our Village are badly developed and anæmic, and their enormous snow-boots and head-dress do not tend to grace. But they are merry-eyed and exceedingly quick in gesture and mimicry, and full of fun. They develop quickly and age quickly: a boy of thirteen will fell a large fir-tree in a very few minutes, and a boy of six will ride a horse or drive a sledge. Girls of fifteen will act as droschky or sledge drivers all night and all day, and sleep out in the open round a fire. Poor things, with their scanty food, practically no underclothing at all, terribly stuffy rooms, where, as small children, they sleep on shelves under the ceiling and within eighteen inches of it in an atmosphere which must be foul and unhealthy to the last degree, it is small wonder that they are pale and under-developed physically at ten years, and are old men and women at forty. There are few old people. We have not seen any consumption or cancer in our patients—one would expect the former. We are told that any form of infectious illness carries off large numbers. God save us from such a thing in Our Village! In the recent influenza attack

in a neighbouring village, deaths from pneumonia were very frequent, the people not being able to stand against it. Fortunately, Our Village escaped.

We have many dances, and very popular they are. There are not such things as pianos known here; but a concertina does the work of one admirably, and we have many who can play one. They are subscription dances, which means that all come who like, and the hat is handed round at half-time. If our host does not think the guests have done their duty in this respect, he tells them so, and passes round the hat again. Our rooms are such that only two or three couples can dance at one time, and, to economise space, our ladies sit on their swains' knees, on benches round the room. Tea is served, and the proceedings are decorous, not to say dull. However, we have some very pretty girls in Our Village, full of sparkle and fun, and, low be it spoken, we have on more than one occasion had them up to dine with us in the evening. The use of the knife is difficult to them, and bashfulness at eating forbids a hearty meal; but we learn to talk Russian. They are fond of sweets, and spoons full of jam go into a glass of tea, after the same of sugar. A common event is to take a spoonful of pure jam from the pot, while eating some other dish.

The men of Our Village are phlegmatic—with fine, intellectual, bearded faces, many of them, but not eager for work, and inclined to take life with overmuch resignation to the inevitable, and a tendency to leave the work to the women. Perhaps they are wise. The women are splendid. On the occasion of the bombardment and storming of Our Village, several damsels dressed in their light and airy Sunday best had paddled their canoes down to church from some way up river. No one was allowed to leave the village, so many went without food that day. It became necessary to move the severely wounded down the river, and eight of the girls were asked to take eight wounded men down to R—, eighteen *versts* away. This they did on Sunday night. It rained heavily, and in their light clothes they arrived at 6 a.m. on Monday, drenched, cold, and foodless. They were then told there was no hospital accommodation and asked to take them on a further 11 *versts*. Arriving there, the men were taken into hospital, and, by some extraordinary neglect, the girls were still unfed. They started back on Tuesday morning, paddling up river for 29 *versts* (21 miles), and reached Our Village on Wednesday morning, having had no square meal since Sunday morning and paddled their canoes 42 miles in their Sunday clothes. We then gave them the best feed possible and also pots of jam, and duly showered praise. When our Russian interpreter

asked that he also might share the spoils, the correct answer was given—that when he did half the work in double the time that these girls had done, we might possibly consider the question.

On a more recent occasion, after an unsuccessful attack on our part against strong forces of the enemy, we were expecting a counter attack on the village in which we were, which was one of several adjoining hamlets in a large open space. The position was critical, as the enemy forces very largely outnumbered our own. It was a fine Arctic evening, with glorious lights on the snow as the sun sank, when suddenly the bombardment began, and high explosive and shrapnel shells to the number of fifty or sixty fell on the next hamlet to ours, a few fields away. The sight was very pretty, as we watched the explosions in the snow, when the cry came, "They are coming," and all was bustle, sledges appearing everywhere from most unexpected corners round us. It looked like a panic, and such we thought it was. But was it? The men quietly took up their allotted places, while the sleighs, all driven by women, dashed off right into the very village which was being shelled, to help bring away the poor people in it, with their children and belongings. Fortunately, there were no casualties, as nearly all the shells exploded harmlessly on the open ground round the houses, and we slept soundly in our beds that night, as the enemy preferred a demonstration only to an attack at close quarters.

Our Village is a wonderful and astonishing place in its simplicity, in its patient submissiveness to fate, in its frivolity and in its sadness. Enjoy the day, make what you can out of the foreigner; dance at night, hope that the enemy will not come and murder all of you, but do little or nothing to prevent him; eat little, and that very plain, sleep much, don't worry, go to church frequently—such seems the code of life in Our Village.

R. J. HUTCHINSON.

Dec. 2, 1918.

THE "FOLLOWERS."

The long barren whiteness of the hospital ward, the low iron bedsteads heaped with grey blankets, and indescribable bundles of clothes, dirty sheets, little brass pots—absurd brass pots carried delicately at silver-cold dawn for the "burrā fudjā," shall I ever forget you? Huddled black forms sit motionless, knees under chin, an emaciated elbow appearing from a torn shirt, the close-cropped heads with the long tags of matted hair for creed.

Through a small window—the only one—high up near the roof, light streams in from the burning day without.

It lights the gloom of the far end.

Half seen, the gaunt, drab figures are crouching silently, and watching on their beds. Why don't they speak? Are they human? Bright eyes follow you, follow you, watching.

From close at hand, a dull moaning.

In the foreground of the scene light falls on a truckle bed, covered by a large dirty sheet. A very old white-haired Indian lies there, the white hair giving a startling black hue to the skin, and the long beard a certain dignity in spite of the receding forehead, broad animal nose, and protruding mouth of the low-caste Madrassee.

By the side, on the floor, the shrinking forms of two women, their dull purple and orange sahris and glinting bangles giving a strong note of colour to the black and white background of the ward.

In their attitude, in their silence, in the gentleness and grace of their movements, an expression of infinite resignation, an abiding faith.

Maya—the illusion of all earthly things, the futile momentary glitter of life in this world, so full to them of toil, and the endless propitiation of malignant fates—Maya! It is all Maya, and one more “dew-drop slips into the shining sea.”

Then out again into the sunlight and the sound of the wind tinkling the dry leaves of the acacias, while far off over the Maidān the bugles and the sob of a distant band.

“OM.”

BYEGONE MEMBERS OF THE HOSPITAL STAFF.

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

Dr. JAMES MILLER, appointed Assistant Physician, March 21st, 1853; died, May 1st, 1853.

Of the parentage of this brilliant young physician (he died at the early age of thirty-four) no information has been obtained.

He studied at the University of Edinburgh, where he graduated M.D. in 1841, becoming, in the same year, a Licentiate of the Edinburgh Royal College of Physicians. In 1846 he became a Member of the London College of Physicians, and would doubtless have received the Fellowship had his life been sufficiently prolonged. At Edinburgh he received the honour of extra membership of the Royal Medical Society of that city, and in 1847 was elected a Fellow of the Royal Medico-Chirurgical Society of London.

Upon becoming qualified, Dr. Miller entered the

service of the Honourable East India Company and was appointed an Assistant-Surgeon in the Bengal establishment of that Company. He did not stay long abroad, however, and upon returning to London entered actively into practice as a Physician, and resided at 40, Welbeck Street. In addition to being Assistant Physician at our hospital, he was also elected Physician to the Western General Dispensary in Lisson Grove, an institution which, at that time, numbered among its staff such men as Marshall Hall, Anthony Todd Thompson, Bransby Cooper, Frederick le Gros Clarke, and Henry Bennett.

With regard to his scientific work, Dr. Miller had selected for his graduation thesis, a Surgical subject, namely: The Treatment of Stone in the Bladder, but the work by which he is worthily remembered is his *Pathology of the Kidney in Scarlatina*. This, a work of great value, was the outcome of his research at the Western General Dispensary. It is an 8vo. volume, illustrated by many cases, and was published in 1850: a copy of it is in our College Library.

With regard to his merit, *The Lancet* obituary notice of him states that his election to the staff of the London Hospital, “opened a wide field to him for the exercise of the industry, zeal, and talents, in the cultivation of which he was distinguished,” and the same paper records that “in the private and social relation of life he was highly esteemed, and his death will be deeply lamented by all who had the privilege of knowing him.” *The British Medical Journal's* simple record is that “Dr. Miller was a young physician of great promise and the author of a valuable work on the Pathology of the Kidney in Scarlatina.”

Of his domestic life nothing is known. He married a lady whose Christian name was Rosetta. The writer endeavoured to trace this marriage at Somerset House, but, without a clue as to the date, he found himself resembling the blind man who searched in a dark room for a black hat which was not there, and abandoned the enterprise.

Dr. Miller died in his thirty-fifth year, on May 1st, 1853, at his house, 40, Welbeck Street, the cause of his death being certified simply as: “Fever, 12 days.”

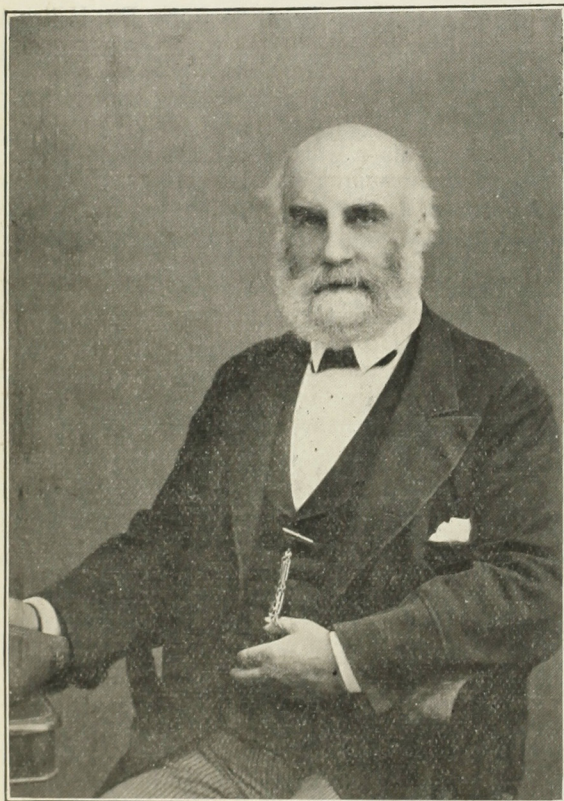
Dr. Miller left property valued for probate at £800, the whole of which he bequeathed to his “dear wife, Rosetta Miller.”

[*Lancet*, *British Medical Journal*, and the Registrar of the University of Edinburgh.]

Dr. SEPTIMUS GIBBON, appointed Assistant Physician, July 6th, 1853; resigned, June 29th, 1859.

Dr. Gibbon was the seventh son of Mr. William Gibbon, a Surgeon at Kettering, Northamptonshire, and was born there in 1825. His grandfather, Dr. Charles Gibbon, R.N., whose name was originally MacGibbon, came from Edinburgh in 1768, and settled at Kettering.*

Our Physician received his preliminary education at Oakham Grammar School, where he obtained a scholarship, admitting him to Clare College, Cambridge. At Cambridge he graduated B.A. in 1849, M.B. in 1851, but seems to have abstained from proceeding to the higher degree of M.D.



DR. SEPTIMUS GIBBONS.

Before leaving Cambridge he acted as Resident Medical Officer at Addenbroke's Hospital.

Upon leaving Cambridge he joined his father in practice at Kettering, but in a short time came to London and attached himself to St. Bartholomew's Hospital, where he became Lecturer on Natural Philosophy.

In 1852 he obtained the M.R.C.P., Lond.

Upon the outbreak, in 1855, of the Crimean War, he joined the staff of Miss Florence

* After the rebellion of 1745 it was not unusual for a Scotsman, on settling in England, to change his patronymic.

Nightingale, and was appointed Physician to the British Hospital at Smyrna.

Upon returning to this country, he resumed his work at our Hospital, and took up Hygiene as a special study. He became Sanitary Officer to the Hospital for Paralysis, and was the first Medical Officer of Health for the Borough of Holborn, a position he held for forty years.

Dr. Gibbon was not a voluminous writer. His principal contribution to Medical literature was, perhaps, a paper in the *Medical Times and Gazette* for 1855, upon the "Complications of Continued Fever." Other of his papers will be found in the Transactions of the Medical and Pathological Societies, and there is the long series of his Reports to the Holborn Board of Works. His literary output was not confined to Medicine. He was the proprietor, and, until shortly before his death, the editor of *The Church of England Pulpit and Ecclesiastical Review*.

He was well known in the City of London, where he would drive horses without shoes, in order to prevent slipping on the asphalted roads.

As to his place of residence, Dr. Gibbon shewed a migratory tendency. In 1854 he lived at 7, Liverpool Street. In 1857 he went to live at 33, Finsbury Square; two years later he moved to No. 3; and in 1866 to No. 12 in the same square, and also took a house, No. 32, Hawley Place, Maida Hill; in 1867 he was back to Finsbury Square (No. 13), but resided at 39, Oxford Terrace (where he eventually died); in 1869 he had rooms at 11, Finsbury Place, and in 1884 at 36, Finsbury Pavement.

In 1858 Dr. Gibbon married Janet, the daughter of Dr. Thomas Jacomb, of Clifton, Bristol. The ceremony was solemnized at St. Mary's Church, Hastings. The result of this union was five children:—

1. William Jacomb, an Architect.
2. Charles Henry, a Solicitor.
3. Lucy Fiennes, who married Mr. William Henry Hulton, a Solicitor.
4. Mary Snell, who married Mr. Duncan Campbell, of the Indian Civil Service, and
5. Jessie Pearce, who married Mr. Montague Ellis, a Solicitor.

Dr. Gibbon died in his eighty-fourth year, at Oxford Terrace. A preliminary Funeral Service took place at St. John's Church, Paddington, and the interment at Kensal Green Cemetery.

His estate was valued for probate at £98,000.

The arms of the Scottish family MacGibbon, to which our Physician belonged, and which are not in our College window, are *Azure, on a chief argent a galley, her sails furled and her oars in action, sable, flags gules. Crest—Two oars in saltire sable.*

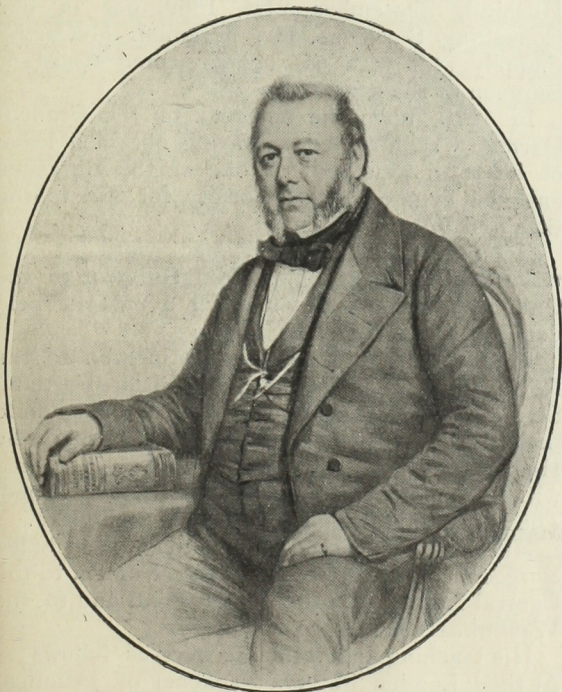
[*Times*, *The Lancet*, the Town Clerk of Holborn, and information kindly furnished by Mr. Charles Henry Gibbon, who also supplies the portrait.]

FRANCIS HENRY RAMSBOTHAM, appointed Obstetric Physician, January 11th, 1854; resigned, July 7th, 1863.

The parentage of Dr. Ramsbotham is sufficiently indicated in the dedication of his well-known work on Obstetric Medicine:—

To

JOHN RAMSBOTHAM, M.D.,
Consulting Physician to the Royal Maternity
Charity;
Late Lecturer on Obstetric Medicine at the
London Hospital, &c., &c.



FRANCIS HENRY RAMSBOTHAM.

Sir,

Permit me to inscribe to you the following pages, the fruits principally of your own instructions, as a tribute justly due to your station in the Medical profession and an earnest of the reverential feelings with which you are regarded by

A MOST GRATEFUL SON.

Dr. John Ramsbotham was a general practitioner, living at No. 9, Old Jewry, Aldgate; but, paying special attention to, and becoming

proficient in, Midwifery, he obtained the appointments mentioned in the above dedication.

He was the author of:

Practical Observations in Midwifery (Lond. 1821), a copy of which will be found in our College Library.

On Sudden Death in Child Bed, after Delivery (London Hospital Reports, II., 1814).

On Rupture of the Uterus (Medical and Physical Journal, 1814).

Dr. John Ramsbotham seems to have possessed a suburban residence at Richmond, for there, our Physician, Dr. Francis, was born on December 9th, 1801.

For preliminary education, young Francis Ramsbotham was sent to Margate. Returning to London, he entered St. Paul's School, where he rose to the position of third monitor. He left St. Paul's in 1818.

His Medical education may be said to have commenced by a short residence with a druggist in Cheapside, where he learned the properties and prescription of drugs. In October, 1818, he entered the "London" and became a pupil of Sir William Blizard. The following year he went to Edinburgh, where he graduated M.D. in 1822.

Returning to London, he joined his father in practice in the City, and assisted him in his lectures at our Hospital.

He became a Licentiate of the Royal College of Physicians, London, in 1822, and a Fellow in 1844.

In 1825, he was appointed Physician to the Royal Maternity Charity, to the Tower Hamlets Dispensary, and to the Eastern Dispensary.

In 1826, he left his father's residence and went to live at 24, New Broad Street.

In 1852, he removed to 7, Portman Square, but the success which usually attends a consultant's progress from East to West did not attend him and his practice, to some extent, fell off, probably due to a cause which will be dealt with later.

Dr. Ramsbotham was the first Obstetric Physician to be appointed to our Hospital. As a Lecturer, he is said to have been dogmatic but sound, while his agreeable presence and keen enthusiasm made him a favourite with the students. Simultaneously he lectured upon Forensic Medicine.

Practically his only rival in London was Sir David Davies, who had attended the Duchess of Kent when Queen Victoria was born. Sir David died in 1841, and as Dr. Ramsbotham had, by this time, succeeded to the practice of his father, the magnitude of his work may well be imagined.

As to his "Society" work, Dr. Ramsbotham is said to have been one of the founders of and the first Secretary of the Obstetrical Society of

London and, at various times, had been President of the Harveian and Hunterian, and Vice-President of the Pathological Societies.

His work as an Obstetrician is too well-known to need comment: with Sir David Davis he was recognized abroad as a leading representative of English Midwifery. As stated above, his practice fell off when he moved westward. This was not due to any weakening of his skill, but rather to his non-advocacy of chloroform which at this time had been introduced by Sir James Simpson, and it is said there was a rush of ladies to Edinburgh to be confined by "dear Simpson."

Dr. Ramsbotham married, in 1830, Mary, the elder daughter of Mr. Henry Lindsay, of Perth. In 1863, occurred one of those domestic tragedies which shatter the tranquility of the happiest families. The eldest son, an officer, returned to his father's house from foreign service, and went to bed in perfect health, but the next morning was found dead. His mother was, at this time, in bad health. She was suffering from a chronic malady, which, after ten years of patient suffering, terminated her life. The death of their eldest son induced Dr. and Mrs. Ramsbotham to leave London, and they went to Cambridge to live with their only surviving son, who was a student there. Later they retired with this son to Mrs. Ramsbotham's native place, Wood End, near Perth, and here, our Physician died, July 7, 1868, in his sixty-ninth year, his brilliant and useful life being somewhat shortened by the domestic tragedy just recited.

An effort to ascertain Dr. Ramsbotham's financial success has failed. His Will was not proved in London, nor is there in the London office any "confirmation" of a Scottish probate.

With regard to Dr. Ramsbotham's literary productions, he is, of course, best known by his *Principles and Practice of Obstetric Medicine and Surgery*, a work which was first published in 1841 and went to five editions (in America to eight editions). It is only in the fifth (English) edition that a full description is given of the administration of Chloroform during Labour. It is easy to perceive from this description that Dr. Ramsbotham had not much confidence in this anæsthetic, and he does not mention a single case in which he had, himself, used it. His other works include *Lectures on Midwifery and the Diseases of Women and Children*, (*Medical Gazette*, 1834-5), *Obstetric Tables furnished by the Practice of the Royal Maternity Charity* (*Medical Gazette*, 1844), and papers on Obstetric subjects, published in the *Medical Times and Gazette*, 1852-53. The subject of his Edinburgh graduation thesis was *De Hæmorrhagia Uterina*, [*Dict. Nat. Biog. Times. Lancet. Biograph-*

isches Lexikon. Barker's Medical Portraits. Boase's Modern English Biography and research kindly made by our College Secretary, Mr. E. J. Burdon. The portrait is from that hanging in our Library].

HENRY ALBERT REEVES, appointed Assistant Surgeon, September 28th, 1869. Resigned, July 10th, 1883.

Mr. Reeves was born in Calcutta in 1839, his father being a Naval Architect. He received his general education in this country at St. Albans, and his medical training at the Middlesex Hospital, where he subsequently became Resident Physician and Registrar.

He qualified M.R.C.S. Eng. in 1865, and F.R.C.S. Edin. in 1871.

He was elected Assistant Surgeon to our Hospital, September 21st, 1869, one of our Consulting Surgeons, Mr. Jeremiah McCarthy (happily still with us), being elected Assistant Surgeon at the same time.

In 1870, upon the outbreak of the Franco-German war, Mr. Reeves, having obtained leave of absence, went out as one of the Surgeons engaged by the British Society for Aid to the Sick and Wounded.

Upon returning he resumed work at the "London" and was appointed Surgeon to the Children's Hospital at Shadwell, a post he held until 1885.

In 1887, he was appointed Surgeon to the Royal Orthopædic Hospital in Great Portland Street. When it was proposed to amalgamate this Hospital with the Royal Orthopædic Hospital in Oxford Street, Mr. Reeves disagreed with the majority of his colleagues and resigned. The amalgamation, however, never took place.

His other Hospital appointments included Surgeoncies to the Hospital for Women, to the Central London Ophthalmic Hospital and to the Westminster General Dispensary.

His teaching appointments were as follows:—At the "London" he was Teacher of Practical Surgery and Demonstrator of Anatomy. He was Lecturer upon Anatomy at the School of Medicine for Women, and had been Demonstrator of Anatomy at the Middlesex Hospital.

Like other general Surgeons he adopted a speciality, his selection being Aural Surgery. Both at our Hospital and at the Central Ophthalmic Hospital, he had charge of the department for Diseases of the Ear.

The speciality, however, by which he is best remembered is Orthopædic Surgery. He was a pioneer in Osteotomy especially in cases of Genu Valgum.

Although he never adopted rigid, antiseptic

precautions, he was wonderfully successful in his operations. In 1885 he published a list of 493 osteotomies without a death, stating that in only seven of them he had used Listerian technique. Of course, his operations were very different to Laparotomies, many being sub-cutaneous.*

Mr. Reeves wrote much upon the subjects to which he had paid special attention. His *Opus Magnum* was his *Bodily Deformities and their Treatment, a Handbook of Practical Orthopædics*, another well-known work was his *Human Morphology* concerning which the *Saturday Review* declared it to be the "finest book ever published on the subject in this or any other country." To the *British Medical Journal* of 1878 he contributed a paper upon *Sub-cutaneous Extra-articular Osteotomy for Genu Valgus and Varus*. He diverged from his speciality, however, in writing upon *The Immediate Cure of Piles*, (*Lancet*, 1877), and *A Safe Method of Treating Rectal Fistula*, (*Med. Times and Gaz.*, 1877-8). Other valuable papers on subjects Surgical and Gynæcological will be found scattered throughout the medical periodical press.

Mr. Reeves was the inventor of two useful orthopædic instruments, (1) a Graduated Osteotome, and (2) a "Universal Scarpa's Shoe" which could be used for either foot and for any form of Talipes.

One recalls Mr. Reeves as a tall, well-built man; of fair complexion, reddish brown hair, and what might perhaps be called a "Balaclava" moustache. He was, in fact, a good example of descent from our Anglo-Saxon ancestors†—Scrupulously urbane, he was courteous to all whether critical colleague or captious patient. He had the good fortune to be ambi-dextrous. The writer hoped to have presented to his readers a portrait of Mr. Reeves, but an application to Mrs. Reeves elicited the reply "I am sorry to say I have no portrait of him."

It is to be regretted that Mr. Reeves was never upon the full staff of our Hospital. The laws of the Hospital are, however, inexorable. In 1846, the Governors decided that all Full Surgeons should be Fellows of the English College of Surgeons, whereas Mr. Reeves had obtained his fellowship from the Scottish College.

Mr. Reeves's places of residence in London were as follows:—(1868) 1, Hardwick Terrace,

N.W.; (1870) 27a, Finsbury Square; (1880) 7, Grosvenor Street; (1903) 23, Henrietta Street, Cavendish Square. Shortly before his death he removed to Margate (28, Gladstone Road) where he died, January 16th, 1914, aged seventy-five.

Mr. Reeves married, in 1876, the well-known novelist, Miss Helen Buckingham Mathers, author of *Coming thro' the Rye* and other novels, also of a volume of poems: this lady survives him.

Probably from his unselfish nature, Mr. Reeves did not reap a full financial harvest from his long and useful career. He left no Will, letters of Administration for a small amount being granted to Mrs. Reeves.

[*Times*, *Lancet*, *British Medical Journal*, and information kindly provided Mr. E. W. Morris, House-Governor].

A TRIBUTE TO A GREAT WOMAN.

Communicated by Viscount Knutsford.

THATCHED HOUSE LODGE,
RICHMOND PARK,
KINGSTON-ON-THAMES.

May 15th, 1919.

MY DEAR KNUTSFORD,

I have read with the greatest interest your tribute to Miss Lückes. There is a point which might, I think, be elaborated. It has reference to the state of affairs with which she was faced on her appointment in October, 1880. I entered the "London" in 1871, was House Surgeon in 1876, and was elected Assistant Surgeon in 1879. I had, therefore, an intimate knowledge of the nursing establishment which Miss Lückes was called upon to take over. The nursing at the "London" in 1880 was—from a modern standpoint—deplorable and, from any standpoint, very bad. Not that the "London" was worse than any other hospital. Nursing everywhere was unorganised, untaught, squalid and heartless. Nursing in a general hospital was hardly a career for a respectable woman. The majority of the nurses were middle-aged or old. A young nurse was almost unknown, for nursing was a calling for the derelict. As an old nurse said to me, "I was driven to it." The new matron, therefore, had to deal with an undisciplined company of hard-bitten veterans who knew every trick of their poor trade, who were left very much to their own devices, who had no inducement to take any interest in their work, and had little character either to gain or to lose. Gin was still regarded

* It may be, too, that his patients had the benefit of the snuff he was constantly taking: for the antiseptic qualities of tobacco seem to be generally admitted. During the Great Plague of 1665, the tobacconists, as a body, escaped.

† The surname Reeves is derived from the Anglo-Saxon *refa*, a tax-gatherer.

as the normal drink of the hospital nurse; many were habitual toppers; a few were dissolute, while the majority had a command of that language and that forcible invective which is known as "Whitechapel." Over the wards themselves was a cloud of gloom. The poor had a terror of the hospital which was not unjustified, and many an hour have I spent as a H.S. in persuading patients to come in for treatment. Operation results were not encouraging and the public knew it. I remember devoting very elaborate argument to induce a mother to allow her daughter to be operated upon. She listened with attention, but when I asked if she gave consent she said "Well, but who is to pay for the funeral?" I remember the whole of Talbot Ward being decimated by Hospital Gangrene. Every man died with the exception of two who fled the building. There was only one sponge in the ward, and with this deadly instrument the nurse—who was not always sober—washed every wound in the evening, using not only the same sponge but the same basin and water. The first time in my life that I entered an operating theatre the surgeon, Mr. Maunder, greeted me with these words, "Young fellow, you seem to have a strong back, take hold of that rope." It was a case of reducing a dislocation of the hip by compound pulleys. In spite of my back the procedure failed. The fire was never allowed to go out in the operating theatre since a red hot iron might, at any time, be needed to arrest bleeding. The first dressing of an amputation stump was entrusted to the youngest dresser, because the stench was only to be tolerated under compulsion. Setons, issues, bleeding, dry and wet cupping were constant elements in treatment. Maggots in a dressing were regarded as the normal fauna of a hospital ward and called for no comment. Things were improved by 1880 since antiseptic surgery had been introduced into the hospital by Mr. Couper. The well established nurses, however, "did not hold with it."

My first introduction to Miss Lückes was momentary. I only saw a young and very pretty woman, with a pleasant kindly smile and the most engaging manners. I was asked what I thought of the new matron. I replied that I could not conceive of anyone who appeared to be less suited for the post. She was faced with a nursing system inefficient, inadequate, and unorganised, without principle, distorted by abuses and hide-bound by customs and privileges which were a century old. It was administered by women of a very refractory type who were opposed to improvement and to what they termed new-fangled ideas. I had imagined that the new matron would be a hard-faced elderly woman, with a stern experience of the world, a fighting

spirit, and the grim bearing of a martinet. In her place was a young and charming lady of 24, whose gentle manner and quiet mien seemed more in keeping with a Garden of Girls than with a vast hospital in the roughest and most unsavoury part of London, where she would have charge of a number of undisciplined women, each twice her age, who—as I knew well—were disposed to be truculent in the defence of their uncouth rights. I cannot imagine that a young woman, little more than a girl, was ever confronted by a position more desperate, more discouraging or indeed, more hopeless. I and others prophesied disaster, for we did not realise that we had to do with one of the ablest and most remarkable women of the age, an organiser with unequalled genius, with the tact and foresight of a diplomat, and the imagination of a maker of new worlds. Nor did we realise that beneath that pleasing and girlish manner was a force, a determination and a will that could be daunted by no difficulty, nor turned aside by any obstacle. How this amazing woman accomplished the feat I do not know; but I do know that slowly and quietly, without friction, without disturbance and without "rows" the hospital became transformed, the wards became humanised, while there breathed through the harsh and dismal building a woman's influence, like a breath of spring. By some magic, nurses became efficient, obedient and proud of their work.

Miss Lückes was appointed in October, 1880, and I can hardly believe—although the dates are undoubted—that in 1881 I delivered, under the Matron's direction, a course of lectures on "Elementary Anatomy and Surgical Nursing." I believe that these were the first technical lectures delivered to nurses. They soon became general, for matrons were not slow to follow Miss Lückes' initiative.

Another point with regard to Miss Lückes should be emphasised. It was this. Her scheme for the reformation of nursing was based upon a deliberate and long considered plan. It involved no question of opportunism, that is, no question of taking advantage of such chance conditions as appeared, at the moment, to be favourable. She had in her mind a solid, well defined scheme which she followed, step by step, with a firmness and persistence that laid the foundation of her influence. She never encouraged experiments, nor tentative or ill-matured measures. She had a plan: it was clean cut and precise. She would follow it and she did follow it, for she knew what she wanted.

She was a woman of great ideas, of great courage and of great determination, and those qualities, when combined, mean a success that no obstruction can withstand.

Moreover, it must never be forgotten that while she was a most gifted and business-like organiser she was above all a lovable, tender, generous and unselfish woman, with a heart full of sympathy and motherly kindness, whose one aim was to make all those who came into her life, whether nurses or patients, happy and contented.

Yours ever,

FREDERICK TREVES.

OBITUARY.

THE LATE DR. FREDERICK JOHN SMITH

entered the London Hospital as a student on October 1st, 1881, from Oxford University.

He was awarded in due course the Entrance Science Scholarship, the Letheby Prize, Out-Patients Dressers' Prize, Certificates of Merit in Chemistry, Medicine and Surgery. He received the diplomas of M.R.C.S., L.R.C.P., and the M.B. Oxon. in 1885, and the Radcliffe Travelling Fellowship in the same year. In 1887, he gained the M.R.C.P. and the F.R.C.S. Eng., and the M.D. in 1891. The Royal College of Physicians elected him to the Fellowship of the College in 1895. The post of House Physician was held by him in 1885, and that of Medical Registrar for four years from 1887.

Elected Assistant-Physician to the London Hospital in 1891, Dr. F. J. Smith became Physician in 1902, and Consulting Physician in July 1918 after 37 years of work in connection with the Hospital.

His lectures included the subject of Hygiene, and those on Forensic Medicine and Medical Jurisprudence will long remain in the memory of the large number of students that attended them, by reason of their power and of the practical hints that fell from the lips of a master practitioner.

Below is reproduced the address given by Dr. Robert Hutchison at the memorial service held in St. Phillip's Church :—

I have been asked to say a few words to give some expression, however inadequate, to the feelings which must be in the minds of all of us who are met here to-day. I had the friendship of 'F. J.'—for the old endearing appellation comes most naturally to the lips—for a shorter time than many who are present here and some of whom were his fellow students at this Hospital; but during the twenty years or so that I was associated with him as his junior colleague I conceived for him—as did all who knew him—an ever increasing affection and respect. We may honour men for

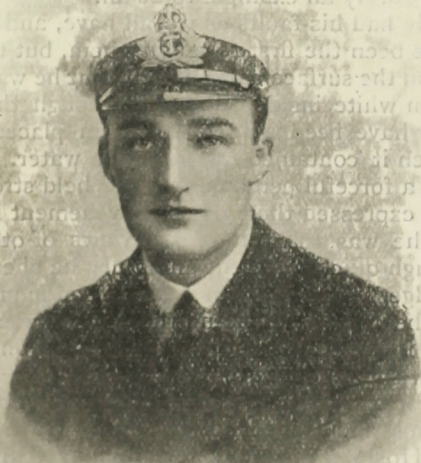
what they do, for what they know, or for what they are. Action, knowledge, character, these are the grounds for consideration amongst our fellows; and it was for what he was that everyone esteemed F. J. Smith. There have been cleverer men connected with the Hospital, although he was a very able man in many ways; there have been men who contributed more to the advancement of scientific knowledge—though none was more devoted to the interests of the patients under his care; but there has been no man at the Hospital, in my experience at least, who drew to himself in fuller measure the affection of all those with whom he worked, and he did this, I think, mainly by the transparent honesty, simplicity, and sincerity of his character. His was a nature without guile. He was the straightest man one ever knew. Hypocrisy and dissimulation were utterly foreign to him. He made no pretence of being a cleverer, a more successful, or even a better man than he was, and in this respect he was surely an example to us all.

He had his faults as we all have, and he would have been the first to admit them, but they were all on the surface and one felt that he was 'white, clean white inside,' and that though the setting may have been a little rough in places the gem which it contained was of pure water. For his was a forceful personality. He held strong views and expressed them often in vehement language, but he was tolerant of the views of others, and though quick to resent an injury he cherished no grudge. And yet with it all he had in many ways the heart of a child, and those who have watched him in the wards know that he could on occasion show the tenderness of a woman.

Nor can we help reflecting at this time on the pathos and tragedy of his end. Having served the Hospital faithfully for so many years, having exhausted himself in an arduous and often ill-remunerated practice—for no one did more charitable work than he—he retired to the country hoping to spend the remnant of his days in peace. I well remember when I bade him good-bye as a colleague in July and congratulated him on leaving behind the cares and worries of professional life, how he said that he felt like a school-boy going off for a long holiday. Alas, it was to be a longer holiday than he thought and a release from care more complete than I had dreamed. For hardly had he tasted of the delights of leisure when the end came. It must have been a bitter disappointment; but his friends know that he would bear it gallantly, tempering the bitterness perhaps with that wistful smile which the motto above the garden entrance to our College prescribes for the jars of life. His fate was an example of the eternal irony of human existence and of the sense

of tears in human things; but perhaps it was better so. It would have suited ill with his impetuous character and eager temperament to have descended into the Dark Valley by 'slow gradations of decay,' and we who are left behind will always remember him as he was in the fulness of his powers. But when all is said and done, when we think of him who is gone, we shall remember best the simplicity and single-mindedness of his walk and conversation in life. He did justly, he loved mercy, and he walked humbly in his passage on earth, and if it be true that an 'honest man's the noblest work of God' then assuredly Fred Smith need not be ashamed to hold up his head in the presence of his Maker.

* *



Surgeon DAVID LLEWELLYN LEWIS, R.N.,

who died on March 2nd from pneumonia following influenza, was a student of the "London" from 1906 to April, 1914, when he qualified L.R.C.P. Eng., M.R.C.S. After qualifying, he received an appointment as Assistant Medical Officer at Bethnal Green Infirmary, but upon the outbreak of war he applied for, and was granted, a commission in the R.A.M.C., being posted for duty on s.s. "St. Patrick," and, later, with an ambulance train in France. In 1915, he transferred to the Royal Navy and was appointed Assistant Surgeon to H.M.S. "Superb." For over two years he was on the high seas, and was in the engagement

at Jutland. After this, he was posted for duty with a naval ambulance train at Inverness, and it was while he was there that he contracted influenza which brought about his untimely end. His remains were interred in Chingford Cemetery.

* *



Major HUGH HUNTLEY ROBINSON, M.C. WITH BAR, R.A.F.,

who was killed in an aeroplane accident at Mons, on May 3rd, aged 29, was the second son of Dr. H. Shapter Robinson, of Epsom. He entered the College in 1905, and qualified L.R.C.P.Lond. M.R.C.S.Eng. in April, 1912, after which he held appointments in the Hospital of Clinical Assistant to the Out-Patient Dept., Emergency Officer, and House Surgeon. He obtained a Lieutenant's Commission in the R.A.M.C. in April, 1915, and was promoted to a Captaincy in 1916, during which time he was awarded the Military Cross "for attending the wounded, with great courage

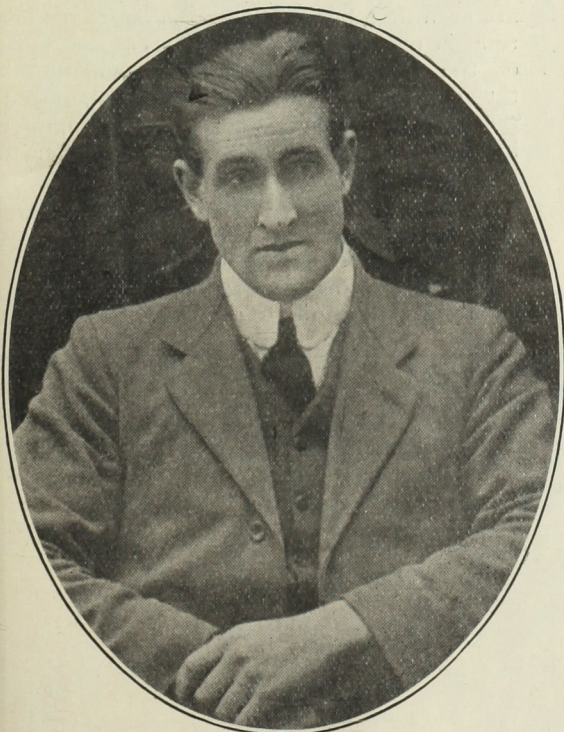


FREDK. J. SMITH, M.D., F.R.C.P., F.R.C.S.,
(Physician to the London Hospital 1891-1919.)

and skill, quite regardless of personal danger. He had, on many previous occasions, displayed the greatest bravery." During 1917, while Acting-Major, he was awarded a Bar to the M.C. He recently joined the Medical Service of the R.A.F., and was Medical Officer to the 9th Wing.

Major Robinson, who therefore passed through the greater part of the war on active service abroad, and came unscathed through the dangers of the "forward area," was snatched from his friends at the last, when they hoped to enjoy many years of his companionship.

He was one of the most capable of House Surgeons, a delightful companion and a good friend, with ever a cheery smile and kindly word—in fact, he was "one of the best." His loss will be felt by many, apart from his relations, to whom we offer our sincere sympathy in their bereavement:



MAJOR JOHN MITCHELL MEHAFFEY, A.I.F.,

who died on January 1st, at the age of 32, from Broncho-pneumonia following Polio-encephalitis, was the second son of Mrs. V. A. Mehaffey and the late Mr. Wm. Graham Mehaffey, of Invercargill, New Zealand. He entered the "London" from Otago University in May, 1906, and qualified L.R.C.P.Lond., M.R.C.S.Eng., October, 1909. During his Medical course he

took a keen and active interest in the Rugby Football teams of the Hospital, and was Captain of the team during 1909-10.

He also played for the Eastern Counties and was picked for the South of England in the trial games, as a forward. He was at his best in the year 1907 when the "London" had in its forward pack such players as Monteith, Sharpe, Kennedy, MacEwen, when the redoubtable Harlequins were defeated on their own ground by 20 to 3. Although best known in the field of sport "Jono" was a very keen student, possessed of a fine memory, and judgment and intelligence far above the average. In his University days he took high places in his classes. At one time he allowed sport, perhaps, to occupy his whole attention, like many other students, to the detriment of the study of his life work, but when he applied himself, as he did in his last year at Hospital, to his work with the same energy and enthusiasm as characterised his play, examinations were no difficulty to him and he secured his diploma with ease and distinction.

After qualifying in 1909, John Mehaffey returned to New Zealand and began practising at Night-caps, subsequently acting as a *locum tenens* for Dr. R. H. Hogg, at Invercargill, and thence he went to New South Wales.

Upon the outbreak of War the offer of his services to the Commonwealth Government was accepted, and he was attached to the first expeditionary force to German New Guinea. He was wounded during the landing and contracted malaria which greatly impaired his health. It was during his service leave that he died in a private hospital at Mount St. Edins, Melbourne.

MEDICAL WORK AMONG THE ARABS OF MESOPOTAMIA.

For a period of about three months last year it fell to my lot to act as Civil Surgeon to a busy commercial town on the Tigris, with a population of about 15,000. To one interested in Arab life and customs the work appealed strongly, and a sufficient knowledge of Arabic to talk a little and understand what was said, enabled one to obtain the confidence of the people with whom one had to deal, and by disarming the somewhat natural suspicion with which the Arabs regard the newly arrived "Ingleezi," one gained a far more intimate knowledge of them than would otherwise have been possible.

The routine work consisted of a morning visit to the Hospital, inspection of town sanitation, periodical visits to the Civil Gaol and Public



A SHEIK AND HIS SON.

Institutes, and occasional visits to outlying settlements.

The Civil Hospital was founded by the Turks, and taken over by us on our occupation exactly as the Turks left it, the equipment being practically intact. Besides their equipment the Turks left behind the Dispenser, who, on our arrival, was looking after about fifty Turkish wounded, whose evacuation had been prevented by the rapidity of our advance. The Dispenser was a Greek, born in Constantinople, who spoke Greek and Turkish, besides a certain amount of French and Arabic. He was an energetic and hard-working fellow, and was kept on by us in his capacity as Civil Dispenser, and always wore a Union Jack brooch in his tie, as, at any rate, an outward sign of his loyalty.

The Hospital consisted of a three-storied house built on the usual eastern lines, with a central courtyard which served the purpose of a waiting room. The Dispensary and Consulting Room were on the first floor, most of the remaining rooms being fitted up as wards. The wards were equipped on Turkish lines, complete with wicker beds, two blankets and a pillow on each, night shirts and night caps decorated with a red crescent, which corresponds to our red cross. Besides the wards, there was an operating theatre with an old wooden table covered with oil cloth, and very fine sets of German-made instruments.

The Dispensary opens at nine o'clock, and long before that hour the courtyard and lanes in the vicinity of the building are thronged with patients squatting about with pickle jars or beer bottles for any medicine they may get. As in "O.P.'s" at the "London," the men are seen first, but the reason is not that their time is more valuable (as in the East most of the work is done by the women), but they consider priority their right, and, indeed, the women themselves have no other opinion in the matter, and would refuse an offer to be admitted first.

On arrival at the Dispensary the crowd speedily makes a way through itself, and one enters to a chorus of salaams and other blessings, and after a glance at any correspondence proceedings are opened by the Dispenser



KURDS AND ARABS WAITING FOR OUT-PATIENT TREATMENT.