

St. Bartholomew's
Hospital



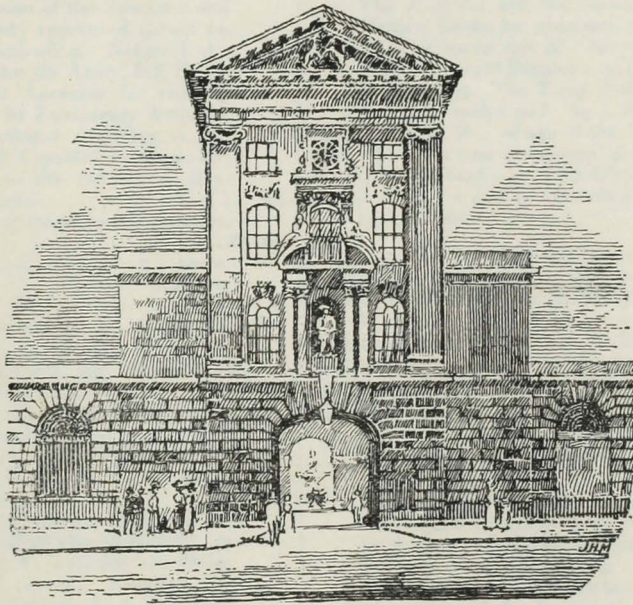
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St. Bartholomew's Hospital



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

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OCTOBER 1ST, 1917.

[PRICE SIXPENCE.

CALENDAR.

Tues., Oct. 2.—Dr. Calvert and Mr. Waring on duty.
Fri., „ 5.—Dr. Morley Fletcher and Mr. McAdam Eccles on duty.
Tues., „ 9.—Dr. Drysdale and Mr. D'Arcy Power on duty.
Fri., „ 12.—Dr. Calvert and Mr. Waring on duty.
Tues., „ 16.—Dr. Morley Fletcher and Mr. McAdam Eccles on duty.
Fri., „ 19.—Dr. Drysdale and Mr. McAdam Eccles on duty.
Tues., „ 23.—Dr. Calvert and Mr. D'Arcy Power on duty.
Fri., „ 26.—Dr. Morley Fletcher and Mr. Waring on duty.
Tues., „ 30.—Dr. Drysdale and Mr. McAdam Eccles on duty.
Fri., Nov. 2.—Dr. Calvert and Mr. D'Arcy Power on duty.
Tués., „ 6.—Dr. Morley Fletcher and Mr. Waring on duty.

EDITORIAL NOTES.

E have very much pleasure in congratulating the following members of the Staffs of this Hospital and of the First London General Hospital upon special promotion :

Lieut.-Col. H. J. Waring to be Brevet Colonel ; Major J. H. Drysdale to be Brevet Lieut.-Colonel ; Capt. R. C. Elmslie to be Brevet Major.

Lieut.-Col. D'Arcy Power, Capt. W. G. Ball, Capt. N. S. Finzi, and Capt. T. J. Horder have been mentioned in despatches.

* * *

The Military Cross has been awarded to Capt. J. A. Bell, R.A.M.C. "During a heavy bombardment, he proceeded along a road which was exposed to the most intense shell-fire in order to attend four wounded officers. He dressed their wounds and remained with them until they were evacuated by motor ambulance, which was only accomplished with the greatest difficulty owing to the heavy shelling. His absolute disregard of danger and devotion to

duty amidst terrific shell-fire were exceptionally splendid and beyond all praise."

* * *

We have also to congratulate Major and Brevet Lieut.-Col. G. Browse, I.M.S., Major R. A. Lloyd, I.M.S., and Capt. G. R. Lynn, I.M.S., on being the recipients of the D.S.O., and Capt. F. J. Anderson on being the recipient of the Military Cross. It is unfortunate that we have not at the moment details of the actions for which these awards were made.

* * *

We very heartily congratulate Major (Temp. Lieut.-Col.) R. M. Carter, I.M.S., who took such a prominent part in the exposure of the Mesopotamia Scandal, on his promotion to be Brevet Lieut.-Colonel as a reward for distinguished service in the field.

Our hearty congratulations are extended to Mr. A. E. Hind, F.R.C.S., upon whom the Order of St. Anne, Class III, has been conferred by the Russian Government in connection with services rendered to the Russian sick and wounded under the auspices of the British Red Cross Society and the Order of St. John of Jerusalem in England.

* * *

Dr. C. Hubert Roberts has been appointed Temporary Assistant Physician-Accoucheur to this Hospital.

* * *

ROLL OF HONOUR.

With very great regret we have to announce the deaths of two of our recently qualified students :

Capt. B. A. Bull, R.A.M.C., was killed in action on September 16th. He took a temporary commission in the R.A.M.C. last year, and was promoted Captain after a year's service.

Temp. Surg. J. D. Rutherford, R.N., H.M.S. "Theseus," died from tuberculosis of the lungs on H.M. Hospital Ship "Karapara" on September 13th in the East Mediterranean very shortly after his entry into the Navy.

Our very sincere sympathy is extended to the parents and relatives of these two late fellow-students of ours.

THE TUNG WAH HOSPITAL, HONG KONG: SOME IMPRESSIONS.

By E. MOXON BROWNE, L.R.C.P., M.R.C.S.,
Surgeon, R.N.

THIS large Hospital endowed and maintained by the influential Chinese family of Tung Wah, is situated in the Chinese quarter of the city of Victoria, and exists to provide gratuitous treatment for Chinese. It is divided into two large sections. In one, the treatment on up-to-date Western lines is under the general supervision of a Medical Officer of the Colonial Medical Service, and in the other, treatment by native doctors may be obtained. Patients are enabled to attend whichever variety they may wish.

The western side affords great opportunities for the study of surgery and medicine, and the clinical work of the students of the new University of Hong Kong is carried out there. Honorary visiting surgeons and physicians are appointed from the practitioners of the colony. The house-surgeons are Chinese graduates of the University, holding the degree of M.B., B.S.

The medical wards offer a great contrast in appearance to those to which one is accustomed in a hospital for Europeans. For one thing, a Chinaman objects strongly to a bed, as we understand it. Give him two trestles, some planks across them, and a good thick quilt, and he is quite comfortable. Such are the beds in the medical wards. Then it is very rare to see a patient, however ill, *lying* in his bed. He is invariably to be found squatting *on* the bed in one corner with all the bedding tightly wrapped round him. There are no female nurses, their work being carried out by trained Chinese ward "boys," who are assisted by coolies, who do the work of a ward maid.

Probably beriberi is the most striking disease seen in the medical wards and its varying aspects and abrupt terminations make an interesting study. Phthisis also is very common amongst the Chinese. No doubt excessive over-crowding has an exceptional influence on the prevalence of this disease in the colony, as, owing to the narrow site between the peak and the sea, the houses where the Chinese dwell are tall and narrow and very dark, while they certainly prefer to sleep packed like herrings, with every door and window closed. Spitting is indulged in to an extraordinary extent, and the constant hawking and spitting heard on every side are amongst the few objectionable habits of the natives. A large amount of surgery is done on the western side of the Hospital, and owing to the very advanced septic condition of very many of the cases on arrival, antiseptic surgery is practised to a much larger extent than is usual in European hospitals. I was told

at the Hospital that the Chinese tend to become good operators, owing perhaps to the fact that they have as a rule, small hands, and are trained from an early age to the use of chop-sticks, which require considerable dexterity to use as a European soon finds out when he tries for the first time to lift a plover's egg from a dish to his mouth.

The section of the Hospital devoted to treatment by Eastern or native methods is appropriately situated on the eastern side of the road opposite the western section. There is a large hall adorned with the usual gold leaf writings and signs. There are three or four tables at which sit the Chinese doctors, attired in elegant gowns of flowered silk, and wearing spectacles. (Spectacles seem quite essential to the successful practice of Chinese medicine.)

These doctors pass an examination of sorts by the Hospital authorities before being allowed to treat patients in the building, but the ordinary native doctor requires nothing more than a book of prescriptions and an impressive manner. Their methods of examining a patient are peculiar. They first feel the pulses in each wrist. There are said to be several in each wrist corresponding to the liver, kidneys, heart, etc. Then having asked a few questions, the learned doctor writes a prescription and the examination is at an end. The dispensary of this part of the Hospital was well worth a visit. Amongst the substances used for internal medication were: Dried snakes, crabs' eyes, centipedes, sea-horses, cockroaches, young lizards, and many weird insects. I saw several other drugs well-known to Western medicine, such as quassia chips, calumba and cinchona.

Having weighed out the necessary amount of drug, it is placed in a Chinese teapot of earthenware and the patient's name is painted on the lid, on which is also placed a sample of whatever drug is inside. One teapot is allowed to each bed. The pot is then placed on a sort of long kitchen range which holds about sixty of these, and the infusion or solution made. The whole mixture (about a quart) is drunk at once. Amongst other treatments with which I often came in contact were, severely pinching the skin over the chest as a counter irritant, leaving long parallel bruises visible for weeks, on the bodies of the coolies, and blowing a live lizard down the throat through a hollow bamboo, to cure pharyngitis.

The number of natives attending for Western, in preference to Eastern treatment, is slowly increasing, though I understand that the actual increase is difficult to determine as patients sometimes attend the eastern side, and if not cured, try the other. This is especially noticed in surgical cases.

The Chinese, although very conservative, are essentially practical, and are undoubtedly beginning to believe more widely in the medicine and surgery of the West.

A CASE OF NECROSIS AND LIQUEFACTION OF THE LIVER IN TYPHOID FEVER.

By E. A. CROOK, M.R.C.S.(Eng.), L.R.C.P.(Lond.).



AM indebted to Dr. Drysdale and Mr. Girling Ball for allowing me to write an account of this case.

The patient, Richard F—, æt. 17, a packer, was admitted to Mark Ward under Dr. Drysdale on April 16th, 1917, complaining of weakness, headache, and diarrhœa.

The history tells us that for ten days he had felt drowsy, had a headache, and felt very weak. Two days previous to admission he became delirious; there was also diarrhœa and incontinence of urine and fœces.

Condition on admission.—The patient looked very ill, and was delirious. No abnormal signs could be found in head, neck, or chest. The abdomen was evenly distended, moved fairly well, was tender, and had a resonant note. The spleen could not be felt. No spots could be seen. There was incontinence of urine and fœces. Temperature 102.6° F; pulse 124; respirations 32.

April 17th, 1917.—Serum agglutinates. Typhoid bacilli. Several rose spots on the body.

April 21st, 1917.—Temperature and pulse dropped to normal.

April 23rd, 1917.—Temperature became intermittent, rising to 101–102° F. in the evening.

May 4th, 1917.—Typhoid bacilli recovered from blood.

May 7th, 1917.—Leucocyte count 7400 per c.mm.

May 12th, 1917.—Temperature was still intermittent. Widal positive 1,100.

June 5th, 1917.—Patient complained of pain in right iliac fossa.

June 8th, 1917.—Leucocyte count 7000 per c.mm.

June 13th, 1917.—Temperature still intermittent, but now 104–105° F. in evening. Pulse about 120.

June 16th, 17th, and 18th, 1917.—Daily rigor. Leucocyte count 24,000 per c.mm.

June 19th, 1917.—Leucocyte count 9000 per c.mm. Abdomen was rigid and tender in epigastrium.

June 22nd, 1917.—There was a fullness and tenderness below the right costal margin, where a mass was felt which was dull on percussion. There was no jaundice; the stools were loose, but normal in colour. Urine normal.

June 25th, 1917.—Temperature still intermittent, rising to 105° F. Leucocyte count 14,000 per c.mm.

June 26th, 1917.—Laparotomy by Mr. Ball. Mid-line incision above umbilicus. Free yellowish-brown fluid was found in the peritoneal cavity. Gut was examined, but no perforation found. Gall-bladder normal. The stomach was adherent to the left lobe of the liver, and when it was

freed thick brownish-yellow fluid poured from a cavity in the liver. The peritoneal cavity was packed off and the fluid drained. A tube was put into the cavity, and a counter-incision was made above the pubes to drain the pelvis. The peritoneal cavity was washed out with normal saline.

June 27th, 1917.—Temperature drops to normal and stays down. A film of the fluid from the liver showed unorganised *débris* and many yellow crystals; no pus cells, but micro-organisms in clumps.

June 30th, 1917.—Drainage tube removed from supra-pubic wound; there was no escape of pus.

July 29th, 1917.—Pure culture of *B. typhosus* from fluid.

July 17th, 1917.—Fluid still draining from the cavity in the liver; a film showed Gram-negative bacilli. A culture grew typhoid bacilli still in pure culture.

August 4th, 1917.—Liver cavity still discharging. A film showed Gram-negative bacilli, but no growth occurred on the culture. Stools also found to be free from typhoid bacilli.

September 13th, 1917.—The wound had now quite healed.

September 20th, 1917.—Patient was discharged and sent to Bognor. There was a very great improvement in his general condition. He had become fatter and had put on much weight since the operation.

The intermittent fever and leucocytosis, with occasional rigors and local tenderness, pointed, it was believed, to cholecystitis, and it was to deal with this condition that laparotomy was performed. The gall-bladder appeared to be quite normal, but the liver was large. The cavity from which the thick brownish-yellow material was obtained, was of considerable size, unilocular, with a smooth wall, of firm consistency; it was situated close to the free margin of the left lobe of the liver, and its orifice was closed by an adhesion of the gastro-hepatic omentum to the liver. It was evident that some local peritonitis had existed, and probably recurrent leakages accounted for the attacks of pain from which the patient suffered. The cavity was evidently formed by a localised necrosis of liver substance. There was some doubt at the time as to whether the gall-bladder should have been drained also; it did not appear to have been the seat of inflammation.

The cavity took some time to close, but before it did so, the discharge became free from typhoid bacilli, as did also the stools.

The eventual recovery of the boy from an extremely emaciated condition was exceedingly gratifying. The case is a very unusual one; microscopic areas of necrosis in the liver substance in connection with typhoid fever are very frequently found in fatal cases; abscesses, though rare, are not unknown, but an area of necrosis and liquefaction at all approaching the size found in this case, without suppuration and yielding throughout pure cultures of *B. typhosus*, have not, so far as I know, been described.

NOTE ON POISONING WITH B.I.P.P.

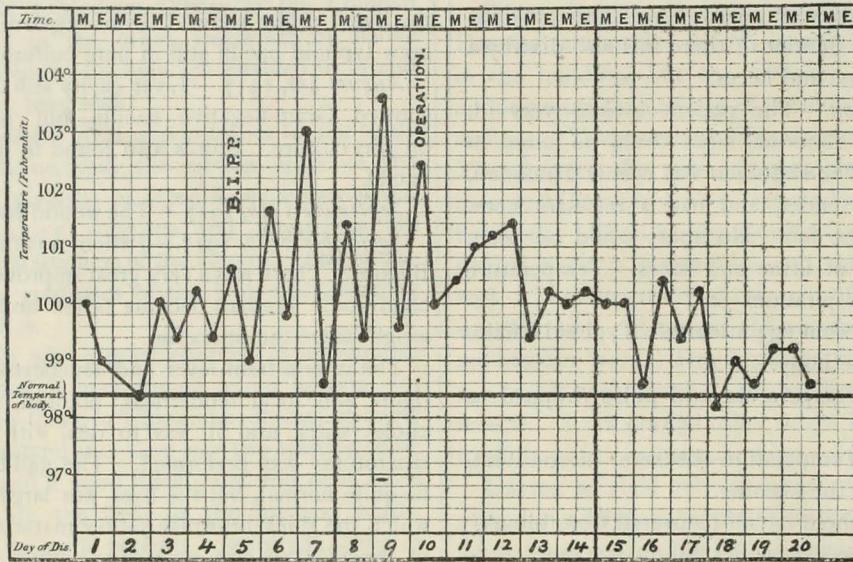
By PAUL BOUSFIELD, M.R.C.S., L.R.C.P.

THE use of B.I.P.P., or, to give it its full title, bismuth, iodoform, paraffin paste, has become almost universal in hospitals since its extraordinary value has been shown in connection with war wounds. It is surprising in how few instances poisoning seems to have resulted from the incorporation of large quantities of this paste in deep wounds.

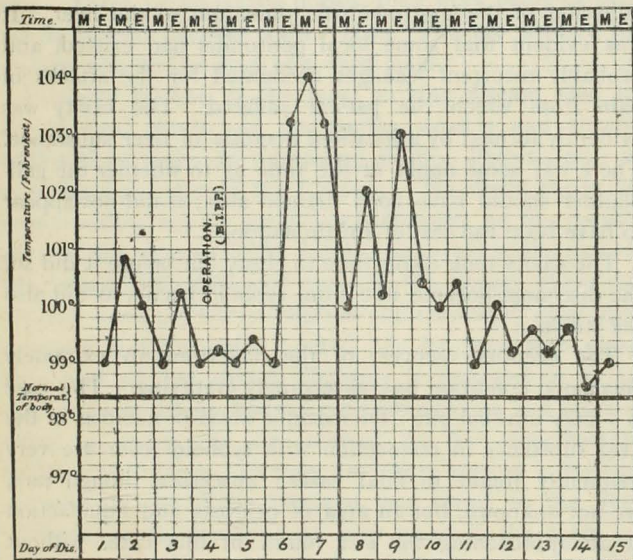
Several cases of bismuth poisoning have been noted and

published in which the typical blue line on the gums and other normal symptoms have appeared. Of this type of poisoning I have only seen one, and that of a very transient nature. Two cases of suspected iodoform poisoning have, however, come under my notice recently and are reported below.

CASE I.—An officer who had been wounded in France a few weeks previously. When first seen by me his right arm had been amputated between the wrist and the elbow, his left thigh had been amputated three inches above the knee, and his right leg had sustained an open comminuted fracture of both tibia and fibula midway between the knee and the ankle. This wound was very large; both bones



CASE I.



CASE 2.—FIRST OPERATION WITH B.I.P.P.

were bare anteriorly in almost their whole length, and a very wrong attempt had been made to plate the tibia, seeing that the wound was in a very septic condition. As may be supposed, there was not the slightest attempt of the fragments of bone to unite in these circumstances. The exposed area of flesh was about 18 square inches.

In view of the loss of two limbs already sustained it was decided after consultation that every attempt should be made to save the remaining leg, and B.I.P.P. treatment was advocated, the patient's general condition being too low to admit of his being placed in a bath, or even moved in bed without great care. Accordingly the whole surface of the wound was smeared with the paste.

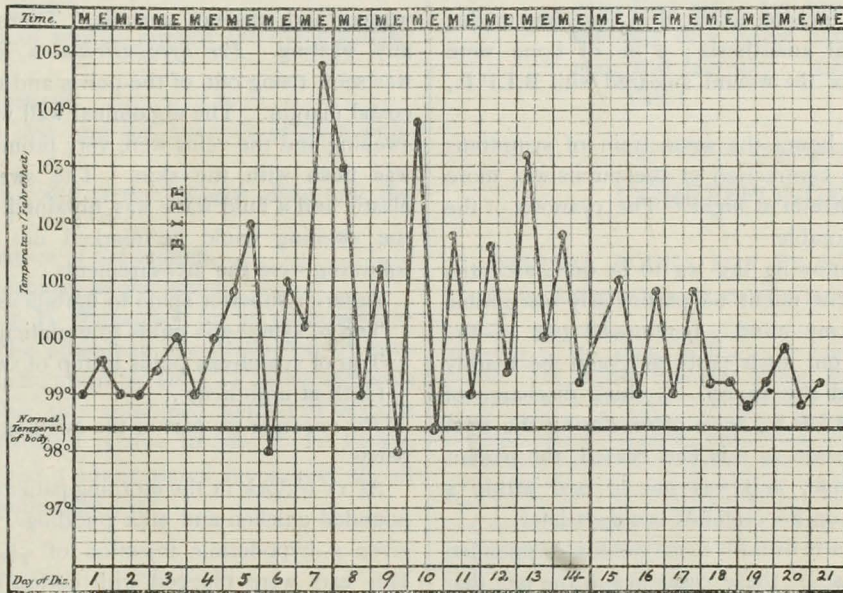
About twenty-four hours after this had been done the patient's temperature became high and erratic, such as is seen in general septicæmia, but as the temperature previously, though much lower, had shown a tendency to this type, one's mind was not immediately drawn to the idea of iodoform poisoning. In the course of the next day or so the pulse became more rapid and feeble, the patient became

light-headed, rambling in his speech, and even when sensible spoke with great hesitation, and seemed to forget his sentences and words almost as soon as they were uttered, the pupils of his eyes became contracted gradually, reacting but slightly to light, and his face became considerably cyanosed. At a further consultation it was decided that he was suffering from iodoform poisoning. The paste was removed and the wound washed clean, and then fomented with a very large fomentation. After twenty-four hours there were no signs of improvement—indeed, the patient appeared to be *in extremis*. It was obvious that in

B.I.P.P. The flaps were drawn together and a large drainage tube left in.

Within thirty-six hours a typical septicæmic temperature had set in. The patient's face became cyanosed, the pupils of the eyes became very slightly contracted, the patient's speech rather disconnected and slow, and at night there was slight delirium from time to time. The symptoms were attributed to the lighting up of the infection owing to the operation.

From the wound itself there was a copious flow of serum slightly blood-stained, and carrying with it in the course of



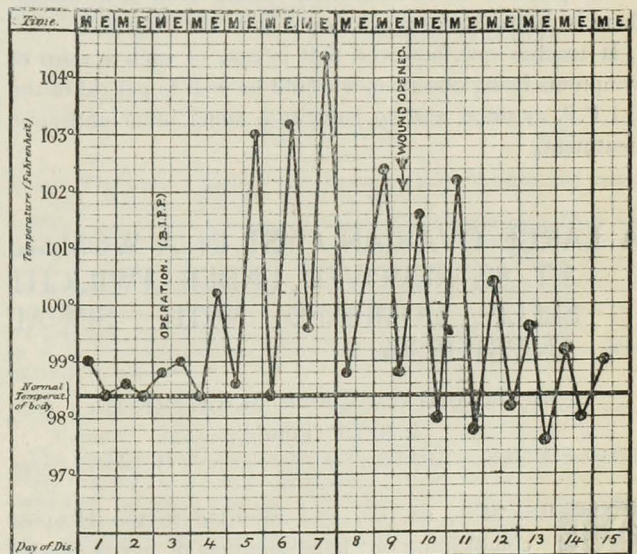
CASE 2.—SECOND OPERATION. WOUND PACKED WITH B.I.P.P.

the deeper portions of the wound and between the loose pieces of bone some portion of the paste remained.

Under gas and oxygen amputation of the thigh two inches above the knee was performed. Twenty-four hours later the patient showed great improvement, and has since made a steady recovery.

CASE 2.—This is remarkable for the fact that the patient, who had been under a guillotine operation through the left knee joint in France, suffered from a mild form of iodoform poisoning on three successive occasions, and it was not until the last of these occasions that the true nature of his symptoms was suspected.

On admission, the condyles of the femur were protruding and the whole stump was suppurating. This was dressed with a Dakin's solution, and an intermittent flow allowed to pass over the whole surface of the wound, and following that Enzymol dressings were applied to clear up some of the slough. In about three weeks the wound was healthy, and re-amputation became possible. At the operation the insides of the flaps were smeared thickly with



CASE 2.—THIRD OPERATION WITH B.I.P.P.

a few days, most of the inserted paste. Simultaneously the patient's abnormal temperature and other symptoms disappeared.

Owing to the stretching of the wound where the drainage tube had been inserted, a deep pocket remained in the interior of the stump, and, as a precaution this was packed with B.I.P.P. under nitrous oxide.

The symptoms reappeared in a minor degree, and were put down to the same cause. Two months later the patient, having in the meantime quite recovered, and having been up and about on crutches, it was decided to remove a further portion of the bone in order to improve the stump.

An external lateral incision about 8 in. long was made; this time under spinal anæsthesia; 2 in. of bone were removed, the interior of the wound smeared with B.I.P.P., and the wound closed.

Within twenty-four hours the same train of symptoms had appeared, but the contraction of the pupils was more marked, as was the delirium at night. The cyanosis of the face was also very noticeable.

On this occasion, knowing the leg to be quite aseptic, the idea that the patient might be particularly susceptible to iodoform entered my mind. I removed two of the end stitches, washed out such parts as could be readily reached, and fomented the stump. A thick discharge of serum, loaded with B.I.P.P., took place during the next forty-eight hours; as soon as this had ceased, the patient at once became normal, and was out of bed within a fortnight, and walking on his crutches two days later.


The temperature charts of both these cases are appended herewith. The interest of these cases lies in the fact that the diagnosis of iodoform poisoning was obscured by the previous septic condition of the patient; and, indeed, it is not possible to be absolutely certain even now, though there is probably not much doubt as to the diagnosis.

It teaches one, however, that in case of such a train of symptoms being observed, it would be well to get rid of the B.I.P.P. at once, and to substitute some other antiseptic treatment.

A LARGE OVARIAN CYST IN A WOMAN, ÆT. 80, REMOVED UNDER TWILIGHT SLEEP COMBINED WITH SPINAL ANÆSTHESIA.

By GUNARATNAM COOKE, M.R.C.S.(Eng.),
L.R.C.P.(Lond.),

Resident Midwifery Assistant, St. Bartholomew's Hospital, London.

RS. M—, æt. 80, was admitted to the Hospital complaining of "large swelling of her stomach." She began to menstruate at the age of eleven, and there was nothing abnormal in her menstrual history. She

was married at the age of twenty-five and had six children, last child born at forty. Menopause began at forty-seven. Since then there is no history of any bleeding from her uterus.

During the last two years patient noticed that her abdomen was gradually getting bigger, and quite recently she found it difficult to lie flat in bed and had complained of indigestion. These were the only two pressure symptoms she complained of. Her bowels had been opened daily without medicine, and she was able to pass her water naturally. She thinks she has not lost any weight.

On examination the patient seemed a very healthy woman and was not anæmic. There was no evidence of any wasting. *Per hypogastrium* a large uniform tumour was seen rising out of the pelvis and reaching as far as the costal margin. The abdominal wall was stretched over the swelling and the veins were very prominent. The umbilicus was flush with the skin. The swelling was tense and elastic and a fluid wave was obtained. The oval outline of the swelling could be marked out by percussion. The following were the measurements:

Anterior superior spine to umbilicus	10 in.
Top of symphysis pubis to umbilicus	9 "
Top of symphysis pubis to top of swelling	18 "
Girth at umbilicus	44 "

Per vaginam no part of the swelling could be felt in the pelvis.

At 11 o'clock in the morning patient had a hearty meal of pounded chicken and milk pudding. At 12 noon she was given a hypodermic injection of $\frac{1}{150}$ gr. of scopolamine. Her ears were plugged with cotton-wool, and special instructions were given to keep the ward quiet. At 12.45 p.m. 5 minims of a solution containing morphine hydrochloride $\frac{1}{6}$ gr., atropine sulphate $\frac{1}{180}$ gr., and scopolamine $\frac{1}{200}$ gr. were given subcutaneously.

At 1.30 p.m. patient was removed to the operating theatre with her eyes covered, and silence was observed in the theatre throughout the operation.

8 c.c. of the stovaine in salt solution was injected into the spinal canal in the interval between the second and the third lumbar vertebræ. The operation was begun within ten minutes of this injection, the patient keeping absolutely still during the whole time. Eighteen pints of the usual thin, serous, straw-coloured fluid were gradually withdrawn from the cyst with a trocar, and the cyst was removed after transfixing its pedicle with interlocking sutures. The ovary on the opposite side was found to be atrophied. The abdominal wound was closed in the usual fashion. A sand-bag 2 lb. in weight covered in sterile towels was placed over the dressings and a many-tailed bandage applied. The object of the sand-bag was to replace this sudden diminution of increased intra-abdominal pressure. The whole operation took about thirty minutes.

The patient was returned to an air-mattress bed. This

precaution was taken to prevent any pressure-sores, especially in an elderly woman after a spinal anæsthetic.

She began to come round from the twilight sleep at about 3 o'clock, and she was quite conscious at 3.30 p.m. The effects of the spinal anæsthesia did not go off till about 6 p.m., when she began to feel her legs and some pain over the abdominal wound. She had a good tea at about 5 o'clock. She remembered nothing of her removal from the ward to the theatre, nor anything of the operation. She had an uninterrupted recovery, and left the Hospital within a fortnight of the operation.

The pathological report on the tumour confirmed the innocent nature of its growth.

I report this case as of special interest for the following reasons:

- (1) The age of the patient.
- (2) The size of the cyst and the quantity of fluid withdrawn.
- (3) The complete success of the twilight sleep and the spinal anæsthesia.
- (4) The innocent nature of the tumour.
- (5) The complete recovery of the patient.

I am indebted to Dr. H. Williamson for his permission to publish this case. The operation was performed by him, and the spinal anæsthetic given by Dr. C. F. Hadfield, who wishes me to state that this combined method of twilight sleep and spinal anæsthesia is due to Mr. F. L. Provis, F.R.C.S.E., who has had it administered for almost all his abdominal cases for some time past.

THE VEILED PUFF—AN AFTERTHOUGHT.

With Apologies to the Shade of Samuel Jones Gee.



OW anon is there heard the Veiled Puff!

And the conditions for the hearing thereof are these:

- (a) That it come forth out of a dim future; and fade into a shadowy past.
- (b) That it be not a Perfect Puff; for then is it not truly Veiled.
- (c) That it be not so Veiled as to be Shrouded; for then is it no true Puff.
- (d) That it be, as it were, equivocal; else hath it no place in our category.

For the Puff is of the Glottis; but the Veil of the Vesicle. Also may the Veil be of the Stethoscope, or of the Pleura, or anon of the muscle of the chest wall.

And if the Cough, the Voice, or the Breath be clearly heard; then is the Veil blown aside, and there standeth revealed the Puff in all its perfection.

But if a man sulk when he saith "One, Two, Three"; about the word "Three" is the Veil thickened, the Puff is concealed, and the Veil becometh a Shroud.

Now all men—when listened to of their Physicians—sulk! Therefore is the Veiled Puff, truly interpreted, but rarely heard.

And if any man hear it; he is "some" Physician, and to him take I off my Hat.

But though fools say they hear it; suffer them gladly.

For a wise man putteth his tongue in his cheek, and shutteth one eye, saying in his heart: "Shade of Laennec—pity them; for they know not what they say. For the Veiled Puff—the last infirmity of a noble mind—was heard of one man, and one only. *And he is dead!*"

Vale!

CORRESPONDENCE.

MEDICAL BOOKS FOR PRISONERS OF WAR.

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

DEAR SIR,—May I through the columns of your JOURNAL call attention to the needs of British Prisoners of War for medical books. The *British Prisoners of War Book Scheme (Educational)* receives numerous requests for such books of all standards and on a great variety of subjects. These requests come from hospital orderlies, medical students, physicians, surgeons, specialists, etc.

Let each reader of this picture himself in a prisoners' camp without books for study, and do what he can to alleviate the lot of some man so placed. Let him look through his shelves and see what he can spare, and send us a list of the books he can offer. This will be marked to show which books would be of use to us and returned to him.

Donations to the Funds are also urgently needed to purchase books that cannot be obtained as gifts, especially up-to-date technical and scientific books.

All communications should be addressed to me at the Board of Education, Victoria and Albert Museum, S. Kensington, S.W. 7, and marked "Prisoners of War."

ALFRED T. DAVIES,
Chairman.

REVIEWS.

BLOOD PICTURES. By C. PRICE-JONES. (John Wright and Sons, Ltd., Bristol.) Pp. 91. Price 6s. 6d. net.

This book is not a complete hæmatological text-book from the theoretical aspect but is, as its name implies, a series of interpretations of reports on actual blood examinations. These typical examples are excellently described and well illustrated, and should serve the general practitioner considerably when attempting to assist his diagnosis by making examinations of the blood. The book can be fully recommended to every practitioner who uses up-to-date methods in his work.

HYGIENE AND PUBLIC HEALTH. By WHITELEGGE and NEWMAN. (Cassell.) Thirteenth edition. Pp. 796. Price 10s. 6d. net.

The medical student, the medical practitioner, and the health officer in every branch of the public service will find this book most useful and well worth reading. Its object is to summarise in a condensed and succinct form the most important applications of preventive medicine in cases of infant mortality, tuberculosis, venereal disease, tropical diseases, etc.

This edition is more complete than the earlier ones, and many new illustrations have been added.

EXAMINATIONS, ETC.

UNIVERSITY OF LONDON.

First Examination for Medical Degrees. July, 1917.

F. T. Evans, L. M. Jennings, *H. C. Killingback, J. H. R. Laptain, D. M. Lloyd-Jones, H. W. Needham, W. H. Nettelld, H. G. Shaumer, H. K. Tucker, W. R. Ward.

* Awarded mark of distinction in Physics.

Second Examination for Medical Degrees. July, 1917.

Part I. Organic and Applied Chemistry.—T. Adam, C. J. Donelan, S. A. Gunter, †L. M. Jennings, L. S. Morgan, C. W. Narbeth, A. C. D. Telfer, W. G. D. H. Urwick, E. H. Weatherall.

† Awarded a mark of distinction.

UNIVERSITY OF DURHAM.

At the Convocation held on June 26th, 1917, the following degrees were conferred:

M.D., N. F. Rowstron.

D.P.H., W. E. R. Saunders.

CONJOINT EXAMINATION BOARD.

First Examination. September, 1917.

Part I. Chemistry.—G. Manët-Wallett.

Part III. Elementary Biology.—A. E. Austen.

Part IV. Practical Pharmacy.—G. G. Havers, F. W. Lemarchand, H. M. A. Menage, H. L. Pridham.

Second Examination. October, 1917.

Anatomy and Physiology.—T. Adam, H. S. Davies, K. H. Doouss, M. N. Eldin, J. A. Morton, H. Nosrat, E. P. Schofield, J. S. White.

SOCIETY OF APOTHECARIES.

August, 1917.

Diploma granted to E. J. G. Sargent.

CHANGES OF ADDRESS.

AYDON, J., Surg., R.N., H.M.S. "Temeraire," c/o G.P.O., E.C.

COOK, A. R., Berkeley Lodge, Haling Park Road, South Croydon.

HINE, T. G. M., Queen Anne's Mansions, S.W. 1.

LADELL, E. W. J., 34, Sixth Street, Boksburg North, Transvaal.

MILLER, T. M., Capt., R.A.M.C.(S.R.), 24th Field Ambulance, B.E.F.

BIRTHS.

ELLIOTT.—On September 29th, at Sunny Mount, Tunbridge Wells, the wife of Christopher Elliott, Lieut., R.A.M.C., of a daughter.

HAYNES.—On October 13th, at 63, Trumpington Street, Cambridge, the wife of G. S. Haynes, M.D., Capt., R.A.M.C.(T.F.), of a son.

MURPHY.—On July 26th, at Wawota, Sask, Canada, the wife of J. J. Murphy, of a daughter.

NORMAN.—On October 3rd, at Chigwell Hall, Chigwell (the residence of her parents), to Ethel Anne, wife of Capt. N. F. Norman, R.A.M.C., a daughter.

RAMSAY.—On September 7th, at 4, Bryanston Street, the wife of Robert A. Ramsay of a son.

SANDILANDS.—On September 8th, at 13, Campden Hill Gardens, W., the wife of John E. Sandilands, M.C., M.D., Temp. Capt., R.A.M.C., B.E.F., of a son.

TAYLER.—On September 13th, at Lovemead House, Trowbridge, the wife of F. E. Tayler, M.R.C.S., of a son.

MARRIAGES.

DIXEY—HOLMES.—On July 28th, at The Priory, Malvern, by the Rev. A. Linzee Giles, Captain J. C. Dixey, R.F.A., elder son of Dr. and Mrs. Dixey, of Malvern, to Helen Margaret, youngest daughter of the Rev. C. T. and Mrs. Holmes, of Malvern.

DUGGAN—GATTEY.—On August 21st, by the Rev. T. Lowe, at St. Gregory's, Harpford, South Devon, very quietly, whilst on short leave, Norman Duggan, M.B., F.R.C.S., T. Capt., R.A.M.C., to Mary Heath Gattey, late Q.A.I.M.N.S.R.

HUMPHRY—PURVIS.—On September 14th, by special licence, at the house of the bride's parents, by the Rev. J. B. Woodburn, brother-in-law of the bride, assisted by the Rev. James Hunter, Alexander Murchison Humphry (Temp. Maj., R.A.M.C.), youngest son of the late A. P. Humphry, Esq., M.V.O., of Horham Hall, Thaxted, Essex, to Vida, youngest daughter of Mr. and Mrs. David Purvis, Knockdown Park, Belfast.

PERRIN—PRESTON.—On August 22nd, at the Parish Church, Weybridge, by the Rev. F. H. Salzmann, M.A., Vicar of Westcott, Dorking, brother-in-law of the bride, and the Rev. G. F. Wilson, M.A., Chaplain to the King, Maurice Nasmith Perrin, Captain, R.A.M.C., son of Mr. and Mrs. Henry Perrin, of 23, Holland Villas Road, W., and The Cottage, Bushey Heath, Herts, to Susan Frances, youngest daughter of Mr. and Mrs. Walter Preston, of Curlew Hope, Weybridge.

PRACY—POWER.—On August 24th (St. Bartholomew's Day), at St. Mary's Church, Atherstone, Douglas Sherrin Pracy, Temporary Captain, R.A.M.C., to Gwendoline Blanche, elder daughter of Dr. Power, Atherstone.

WRIGHT—FITZGIBBON.—On August 14th, in Delgany Church, Frederick Cecil Wright, Surgeon, Royal Navy, only son of the late Dr. Wright, formerly of Derby, to Georgiana Rose, elder daughter of Captain and Mrs. H. MacAulay FitzGibbon, Greystones, Co. Wicklow.

DEATHS.

BULL.—Killed in action on September 16th, 1917, Capt. B. A. Bull, R.A.M.C., attached London Regt., the only surviving son of Prof. and Mrs. Bull, of Chorlton-cum-Hardy, formerly of Huddersfield.

HARRIS.—Killed in action, July 31st, 1917, H. A. Harris, M.R.C.S., L.R.C.P., Capt., R.A.M.C., attached R.F.A.

MURPHY.—On August 26th, 1917, at Wawota, Sask, Canada, Jerome J. Murphy, M.D., L.R.C.P.(Lond.), of pneumonia.

PETRIE.—At Yateley, Hants, on August 26th, 1917, Alexander Sturrock Petrie, M.R.C.S., L.R.C.P., beloved husband of Sophy Inglis.

RUTHERFORD.—On September 13th, 1917, on H.M.H.S. "Karapara," from tuberculosis of the lungs, J. D. Rutherford, Surgeon (Temp.) R.N., M.R.C.S., L.R.C.P.

ACKNOWLEDGMENTS.

The Shield, St. Thomas's Hospital Gazette, Guy's Hospital Gazette, British Journal of Nursing, The Hospital, The St. Bartholomew's Hospital League News, The Nursing Times, New York State Journal of Medicine, St. Mary's Hospital Gazette, The Medical Review, Long Island Medical Journal, Journal de Médecine de Bordeaux.

NOTICE.

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

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

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

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

St. Bartholomew's Hospital



"Æquam memento rebus in arduis
Servare mentem."

—Horace, Book ii, Ode iii.

JOURNAL.

VOL. XXV.—No. 2.]


NOVEMBER 1ST, 1917.

[PRICE SIXPENCE.

CALENDAR.

Fri., Nov. 2.—Dr. Calvert and Mr. D'Arcy Power on duty.
Tues., „ 6.—Dr. Fletcher and Mr. Waring on duty.
Fri., „ 9.—Dr. Drysdale and Mr. Eccles on duty.
Tues., „ 13.—Dr. Calvert and Mr. D'Arcy Power on duty.
Fri., „ 16.—Dr. Fletcher and Mr. Waring on duty.
Tues., „ 20.—Dr. Drysdale and Mr. Eccles on duty.
Fri., „ 23.—Dr. Calvert and Mr. D'Arcy Power on duty.
Tues., „ 27.—Dr. Fletcher and Mr. Waring on duty.
Fri., „ 30.—Dr. Drysdale and Mr. Eccles on duty.
Tues., Dec. 4.—Dr. Calvert and Mr. D'Arcy Power on duty.
Fri., „ 7.—Dr. Fletcher and Mr. Waring on duty.

EDITORIAL NOTES.

 E congratulate several Bart.'s men on having attained military distinctions recently, but we regret that details for which such distinctions have been awarded are not yet available.

Major R. A. Lloyd, I.M.S., Capt. G. D. Watkins, R.A.M.C., and Temp. Capt. J. C. Sale, R.A.M.C., M.C., have been awarded the D.S.O.

Temp. Capt. T. J. Rees, R.A.M.C., has received the M.C.

Surg. R. G. Lyster, R.N., has had the Croix de Guerre conferred upon him by the President of the French Republic.

* * *

We congratulate Miss M. L. Appleyard, Matron of the 1st London General Hospital, who has been awarded the R.R.C., and Miss K. E. Barling, sister at the same hospital, who has been awarded the A.R.R.C.

* * *

Capt. Girling Ball has left Bart.'s temporarily for the 53rd General Hospital, B.E.F., France. In his absence Capt. A. Macphail will carry on the duties of Warden.

Sir Donald MacAlister, K.C.B., M.D., has been appointed by the Minister of National Service to act on an advisory medical board for Scotland, to advise him on questions relating to the examination of men of military age by the National Service Medical Board, and has been further appointed by the Secretary for Scotland to act on a committee to advise him on questions relating to the examination of such men by the medical assessors who are to be appointed for him.

* * *

Major J. Dundas Grant has been appointed Chairman of the Special Aural Board set up by the Pensions Minister to deal with cases of deaf discharged soldiers.

* * *

It should be of interest to all readers of the JOURNAL to know that in a recent single report to the Secretary for War the names of no less than thirty-four Bart.'s men appeared.

* * *

Dr. Langdon Brown has been appointed Croonian Lecturer, for 1918 at the Royal College of Physicians of London.

* * *

With very much regret we have to announce the death of Sir Charles Pardey Lukis, Director-General of the Indian Medical Service. A fuller obituary notice appears on a later page of this journal. Our deepest sympathy is extended to his widow and relatives in their bereavement.

* * *

We also record with sorrow the death of Dr. W. Gilmore Ellis, Principal Civil Medical Officer of the Straits Settlements, who died at Singapore after an operation. Born in 1860, he studied at St. Bartholomew's Hospital and at the University of Brussels, where he took the degree of M.D. in 1887. He became Medical Superintendent at the Singapore Lunatic Asylum in 1888, and was Municipal Health Officer and Colonial Resident Surgeon. He was appointed Principal Medical Officer of the Straits Settlements in 1910. Dr. Ellis had made a special study of beri-beri.

ROLL OF HONOUR.

With very much sorrow we learn of the death of three of our fellow Bart.'s men at the Front :

Capt. Reginald Sherman, R.A.M.C., died of wounds on October 10th, a few hours after he had been shot in the chest while visiting a forward aid post. He had been in France since February, 1915, and had been through the battles of Loos and the Somme, and many other engagements.

Capt. J. B. Randall, R.A.M.C., was killed in action on October 31st, but we regret that at present we have no further particulars.

Lieut. R. G. Hill, M.C., R.A.M.C., was killed in action on October 11th. At the outbreak of war he obtained a commission in the R.F.C., in which he served in France and Egypt. Later he felt it his duty to change into the R.A.M.C. He was recently awarded the M.C. for gallantry in the field.

To the sorrowing relatives and friends of these old Bart.'s men our warmest sympathy is extended.

A CASE OF CHRONIC NEPHRITIS WITH REPEATED CEREBRAL HÆMORRHAGES.

By LLOYD K. LEDGER, M.R.C.S., L.R.C.P.



AM indebted to Dr. Morley Fletcher for permission to publish the notes of this case.

C. B—, æt. 39, a packer and ex-soldier, was admitted to this Hospital on September 23rd, 1917, in a stuporose condition with a left-sided hemiplegia.

The past history shows that in May, 1910, when aged 32, the patient had suffered from an attack of temporary aphasia from which he recovered spontaneously in about ten minutes. The onset of this attack was marked by a feeling of faintness but no loss of consciousness and no paralysis developed. In November, 1910, he suddenly lost consciousness for ten minutes, and on recovery found that he was unable to talk properly. He came to this Hospital and was admitted under the care of Dr. Ormerod. He complained of severe headache and the defect in his speech. It was found that he could give his name and address and say such simple words as "Yes," "No," etc., but he occasionally misused words; he was aware of the mistake, but could not correct it. He was able to write legibly and repeat spoken words. There was slight weakness of the right arm and right side of the face. The urine contained much albumen and a few granular casts. The systolic blood-pressure was 142 mm. Hg. The Wassermann test was negative. He remained in the Hospital for some weeks and on discharge had a very slight speech defect.

In the autumn of 1912 he had another temporary attack of aphasia, of which no accurate history is obtainable. He

was accepted for the Army at the end of 1914 and has been fighting in France since April, 1915. He was gassed in May and also in July, 1915.

In January, 1917, he developed a left hemiplegia and was admitted to a military hospital in France. No history of the onset of this attack is obtainable. He made a partial recovery, but in March, 1917, the paralysis suddenly returned. He is said not to have lost consciousness on this occasion, but to have suffered from severe headache and continuous vomiting for several days. He was under treatment at various military hospitals for fourteen weeks, after which time he was discharged from the Army. He made a partial recovery. The present attack of left hemiplegia occurred suddenly on September 23rd, while the patient was on a 'bus, but there was no immediate loss of consciousness. He had had a numb tingling sensation in the left hand for several minutes before he became paralysed and he lost consciousness about half an hour after the onset of the paralysis.

On admission he was deeply comatose and had a left hemiplegia. The reflexes on the left side were much exaggerated, the plantar response being extensor. There was spasticity of the limbs of the right side with continuous clonic movements. He exhibited an hypertrophied heart—thickened tortuous arteries—systolic blood-pressure of 265 mm. Hg. The urine contained 0.15 per cent. albumen and many granular and hyaline casts. The cerebro-spinal fluid was intimately mixed with blood. The Wassermann was negative in blood and cerebro-spinal fluid.

On October 5th, 1917, he became much worse and he died, never having regained consciousness, on October 7th, 1917.

The post-mortem examination showed: A hypertrophied heart—atheroma of aorta, and basilar and middle-cerebral arteries. The kidneys were very small—markedly granular—the capsule stripping with considerable difficulty. There was a small subcortical cyst in each kidney. The cortex was thin and the pelvic fat much increased. The brain weighed 44 oz. There was slight general flattening and atrophy of the convolutions. There was an area of atrophy of the cerebral cortex, producing a notch the size of a filbert, situated just anteriorly to the left Rolandic cortex and involving the superficial surface of the cerebrum and the surface in relation to the velum. There was a hæmorrhage of some days' standing, together with a more recent effusion of blood, ploughing up the right lenticular nucleus and producing a cavity, the size of a golf-ball, with deeply-pigmented walls and yellow staining and softening of the adjacent brain. The right ventricle contained much blood, the left only slightly blood-stained fluid. The fourth ventricle and cerebellum were normal. Sections through Broca's area showed no abnormality, but two small cysts were found in relation to the left caudate nucleus. The larger of these cysts, $\frac{3}{8}$ in. in length and $\frac{1}{2}$ in. in width, was situated in the white matter immediately adjacent to and

on the antero-external aspect of the caudate nucleus and slightly above the level at which this nucleus joins the lenticular nucleus. The smaller cyst was slightly anterior to and on a higher level than the larger. Both cysts had pigmented walls and evidently resulted from previous small cerebral hæmorrhages.

The case is of interest on account of the history of successive cerebral lesions, all of which were probably due to independent hæmorrhages.

Such complete recovery was made from the early hæmorrhages that the man was afterwards accepted for foreign service, and actually fought in France for two years. During his first admission the exact diagnosis was in doubt, no definite conclusion as to the cause of the aphasia being reached; and it is noteworthy that there was no marked cardiac hypertrophy, and that his blood-pressure was only 142 mm. Hg., in spite of the urinary evidence of advanced renal disease.

In the light of his later history and the post-mortem findings, it is probable that the early attacks of aphasia are to be associated with the cerebral hæmorrhages responsible for the cysts found in the neighbourhood of the caudate nucleus. The hæmorrhages must have produced their effects by causing a local increase of intracranial pressure and consequent cerebral anæmia in their neighbourhood. As absorption took place the circulation in the adjacent areas would recover and the symptoms abate; but localised softening and cyst formation resulted.

As these early hæmorrhages did not directly involve any important area, the recovery appeared to be complete. It is remarkable that the large area of atrophy of the cortex on the left side did not produce any definite or permanent symptoms. The large lenticular hæmorrhage on the right side must have been the result of several successive bleedings into the one area.

Presumably, a small hæmorrhage occurred in January, 1917, followed by a larger one in March, and yet another at the time of his admission to the Hospital, and probably a terminal one two days before his death. The brain around this hæmorrhage was much softened and stained over a wide area by altered blood pigment. Both old and quite recent blood-clots were present, and probably resulted from the hæmorrhages of September 23rd and of October 5th.

In connection with the age at which the patient died, the following quotations are of interest: In *Kidney Diseases*, by Sir W. P. Herringham, there is given an analysis of 82 consecutive cases of fatal cerebral hæmorrhage complicating renal disease; only 4 occurred in the fourth decade. In commenting on these figures, he remarks that—"Hardly any cases of cerebral hæmorrhage occur under fifty, whereas more than half the cases of death due to heart failure occur before this age." And again: "Of those who die of nephritis under fifty few have cerebral hæmorrhage."

In *Osler's System of Medicine* it is stated that—"Spon-

taneous cerebral hæmorrhage is . . . generally recognised as being rare before the fifth decade." He quotes Monakow's view that—"Before the fortieth year cerebral hæmorrhage is extraordinarily uncommon."

The analysis of 26 consecutive fatal cases of cerebral hæmorrhage at the John Hopkins Hospital shows 4 cases in the fourth decade. In *Allbutt's System of Medicine* an analysis of 124 consecutive cases of fatal cerebral hæmorrhage occurring at St. Bartholomew's Hospital 13·4 per cent. occurred in the fourth decade.

Of these cases 80 per cent. were associated with chronic nephritis, and 65·4 per cent. had, in addition, hypertrophy of the heart and atheroma of the cerebral arteries and aorta, and the hypertrophy of the heart was absent in 5·5 per cent.; atheroma was absent in 5·5 per cent.; the remaining 3·6 per cent. being given as uncomplicated chronic interstitial nephritis.

The other 20 per cent. are given as either due to atheroma of the cerebral arteries, with or without hypertrophy of the heart, and probably associated with a history of syphilis, or to aneurysm of the cerebral vessels without any other lesion (4·5 per cent.).

Cerebral thromboses are not so frequently fatal as cerebral hæmorrhages, and, therefore, a greater proportion of the latter die in hospitals, and yet the proportion of fatal cases reported in the *Journal of Nervous and Mental Diseases*, 1909 (Ludlum) is: 68 cases of thrombosis to 24 of hæmorrhage. At the John Hopkins Hospital, in cases fatal during the third and fourth decades, there were 6 cases of thrombosis to 5 of hæmorrhage.

A NOTE ON TREATMENT WITH A NEW ANTISEPTIC.

By PAUL BOUSFIELD, M.R.C.S., L.R.C.P.

AT a recent date a new antiseptic was brought to my notice by a surgeon, who stated that it had produced highly satisfactory results. Upon his recommendation I gave this antiseptic a trial, and I feel that, as a result of treating between thirty and forty septic cases with it, a note might be opportune. The particular antiseptic to which I refer is known, I believe, by the name of "Zoel," and consists of sodium monoborate, sodium diborate, and salt, and I must confess that I have been in some measure surprised with the fact that any substance can behave as an efficient antiseptic, and at the same time non-irritative agent, unless, of course, I except certain colloidal antiseptics still in their experimental stage.

Among the various cases upon which I have tried this, I may mention at least three cases where skin-grafting was deemed advisable, in spite of the fact that the surfaces to be grafted were not aseptic. One of these (which case I am

publishing elsewhere) included an area of approximately 72 square inches of bare muscle in a state of chronic, though mild, suppuration. Another case was one in which I had to perform a plastic operation upon the bare anterior surface of the tibia—an operation which, in any circumstances, entails considerable doubts as to the result. These grafting operations have, so far, been quite successful. In the first quoted case only two out of between thirty and forty grafts failed to live; throughout I used a spray of Zoel solution instead of normal saline.


More commonly I have used this sodium monoborate compound as a substitute for Dakin's solution. Cases have included re-amputations of previous septic guillotine amputations in France, and the common muscular wound in such positions, for instance, as the calf of the leg, which has produced intra-muscular septic pockets necessitating several incisions and the use of Carrel's tubes.

At the present moment, though I must confess that my experience is limited to about thirty-six cases, I have found the above-named solution as efficient as any other of the well-known baths or flushing solutions which I have tried. I have been enabled to give continuous irrigation for twelve hours without any apparent skin irritation or other toxic result, and this without any protection to the surrounding skin. I have immersed septic stumps with good results in solutions containing 2 per cent. of Zoel powder without any pain or subsequent trouble to the patient, and with excellent results in so far as cleaning is concerned.

I have not yet had the time to perform any quantitative experiments upon the actual germicidal power of this disinfectant, but the practical results obtained encourage me to give a preliminary note upon it. If any other surgeons have been using this substance recently, it would be of interest to know what their experience has been.

THE PASSING OF A CONSULTANT.

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

 DOUBLE blackboard, conspicuous with white lettering, is fixed at an angle to the railings of a verandah, so that it becomes plainly visible to those passing to and fro along the street. And the lettering? What does this say? "The lease of this house to be sold." The house, from its appearance, is unoccupied: the windows are curtainless; blinds are invisible; the door shows signs of neglect; the door-steps are unwashed, dull, and mud-stained; the boot-scraper is rusted from want of use and attention. Such is a familiar sight in London. In hundreds of streets it illustrates a common-place experience to the passer-by, attracting no notice because there is no reason why it should. And yet to this rule there are exceptions. There are instances in which such a house,

empty and for sale, compels attention from the memories it recalls, and to one of these instances reference may here be made. A glance at the door reveals a discoloured brass plate, engraven upon which in neat, though well-worn characters, is the name of a popular consultant, whose long years of active, prosperous work has suddenly come to an end by death. And then does the reflection follow of how many thousands, in the course of years, of ailing and disease-stricken persons have waited upon that doorstep for admission to this Mecca of healing. There comes, too, the further reflection of how many scores of practitioners have similarly waited, accompanied by patients, seeking the aid which a higher knowledge can afford. And there, in this Mecca, how many fears have been dispelled, how many hopes created, how many impressions of despair confirmed, by a visit which necessity indicated, and prudence endorsed. Thus may it be assumed that this house, now deserted and to be sold, in former days became a judgment seat of life or death, of invalidism, or the recovery of health. But man is only human, and the popular consultant, in common with humanity, has to pay the common penalty. He dies in harness, although his years have been long: the Mecca, of which he was the high priest, ceases.

A sorely tried patient, rejoicing in the prospect of relief from his malady, one morning rings the consultant's bell. The reply comes as a shock: "Sir — is ill in bed and is unable to keep his appointments." Further inquiries reveal the impossibility of an interview. The public generally dissociate the contingency of illness from the life of their medical adviser. And such was the case in this instance. The patient lingered on the pavement thinking what he should do. He had been sent to this Mecca by his family practitioner. But so it happened that here he was practically in the centre of consultant talent, and yet he was ignorant of any other medical oracle to whom he could apply. So he strolled down to his club, and rang up his doctor for further instruction, by so doing, acting wisely and well.

In the course of some days he read in a morning newspaper the announcement of the death of the consultant whom he had been advised to see, and while passing the house again some few weeks later, he noticed the house-agent's board that the house was for sale. Then it was that the regret was recalled of that lost consultation, and of the ill-luck which had rendered it impossible. Hopes, great and comforting, had been implanted in him of a successful result of the interview. Moreover, a confidence had been inspired, salutary to his mind's peace. The consciousness, therefore, of his loss, as he stood and gazed at the house, was infused with a sadness that a blank had come into his life—a blank beyond the reach of repair, and one to be always remembered with regret.

And a popular consultant undoubtedly acquires a great hold upon the public mind. There is the magic of a mannerism, which is captivating; there is the wisdom, bred

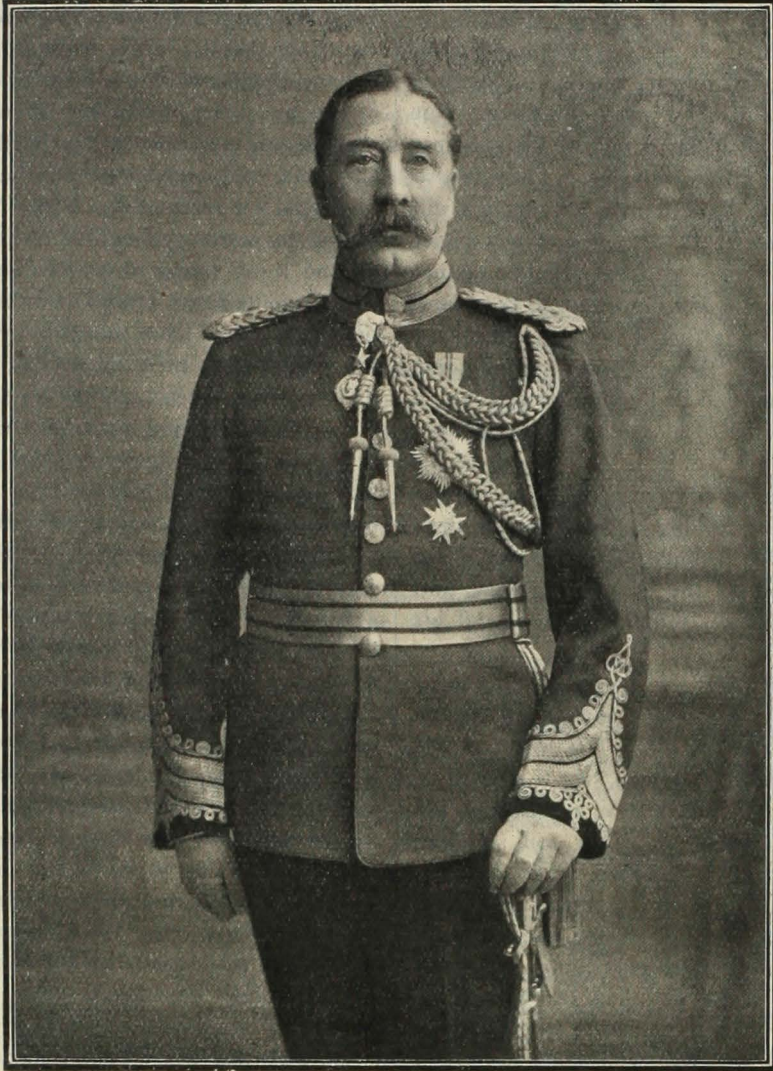
of experience, which inspires confidence; there is the knowledge, deftly emphasised, which proves impressive. In all these personal acquisitions the popular consultant more or less excels. In his professional armour defects are indistinguishable, even if any such exist. Thus he enters into a realm of popularity, in which he reigns, as a king, supreme. And honours and titles come his way, which surprise neither the profession nor the public. Often he is in request to take the chair at public meetings—those concerned in matters of social reform, where his presence might be expected to act with some magnetic force. But even the announcement of his name as one of the speakers would be held to have some attractive value. There is also the certainty that the part he plays in any such meeting will be fully recorded in the press. In the eyes of newspaper editors his name is one to conjure with, the belief being that his views, whatever they may be, will be certain to command public attention. And so it is that a popular consultant becomes a very public man. When, one morning some years ago, the news was conveyed to London by means of a paragraph in the London letter of a large provincial journal that the late Sir Andrew Clark was lying seriously ill at his house in Cavendish Square, by ten o'clock the square was thronged with journalists all seeking information for their respective papers. A sudden hemiplegic attack—the cause of the illness—had occurred on the previous evening, and the late Sir Russell Reynolds was summoned to attend his distinguished colleague.

Naturally, when death closes the scene of a popular consultant's work, the more important newspapers devote much space to the record of his life. The writer of the obituary report, being generally a layman, has to rely upon the publications containing the information available for the purpose. But in rare instances an editor will seek the assistance of a medical writer, qualified from personal knowledge, to contribute an interesting account of the life of a distinguished *confrère*. And yet in one such case an editor was at fault. To his medical contributor he wrote: "I notice that the illness of Sir ——" (a very prominent surgical baronet) "will probably terminate fatally to-day, according to the last report. Will you let me have a descriptive record of his life in the course of the evening?" And the record began, "We regret to announce the death yesterday in Harley Street of the distinguished surgeon Sir ——." Then followed a full obituary notice. This was despatched to the newspaper office in compliance with the editor's request. But the distinguished surgeon did not die. He recovered, and lived for four years afterwards.

A popular consultant, whose loss is felt by the public, is in no less degree a loss to the profession—that is to say, to a large number of practitioners, to whom, for years, he has acted as a medical mentor. This means for them a break with the past, the beginning of a new *régime*, the choice of a new adviser, in whom similar confidence could be placed,

and with whom a similar friendship could be established. An upheaval of this kind of former associations is not a matter, generally, to be lightly considered. A new order of things always becomes subject to comparisons with the old: such comparisons are often productive of regrets, and regrets are apt to vitalise into dissatisfaction. In this regard, however, time becomes the great adjusting force—a force which, while destroying, re-creates; while always changing, also improves; while causing the supersession of old customs, establishes the reality of the greater advantages of the new. In one of his philosophical musings Bacon reminds us that time is the most irrepensible innovator, and that "all innovations are the births of time." Again, in his quaint verbiage, he adds: "It is true that what is settled by custom, though it be not good, yet at least it is fit, and those things which have long come together, are as it were confederate within themselves: whereas new things piece not so well: but though they help by their utility, yet they trouble by their inconformity." The truth of this daily experience teaches; the human soul rebels under the compulsion of having to sacrifice cherished old customs for those that are new, and yet Bacon warningly insists that "a froward retention of custom is as turbulent a thing as an innovation." Here, again, he speaks truly, for in order to "redress the balance of the old," custom must be held, like everything else, to be subservient to the law of progress.

Incidentally, medicine contains many examples of that "froward retention," especially in respect to medical terminology. I have often thought what the impressions of Hippocrates would be were he to return to earth for a few weeks of post-graduate enlightenment, and find that his old-time terminology was still doing duty for diseases the full knowledge of which modern science had revealed. "Yes," we may suppose him saying, "you do me much honour. But why continue to perpetuate my ignorance, by calling diseases by the names which I introduced, when you know so much better what these diseases really are? I was arguing the point yesterday with one of your teaching staff, and he quoted your Shakespeare as saying, 'What's in a name?' I admit, call a rose what you will, it would just be as sweet. But when your science comes to define what that sweetness consists of, a name becomes necessary the exclusiveness of which is established by incontrovertible facts. For years such has been the course you have pursued in regard to disease. My names for diseases were quite good till you came to show how little they represented the truth. To put the matter plainly by way of illustration I might call a spade a spade, but in how many instances have you been able to show that what I thought was a spade was a wheelbarrow, a plough, a milk pail or something, as I understand you would say, just as incongruously heterogenous? And that is precisely what I cannot understand—why, with all your knowledge, you should continue to expose my errors?" Such an expression of feeling would be quite in accord



SIR CHARLES PARDEY LUKIS, K.C.S.I., M.D.LOND., F.R.C.S.ENG.

DIRECTOR-GENERAL, INDIAN MEDICAL SERVICE.

Photo. Elliott and Fry.

with all that we know of the great Father of Medicine. In these days, scientific accuracy, so far as medical terminology is concerned, is largely sacrificed upon the altar of custom. That altar survives by which terminological antiquities based upon unrevealed knowledge are maintained as intact as from the days of their pristine conception. And thus is perpetrated, in our time, the many absurdities of disease-names—absurdities turbulently destructive to the light which modern science has shed upon a most important branch of human knowledge.

OBITUARY.

SIR CHARLES PARDEY LUKIS, K.C.S.I.,
M.D.LOND., F.R.C.S.ENG.
DIRECTOR-GENERAL, INDIAN MEDICAL SERVICE.

DEATH has removed a most capable public servant and a first-rate administrator in the person of Sir Pardey Lukis, the Director-General of the Indian Medical Service. A son of the late Mr. W. H. Lukis, he was born in 1857, and entered St. Bartholomew's Hospital in October, 1875, taking the Open Scholarship in Science, and being thus contemporary with Sir Anthony Bowlby and a year senior to Sir Wilmot Herringham. In 1878 he gained the Brackenbury Medical Scholarship, and was admitted a Member of the Royal College of Surgeons of England on November 20th, 1879, having already become a Licentiate of the Society of Apothecaries, as was then the custom. He entered the Indian Medical Service in 1880, and was placed first on the list of successful candidates. In 1890 he came home and took the examinations for the Fellowship of the Royal College of Surgeons of England, and in 1904 he graduated M.D. of the University of London. These two higher qualifications being apparently taken as vacation exercises for the examinations were passed whilst he was on leave from India.

He saw service in Waziristan in 1881 and in the Zhob Valley in 1885. He was then transferred to the civil branch and held various appointments in the United Provinces, becoming Civil Surgeon of Simla in 1899 and Honorary Surgeon to the Viceroy in 1905. He was appointed Professor of *Materia Medica* at the Calcutta Medical College, where, in 1905, he became Professor of Medicine and Principal of the College and first Physician to the Hospital. The duties of Principal were exacting, but he performed them with tact and dignity. He was selected for the post of Director-General of the Indian Medical Service at the beginning of 1910, and held it by successive extensions until his death on October 22nd, 1917. As a reward for his services he was made a Companion of the Order of the Star of India in 1910 and was advanced to be a K.C.S.I. in 1911. He was gazetted Honorary Surgeon to His Majesty the King in 1913. In June, 1903, he was

admitted a member of the Rahere Lodge, and subsequently rose to a high position in Freemasonry in India.

He married a daughter of the late Col. John Stewart, R.A., C.I.E., who survives him with one son and two daughters. His elder son, T. S. Lukis, who had already served in the school as a Demonstrator of Physiology and later was doing good work in the Pathological Laboratory, was killed in March, 1915, when a combatant officer in the London Regiment.

From the beginning of his career in India Lukis devoted himself to the clinical side of his profession, though his well-balanced mind enabled him to keep abreast of the advances which were made on the scientific side of both medicine and surgery. He promoted the formation of the Indian Research Fund Association and was the first editor of the *Indian Journal of Medical Research*. He was also the editor of Ghosh's *Materia Medica* and of Waring's *Bazaar of Medicines*, whilst he wrote a *Manual of Tropical Hygiene*, a third edition of which, revised with the assistance of Lieut-Col. Blackham, appeared in 1915.

The war enormously increased the ordinary problems of efficient medical administration in India and threw much additional work upon the Surgeon-General, which he still further increased by accepting the post of Chairman of the Executive Committee of the St. John Ambulance Association in India. He was not involved in the early breakdown of the medical arrangements for the campaign in Mesopotamia, since the executive responsibility rested with the Director of Medical Services, who is invariably an officer of the Royal Army Medical Corps, and not the Indian Medical Service. Sir Pardey, however, acted for a few months in this position in 1916 in the interval between the resignation of one Director and the arrival of his successor. The Report of the Commission bears testimony to the energy and vigour with which during this time many defects and shortcomings were remedied. "Altogether," says the Report, "the energy displayed and the speed with which new proposals were carried through compare well with previous conditions." D'A. P.

STUDENTS' UNION.

RUGBY FOOTBALL CLUB.

ST. BARTHOLOMEW'S HOSPITAL v. R.M.A., WOOLWICH.

This match was played at Woolwich on October 27th and was the Hospital's first match this season.

The ground was in perfect condition and the Hospital, having won the toss, elected to play down hill. From the kick-off the Bart.'s forwards took the ball into their opponents' "25" and for a short time appeared to be the stronger. But soon the play became even, and by half-time the Cadets had scored two tries, both of which were converted, and the Hospital had scored once through E. S. Rose, Krige converting.

After half-time the Cadets played down hill and soon increased their lead of 5 points. The Bart.'s forwards were obviously tiring, and towards the end their opponents had the game very largely their own way in spite of some very good runs by the Hospital three-quarters, several of which very nearly resulted in "tries."

Finally, the R.M.A. were left victors by 29 points to 5.
Team: P. A. Smuts, *back*; J. P. Wells, C. Griffiths-Jones, M. Thomas, and T. Salmon, *three-quarters*; E. R. Batho and C. F. Krige, *half-backs*; B. B. Sharp, E. S. Rose, L. Pridham, G. Theobald, A. V. Lopes, N. Vinter, J. van Heerden, and G. Sophianopoulos, *forwards*.

ST. BARTHOLOMEW'S HOSPITAL v. PUBLIC SCHOOLS SERVICES XV.

Played on the Old Deer Park, Richmond, on November 10th, this match resulted in a victory for the Public Schools XV by 19 points to 3.

In spite of the formidable character of the opposing team captained by Miller, the captain of the South Africans, the game was a hard-fought one throughout and by no means a walk-over for the winners. The Bart.'s forwards, although outweighted, played well together and did good work. The backs likewise saw a good deal of the game and were much sounder in defence than in the match against the Royal Military Academy.

The ground was in excellent condition, especially in the first half, during which the Public Schools scored 3 tries, one of which was converted. The Hospital, although attacking several times, failed to score.

In the second half the Hospital side made several almost successful attempts before M. Thomas finally ran through and scored far out. Krige made a good but unsuccessful attempt at converting. The Public Schools added 8 more points by means of two drop-goals, the final score being as above.

Thanks are due to A. H. Richards, F. Reeson, and J. R. Treloar for very ably deputising.

Team: J. P. Wells, *back*; F. Reeson, J. R. Treloar, M. Thomas, and T. C. M. Salmon, *three-quarters*; F. Krige, *five-eighths*; A. H. Richards and C. Griffiths-Jones, *half-backs*; B. B. Sharp, E. S. Rose, L. Pridham, G. Theobald, L. Handy, N. Vinter, and F. W. Lemarchand, *forwards*.

CORRESPONDENCE.

THE VEILED PUFF.

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

DEAR SIR,—As a rule the index for the past year comes out with the October issue of the JOURNAL. But with the delay due to war time I suppose it will not be out till next month?

Whilst writing, I venture to remark that as a very old student of St. Bart.'s and a worshipper of the late Samuel Jones Gee in his young and strong days (mental strength), I am much taken with the ? Epitaph, ? Epitaph, or ? Epilogue of that great man. But I confess I do not quite see the drift, as one presumes there is some hidden essence which appeals to the last men who knew Gee, and that we who only knew him twenty-five years ago cannot fathom.

Surely it does not mean that the great soul went out of this world with a "Veiled Puff," for your writer says in italics that "He is dead," and adds Vale.

Please forgive me if I am too dense and do not see what may be clear to you all of to-day.

That little book of his to-day is almost as perfect in its way as any modern work. There is so much "Veiled Puff" going on around us every day that it is possible that the "Dead Man" alluded to is not dear Gee.

Yours truly,

J. KINGSTON BARTON, M.R.C.P.Lond.

14, Ashburn Place, S.W. 7;
November 6th, 1917.

MARRIAGES.

BUTTERY—LAMBOURNE.—On Saturday, October 13th, at the Presbyterian Church, Finchley, Surgeon Harold Robert Buttery, R.N., of Durban, South Africa, to Dorothy Frances Lambourne, elder daughter of Mr. William Thomas Lambourne, of Dollis Avenue, Finchley.

CLEMENTI-SMITH—BRAMELD.—On October 29th, at St. Augustine's, Queen's Gate, S.W., Capt. H. D. Clementi-Smith, R.A.M.C., son of the late Rev. H. Clementi-Smith and Mrs. Clementi-Smith, to Dorothy Paramore Brameld, daughter of Clement Neville Brameld and Mrs. Brameld, of Spaxton, Somerset.

EBERLI—SPINKS.—On July 19th last, at St. Mary's, Harrogate, by the Rev. Chard, M.A., Surgeon W. F. Eberli, R.N., second son of Mr. and Mrs. J. J. Eberli, of Highbury, to Winifred, third daughter of Mrs. Spinks, of Harrogate.

MACKENZIE—RICE.—On October 13th, at St. John's Church, Blackheath, by the Rev. F. H. Gillingham, Rector of Bermondsey, assisted by the Rev. W. H. Jordan, Curate of St. John's, Colin Mackenzie, M.D.Cantab., F.R.C.S., Capt., R.A.M.C., son of Mr. A. G. Mackenzie, F.I.A., of 29, Chester Terrace, Regent's Park, to Edith Annie, elder daughter of Mr. W. T. Rice, of Shaftesbury.

MORSON—PHENE.—On Saturday, October 20th, at St. James's, Spanish Place, by the Rev. A. Whittacre, Temp. Surgeon A. Clifford Morson, F.R.C.S., R.N., second son of T. Pierre Morson and Mrs. Morson, of 16, Elsworth Road, N.W., to Adela Frances Maud, daughter of the late Lincoln Phené and Mrs. Phené, of Ryde, Isle of Wight.

PETERS—VEREL.—On November 7th, in Glasgow, Rudolph Albert Peters, M.C., Capt., R.A.M.C., only son of Dr. and Mrs. Peters, Petersfield, Hants, to Frances Willamina, youngest daughter of the late Francis William Verel and Mrs. Verel, The Grange, Newlands, Glasgow.

RAWLING—LEAKE.—On Wednesday, November 14th, at St. Mary's, West Winch, King's Lynn, by the Rev. E. M. Plumtre, in the absence of the Rev. W. T. Gifford, on Military Service, Major Louis Bathe Rawling, F.R.C.S., R.A.M.C., T.F., youngest son of Mrs. Rawling, of 16, Montagu Street, Portman Square, to Emily Winifred, youngest daughter of Mr. and Mrs. H. A. Leake, of West Winch, King's Lynn.

WEAKLEY—RUFFER.—On November 6th, at H.B.M. Consulate and St. Mark's Church, Alexandria, Arthur Leonard Weakley, Capt., R.A.M.C., only surviving son of Dr. and Mrs. Weakley, of Forest Gate, to Honora Vere, second daughter of the late Sir Armand Ruffer, M.D., C.M.G., etc., and Lady Ruffer, of Ramleh, Egypt.

DEATHS.

BURD.—On November 15th, 1917, at Newport House, Shrewsbury, Edward Burd, M.D.Cantab., Consulting Physician to the Salop Infirmary, aged 91.

ELLIS.—On October 8th, in Singapore, after operation, W. Gilmore Ellis, M.D., P.C.M.O., Straits Settlements.

HILL.—Killed in action on October 11th, 1917, Lieut. R. Gordon Hill, R.A.M.C., M.C., Coldstream Guards, husband of Ivy Elizabeth Hill, of Armaside, Purley, and son of G. W. Hill, of West Hill, Highgate.

RANDALL.—Killed in action on October 31st, 1917, John Beaufoy Randall, Capt., R.A.M.C., M.B., B.S.Lond., M.R.C.S., L.R.C.P., younger son of Emma and Wyndham Randall, Surgeon, Bridgend, Glam., aged 28.

SHELDON.—Died, on his way home from China, A. W. S. Sheldon, L.S.A., on February 17th, 1917.

SHERMAN.—Died of wounds on October 10th, 1917, whilst serving with a field ambulance, Capt. Reginald Sherman, R.A.M.C., M.B.Cantab., M.R.C.S., L.R.C.P., elder son of the late Mr. Arthur Sherman and Mrs. Sherman, of 2, Gloucester Place, Greenwich, S.E., and beloved husband of Dorothy Raffles Sherman.

NOTICE.

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

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

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

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St. Bartholomew's Hospital



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

JOURNAL.

VOL. XXV.—No. 3.]


DECEMBER 1ST, 1917.

[PRICE SIXPENCE.]

CALENDAR.

Tues., Dec. 4.—Dr. Calvert and Mr. D'Arcy Power on duty.
Fri., „ 7.—Dr. Morley Fletcher and Mr. Waring on duty.
Tues., „ 11.—Dr. Drysdale and Mr. McAdam Eccles on duty.
Fri., „ 14.—Dr. Calvert and Mr. D'Arcy Power on duty.
Tues., „ 18.—Dr. Morley Fletcher and Mr. Waring on duty.
Fri., „ 21.—Dr. Drysdale and Mr. McAdam Eccles on duty.
Tues., „ 25.—Dr. Calvert and Mr. D'Arcy Power on duty.
Fri., „ 28.—Dr. Morley Fletcher and Mr. Waring on duty.
1918.
Tues., Jan. 1.—Dr. Drysdale and Mr. McAdam Eccles on duty.
Fri., „ 4.—Dr. Calvert and Mr. D'Arcy Power on duty.

EDITORIAL NOTES.

E have very much pleasure in congratulating Temp. Capt. H. D. H. Willis-Bund, R.A.M.C., and Capt. F. W. Kemp, N.Z.A.M.C., upon having been awarded the Military Cross for gallantry and distinguished service in the field.

* * *

The King has given permission to Mr. James Berry, F.R.C.S., to wear the insignia of the 4th Class of the Order of the Star of Roumania and the 3rd Class of the Order of St. Sava, the latter conferred by the King of Serbia.

* * *

The King has sanctioned the appointment of Surgeon-General T. M. Corker, C.B., M.D., K.H.P., A.M.S., as Knight of Grace to the Order of Hospital of St. John of Jerusalem in England.

* * *

The following have been mentioned in despatches from Lieut.-General G. F. Milne, C.B., D.S.O., Commander-in-Chief of the Salonika Force :

Flight-Lieut. E. P. Hicks, R.N.A.S.
Temp. Capt. H. H. L. Ellison, R.A.M.C.

Temp. Capt. J. G. Forbes, R.A.M.C.
Capt. (Temp. Major) G. H. Colt, R.A.M.C.
Capt. J. F. Gaskell, R.A.M.C.
Capt. R. M. Vick, R.A.M.C.
Major E. B. Waggett, R.A.M.C.

* * *

Our very hearty congratulations are extended to Major L. B. Rawling, F.R.C.S., R.A.M.C., T.F., on his marriage to Miss E. W. Leake, which took place on November 14th at West Winch, King's Lynn. Major Rawling has recently returned from India, and we are glad to say that he has again taken up his work at this Hospital.

* * *

We also cordially welcome the return to our staff of Capt. Harold Wilson, F.R.C.S., R.A.M.C., T.F., who has just completed a term of service, as Temp. Major, with the 53rd General Hospital, B.E.F., France.

* * *

With very much regret we learn of the death of Dr. Edward Burd, M.D., who was one of the oldest living Bart.'s men, being in his ninety-first year. He was educated at Shrewsbury School and Caius College, Cambridge, and at St. Bart.'s Hospital. He took his degree more than sixty years ago. Among his Hospital teachers were Sir James Paget and Sir William Lawrence. He became an Examiner at Cambridge and was President of the Shropshire Branch of the British Medical Association. He was recognised in the neighbourhood and in the county's surroundings as a physician of great insight and experience. Our deepest sympathy is extended to his widow and to the other members of his family.

* * *

H. W. H. Pollard, M.B., J.P., has been elected Mayor of the Borough of Edgbaston.

* * *

ROLL OF HONOUR.

It is with deep regret that we hear of the death of Lieut. L. E. Forman, who was previously student at this Hospital. He obtained a commission in the R.N.A.S. on

July 28th, 1917, and was killed in an accident whilst flying on August 16th. We extend our heartfelt sympathy to his relatives and friends.

GALLIPOLI.

HISTORY has it that the land was owned by the ancient Greeks. God help them!

The regiment had moved forward to a rocky plateau from "rest"; this is a technical term which implied sitting on an open beach and being shelled solidly, with the added pleasure of the discharge concussion of heavy naval guns firing over one's head. The plateau was better. It was covered with scrub, and when the shelling was heavy everyone went into this, and, like the ostrich, felt safer. Between times two or three officers went out to snipe snipers, and fired hazily towards likely places until bullets began to lob a foot or so in front of their noses, whereupon they suddenly remembered that those same snipers were reputed to be largely ladies (painted green), and hastily retired—*toujours la politesse*.

Even when other things were slack there was usually a representative of one or other of the aerial navies up, but they never grappled in the central blue. Each side took it in turns to go up and signal its guns and drop darts, while those beneath hopefully camouflaged themselves into lumps of their original clay.

So life went on, together with flies, bully beef, and biscuits, but chiefly flies. The medical student—there were several, but the term will answer—also picked up medical and surgical experiences of a primitive type, the result of men's confidences won by a lecture on hygiene, military and otherwise. These experiences included one profound case of hæmaturia following a scratch on the shoulder. The scratch was visible and the patient vouched for the sequela, and was given two No. 9's. Complete recovery by the following day.

For some hours the Turks had been talking with some guns in a gully just behind the regiment, but it was not the company's affair, and it was having tea, the officers gathered in a ring. It was an occasion, *un jour de fête*. There were water and tea, and the means of combining them. All things considered the officers were *blasé*, possibly on account of the heat, but more probably due to the effects of a previous day when they had a mug of water apiece to wash their teeth, shave, and bath in, with no necessity to drink the water afterwards.

They were drinking with their eyes fixed happily over the mess-tin covers on a two-gallon petrol can of water which had just come up, when the roaring syren drone of a shell came all too close. Someone said "hell" or "bother"—probably "bother"—and then a blinding flash, a sense of enormous pressure, and that was all.

The medical student was on his side watching his right hand twitching, with a sense of irritation at his inability to control it, but his legs were blown away, so it didn't matter much. He tried to see them, but could not turn his head easily. It was a pity, of course. It would upset two or three people, and there were quite a number of things he had wanted to do: cuddle the rifle to his shoulder again, and feel the thrill of satisfaction as the sights came on and his man dropped to a long range shot; get right into another charge like the last that they missed by a minute or so, and see the men go yelling to the hill crest with the long line of bayonets rising and falling, flashing and reddening in the rays of the setting sun. Yes, it was a pity! But the other side might be very interesting also, or—oblivion. Anyway, three minutes would see it through. The petrol can was so many strips of twisted tin. That was annoying. And the others? They had caught it too. Poor old H— alongside. He had gone; still breathing, what was left of him to breathe, but quite dead. And M— lying over there didn't show any wound; one wondered how he was. "Good-bye, old chap!" the answer came across to the unspoken query. And "The Skipper," he was done in too. He did not ask the boys to avenge his death, as the local papers had it. He was not impassioned and heroic. He just grunted a little as they moved him, groaned a little bit, and died. And away on the left, half risen on his hands and knees, a man was screaming feebly through his larynx like a trapped rabbit. It was all he had left to scream through—his lower face and tongue were blown away. His eyes were still there, showing pain and fright and complete incomprehension as he raised his dripping hand to feel the jaw which was not there.

The men who loved them and followed them buried them at night, crawling out flat across the plain by moonlight to dig a six-foot grave in stubborn soil, out between the dead men all around. Some lay mangled at full length; others crouched with upturned faces and dark eyes watching one, as if waiting for the soul to return to carry on the rush. But the soul did not return, and those eyes were not dark with the strain and excitement of it all. Those were flies.

And so they got the bodies out and lowered them into the grave, and the junior captain, the last of them, blind and deaf on one side, with parts of his wrist-watch driven through his arm by the same shell, but still indomitable, said the last service, or the few scattered words he could remember of it. The guns were silent then, and the crack of the enemy rifles and our own gave them the last volley.

"And if I die, think only this of me:

There is some corner of a foreign field that is for ever
England."

And so they left them silently with a tiny wooden cross above the grave—a last sad token of affection on the corpse-

strewn plain; while beyond the hills the slow revolving searchlights of the crescent swept the Straits.

D. D. D.

A CASE OF CARCINOMA OF THE STOMACH IN A MAN, ÆT. 24.

By PH. A. SMUTS, M.R.C.S., L.R.C.P.

PATIENT, a man, æt. 24, was admitted to Colston Ward on September 10th, 1917, under the care of Major Eccles, complaining of "violent abdominal pain." In June, 1914, he first noticed pains in the right epigastric region, half an hour to two hours after taking food. They temporarily disappeared, but recommenced in September, 1914, and continued till March, 1915. He then went to Gallipoli in the Merchant Service, and remained there till October, 1915. During this period he was in good health and free from pain. From October, 1915, till January, 1916, the pains returned at intervals. In March, 1916, just after joining the Army, the epigastric pains got worse, and were occasionally accompanied by vomiting, often of large amounts. He noticed no blood in the vomit. He was in France from June till October, 1916, when he was sent to a military hospital, where, he says, he was treated for gastritis. In February, 1917, he was invalided out of the Army, and was attended by his panel doctor. He was admitted under Major Eccles on September 10th, after having been seen by Capt. Langdon Brown. On admission the patient was pale and thin. His abdomen was rather flattened, and in the right epigastrium was a visible swelling. On palpation this was found to be hard and movable beneath the abdominal wall, and it moved on respiration. It was some 1½ in. in diameter. The overlying rectus was tense. No succussion splash could be demonstrated. The patient was operated on by Major Eccles on September 14th, 1917. Under a general anæsthetic the abdomen was opened by a median incision above the umbilicus. The pylorus was found to be greatly thickened, and the groups of glands along the greater and lesser curvatures in its proximity were greatly enlarged. The whole appearance was that of carcinoma with metastatic deposits in the glands. One of the glands was removed for microscopic section. (The report on section was "Columnar-celled carcinoma entirely replacing the normal structure of the gland.") A posterior gastro-enterostomy was then performed with a stoma of 2 in.

For four days previous to his operation patient had been given modified Lenhartz and Benger's. He vomited daily. On day of operation 144 oz. of fluid were put into the stomach and 170 oz. syphoned out. Subsequent to the operation the diet consisted of peptonised milk and Benger's to begin with. After operation on September 14th the patient vomited on 16th, 17th, and 18th. The emesis then

ceased, and he did not vomit again during his stay in Hospital. His condition rapidly improved, and he became completely comfortable, being without any epigastric pain at all. On admission on September 10th he weighed 5 st. 13 lb., and when he left on October 3rd he weighed 6 st. 4½ lb.

There are several striking points in the history of this case. The man was only 24 years old, and certainly had carcinoma, as the section of the lymphatic gland proved. The history for two and a half years previous to a lump being noticed in the right epigastrium was that of a duodenal or pyloric ulcer. It therefore seems most probable that the carcinoma originated in the ulcerating area. Further, the apparent early infection of the glands was very marked. It was further interesting to see how quickly and effectively the gastro-enterostomy relieved the pyloric obstruction and improved the patient's condition. He stopped vomiting and gained 5½ lb. in seventeen days.

I am much indebted to Major Eccles for permission to publish this case.

COAGULOSE IN THE TREATMENT OF HÆMOPHILIA.

IN the condition of hæmophilia it is generally recognised that decreased coagulability is due to an absence of fibrinogen, or inefficiency of thrombin, either quantitatively or qualitatively. Lack of calcium salts has also been stated to be responsible for the phenomenon, although the work of Addis indicates that variations in the percentage of calcium have very little effect upon the rate of coagulation.

This worker also shows that deficient coagulation depends upon the delay in the formation of the thrombin from some pre-existing substances in the blood, and concludes that hæmophilia is due to an absence or low percentage of this pre-existing ferment, prothrombin.

Whatever the precise nature of the condition it has been demonstrated beyond all question of doubt that the remedy upon which most reliance can be placed is fresh normal horse-serum in relatively large amounts, the usual dose being 20 c.c., administered subcutaneously. Its clinical application is based on the long-recognised phenomenon that non-coagulable blood *in vitro* quickly regains its coagulability upon the addition of fresh serum. The name of Weil has been widely associated with the first attempts to apply serum therapeutically in the treatment of hæmorrhage.

Unfortunately, the serum must be absolutely fresh, and if used after twenty-four hours is comparatively worthless. Possibly for this reason and also that its reliability could

not always be guaranteed, its use has been somewhat restricted, and certainly in many country practices it would be quite impossible to obtain adequate supplies to meet an urgent case.

During the last few years a preparation termed "Coagulose" has been put on the market, largely as the result of the work of Clowes and Busch. The preparation is obtained by precipitating normal horse-serum, using for the purpose a mixture of acetone and ether, and the resulting product standardised by determining the rapidity with which sera and solutions of precipitated sera at comparable concentrations cause coagulation of citrated blood plasma.

Coagulose, as sent out by the manufacturers, is a sterile, anhydrous powder, readily soluble in cold water at concentrations two or three times that of the original serum, and according to the originators of the product possesses over fluid serum the great advantage of retaining its active principles unimpaired for long periods of time.

A point also of interest is that the product appears to have a more rapid coagulating effect upon blood plasma than the fresh serum from which it is derived. Furthermore, anaphylactic reactions are apparently unknown; even in a case of pulmonary hæmorrhage where injections were given at weekly intervals for a period of four months, Clowes and Busch report that no such condition arose.

An opportunity of demonstrating the value of coagulose in this Hospital presented itself a short time ago. The patient, a boy, æt. 14, came to the Hospital as an out-patient with a comparatively small cut situated on the left cheek. From the boy's mother it was ascertained that a few weeks ago he had had his tonsils removed and was an in-patient in Abernethy Ward about three weeks as the result of continued hæmorrhage. There was also a definite history of "bleeding" in the family. Attempts were made to plug the wound with gauze with more or less success, and the boy told to come back the following morning. There was still considerable hæmorrhage, and on this occasion all the usual styptic agents, such as adrenalin solution, ferric chloride, tannic acid, etc., were tried in turn. After some time the hæmorrhage appeared to be temporarily arrested and the boy sent home. The same evening the boy returned to the Hospital, bleeding profusely. Plugs of gauze were introduced, the wound bound up very tightly, and the boy given instructions to come back the following morning. Four hours later the boy again made his appearance, and this time evidently in considerable pain, his face being literally covered with blood. There were signs of a definite hæmatoma, and the House-Surgeon on duty agreed to try the effect of coagulose. The contents of one bulb were dissolved in about 6 c.c. of sterile water at a temperature just below that of the body and the resulting solution injected subcutaneously into the abdominal wall. Some difficulty was experienced as the result of the solution

frothing considerably, but by inverting the bottle and withdrawing the clear fluid in this way the trouble was easily overcome.

The effect appeared to be almost instantaneous. The hæmorrhage rapidly ceased, and instead of taking the boy into Surgery Ward as was arranged he was allowed to go home, with instructions to come up the following morning. Examination then showed that there had been no hæmorrhage during the night. Several days have since elapsed and there has been no return of bleeding; also, the wound is healing quite satisfactorily.

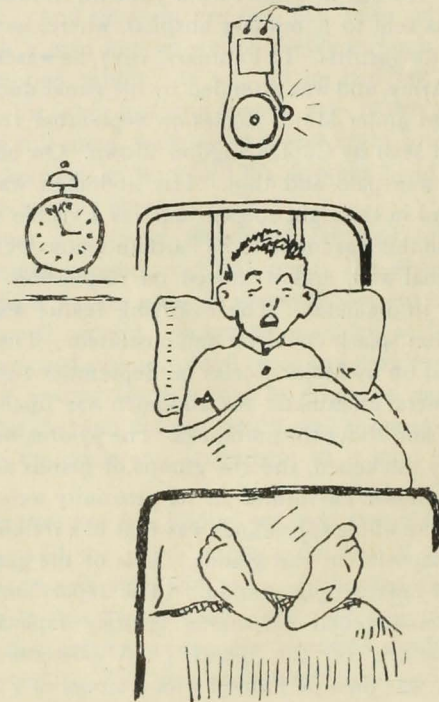
The writer is indebted to Major McAdam Eccles for permission to publish this note.

J. S. W.

A MONTH AT — HOSPITAL.



WE were on work of national importance, there is no doubt about that; in fact, it was none other than assisting in the production of the 1935 class of recruits. It might, perhaps, at this stage be well

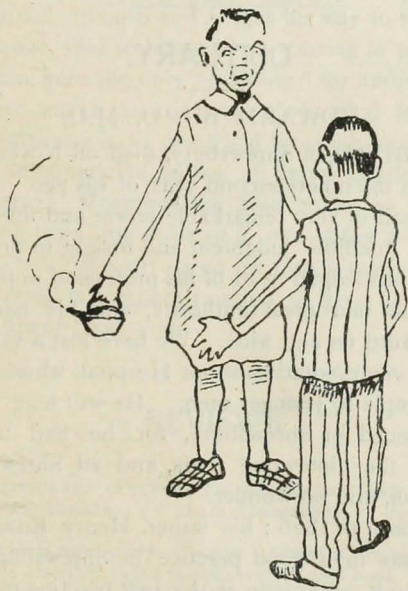


A BELL USED TO RING.

to explain that "we" referred to consisted of three Bart.'s men and an individual whom we called Ponto, and who had three peculiarities: (1) He was a Colonial, (2) he had no sense of humour, and (3) he did not like giving anæsthetics. We, therefore, perpetrated the following atrocity:

"There was a young man from Toronto,
Who was called by his intimates—Ponto,
When asked for a 'stuff'
He got in a huff,
And replied very briefly—'Don't want to!'"

(If feeling at all faint, we advise sitting down and Curschmann's solution). To see Ponto at his best was at night. He was short and tubby, and wore, from below upwards, an old pair of sandshoes, no socks (this is hardly an article of clothing, but you probably understand what I mean), white flannel trousers (with pyjamas protruding below), and a trench coat, while a white overall, with one tape tied, completed his equipment. It was great!



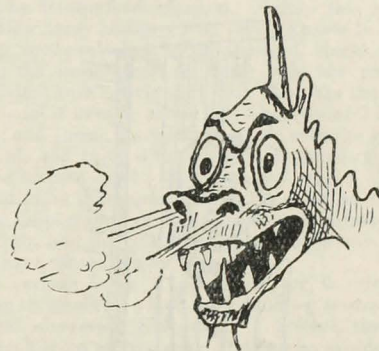
MUTUAL RECRIMINATIONS.

A peculiarity of our work was that cases invariably started at about 10.30 p.m., and reached a maximum in the small hours of the morning. The result was that we were in a perpetual state of sleepiness. When we were wanted, a telephone bell used to ring. This dreadful instrument made a noise like ten fire-engines, and was appreciated accordingly. We discussed one day if it would be possible to answer the telephone, dress, cross the road, and deliver a child in one's sleep. We eventually decided that it was. The great idea in these nocturnal expeditions was the brewing of tea, and, as one member was deputed to light the gas, mutual recriminations would ensue if the water was not boiling. On one occasion, we caught the Extern red-handed, using *our* water for *her* tea.

Another curious thing was that when one of us had a bath we always had an interesting case. This eventually became so notorious, that Sister would ask on the telephone: "Is that Mr. —?" If the reply was "No," she would

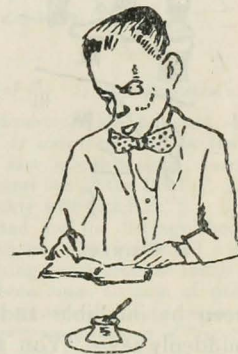
then say: "Oh, I forgot; he must be having a hot bath." And he always was!

Our favourite recreation was rowing on the lake of — Park, until one day when the coat-tails of the enthusiastic rower got impacted between the sliding-seat and the runners. On attempting to save himself by leaning on the outrigger, the two screws holding the latter in place, gave way. The result was, to say the least of it, annoying.



A CROCODILE'S HEAD.

Another amusement was the display of a crocodile's head in our window for the benefit of the children in the street. This ingenious toy we constructed out of cardboard. The tongue protruded, the jaws snapped, and the eyes rolled in the most realistic manner. One night, however,

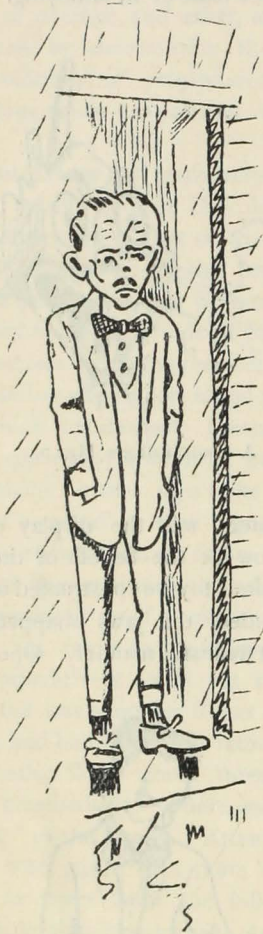


HARD AT WORK.

when our audience was unusually large and appreciative, we observed, with horror, a Sister, bearing down in our direction, with anger on her face. Of course, long before she appeared at our door, we were hard at work, and, at her expostulations, expressed mild surprise at the number of children outside. (It was impossible to cross the street.) I believe we even made the tentative suggestion that the schools must have just closed. Our replies, however, appeared to lack conviction, for she departed unappeased. We heard later that

several unfortunate nurses were endeavouring to sleep just above us.

The first week it rained continuously, so we made three chess sets out of paper, and played an extraordinary game, known, I believe, as Kriegspiel. We always called it Mittelschmerz "for short." The disadvantage of Mittelschmerz was that just as you were on the point of capturing



IT RAINED.

your opponent's queen by infallible and cunning moves, the umpire would suddenly say—"You are in check on a long diagonal," and, before you realised what was happening, you would be mated.

Altogether, I think you will perceive, if you have had the perseverance to wade through the above, that we had quite a jolly time.

R. O. P. (UNREDUCED).

STUDENTS' UNION COUNCIL.

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

DEAR SIR,—During the present term three meetings of the Students' Union Council have been held. Several new members have been elected to the Council. Capt. Macphail has kindly consented to act as temporary Treasurer to the Students' Union during the absence overseas of Col. Gask and Capt. Ball.

The Annual Freshmen's Reception was held on November 22nd.

I am, Sir, yours truly,

G. A. FISHER, *Hon. Sec.*

OBITUARY.

EDWARD BURD, M.D.

EDWARD BURD, of Shrewsbury, died on November 15th, in the ninety-second year of his age. He was a man of very remarkable power and influence; he had almost infallible judgment and insight in practice; he was the acknowledged head of his profession in that part of England; he had great authority, and his name was a household word far and wide. We have lost a very old and well-known representative of our Hospital, whose work was a good example to younger men. He will long be missed and revered in Shrewsbury, for he had lived there through all the ninety-one years, and all Shrewsbury was proud of him, and no wonder.

He was born in 1826; his father, Henry Edward Burd, F.R.C.S., was in a good practice in Shrewsbury, and he succeeded to it, and made it the best practice in all Shropshire, and further. He was educated at Shrewsbury School, at Caius College, and at St. Bartholomew's. Among his teachers and friends at the Hospital were Lawrence, Paget, Savory, Andrew, Martin, and Drage. He was M.B. Cantab. in 1851, M.D. in 1859; and in 1863 he was the first man in England to be examined for the newly-instituted degree of Master of Surgery, and the first man to whom it was granted. He was on the staff of the Salop County Hospital, visiting or consultant, for more than half a century; President of the Shropshire Branch of the British Medical Association; and a Justice of the Peace. As one of the few remaining officers of the Volunteer Corps who received their commissions in 1859-60, he was presented to King Edward VII in 1910. He was twice married; his wife, and his family by his first marriage, have outlived him.

To one who knew him for well-nigh fifty years, memories come in such a crowd that they cannot be sorted. He was strong-willed, impulsive, outspoken; he was incessantly at work; for twenty years he did not give himself a holiday. He set himself to achieve great things, and he achieved

them. Under the tremendous amount of work which he took and kept up, he became, now and again, a bit hard or masterful. He was honourable, generous, hospitable, faithful in friendship, zealous for the good of the town; not always wise or charitable in what he said, but resolute and fine in what he did.

As he grew old, and the impetuous years of work and overwork began to come to an end, all the touches of hardness and of dominating will gradually ceased to be there, and gave place to quiet, shrewd, gentle wisdom and tolerance; now and again a little flare or glow of the earlier heat, but one admired him all the more for it. He had his full share of troubles; and, for some years before he died, he was distressed and wearied by ill-health, and, at the last, by infirmity and pain; but in the highest things of all he steadily gained strength and fought his way to victory.

It is strange, that so many of us, starting in practice, talk as if London were the only "opening" for ambitious young men. Here was a man, who single-handed founded and built such a practice, so great and far-reaching and authoritative and remunerative, as few of us in London can ever hope to have. Moreover, he lived to be as it were the father of the town, the pride of it, one of the makers of its life and welfare; it really cared for him, it really misses him. Surely we must not expect London to give us more than these rewards of good work.

S. P.

REVIEWS.

THE PRACTITIONERS' POCKET PHARMACOLOGY AND FORMULARY.
By L. FREYBERGER. (William Heinemann.) Pp. 546. Price 12s. 6d. net.

To damn with faint praise is never a pleasant occupation, yet we feel that little else is possible in speaking of this book. The author must have taken much trouble in its compilation, but *malgré tout*, the information is too concentrated, and at the same time unintelligible on many points, to be of much value, in our opinion.

The author admits that he has omitted many pharmacological disappointments and experimental preparations, but claims to have included most of the newer drugs of various British and foreign pharmacopœias. We looked up two excellent preparations and found neither of them mentioned.

A long list of diseases and remedies is given which seems to us of only slight value. It seems to us that the *British Pharmacopœia* or one of the larger text-books on Pharmacology will meet all the needs of any practitioner.

DISEASES OF THE SKIN. By Sir M. MORRIS. (Cassell.) Sixth edition. Pp. 770. Price 12s.

This well-known text-book needs little praise. It is known to the majority of students, and a large number of practitioners already use it as a handbook in times of difficulty. In the new edition there are several important alterations—not so much in fact as in arrangement. The section on Syphilis has been expanded and remodelled in accordance with the official schemes for carrying out the recommendations of the Royal Commission on Venereal Diseases.

The article on Prurigo has been rewritten and brought up to date—a most important matter to the general practitioner.

Recent additions to the uses of radium and other physical methods of treatment have been noted.

The new plates of some of the commoner skin diseases are excellent, and we can cordially recommend the book to students and practitioners alike.

CORRESPONDENCE.

B.I.P.P. POISONING.

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

DEAR SIR,—Mr. Bousfield has drawn attention, in your October number, to iodoform poisoning due to the use of B.I.P.P. in wounds.

My object in writing is to draw attention to the importance of using very small quantities of the paste in recent wounds. In January last I wrote a short article (which was published later in your JOURNAL) on wound suture, and referred to the use of B.I.P.P. as described by Rutherford Morison. Before this article was published we in this Army had given up leaving paste in bulk in wounds (as originally recommended by Rutherford Morison), and we are now alive to the importance of using only the smallest possible amount consistent with providing a thin film over the wound surface. Our practice now is to take about half a teaspoonful into the palm of the left hand, and smear the wound surface with the gloved fingers of the right hand, and then with a piece of gauze to gently rub the paste over the surface and to wipe away *all excess*. We have made a rule that not more than one teaspoonful shall be used on any one patient. The importance of this precaution arises in cases with multiple wounds, and the rule also applies to the use of the paste in wounds that have already been "bipped."

The most serious cases of poisoning are, I think, due less to iodoform than to bismuth, which may produce severe stomatitis, and even intestinal ulceration (Sargent). I believe that these severe symptoms result from an overdose, and can be avoided if no excess is left in the wound, and if provision is made for drainage in the early stages. Drainage is probably as important as minimal dosage—factors which most of us did not fully appreciate when first we used the paste. Apparently a granulating wound is less susceptible than a recent wound (if not immune) to the toxic effects of bismuth, but is not immune against iodoform poisoning. It might be wise to reduce the bismuth percentage in the paste for fresh wounds, and to increase the percentage for granulating wounds. It is certainly advisable to limit the amount of paste used in recent wounds to a maximum of one teaspoonful.

C. GORDON WATSON,
Colonel, A.M.S.

SECOND ARMY HEADQUARTERS,
B.E.F., FRANCE;
November 10th, 1917.

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

SIR,—Without doubt certain patients show an increased sensitiveness to the use of iodoform, but in the cases detailed by Mr. Bousfield in your last month's issue, surely the more important factor is the too liberal use of the B.I.P.P. (please note his expression, "smeared thickly with B.I.P.P.")

If used as directed by its distinguished introducer, *i.e.* gently scrubbed into the tissues with gauze, all excess being wiped away, symptoms of poisoning never seem to result.

When this has been done, no case of poisoning has occurred in this Hospital. In my experience of its use in war wounds and in those of civil life (*e.g.* septic amputations of fingers, severe incised wounds of hand or forearm with tendon-suture, etc.), there is sound healing without the appearance of inflammation in the case of wounds completely closed, and in those left open, a rapid filling-up of the wound with healthy red granulations. This also applies to bed-sores and other chronic ulcers, in which it leads to rapid healing.

In none of these cases has even the taste of iodoform (a common early symptom of poisoning) been complained of.

In some cases, however, the temperature after operation may rise to 103° F. or even more, falling, however, to normal next morning, without further complaint from the patient than that he has had a headache.

Again, occasionally in cases of open wounds, a local sensitiveness to B.I.P.P. has been noticed, *viz.* the occurrence of an acute spreading eczema of the surrounding skin. After the substitution of a simple bismuth preparation, such as the Beek's paste, used in the treatment of tuberculous sinuses, this symptom rapidly subsides and the wound continues to progress favourably.

Trusting that this note may serve to allay in our budding surgeons

the possible distrust of the use of this valuable preparation created by Mr. Bousfield's article,

I remain,

Yours faithfully,

ARTHUR MORFORD.

Metropolitan Hospital,
Kingsland Road, E. 8;

November 6th, 1917.

Note.

I have had the opportunity of seeing Mr. Morford's letter, and in answer to his criticisms I should like to remark that in the first place only *once* did I mention having smeared the wound "thickly" with B.I.P.P.—this by the method which he has suggested in this letter. The term "thick" is a relative one, and I think has but little to do with poisoning in these cases.

I learn from inquiry that iodoform poisoning is by no means unknown after the use of B.I.P.P., though it is quite uncommon. In the opinion of myself and others whom I have consulted, it does not depend upon the "thickness" of the B.I.P.P., but rather on two other factors: (a) The area of the wound, and hence of absorption: (b) the susceptibility of the patient.

I believe in the first case I quoted the non-success was chiefly due to the large superficial area, and in the second case to a very high susceptibility on the part of the patient.

I should still be inclined to advise anyone who notes signs which might be attributable to iodoform poisoning to investigate the case thoroughly, and, if necessary, change the antiseptic.

PAUL BOUSFIELD.

EXAMINATIONS, ETC.

UNIVERSITY OF LONDON.

Third (M.B. B.S.) Examination for Medical Degrees. October, 1917.

Pass.—W. H. Dupré.

Group I. *Medicine.*—P. Selwyn Clarke.

ROYAL COLLEGE OF SURGEONS.

First Examination for the Diploma of Fellow. November, 1917.

Final Examination for the Diploma of Fellow. November, 1917.

W. E. Griffiths.

The following candidate was successful at the Primary Examination for the Fellowship held on November 7th, 8th, and 13th: J. Whittingdale.

CONJOINT EXAMINATION BOARD.

October, 1917.

The following candidates have completed the examination for the M.R.C.S. and L.R.C.P.:

A. V. Lopes, W. D. Nicol, H. B. Bullen, J. D. Constantin, A. R. Poduval, G. Bourne, L. C. Goument, J. J. Savage, W. L. Dandridge, N. S. Bonard, P. G. Horsburgh, B. L. Skeggs.

CHANGES OF ADDRESS.

ARMSTRONG-JONES, Sir Robert, Major, R.A.M.C., 105, Harley Street, W. 1.

BALL, W. GIRLING, Capt., R.A.M.C.T., 53rd General Hospital, B.E.F.

CHANDLER, F. G., Capt., R.A.M.C., 48th Casualty Clearing Station, B.E.F.

FITZGERALD, E. D., Woodbank, Broadfield Road, Folkestone.

GIBSON, R. W. B., P.O., Box 44, Crown Mines, Johannesburg.

GILL, G. F., Derbyshire Royal Infirmary, Derby.

GILLIES, H. D., Major, R.A.M.C., The Queen's Hospital, Froggnal, Sidcup, Kent.

HARKER, T. H., Capt., R.A.M.C., 10th Field Ambulance, 4th Division, B.E.F.

ROWORTH, A. T., St. David's, Chelston, Torquay.

SYMONDS, H., Capt., S.A.M.C., Central Workshops, Tank Corps, B.E.F., France.

VOSPER, S., Lt., R.A.M.C., 56th Field Ambulance, B.E.F.

WILLIAMS, G. R., 116, Netherwood Road, W. 14.

BIRTHS.

FAVELL.—On November 6th, the wife of Richard Vernon Favell, Capt., R.A.M.C., of 301, Fulwood Road, Sheffield, of twins—son and daughter.

HANCOCK.—On November 15th, at Bentley, Hants, the wife of Dr. F. Thompson Hancock, of a son.

HANDS.—On October 5th, at Glendalough, Totland Bay, I.W., the wife of C. H. Hands, M.B., B.Ch., Oxon—a son.

MAUNSELL.—On September 25th, at Farnleigh, Rockingham Road, Kettering, the wife of B. S. O. Maunsell, of a daughter.

MESSITER.—On October 16th, at Cappoly, Dudley, Worcs., Rona (née Ritchie), the wife of Capt. C. C. Messiter, R.A.M.C., of a daughter.

ORTON.—On October 7th, at Gladwyn, Shoot-up Hill, Brondesbury, N.W., the wife of Lieut. W. H. Orton, R.A.M.C., of a son.

OULTON.—On November 8th, at Cairo, the wife of Ernest Vivian Oulton, M.B., of a daughter.

PAIN.—On October 4th, at a Nursing Home, Newcastle-on-Tyne the wife of Dr. Arthur Pain, of Durham, of a daughter.

POCOCK.—On October 12th, at Greenfields, Newick, Sussex, the wife of Surgeon W. A. Pocock, R.N., of a daughter.

MARRIAGES.

EVANS—TAYLOR.—On November 15th, at St. Margaret's, Westminster, by the Rev. Canon Carnegie, Arthur Geoffrey Evans, T. Surgeon, R.N., son of the late Patrick F. Evans and Mrs. Evans, of 54, Longridge Road, S.W., and Lower Sapey, to Ermine Mary Kyffin, only child of Judge Taylor and Mrs. Taylor, of the Gadlar Ellesmere, and Abergele, N. Wales.

APPOINTMENT.

TURNER, P. E., M.D.Durh., D.P.H.Oxf., appointed Refractionist to the Royal Hospital, Richmond.

ACKNOWLEDGMENTS.

The Nursing Times, New York State Journal of Medicine, The Medical Review, The Hospital, The British Journal of Nursing, Guy's Hospital Gazette, Charing Cross Hospital Gazette, Journal de Médecine de Bordeaux, Long Island Medical Journal, Le Monde Médical, Middlesex Hospital Journal, The Shield, St. Mary's Hospital Gazette, London Hospital Gazette, Journal of the Department of the Public Health, Hospitals, and Charitable Aid, Magazine of the London (Royal Free Hospital) School of Medicine for Women.

NOTICE.

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

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

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

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

St. Bartholomew's Hospital



"Æquam memento rebus in arduis
Servare mentem."

—Horace, Book ii, Ode iii.

JOURNAL.

VOL. XXV.—No. 4.]

JANUARY 1ST, 1918.

[PRICE SIXPENCE.]

CALENDAR.

1918.

Tues., Jan.	1.—	Dr. Drysdale and Mr. McAdam Eccles on duty.
Fri., "	4.—	Dr. Calvert and Mr. D'Arcy Power on duty.
Tues., "	8.—	Dr. Morley Fletcher and Mr. Waring on duty.
Fri., "	11.—	Dr. Drysdale and Mr. McAdam Eccles on duty.
Tues., "	15.—	Dr. Calvert and Mr. D'Arcy Power on duty.
Fri., "	18.—	Dr. Morley Fletcher and Mr. Waring on duty.
Tues., "	22.—	Dr. Drysdale and Mr. McAdam Eccles on duty.
Fri., "	25.—	Dr. Calvert and Mr. D'Arcy Power on duty.
Tues., "	29.—	Dr. Morley Fletcher and Mr. Waring on duty.
Fri., Feb.	1.—	Dr. Drysdale and Mr. McAdam Eccles on duty.
Tues., "	5.—	Dr. Calvert and Mr. D'Arcy Power on duty.

EDITORIAL NOTES.

ONCE again we open the New Year in the midst of conditions of war, and conditions perhaps more severe than we have hitherto encountered.

During the past year we have had the war brought home to us by air raids, and Bart's. in particular has had its full share of excitement, in addition to the long list of subsequent patients. We enter upon our New Year with slight changes in the staff, as mentioned in previous issues, and with high hopes for the future.

The Christmas celebrations have been very much the same in quality as those of last year, but, owing to the nearness of publication, detailed description will be left until our next issue.

To all readers of the JOURNAL our best wishes are extended. With these wishes the editor, now resigning, begs especially to associate his own. Since the beginning of the war he has had the somewhat difficult task of carrying on the JOURNAL, and under rather difficult circumstances. On two occasions, by an extraordinary coincidence, certain premises connected with the JOURNAL have been damaged by air raids, but fortunately in each instance the manuscripts of this JOURNAL have not been lost. At the beginning of the war the question was raised as to whether the publication of the JOURNAL should be for the time being discontinued,

and fortunately the committee, after much hesitation, decided in favour of its continuance.

* * *

Notwithstanding difficulties of obtaining material and of publication, the successive house-surgeons, house-physicians, and students combined have succeeded in keeping the ball rolling, and rolling with sufficient speed to ensure a profit, though a greatly diminished one, to be handed over annually to the Students' Union.

With the continual shifting of newly-qualified men to the Front it has been extremely difficult to find either a fresh editor or even a sub-editor, but at last fortune has favoured us, and we are able to make our exit with apologies for the long tenure of office, and to wish the best of luck to the new editor.

* * *

We desire to congratulate Sir Wilmot P. Herringham, C.B., M.D., on his well-earned promotion to the rank of Temporary Surgeon-General, the highest honour attainable by a temporary officer in the Army Medical Service.

* * *

It affords us considerable pleasure to be able to congratulate Col. G. E. Gask, D.S.O., A.M.S., on his promotion. The honour is an unusual one in that it was from Major to Colonel without the intermediate step of Lieut.-Colonel. We understand that Col. Gask has been appointed to the post of Consulting Surgeon to the Forces in the St. Omer District.

* * *

In the history of the final examination for the F.R.C.S. (Eng.) it is surely a notable event for one solitary candidate to have emerged victorious. As intimated in our December issue, Mr. H. E. Griffiths won his Diploma at the last examination, and we offer him our heartiest congratulations on having carried the Hospital colours in triumph through an ordeal from which he was the sole survivor of a field of thirteen candidates.

* * *

The recent O.T.C. examination for "Special Certificate B"—a very searching test in R.A.M.C. organisation and

work—affords us somewhat similar grounds for congratulation. The only candidates, from the whole Medical Unit of the University of London, who presented themselves at the last examination for this certificate, were members of the St. Bartholomew's Sub-section, and all four were successful. We desire to congratulate Cadet-Corporal Leitch, Cadets Hosford, Tucker, and Weatherall on the credit they have thus brought to the Hospital.

* * *

In our November 1917 issue of the JOURNAL we mentioned that the Military Cross had been awarded to Temp. Capt. T. J. Rees, R.A.M.C. This was an error, for which we apologise. The distinction was awarded to Temp. Capt. F. T. Rees, R.A.M.C.

* * *

In the October 1917 number we published an article by Mr. Paul Bousfield, M.R.C.S., L.R.C.P., on B.I.P.P. poisoning, in which the author stated that in his opinion the iodoform was occasionally the cause of the trouble. Instances were cited which certainly pointed to this possibility.

In the following issue we printed letters on the subject by Mr. A. Morford, M.B., B.S., and Col. Gordon Watson, both of whom were strongly of the opinion that small quantities of B.I.P.P. were absolutely essential if trouble was to be avoided.

Since then we have received the following communication on the subject from the inventor of the preparation, Prof. Rutherford Morison, who has very kindly given us permission to publish it, not the least interesting part of which is the reference to the chemical reaction and possible subsequent action of B.I.P.P.

"THE BARTHOLOMEW'S HOSPITAL JOURNAL with the article on B.I.P.P. poisoning was sent to me, and I was much interested in it. My own experience of poisoning is limited to early cases, when we piled in B.I.P.P. so as to fill the wounds up with it. Even then there were few serious cases and *no* deaths. The most serious got stomatitis, and looked anæmic. For the last year the most we have noticed was a blue line round the necks of teeth, especially dirty ones, without any symptoms or disturbance of the general condition. As I have charge of 200 beds, and see many large and serious wounds, it seems to me justifiable to say that if poisoning follows this method of treatment it cannot have been carried out as I use it. It may be that too much of the paste has been used, but my belief is that perhaps the bad results depend more upon the method of preparation of the paste. Recent inquiries have shown me that it is rare to get the paste prepared as I use it. Some of the preparations are much more seductive looking, but they will not smear into the tissues. Others—especially from France—contain large granular-looking lumps. Others are made up with vaseline, glycerin, oil, etc. The paste I have always used has been made for me by Sergt. Hunter, dispenser

to the Northumberland War Hospital, and he has promised me to be responsible for supplies sent out by W. Owen and Son, Chemists, Percy Street, Newcastle-on-Tyne. Mr. Sydney Dunstan, head of the dispensary of the Royal Victoria Infirmary, Newcastle-on-Tyne, has undertaken the responsibility of supplies sold by the Nimol Company, 3, College Street, Newcastle-on-Tyne, so that I hope this trouble may soon be ended or mended.

"As to the germicide which does the work I cannot speak from any knowledge of my own, but I asked Mr. Sydney Dunstan to make some investigations bearing upon it, and he told me early in 1916 that he had found that a chemical reaction between the bismuth nitrate and iodoform liberated free iodine and went on doing so for long periods of time. This was confirmed by the ladies at Endell Street Military Hospital whose paper was published in the *Lancet* of March 3rd, 1917.

"The other steps described in my method are, so far as I know, of quite as great importance as the use of the paste.

"They are:

"(1) Cleansing of the skin surrounding the wound with a strong antiseptic.

"(2) Free exposure of the wound cavity.

"(3) Mechanical cleansing of the wound.

"(4) Spirit swabbing of the wound and surrounding skin.

"(5) B.I.P.P.

"(6) Closure of the wound as far as possible with interrupted sutures.

"(7) Dress with sterile gauze, abundant wool, and a firm bandage.

"It is now certain that if these steps can be thoroughly carried out infected wounds will heal under a single dressing as aseptic ones do.

"If you have the chance, try the method on a case of acute patellar bursitis, laying the bursa freely open then sewing it up. You will no longer doubt.

"RUTHERFORD MORISON."

A CASE OF CEREBRO-SPINAL FEVER; INJECTION OF ANTI-MENINGOCOCCAL SERUM; RECOVERY.

By G. BOURNE, M.R.C.S., L.R.C.P.



AM indebted to Dr. Drysdale for kind permission to publish this case:

The patient, B. L—, was admitted to Rahere Ward suffering from drowsiness, headache, vomiting. He was in good health until October 18th, when he had a sore

throat, was drowsy, and had a rash, localised chiefly on the trunk, which was described as being composed of "small red spots like measles." He was put to bed, where he has remained ever since. After a temporary diminution in the severity of his symptoms, he suddenly, on October 26th, had a very severe headache, which made him cry, and caused him to ask someone to hold his head. He also vomited. On the following night he vomited again.

Ever since that time the patient remained drowsy, suffered from headache, which was very severe at night, and occasionally vomited. He was never delirious and never had photophobia.

On admission, his temperature was 100° F., his pulse 64, and his respirations 24. He had no ocular palsy. The neck muscles were stiff and flexion of the head was resented.

Fluid drawn on November 12th was faintly turbid, contained a small clot on cooling, and a film showed an excess of lymphocytes. No organisms were seen.

A film from fluid drawn on November 20th showed a majority of polymorphs, and a few intracellular bodies, possibly meningococci. A culture made from this fluid grew meningococci in pure growth.

On November 23rd 10 c.c. of anti-meningococcal serum were given intrathecally, and on the 27th a second dose of 10 c.c.

Immediately after the first dose of serum the patient's temperature fell to normal, his pulse remaining about 92. His headache and general lassitude disappeared and his appetite rapidly returned. Within a week the patient had gained three, and within a fortnight six pounds in weight.

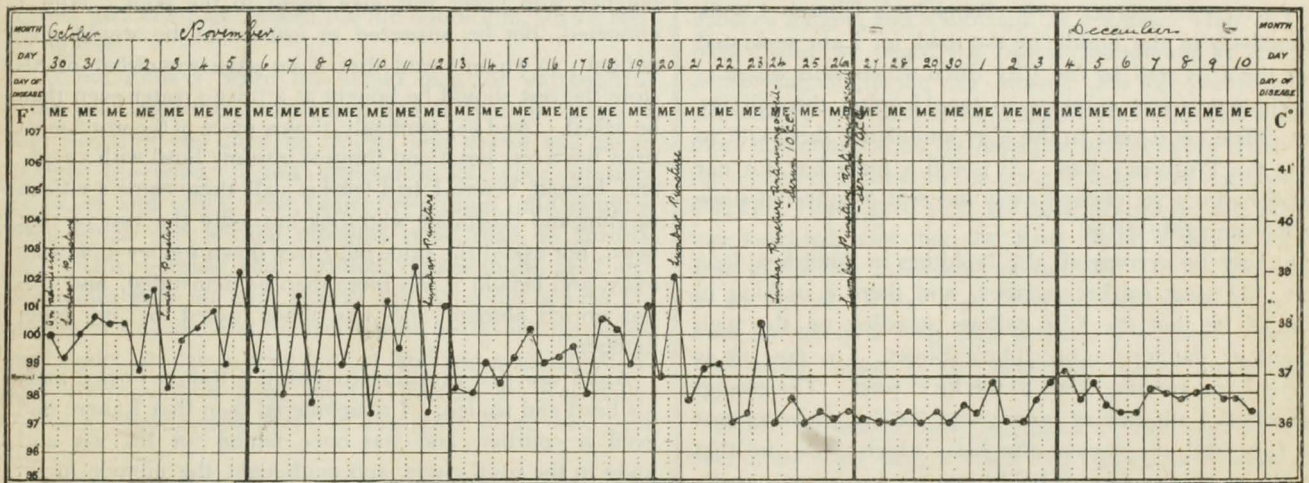


CHART ILLUSTRATING A CASE OF CEREBRO-SPINAL FEVER.

No abnormalities were discovered in the chest or abdomen. Kernig's sign was not marked, but was present.

For the first twenty-five days after admission his condition steadily became worse. The temperature was raised every day, and varied between 97° to 103° F., showing great irregularity. The pulse during the first week varied between 64 and 88, during the second between 82 and 122, and during the third between 84 and 120, the average rate being higher in the second than the first, and higher in the third than in the second week. During this period of his illness the child was drowsy, and resented greatly being roused or moved; he cried almost continually for water, and suffered especially at night from severe headache.

A series of lumbar punctures were done. The first, the day after his admission, showed an increase in the number of cells present to about 1000 per c.c., 75 per cent. being polymorphs. There was no growth from the culture.

On November 3rd lumbar puncture was again performed. The fluid showed an excess of lymphocytes, and the clot, after incubation for forty-eight hours, showed no tubercle bacilli.

Kernig's sign disappeared three weeks after the injection of the first dose of serum.

The points of interest in the case would seem to be firstly the rapidity with which the symptoms improved after administration of serum; secondly, the similarity of the fluid as regards its cytology and general appearance to that of tuberculous meningitis; thirdly, the suggestion that would seem to arise, that all cases of meningitis in children, except where tuberculous meningitis is absolutely obvious, should be treated with anti-meningococcal serum. If they be tuberculous the prognosis is almost hopeless in any case, whereas prompt treatment in a case of meningococcal meningitis may save the patient weeks of illness and perhaps his life.

The particular organism present was found to be No. 2 of Gordon's serological types.

The temperature chart is appended.

SOME EPISODES IN THE HISTORY OF THE HOSPITAL.*

By D'ARCY POWER, F.S.A.



MEMORY and the mind's eye sometimes play strange pranks with those who, like myself, have been long connected with this Hospital and who know something of the history of London.

Often as I walk across the Viaduct on a misty evening in December, I remember why Snow Hill turns round obliquely at Burroughs and Wellcomes' corner, for do I not see the City wall with its gates right in front of me? And I know that the bend is made to prevent rushes of an armed crowd who might attack this entrance to the City.

As I turn the corner at St. Sepulchre's Church I walk instinctively in the middle of the road, for I am separated from the City wall by the City ditch which runs where is now the out-patient entrance to the Hospital, through the Post Office court-yard to the City ambulance shed, and so on to the Postman's Park. It is still a filthy bog, for our Sheriff had not yet cleared away the refuse collected since the Roman ædile left it.

On such an evening all the buildings in Smithfield fade away; the meat market vanishes, and there is nothing in front of me but the City gallows standing on the high ground at the top of St. John's Street. On my left is Hosier Lane, running down to the Fleet river. The ground over which I am walking is dirty and marshy, whilst against the City wall are stacked the bales which show me that the King's cloth market is held here.

A.D. 1120.—*St. Thomas à Becket*.—As I walk a fellow citizen overtakes me, saying, "Dear eme! heard you the strange dream which came to Gilbert Becket's wife who lives in the Poultry, and was yesterday delivered of a son they have called Thomas?" I answer "No, tell me." He replies, "They say she dreamed last night that the baby was lying naked in the cradle; she looked upon it and asked

Why is the boy unclothed?' to whom the nurse, 'Dear Mistress, you see not aright, for surely never was child so swaddled in purple and fine linen,' and in truth it was so, as she saw in her vision, for they unwrapt the purple cloth, and it reached from their house in the Poultry through Cheapside, up Newgate Street, and passing through the New Gate still reached along Giltspur Street until it stopped in Smithfield, and the mother interpreting the dream, said: 'Doubtless it portends that this child will become a great man, and will attain to high dignity in the Church, but, dear eme the holy man who interprets dreams says: 'Not so, the boy will in truth grow up, but the red cloth signifies his blood, which shall be shed and spread through all Christendom; nay, more, that a Hospital shall be founded

* Midsessional address delivered before the Abernethian Society at St. Bartholomew's Hospital, on December 6th, 1917.

at that place where the cloth stopped, and there will more blood be shed.'"

And so the vision passes.

A.D. 1140.—*Rahere*.—Another time, there has risen just in front of the City wall a Hospital, of many scattered buildings, and by its side the Priory Church with which we are still familiar in part, and I see sitting in the Prior's lodgings two Augustinian canons talking as friends, the one I know to be the Prior Rahere Founder; the other Alfune, his Proctor and our first Hospitaler, who built the Church of St. Giles in Cripplegate.

Alfune is saying to Rahere, "Father, a miracle happened to me this morning. Early I took my bowl and went amongst the butchers collecting food for the poor in our Hospital. Thou knowest well Goodrich, that surly butcher, who never will give aught to the poor. Him I entreated, but he answered as usual that he would give nought; to whom I said that if he gave somewhat of his store the rest should be bought at a price greater even than he asked. And he, scoffingly, took a piece of the worst meat from the worst beast and threw it into my bowl with curses, and, behold, before I had left his stall there came a citizen running and breathless who took hurriedly the rest of that beast, nor asked the price but threw down money and went away, and behold it was more than he demanded, and this was noised abroad, and was much noted by the other butchers."

And I saw that as Alfune told his tale Rahere turned away his head and smiled. I remembered then that Rahere had been a courtier, and was once famed for his wit and jokes in the royal circle, and methought the miracle might perhaps be explained on natural grounds.

A.D. 1250.—*Our tiger Archbishop*.—Again the vision changes, and I see myself as an apprentice standing in the Hospital gate, for I had heard that Boniface, the Archbishop of Canterbury, was coming to visit our Prior at the church. He speaks no English, and his attendants are all foreigners, so I took a stone and threw it, hitting his servant full in the face. I saw the Archbishop turn in a fury as I shouted "Truant," but he passed on and entered the church and I followed to see what would happen.

The Canons were in their Stalls, and a service was about to begin. I saw the Archbishop rush into the Choir shouting loudly and ordering them to go to the Chapter House. The Sub-Prior said something which I could not hear, and the Archbishop felled him with a single blow of his fist, for he was a stout and handsome man. He beat him unmercifully, and then ensued such a scene as I hope never again to see in a Church. We tore the Archbishop's vestments, and, behold, he was fully clad in armour, but we drove him out by the side of the City wall, and made him take boat at Blackfriars, and so were rid of a very tyrant.

A.D. 1305.—*Sir William Wallace*.—Well do I remember that eve of St. Bartholomew when William Wallace had

come before the judges in our new hall at Westminster, for it was the first time that I had seen the horrid doom of one whom they called a traitor. I, for my part, had always looked upon him as a true patriot, for never had I heard anyone say that he had sworn fealty to our King Edward. But they must have settled his doom beforehand, for preparations had been made at our gallows, though some said he would be executed at Tyburn, but they are wrong, for I saw him dragged at a horse's tail from Aldgate through the City and past our Hospital. I thought at the time that it was a cruel death, but I knew that God was merciful to him, for they had not yet learned to use that ox-hide upon which other traitors were carried to the gallows, and I saw as he passed me that the bumping over the rough paving of the streets had well-nigh shaken the life out of him, strong man as he was.

At the Elms I heard the herald read the warrant that "for your robberies, homicides, and felonies in England and Scotland you shall be hanged and drawn and as an outlaw beheaded." And afterwards, for your burning churches and relics, your heart, liver, lungs, and entrails, from which your wicked thoughts came, shall be burned, and finally, because your sedition, depredations, fires, and homicides were not only against the King but against the people of England and Scotland, your head shall be placed on London Bridge in sight both of land and water travellers, and your quarters hung on the gibbets at Newcastle, Berwick, Stirling, and Perth, to the terror of all who pass by."

A.D. 1381.—*Wat Tyler*.—But perhaps the recollection which comes clearest to my mind was that June day when I, a shaveling—for I had recently taken minor orders, and had now a small tonsure upon my head—was working in that grand old hall where most of our patients lay. Word was brought that the crowd were coming to Smithfield, led by one whom they called Wat the Tyler. I ran to the gate to see those of whom I had heard so much, and, behold, just as I got there, the King with his retinue and the Mayor came riding down Long Lane, and stopped just opposite to where I was standing. Wat and his followers were between Hosier Lane and St. Sepulchre's. The march had been long and dusty, and I heard Wat call for water, which I remember that he drank filthily, gargling his throat with a horrid noise and spitting nearly over the King, whom he shook by the hand and called Richard. Then he shouted for a mug of beer, and as he shouted I heard the Constable of Rochester say that he knew Wat for the biggest rogue unhanged in Kent, and that made Wat furious and he would have killed him in the King's presence. Our Mayor stopped him as he drew his sword with a sounding blow on the head, whereupon Wat furiously struck the Mayor with his dagger, but hurt him not by reason he was well armed. Our Mayor, having received his stroke, drew his blade and grievously wounded

Wat in the neck, and withal gave him a great blow on his head. In the which conflict an esquire of the King's house, called John Cavendish, drew his sword and wounded Wat twice or thrice even to the death, and Wat, spurring his horse, cried to the commons to avenge him; the horse bare him about eighty feet from the place, and there he fell down half dead just at my feet. By-and-bye they which attended on the King environed him about so as he was not seen of his company, and many of them thrust him in divers places of his body. I, seeing this, dragged him in through the gate of the Hospital and shouted to have it closed. The King, I saw, turned to the crowd and was speaking to them, and the Mayor was galloping back through Long Lane to the Guildhall. But I had no time to attend to such things. Wat was stunned and bleeding, so four of us carried him to the master's lodging and staunched his wounds. Half an hour passed and we heard the Mayor thundering at the gate demanding admission for himself and his brethren the Aldermen; they rushed in, dragged Wat out, and without more ado chopped off his head just in that space which still remains vacant between the porter's lodge and the Hospital chapel. Many have told me that Walworth, our Mayor, was knighted, and that the King added a dagger to the arms of the City in memory of this day. But I know this to be untrue, for our City arms carried the sword of St. Paul for many a long day before his mayoralty, though Walworth's dagger is still preserved at the Fishmongers' Hall.

But all my memories of Smithfield are not so sombre, for have I not often seen it filled with youth and beauty and nobles of England and many other countries of Christendom.

A.D. 1362.—*Jousts*.—Five days in one May did I not see jousts held, the King and the Queen being themselves there, and nearly all the chivalry of England and of France, of Spain and Cyprus and Armenia holding their own against all pagan comers? Then, again, did I not see Dame Alice Perrers (the King's concubine) as Lady of the Sun riding through Cheap accompanied by many lords and ladies? Every lady leading a lord by horse bridle till they came into Smithfield, and there began that great joust which lasted no less than seven days.

And once again, was the like riding from the Tower to Westminster, but now every lord led a lady's horse bridle, and on the morrow began the joust in Smithfield which lasted two days, and there bare them well Henry of Derby, the Duke of Lancaster's son, the Lord Beaumont, Sir Simon Burley, and Sir Paris Courtney. And yet once again in the fourteenth year, when Richard II was King, royal jousts and tournaments were proclaimed to be done in Smithfield, to begin on Sunday next after the Feast of St. Michael.

Many strangers came forth of other countries, namely, Valarin, Earl of St. Paul, that had married our King's sister, the Lady Maud Courtney, and William, the young Earl of Ostervant, son to Albert of Baviere, Earl of Holland and

Henault. On that day there issued forth of the Tower, about the third hour, sixty coursers apparelled for the joust, and upon every one an esquire of honour riding a soft pace; then came forth sixty ladies of honour mounted upon palfreys riding on the one side richly apparelled, and every lady led a knight with a chain of gold. These knights being of the King's party had their harness and apparel garnished with white harts and crowns of gold about the harts' necks, for was not the white hind his mother's badge, who was known to us as the Fair Maid of Kent.

And so they came riding through the streets of London to Smithfield with a great number of trumpets and other instruments of music before them. The King and Queen came from the Bishop's Palace of London with many great estates and were placed in chambers to see the jousts. And the ladies that led the knights were taken down from their palfreys and went up to chambers prepared for them.

Then alighted the squires of honour from their coursers and then knights in good order mounted upon them, and after their helmets were set upon their heads, and being ready in all points, a proclamation made by the heralds, the jousts began and many commendable courses were run, to the great delight of us standing by to see them,

A.D. 1393.—Many accidents came to us of these jousts, but none so fell as when those lords of Scotland came into England to get worship by force of arms. On that day the Earl of Mar challenged the Earl of Nottingham to joust with him, and so they rode together certain courses, but not the full challenge, for the Earl of Mar was overborne horse and man and two of his ribs were broken with the fall. And so coming to the Hospital we bound up his hurt and set him on his way towards Scotland. But letters came to us afterwards, saying that he died of his hurt, so we had done well had we kept him with us.

For my part what I saw was mostly done in fair fight, but foul deeds were sometimes done in anger.

A.D. 1442.—One winter's day at the end of January a challenge was done in Smithfield within the lists before our gracious King, Harry VI, there being Sir Philip la Beaufe, of Aragon, Knight, the other an Esquire of the King's house, called John Ansley.

They came to the field all armed, the Knight with his sword drawn, the Esquire with his spear, which spear he cast against the Knight, but the Knight avoided it with his sword, and cast it to the ground.

Then the Esquire took his axe and smote many blows on the Knight and made him let fall his axe and brake up his visor three times, and would have smote him on the face with his dagger for to have slain him, but that the King cried "Hold," and so they were departed.

A.D. 1446.—And yet other times have I seen the wager of battle essayed in front of our gate, nor did he who was in the right always win, for I mind me of the time when John David appeached his master, Will Catur, of treason,

and a day was assigned to them to fight in Smithfield.

The master, being all well beloved and known to every one of us, was so cherished by his friends and plyed with wine that, being therewith overcome, he was unluckily slain by his servant.

But that false servant (for he falsely accused his master) lived not long unpunished, for I with many others followed to see him hanged at Tyburn, for a felony by him committed.

Let such false accusers note this for example, and look for no better end without speedy repentance.

A.D. 1467.—And yet once again there were great days for us when the Bastard of Burgoyne challenged the Lord Scales, brother to the Queen of our noble King Edward IV to fight with him both on horseback and on foot.

The King therefore caused lists to be prepared in Smithfield, the length of 120 tailors' yards and 10 feet, and in breadth 80 yards and 20 feet, double-barred were they, 5 feet between the bars, the timber work whereof cost two hundred marks, besides the fair and costly galleries prepared for the ladies and others; at the which martial enterprise the King and nobility were present.

The first day they ran together with spears, and departed with equal honour. The next day they tourneyed on horseback, the Lord Scales' horse having on his chafron a long spear pike of steel, and when the two champions coped together the same horse thrust his pike into the nostrils of the Bastard's horse. So that for very pain he mounted so high that he fell on the one side with his master, and the Lord Scales rode about him with his sword drawn till the King commanded the Marshal to help up the Bastard, who said: "I cannot hold me by the clouds, for though my horse fail me I will not fail an encounter companion"; but the King would not suffer them to do any more that day.

The next morning they came into the lists on foot with two pole-axes and fought valiantly, but at the last the point of the pole-axe of the Lord Scales entered into the side of the Bastard's helm and by force made him place him on his knees, but the King cast down his warder and the Marshal severed them. The Bastard required that he might perform his enterprise, but the King gave judgment and the Bastard relinquished his challenge.

And I remember well the courtly ending of these joyous days in early spring. How, when the joust was over there came forth a lady chosen by all the other ladies and gentlewomen and he would give a diamond to the best joustier, saying to him: "Sir, these ladies and gentlewomen thank you for your desport and your great labour that you have this day undergone in their presence, and the said ladies and gentlewomen sayen that ye have best jousted this day, therefore the said ladies and gentlewomen give you this diamond and send you much

worship and joy of your lady." Thus was done also with the ruby and the sapphire unto the other two next best jousts. Then the Herald of Arms would stand above all on high and cry with a loud voice: "John hath well jousted, Richard hath jousted better, and Thomas hath jousted best of all." Then he that had the diamond took a lady by the hand and began to dance, and when the ladies had danced as long as it pleased them, then spices and wine and drink and afterwards an interval.

(To be continued.)

STUDENTS' UNION.

RUGBY FOOTBALL CLUB.

ST. BARTHOLOMEW'S HOSPITAL v. H.A.C. (BLACKHEATH).

Played at Winchmore Hill on December 1st, this match resulted in an easy victory for the Hospital by 39 points to *nil*.

Starting downhill, Bart.'s took the offensive from the first and did not take long to open the scoring. The three-quarters displayed both excellent combination and much individual running through. The good condition of the ground favoured an open game.

In the second half the H.A.C. forwards showed considerable dash, and used their weight with some effect. Their efforts, however, did not result in any score owing to the safe defence of Wells at back, who, on one occasion, scored with an individual run starting from near the Hospital's goal line.

In all, the Hospital scored nine times, six of the tries being converted. The place-kicks were taken by Krige and Orchard.

Team: J. P. Wells, *back*; L. C. Goument, P. A. Smuts, S. Orchard, and A. V. Lopes, *three-quarters*; F. Pollard and C. Griffiths-Jones, *half-backs*; B. B. Sharp, C. F. Krige, E. S. Rose, A. D. Wall, L. Pridham, G. Theobald, F. W. Lemarchand, and N. S. Vinter, *forwards*.

ST. BARTHOLOMEW'S HOSPITAL v. ST. PAUL'S SCHOOL.

At West Kensington on December 8th the Hospital side was beaten by 1 goal and 3 tries (14 points) to 2 tries (6 points).

The weather conditions were good and the ball dry, so that a fast game resulted. The School pack heeled very smartly from loose scrums and fed their three-quarters, who displayed little individual brilliance, but excellent combination. Their smart backing-up enabled them to beat the Hospital's defence four times, one of which tries was converted.

The Bart.'s three-quarters were frequently dangerous, and M. Thomas on the left wing scored twice far out. On several other occasions the sound tackling of the School's full-back just prevented him from getting over.

Team: J. P. Wells, *back*; L. C. Goument, P. A. Smuts, S. Orchard, and M. Thomas, *three-quarters*; F. Pollard and C. Griffiths-Jones, *half-backs*; B. B. Sharp, E. S. Rose, A. D. Wall, L. Handy, L. Pridham, G. W. Theobald, F. W. Lemarchand, and N. S. Vinter, *forwards*.

REVIEWS.

THE "HORIZON" SERIES OF MEDICAL AND SURGICAL MILITARY MANUALS.

We have just received the first seven volumes of the above series. The latter consists of a collection of some twenty small volumes which have been translated from the French and cover almost the whole field of war surgery and medicine. They have been written by well-known specialists in the various subjects, and the series has been published under the supervision and general editorship of Director-General Sir Alfred Keogh. Time and space will not permit of a detailed criticism of each manual, and we shall only give a short description of their aim and scope. They are well and fully illustrated, and with two exceptions are published at 6s. net per volume.

English readers will welcome this attempt to provide a concise series of books dealing with subjects of such eminently topical

interest, and the University of London Press is to be congratulated on the publication of these volumes in our own language.

We are glad to note that the Publishers have presented a copy of each of the following volumes to the Library of this Hospital:

The Treatment of Infected Wounds. By A. CARREL and G. DEHELLY. Translated by Capt. H. CHILD, R.A.M.C., with an introduction by Surgeon-General Sir ANTHONY A. BOWLBY, K.C.M.G. K.C.V.O., F.R.C.S.—The first portion of the volume is devoted to a description of the principles underlying the treatment of infected wounds by Dakin's solution and the soluble chloramine compounds which he subsequently employed. Chapters are devoted to the manufacture of Dakin's solution, the technique of wound sterilisation by the well-known Carrel methods, the clinical and bacteriological examination of wounds, their closure, and the results that have been obtained.

The experiments on which this method of sterilisation of wounds was founded were carried out in France by Dr. H. D. Dakin, who was assisted in the biological part of the work by M. Daufresne and Mme. Carrel. To quote from Sir Anthony Bowlby's introduction to the volume: "The book itself will be found to convey in the clearest manner the knowledge of those details which have been so carefully elaborated by the patient work of two years' experience. . . . The utility of Carrel's method is not confined to recent wounds, and, in the following pages, those surgeons who are treating the wounded in Great Britain will find all the necessary information for the treatment of both healthy and suppurating wounds." We may add that the translator is to be congratulated on his rendering into English.

Syphilis and the Army. By G. THIBIERGE. Edited by C. F. MARSHALL, M.D., F.R.C.S.—There has admittedly been a great increase in the incidence of venereal diseases as a result of the war, and Dr. Thibierge deals with the factors at work and the national danger of syphilis, both as regards the Army and the civil population, in the opening chapters. Some fifty pages are devoted to the symptoms and diagnosis of the commoner syphilitic lesions observed amongst the troops, and full details are given of all the usual methods of treatment. Dr. Thibierge advocates the intravenous injection both of mercurial and arsenical preparations, using the cyanide of mercury and novarsenobenzol in the majority of cases. He gives, however, an account of all the more commonly employed methods of administration of mercury by ingestion, inunction, intramuscular injections, and *per rectum*; a separate chapter is devoted to the intravenous injection of novarsenobenzol and of cyanide of mercury. The last part of the book deals with the various aspects of prophylaxis, and a detailed index is added. As Dr. Marshall points out in his preface, "Dr. Thibierge rightly insists on the importance of continuing treatment in a milder form after the initial intensive course . . . many patients being under the impression that they are cured after one course of arsenical and mercurial injections."

The After-Effects of Wounds of the Bones and Joints. By AUG. BROCA. Translated by J. RENFREW WHITE, M.B., F.R.C.S., Temp. Capt., R.A.M.C., and edited with an introduction by R. C. ELSMLIE, M.S., F.R.C.S., Major, R.A.M.C.(T).—This volume, some two hundred and fifty pages in length, commences with an account of the various defects of bony union such as shortening and angulation of fragments, excessive callus formation, formation of false joints and loss of bony substance. The greater part of the book deals with the various conditions which come under the general heading of Chronic Traumatic Osteomyelitis and their treatment. The author describes the various methods of packing cavities with organic materials such as sponges and dead or decalcified bone and bone-stopping by the various aseptic or mildly antiseptic pastes; he expresses the view that "the effect of this 'internal dressing,' both upon the duration of healing and the ultimate cure, is exceedingly doubtful. The impressions that I had received before the war have not been modified in any way since." He devotes thirty pages to a description of the technique of the operation for the obliteration of cavities and tunnels in bone, with a series of excellent illustrations copied from radiographs.

Chapter iv deals with the after-effects of wounds in joints, muscles, and tendons, giving the pathological varieties of ankylosis, stiffness, and deformity of joints and their respective treatment. A clear account is given of the *rationale* and mechanics involved in the effects of mal-united fractures on the action of neighbouring joints, and a final chapter deals with the medico-legal questions that arise with regard to the methods of disposal of the wounded after cure, pensions, gratuities, refusal of treatment, etc.

The translation is good and the book shows many evidences of careful editorship.

Typhoid Fever and Paratyphoid Fevers (symptomatology, etiology and prophylaxis). By H. VINCENT and MURATET, translated from the second edition and edited by J. D. ROLLESTON, M.D.—The first part of this book deals with the clinical characters of the ordinary forms of typhoid fever, its symptoms and its complications according to their anatomical position, the course and symptoms of paratyphoid A and B, and the clinical and laboratory methods of diagnosis. A useful table is included showing the principal differences between the three organisms as regards their cultural characteristics. Treatment of typhoid and paratyphoid fevers is described and the disputed question of diet discussed in some detail; recent advances in specific treatment are recorded and good results are claimed for the use of Chantemesse's and other anti-toxic serum: a polyvalent bacillary vaccine, sterilised by ether, has been used by several French physicians, some of whom claim a very definite improvement of the general condition and a decreased rate of mortality.

The second part is devoted to a study of the epidemiology, etiology, and prophylaxis of these diseases.

Dysentery, Asiatic Cholera, and Exanthematic Typhus. By H. VINCENT and L. MURATET, with an Introduction by ANDREW BALFOUR, C.M.G., M.D., edited by GEORGE C. LOW, M.A., M.D.—The authors have discussed these diseases on much the same lines as those in the preceding volume. Dr. Balfour in his introduction states that "perhaps the most remarkable feature of MM. Vincent's and Muratet's work is the astonishing amount of information they have been able to gather within a small compass. With the exception of its pathological anatomy, every aspect of the disease is considered, and though the book might perhaps have gained in practical value if the historical sections had been shortened and those dealing with prophylaxis somewhat expanded, and though here and there we note a few omissions and statements which require to be altered or modified, there can be no doubt that this little volume in its English garb will receive a hearty welcome. It is especially intended for the army doctor, and there can be few medical men nowadays to whom this term cannot be applied; but it will be useful also to all those whose work lies in countries where the three diseases of which it treats imperil the public health."

Hysteria or Pithiatism, and Reflex Nervous Disorders. By J. BABINSKI and J. FROMENT. Translated by J. D. ROLLESTON, M.D.; edited, with a Preface, by E. FARQUHAR BUZZARD, M.D., F.R.C.P., Capt. R.A.M.C.(T.).—The authors are too well known to need any introduction to English readers. Babinski's name is associated with a clear and lucid hypothesis of hysteria, and in the present volume he gives a valuable account of reflex paralysis—a condition which seems to rank intermediately between the purely functional disorders and those of a truly organic nature. A postscript is added in order to discuss certain publications by other French neurologists which appeared after the French edition went to press. Various opponents of Babinski's views on reflex paralysis and contractures maintain that there are no psychopathic contractures or paralyses of a reflex character; they hold that the motor disorders considered as such are pithiatic phenomena, and believe that muscular wasting, the various circulatory disturbances, mechanical hyperexcitability of muscles and nerves with slowness of the muscular contraction and premature fusion of the faradic contractions, hypotonicity and exaggeration of tendon reflexes are all due merely to immobilisation or inactivity in association with pithiatic motor disturbances. The authors go into some detail in combating this point of view.

The book is exceptionally well illustrated by a large number of plates and figures in the text, and a bibliography of some 250 references is appended. The most valuable section is probably that dealing with the differential diagnosis of functional and organic conditions. Very little space is devoted to treatment, which is more fully dealt with by Roussy and L'Hermite in their "Psychoneuroses of War."

The Psychoneuroses of War. By G. ROUSSY and J. L'HERMITTE. Translated by WILFRED B. CHRISTOPHERSON and edited by W. ALDREN TURNER, C.B., M.D.—This work forms a companion volume to Babinski and Froment's "Hysteria." As the editor points out in a prefatory note, the authors have succeeded in describing in a graphic way and explaining in logical fashion the causes, method of onset, symptoms, cause and treatment of those functional disorders which have become familiar to us under the name of "shell-shock." Under the term "psychoneuroses" is included every variety of functional disturbance from the simplest to the most complex, from those whose expression is almost entirely physical to those where psychological symptoms predominate. We were much interested in the note on Malingering, which, although not discussed in detail, is nevertheless of great importance.

A special chapter is devoted to an account of the various symptoms produced by concussion of the nervous system. Perhaps the most valuable parts of the book are the chapters devoted to treatment, and we cannot recall having read anything better on the subject. The rôle of the physician, the patient, and the environment all receive due consideration, as well as the methods necessary to bring about the best possible results.

The authors are certainly to be congratulated on what appears to us to be a unique volume.

CORRESPONDENCE.

THE TUNG WAH HOSPITAL.

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

SIR,—May I be permitted to correct one mis-statement in the otherwise accurate and interesting account of the Tung Wah Hospital, Hong Kong, given by Mr. Moxon Browne in your October issue.

His explanation of the name of the Hospital is more ingenious than accurate, for twenty years' residence in that Colony has not enabled me to meet any of the members of that "influential Chinese family of Tung Wah."

The Tung Wah Hospital was the first of its kind in China, and its name is derived from the word "Tung" which means East (Mr. Moxon Browne may possibly remember "Tung Street" in Honk Kong close to the aforesaid Hospital), and "Wah" or "Wa" which signifies China. Its claim to be the Hospital for East China would now be disputed by many similar institutions, but at the time of its inception there was none other, and the title was fully justified.

"Wa" really means "flowery" and by implication the Central Flowery Empire—a typical Chinese description of their country.

Yours, etc.,

FRANCIS CLARK,
Late Professor of Medical Jurisprudence
and Dean of Faculty of Medicine,
University of Hong Kong.

EXAMINATIONS, ETC.

UNIVERSITY OF OXFORD.

Second M.B. Examination. December, 1917.

Materia Medica and Pharmacology.—W. V. Robinson.
Pathology.—C. F. Krige, W. V. Robinson.
Forensic Medicine and Public Health.—G. K. Stone.
Medicine, Surgery and Midwifery.—G. K. Stone.

BIRTHS.

OULTON.—On November 7th, at the Anglo-American Hospital Cairo, the wife of E. V. Oulton, M.B., B.C., Public Health Department, Cairo, of a daughter.
SMYTHE.—On December 7th, at 28, St. George's Terrace, Trowbridge, Wilts, the wife of Capt. Gerald Smythe, M.B., B.C. (Camb.), R.A.M.C., of a daughter.

MARRIAGES.

BURTON—WILL.—On Tuesday, December 4th, at St. John's on Bethnal Green, Gordon Ernest, Surgeon, R.N., eldest son of Mr. and Mrs. Ernest L. Burton, of Spencer House, Stansted, to Dorothy Kennedy, eldest daughter of Dr. and Mrs. Kennedy Will, of Bethnal House, Cambridge Road, N.E. (Ceylon and Australian papers, please copy.)
STANLEY—PARK.—On December 8th, at the American Church, Paris Capt. E. Gerald Stanley, M.S., F.R.C.S., R.A.M.C., elder son of Mr. and Mrs. Parker Stanley, of Hampstead, to Frances Trenor, only child of Mrs. Catlin Park, of Paris, and of the late Trenor Park, of New York.

DEATH.

GALSWORTHY.—On November 28th, 1917, Laurence Galsworthy M.R.C.S., L.R.C.P.(Lond.), of 6, Brunswick Place, Regent's Park aged 47.

St. Bartholomew's Hospital



"Æquam memento rebus in arduis
Servare mentem."

—Horace, Book ii, Ode iii.

JOURNAL.

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FEBRUARY 1ST, 1918.

[PRICE SIXPENCE.

CALENDAR.

Fri., Feb. 1.—Dr. Drysdale and Mr. McAdam Eccles on duty.
Tues., „ 5.—Dr. J. Calvert and Mr. D'Arcy Power on duty.
Fri., „ 8.—Dr. Morley Fletcher and Mr. Waring on duty.
Tues., „ 12.—Dr. Drysdale and Mr. McAdam Eccles on duty.
Fri., „ 15.—Dr. J. Calvert and Mr. D'Arcy Power on duty.
Tues., „ 19.—Dr. Morley Fletcher and Mr. Waring on duty.
Fri., „ 22.—Dr. Drysdale and Mr. McAdam Eccles on duty.
Tues., „ 26.—Dr. J. Calvert and Mr. D'Arcy Power on duty.
Fri., Mar. 1.—Dr. Morley Fletcher and Mr. Waring on duty.

EDITORIAL NOTES.

AS intimated in our last issue Mr. Paul Bousfield has resigned the Editorship of this JOURNAL. Our first duty is to thank him for the notable services he has rendered in the past, and to extend to him our best wishes for the future.

We are not at all sure that our readers always realise the difficulties associated with the publication of a journal, even of this size, and more especially under present conditions.

The efforts of the most enthusiastic editor are bound to fail unless he receives the support of his constituency, and we take this opportunity of inviting Bart.'s men the world over to assist us as far as they possibly can.

For our part we shall endeavour to render the JOURNAL as useful and interesting as possible, and ever keep before us the fact that the JOURNAL should always serve both to maintain and to strengthen those ties of comradeship which have always been a feature of our Hospital life.

* * *

The list of Civil New Year Honours includes one which affords us particular satisfaction. We refer to the knighthood conferred on Dr. Horder, to whom we offer our heartiest congratulations. By an interesting coincidence the occasion marked the twentieth anniversary of Sir Thomas's entry into this Hospital in a teaching capacity.

* * *

In the New Year's Honours List for services rendered in connection with the war Bart.'s is again well represented.

To these gentlemen we also offer our sincere congratulations.

The King has been graciously pleased to confer the honour of K.C.M.G. on Col. A. E. Garrod, C.M.G., A.M.S., and of C.B. (Military Division) on Col. H. H. Tooth, C.M.G., A.M.S.

The following honours have also been conferred: Lieut.-Cols. G. S. Buchanan, R.A.M.C., and R. M. Carter, I.M.S., receive the C.B. Lieut.-Col. G. B. Price, R.A.M.C., has received the C.M.G., and Lieut.-Col. W. B. Lane, I.M.S., the C.I.E.

Sir George Newman, M.D., receives the K.C.B., (Civil).

* * *

The King has been pleased to approve of the following awards for distinguished services in the field, and we offer these gentlemen our congratulations:

Lieut.-Col. J. M. Gower, R.A.M.C., Major E. B. Waggett, R.A.M.C., Lieut.-Col. A. O. B. Wroughton, R.A.M.C., Col. C. A. Peters, C.A.M.C., Capt. H. B. Owen, Uganda Medical Service, Lieut.-Col. A. B. Ward, S.A.M.C., receive the D.S.O.

Capt. L. U. Geraty, R.A.M.C., Capt. L. E. Hughes, R.A.M.C., Capt. W. B. Jepson, R.A.M.C., Sp.R., Capt. T. R. Kenworthy, R.A.M.C., Capt. C. Loddiges, R.A.M.C., Capt. F. D. Marsh, R.A.M.C., Capt. E. S. Marshall, R.A.M.C., Capt. J. Miller, R.A.M.C., Temp.-Surgeon R. G. Morgan, R.M., Capt. R. S. Morshead, R.A.M.C., Capt. G. W. Parry, R.A.M.C., Capt. W. H. Scott, R.A.M.C., Capt. G. D. Watkins, D.S.O., R.A.M.C., Capt. F. E. S. Willis, R.A.M.C., Capt. W. V. Wood, R.A.M.C.(T.), have been awarded the Military Cross.

* * *

We congratulate Dr. W. Morley Fletcher, F.R.S., Secretary of the Medical Research Committee, on being made a Knight Commander of the British Empire.

* * *

It affords us unusual pleasure to congratulate Capt. C. R. Hoskyn, R.A.M.C., and Surgeon-Prob. R. S. S. Smith, R.N.V.R., on having received the Albert Medal.

As far as we are aware, these are the first awards of the

kind gained by Bart.'s men, and we feel sure that the appended details will be read with great interest :

"Capt. C. R. Hoskyn, R.A.M.C.

"In France, on November 24th, 1916, as the result of a serious railway accident, a man was pinned down by the legs under some heavy girders. The wreckage was on fire, and the flames had already reached the man's ankles. Capt. Hoskyn crawled into a cavity in the flaming wreckage, and, after releasing one of the man's legs, amputated the other, whereupon the man was drawn out alive, Capt. Hoskyn retaining hold of the main artery until a tourniquet could be put on."

"Surgeon-Probationer Robert Sydney Steele Smith, R.N.V.R., was Medical Officer of one of H.M. ships which was torpedoed by an enemy submarine.

"When the enemy torpedo struck the ship Surgeon-Probationer Smith was in the wardroom aft with the 1st Lieutenant. The explosion wrecked the wardroom and rendered the 1st Lieutenant unconscious. All other exits being blocked, Surgeon-Probationer Smith piled the wrecked furniture under the skylight, and got the 1st Lieutenant through this on deck. He then attended to a Petty Officer who was lying on deck with a broken arm and leg, adjusted and blew up his life-belt, and after doing the same for the 1st Lieutenant, got him overboard, as the ship was then foundering. "The 1st Lieutenant was by then partially conscious, but was again stunned owing to an explosion when the vessel foundered, and when he was picked up by the boat he was apparently dead. Surgeon-Probationer Smith applied artificial respiration until the 1st Lieutenant showed signs of life ; he afterwards attended to the wounded in the boat so far as the circumstances allowed, until they were picked up forty-three hours later."

* * *

A month or two ago it was our pleasant duty to congratulate Capt. G. D. Watkins, R.A.M.C., on having received the D.S.O. The following details are now to hand :

"When cries for help were heard coming from a tank which had been abandoned in an isolated position in the outpost line, he went 200 yards through a heavy barrage and rescued a badly wounded man from the tank. He dressed his wounds and carried him under heavy fire towards safety until, being completely exhausted, he was compelled to put the man in a shell hole and go for assistance. He returned with another officer, and, still under heavy fire, brought the man to safety. Throughout six days he displayed the same indomitable courage and extraordinary devotion to duty, constantly going into the open, tending the wounded day and night. He undoubtedly saved many lives."

* * *

Capt. E. Gerald Stanley, R.A.M.C., has been mentioned in French Army dispatches, in connection with which he has received the Croix de Guerre avec Etoile d'or.

We congratulate Capt. Stanley not only on this distinction, but also on the occasion of his marriage which took place in Paris last December.

* * *

It should afford the Hospital considerable satisfaction to know that no less than forty-one Bart.'s men were mentioned in Sir Douglas Haig's last dispatch ; while several others have received promotion.

* * *

We note with interest that Lieut.-Col. D'Arcy Power has been appointed a member of the Court of the University of Bristol for the period of seven years in the vacancy occasioned by the retirement of Sir Rickman J. Godlee.

* * *

ROLL OF HONOUR.

It is with deep regret that we have to report the death of four Bart.'s men on active service.

Sub-Lieut. Donald Frank Bailey, R.N.D., who was reported "wounded and missing" on April 23rd, is now officially presumed killed on that date. He was the son of the late John R. Bailey, solicitor, of Leatherhead, and Mrs. Wenham, of the Vicarage, Built Wells. He went to France on August 27th, 1914, with the Australian Hospital (Lady Dudley's), returning to England in the following December. He was invalided until the following April, and then joined the R.N.D. After obtaining his commission he was gazetted to the R.N.D., going out to the East in November, 1915, and returned with his battalion in 1916.

Capt. L. G. Crossman, R.A.M.C., M.B., B.S.(Lond), died in hospital from double pleurisy and pneumonia. He was the younger son of Councillor John Crossman, of Penllwyn Park, Carmarthen. He had held the posts of Senior House-Physician at this Hospital, Clinical Assistant at the Hospital for Sick Children, Great Ormond Street, and Resident Medical Officer at the Royal Hospital for Diseases of the Chest, City Road. Early in the war he joined the staff of the 1st London General Hospital, and went out with the Expeditionary Force to the East, where he had been for about eighteen months.

2nd Lieut. J. T. Long, R.F.C. (observer), died on October 10th, 1917. Son of J. T. Long, of Ilford, he joined the Army in October, 1915. He was wounded through both legs in July of last year. On October 8th, having gone up in windy weather, the machine crashed, and he was fatally injured.

Eric Douglas Manson, of Bury St. Edmunds, for some time student in this Hospital, was killed in a flying accident at Fortworth, Texas, U.S.A., on Christmas Eve. Some six years ago he left England for Vancouver, and at the time of his death was concluding a course of instruction in flying, being one of the candidates for the aviation service from Toronto University.

CHRISTMAS AT THE HOSPITAL.

THE Christmas festivities at "Barts" were a great success and everyone concerned is to be congratulated on their efforts. The decorations compared very favourably with previous years, the soldiers' wards especially being greatly admired. A novelty in Charity Ward consisted of a model of a front line trench complete with wire entanglements, a supporting line, model guns, trench mortars, communicating trenches, telephone, and wireless stations. The Battalion, Brigade, and Divisional Headquarters were also represented.

In this ward also several Tommies who had seen active service in East Africa, had constructed an East African native kraal complete in every detail.

In Harley and Kenton Wards several fracture cases had been put up with the Morris Sinclair apparatus, and the structures lent themselves admirably for decoration with evergreens, flags, chinese lanterns, etc.

Every ward in the Hospital was charmingly decorated, and it would be invidious to make any distinctions.

Several concert parties toured the wards during the afternoon. Those taking part were: The Roland Ramblers, The Cheerohs, Miss Warren Fisher's Party and, last, but not least, the Resident Troupe who described themselves as the "Bolos." The latter were particularly popular and caused roars of laughter in their original costumes, consisting chiefly of operation gowns and bowler hats.

As in previous years a member of the junior staff, excellently got up as Father Christmas, distributed numerous presents to the various patients. Thanks to the foresight of the authorities all the patients were able to partake of the usual Christmas puddings, the ingredients for which were bought as far back as last October.

The usual Resident Staff Dinner was held in the evening, and later the Matron, Warden, and Steward were all visited in turn, the day closing with the singing of "Auld Lang Syne" in the Hospital Square.

A word of thanks is due to the organisers of the War Emergency Concert Party under the direction of Mr. Isidore de Lara, which entertained the soldiers and patients so admirably on Boxing Day. A feature of the festivities this year was a children's party, instituted by the soldiers, and to which all the children in the Hospital who could walk were invited. It is hardly necessary to say that this proved a tremendous success and constituted an excellent finish to a memorable Christmas.

SIR RICHARD CROFT, BART.

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

FEBRUARY 13th marks the anniversary of the death, by his own hand, of a brilliant but unfortunate "Bart's Man."

Sir Richard Croft was the sixth holder of a Baronetcy conferred upon his ancestor by Charles II.*

Croft commenced his medical training with his step-mother's brother, Mr. Chawner, a surgeon-apothecary of Tutbury, Staffordshire. According to the *The Times* (Obituary Notice, February 16th, 1818) he was apprenticed to Mr. Chavasse,† a surgeon-apothecary of Burton-on-Trent, wishing, however, to improve his medical education he came to London.

Practising in London at that time was Dr. Thomas Denman, a distinguished obstetric physician, whose name is so well remembered to us in *Denman's System of Midwifery*, and *Denman's Forceps*, father of Thomas, Lord Denman, Chief Justice of England. Dr. Denman resided in Queen Street, Covent Garden, and into his house he received resident medical students.

Upon entering Dr. Denman's house, Croft found he had as a fellow student Matthew Baillie who afterwards became, perhaps, the foremost general physician in the Metropolis.

Dr. Denman had two daughters, twins—Margaret and Sophia. Proximity often leads to proclivity, proclivity to friendship and friendship to a warmer sentiment. It is not surprising, therefore, to learn that Croft and Baillie married these young ladies; Croft married Margaret and Baillie married Sophia. Thus a personal relationship was established between these two gentlemen which, subsequently, in the case of the unfortunate Princess Charlotte of Wales, whom they both attended in her fatal confinement, became a professional one.

After a certain stay with Dr. Denman, Sir Richard Croft entered St. Bartholomew's Hospital. Unfortunately, there is no record at the Hospital, for the Student's Register does not commence until 1820—two years after his death, and Mr. Hayes, Clerk to the Governors, who has most kindly had the Hospital records searched, informs the writer that there is no entry of Sir Richard having received a House appointment. That he was a student of St. Bartholomew's, however, is averred by the *Dictionary of National Biography*, *The*

* The family of Croft is of great antiquity. Landowners in the County of Hereford before the Norman Conquest, their name naturally finds a place in the Domesday Roll. Roger de Croft, for aiding Prince Edward to escape from Hereford, was granted by Henry III the lion passant, which still appears in the family arms.

† The Chavasse family, of Huguenot origin, practised medicine in the Midlands for over a century. Of this family was Mr. Thomas Chavasse, F.R.C.S., the writer of well-known works on hygiene for women. Mr. Chavasse was father of the beloved and bereaved Bishop of Liverpool, the fatal heroism of whose sons has elicited so much praise and so much sympathy.

Gentleman's Magazine, and by other authorities who also state that while a student at the Hospital, he lived with his father, a lawyer, in the Charterhouse close by.

At the end of his studentship in London, but without receiving a technical "qualification," which at that time was not necessary, Sir Richard returned to Tutbury and joined his relative in practice there.

Returning to London, Croft succeeded to the practice of his father-in-law, Dr. Denman, and at once became famous as an obstetrician. Among his distinguished patients was the Duchess of Devonshire whom he was sent for to attend in Paris.

In 1816 he succeeded to the baronetcy, upon the death of his brother, Sir Herbert, and his professional reputation was enhanced by his social position. To be near his fashionable patients he went to reside in Burlington Street, Piccadilly.

THE CASE OF THE PRINCESS CHARLOTTE.

King George IV, it will be remembered, had no son. His only hope of an heir depended upon the fruitful issue of his only daughter, the Princess Charlotte of Wales. This lady married Prince Leopold of Belgium. The marriage took place in London, and Claremont Palace, near Esher, was assigned the Royal couple as a place of residence.

When it became known that the Princess was pregnant great excitement prevailed throughout the country, from the King downwards, and a fervent hope expressed that the issue would be the birth of a prince.

Every possible precaution was taken to safeguard the welfare of the Princess and her promised child. The Court wished the confinement to take place at Kensington Palace; the Princess, however, preferred Claremont, thirteen miles from London, and at times not easily accessible. Queen Charlotte, consort of King George III, had been attended in her thirteen confinements by a midwife, Mrs. Draper, with the happiest results. It was decided, however, that the Princess Charlotte should be placed, for greater security, under the care of male practitioners. Three were employed—Sir Richard Croft, who as an obstetric specialist had supreme charge of the case; Dr. John Sims, a second obstetric specialist, and Dr. Matthew Baillie, Sir Richard Croft's brother-in-law, who would take charge of the non-obstetric requirements of the patient.

All these physicians were in residence at Claremont at the time of the confinement which took place on November 5th, 1817, the Princess being in her twenty-first year.

The case caused the doctors the greatest anxiety. A path in the Palace grounds is still shown, which Sir Robert Croft paced in an agony, not knowing what to do for the best. The statement, therefore, that he neglected his patient is an infamous libel upon a suffering gentleman.

The labour was abnormal and prolonged. There was hour-glass contraction of the uterus. The infant was known

to be dead some hours before it was born, yet no attempt was made to remove it or to terminate the labour.* Finally, there was post-partum hæmorrhage.

In accordance with the doctrine of the time, the patient had been frequently bled until within a few days of her labour. She had been much confined to her room, and her bowels had been neglected. She was, therefore, in a state of enfeeblement when the labour commenced. She was naturally delivered about midnight, and died two hours later.

The death of the Princess and of her infant, which was a boy, caused the greatest consternation, and there was much outcry. The King ordered a post-mortem examination. This was carried out by two of the King's surgeons—Sir Everard Horne and Sir David Dundas—who reported to His Majesty that everything had been done which "human science could devise or human skill effect.† Nevertheless, great clamour continued to be made. Sermons were preached and pamphlets were written upon the subject. In one of the latter Mr. Jesse Foote, the author, stated, upon the authority of the nurse, that, when the baby arrived, all three doctors were fast asleep. This, however, is refuted by Dr. Sims, who, in a letter, which will be found in *Playfair's Midwifery*, writes: "They say we had all gone to bed. This is not the case. Baillie had retired. I lay down in my clothes on the outside of the bed, but Croft never left her room."

DEATH OF SIR RICHARD CROFT.

Notwithstanding every possible consideration shown him by the Royal Family, the unfortunate result of the confinement at Claremont greatly distressed Sir Richard Croft, who seems to have been a man of sensitive disposition. Probably it affected his professional reputation; yet his services were still sought by ladies of a high social position.

Among these were the wife of the Rev. Dr. Thackeray, Provost of Trinity College, Cambridge. To be under Croft's care, in her approaching confinement, Mrs. Thackeray took a room in a Nursing Home in Wimpole Street, kept by a Miss Cotton. When Sir Richard Croft was wanted he was in the country. He arrived in Wimpole Street late at night. Partly from his journey and partly from his depression, he was in such a state of exhaustion that the nurse would not allow him to attend Mrs. Thackeray, but insisted upon his lying down in another room until he was wanted. When the nurse went to call him, she found him lying dead upon his bed, a pistol in each hand, and his skull literally blown to pieces. Upon a chair by his bedside was an open copy of Shakespeare's "Love's Labour Lost," with the words: "God save you; where is the Princess."‡

* Forceps, which had been introduced by Peter Chamberlen during the reign of James I, were, at the time, in common use.

† The result of the post-mortem examination was published in a special issue of the *London Gazette*.

‡ *Love's Labour Lost*, Act V, scene

The Coroner's inquest was held upon the day but one following Sir Richard Croft's death. In those days there were no mortuaries and no coroners' courts. The body, therefore, had to remain, and the inquest held in the house where Mrs. Thackeray lay recently confined. Fortunately, this lady was kept in ignorance of these unwonted proceedings under the same roof as herself.

Mr. Stirling, the Coroner, called the following witnesses :

(1) The Rev. Dr. Thackeray, who testified as to his wife's coming to London to be delivered by Sir Richard Croft.

(2) A local surgeon, who had been called in to complete Mrs. Thackeray's confinement.

(3) Mr. George Hollings, Surgeon, of Green Street, who testified as to aberration of intellect; that Croft answered questions incoherently or not at all, and had exclaimed: "Good God, what will become of me!"

(4) Dr. Latham, who had recently dined with Sir Richard, who had told him he was engaged to attend a lady in her confinement, but would give £600 to withdraw from the case.

(5) Dr. Mathew Baillie, the deceased's brother-in-law, who gave painful evidence to the same effect.

The jury returned a verdict that the "Deceased died by his own act, being at the time in a state of mental derangement."*

Sir Richard Croft left estate valued for probate at £16,000, the executors of his will being his widow, Dame Margaret Croft, and his brother-in-law, Dr. Mathew Baillie.

The baronetcy, of course, passed to Sir Richard's eldest son, Thomas, who, dying without issue, was succeeded by the second son, Archer Denman. A third son, Richard, graduated in medicine at Oxford (Balliol College). This gentleman, bearing the same christian name as his father, has probably been mistaken for him by those who think Sir Richard took the M.D. during his residence in Oxford.†

SOME EPISODES IN THE HISTORY OF THE HOSPITAL. ‡

By D'ARCY POWER, F.S.A.

(Continued from page 31.)

A.D. 1539.—These joyous days soon passed. The clouds came thick upon us and we were reduced to the lowest ebb of poverty and distress. Our Hospital was separated from the priory, with which we had always been associated in so friendly and helpful a spirit. Our revenues were taken by the King and we were left with but two or three beds. Our

* These details are taken from a report of the inquest in *The Times*, February 16th, 1818.

† See correspondence on this subject, in which Dr. Alexander Morrison, Dr. Kingston Fox, and the writer took part (*The Lancet*, December, 1917).

‡ Midsessional address delivered before the Abernethian Society at St. Bartholomew's Hospital, on December 6th, 1917.

Mayor and the Recorder petitioned that the Hospital might be given to the City, but, alas, for five years no answer was received and we lived as best we might and in the most dire despair. At last we were granted a new corporation. A priest for master and four chaplains, to whom were given the site, the buildings, and church of the old Hospital of St. Bartholomew's the Less, which we had loved so well and where we had worked so hard, with all its goods, jewels, and chattels, but without any other endowment. It soon appeared how bad was the management of the master and chaplains, for they sold our property, destroyed our library, and removed so much of the furniture as hardly to leave sufficient accommodation for three poor harlots great with child. Then it was that the great City, of which we are proud to be members, came to the rescue.

A.D. 1547.—The Hospital and its endowments were vested in the Lord Mayor, Commonalty, and Citizens of London, because "of the miserable state of the poore, aged, sick, low, and impotent people, as well men as women, lying and going about begging in the common streets of the said City and the suburbs of the same to the great paine and sorrowe of the same poore, aged, sicke, and impotent people, and to the great infection, hurt, and annoyance of His Grace's loving subjects, which must of necessity goe and passe by the same poore, sick, low, and impotent people, being infected with divers great and horrible sicknesses and diseases," so ran the Letters Patent, and with them came an endowment of 500 marks per annum on condition that the citizens should raise annually a like sum to secure a total revenue of 1000 marks, or £666 13s. 4d. This they did gladly and quickly, and we started work again with 100 beds all allotted to surgical cases. I remember that we had three surgeons to attend upon them, but there was no physician for the next fourteen years, and then he had but eight out-patients under his care.

A.D. 1555.—But if things went badly within the Hospital, they were much worse outside, and I look back with horror, and even with terror, to that stake set up between our gate and the gate of the Priory Church, where so many martyrs testified to the constancy of their faith. Of those scenes I often dream and wake shuddering to find that in our spacious times they can never be repeated. The first I saw was that of our meek pastor of St. Sepulchre's, Master John Rogers, of the University of Cambridge, Artium Magister, the friend of Tindall and Miles Coverdale. Him the Bishop of London had given a Prebend in Paul's, and the Dean and Chapter there chose him to reade the divinity lecture, in which place he remained till the time of Queene Marie. In the morning of the fourth of February, Anno 1555, I tell the story as it is told by my colleague, Dr. Timothy Bright, who dwells with me in the Hospital, and has invented that short method of writing which is called stenography. He is a better story-teller than I am: "Being munday hee was warned sodainely by the keeper's wife of

Newgate to prepare himself to the fire (who, then being sound asleep, scarce with much shogging could bee awaked), and being bid to make haste ; then, said hee, 'If it be so, I shall not need to tye my poyntes.' And so was he had downe first to Boner to be disgraded ; that done, he craved Bishop Boner that he might talke a few wordes with his wife before his death. This Boner would not suffer : So was hee brought into Smithfield by Master Chester and Master Woodrofe, then Sheriffes of London, and cheerefully ended his martirdome in the fire ; washing his handes in the flame as he was in burning. His pardon was brought him at the stake if he would have recanted ; but hee utterly refused it, and was the first martyr of Queene Marie's daies."

The fires thus lighted seemed unquenchable, for, again in May, on the 30th day, there suffered together in Smithfield John Cardmaker, the preacher, Prebendary of the Church of Wells, and John Warne, upholsterer, of the parish of St. John in Walbrook, who was of the age of 29 years. And when they came to the stake, first the Sheriffs called Cardmaker aside and talked with him secretly so long that in the meantime Warne had made his prayers, was chained to the stake, and had wood and reed set about him, so that nothing wanted but the string, but still abode Cardmaker talking with the sheriffs. And we onlookers, having heard before that Cardmaker would recant and beholding this manner of doing, were in a marvellous dump and sadness, thinking, indeed, that Cardmaker should now recant at the burning of Warne. At length Cardmaker departed from the sheriffs, and came towards the stake (and in his garments as he was) kneeled down, and made a long prayer in silence to himself ; yet the people confirmed themselves in their fantasie of recanting seeing him in his garments, praying secretly, and no semblance of any burning.

His prayers being ended, he rose up, put off his clothes unto his shirt, went with bold courage to the stake and kissed it sweetly : he took Warne by the hand and comforted him heartily, and so gave himself also to be bound to the stake most gladly. We, seeing this so suddenly done contrary to our fearful expectation as men delivered out of a great doubt, cried out for joy (with so great a shout as hath not lightly been heard a greater), saying : "God be praised, the Lord strengthen thee, Cardmaker, the Lord Jesus receive thy spirit." And this continued while the executioner put fire to them, and they both passed through the fire to the blessed rest and peace among God's holy saints and martyrs.

And the fires being lighted by that most wicked Bishop, he was no longer content to burn one at a time, but sent whole companies—men and women alike—and together to undergo that most cruel fate. And most I pitied that worthy martyr and servant of God, Master John Bradford, so learned and godly a man that he had the accounts of

Sir John Harrington when he was the King's Treasurer at Bulougne, and had been given a Fellowship at Pembroke College in the University of Cambridge. Him with John Leafe, an apprentice to Humphrey Gawdy, the tallow-chandler—our neighbour in the parish of Christ's Church—they brought to Smithfield in the month of July, 1555. And first, when they came to the stake to be burned, Master Bradford lying prostrate on one side of the stake and the young man, John Leafe, on the other side, they flat on their faces praying to themselves the space of a minute of an hour. Then one of the sheriffs said to Master Bradford : "Arise, and make an end ; for the press of people is great."

And at that word they both stood upon their feet, and then Master Bradford took a faggot in his hand and kissed it, and so likewise the stake. And when he had so done, he desired of the sheriff that his servant might have his raiment. "For," said he, "I have nothing else to give him ; and, besides that, he is a poor man." And the sheriff said he should have it. And so forthwith Master Bradford did put off his raiment and went to the stake, and, holding up his hands and casting his countenance to heaven, he said thus : "O, England, England, repent thee of thy sins, beware of idolatory, beware of false anti-christs, take heed they do not deceive you." And, as he was speaking these words, the sheriff bade tie his hands, if he would not be quiet. "O, Master Sheriff," said Master Bradford, "I am quiet ; God forgive you this, Master Sheriff." And one of the officers which made the fire, hearing Master Bradford so speaking to the sheriff, said : "If you have no better learning but that you are but a fool, and were best hold your peace." To the which words Master Bradford gave no answer ; but asked all the world forgiveness, and forgave all the world, and prayed the people to pray for him, and turned his head to the young man that suffered with him, and said : "Be of good comfort, brother, for we shall have a merry supper with the Lord this night." And so spake no more words that any man did hear ; but, embracing the reeds, said thus : "Strait is the way and narrow is the gate that leadeth to eternal salvation, and few there be that find it."

And thus they ended their mortal lives most like two lambs, without any alteration of their countenance, being void of all fear, and hoping to obtain the price of the game that they had long run at.

I mind me that it was reported that the surly Sheriff Woodroffe soon came by his own. He it was that when Master Rogers was in the cart going towards Smithfield, and on the way his wife and children would have spoken with him—eleven children there were and one sucking at her breast—the people making a lane for them to come to him, that most wicked sheriff, I say, bade the carman's head should be broken for staying his cart ; nor would he suffer Master Bradford to make an end of his prayers. But

what happened? He was not come out of his office the space of a year but he was stricken by the sudden hand of God, the one half of his body in such sort that he lay benumbed and bedridden, not able to move himself, but as he was lifted of other, and so continued in that infirmity the space of eight or ten years till his dying day.

A.D. 1565.—Brighter times came when our good Elizabeth was Queen. We had pageants again, the Hospital throve and did much good. But our surgeons were rough, and I often had much ado to keep the peace between them. Master Clowes in particular—good surgeon as he was—had a very rough side to his tongue, and I have known him come to our Company's Hall in Monkwell Street—where it still stands—and not only miscall those who were unfriendly to him but actually stand in our midst and with scoffing words and jests attack each of us in turn sitting there in our fur gowns, a very reverend assembly, calling us great bugbears, stinging gnats, venomous wasps, and counterfeit crocodiles. Indeed, no longer ago than 1577, on the 25th of March, which some used to call our Lady's Day, he and George Baker, contrary to order and to the good and wholesome rules of our house, misused each other and fought together with their fists in the fields, though both were surgeons to the Queen's Highness. Which I hearing of as Master of the Company, or as you would now say President of the College of Surgeons, did cause them to be brought before me, but I pardoned them this their great offence in hope of amendment and wishing that they might be and continue loving brothers together.

But if our surgeons were rough in their manners they were absolutely honest of purpose and sought in all things to make us from a trade into a profession and to scotch quackery. Have I not heard Master Gale say, "I did see in the two Hospitals of London called St. Thomas's and St. Bartholomew's no longer ago than in the year 1562 to the number of 300 and odd poor people that were diseased of sore legs, sore arms, feet and hands with other parts of the body so sore infected that 120 of them could never be recovered without loss of a leg or an arm, a foot or a hand, fingers or toes, or else their limbs crooked so that they were either maimed or undone for ever. All these were brought to this mischief by witches, by women, by counterfeit javels, that took upon them to use the art, not only robbing them of their money but of their limbs and perpetual health. And I with certain others diligently examining these poor people, how they came by these grievous hurts and who were their chirurgeons that looked upon them and they confessed that they were either witches, which did promise by charms to make them whole, or else some women which would make them whole with herbs and such like things, or else some vagabond javil which runneth from one county to another promising them health only to deceive them of their money. This fault and crime of the undoing of this people were laid unto the chirurgeons—I will not say by part of those who

were masters of the same hospitals—but it was said that carpenters, women, weavers, cobblers, and tinkers did cure more people than the chirurgeons. But what manner of cures they did I have said, such cures as all the world may wonder at, such cures as maketh the devil in hell to dance for joy to see the poor members of Jesus Christ so miserably tormented.

At this time too, I remember we got our lay sisters and nurses under a matron instead of those meek sisters who used to be directed by the Mother Superior as to what they might and might not do. The work of nursing was a new thing to our lay sisters, and it was necessary to keep them a little more strictly than is now the case. They came not out of the ward every night after the hour of seven o'clock in the winter and after nine o'clock in the summer except some great and special cause befel—as the present danger of death or the needful succour of some poor person. They washed and purged the unclean clothes of the patients and other things and, in their spare time when they were not occupied about the poor, they were set to spinning the flax provided by the governors of the Hospital, or to such other manner of work that may avoid idleness and be profitable to the poor of the house. Knitting and crochet work have now replaced the more useful spinning. Above all things they were told to abhor and detest scolding as a most pestilent and filthy vice. Money perhaps went farther in those days but the sisters were no more overpaid then than they are now.

A.D. 1747.—They acquired in time a right to certain small perquisites of which our governors found it hard to deprive them. Thus the matron had an old and accustomed fee of one shilling for the use of a pall to cover the coffin of every patient buried from the Hospital, whilst the sisters did demand and take of the patients and their friends one shilling for earthenware and other necessaries and the nurses likewise sixpence. The nursing staff in the wards devoted to the reception of patients to be cut for the stone had a special allowance, the sister half a crown for each operation and the nurse or helper there one shilling. In the two fluxing wards or foul wards for the reception of the class of patients which is now admitted to the "Shelter" in Golden Lane the Sister received six shillings and six pence for every patient who was salivated, but in return she had to provide flannels and other necessaries and pay her nurses one shilling.

A.D. 1821.—There were 24 wards in the Hospital nursed by a staff of 24 sisters, 48 nurses and 26 night nurses. The salaries of the sisters ranged from fourteen to twenty-seven shillings a week, whilst the nurses received seven shillings a week, and the night nurses ninepence a night. It is not surprising if the women who were tempted by these wages should sometimes develop into the prototypes of Mrs. Gamp, Betsy Prig, and Mrs Harris. They were, however, the exceptions, for I know that a searching investigation was made into every department of the Hospital, and it was

reported that "there was no complaint of any misbehaviour of the sisters or nurses of this Hospital, and the committee is of opinion that the sisters and nurses have done their duty." The predecessors of our present magnificent nursing staff, uneducated as they were, could still have taught us much that is valuable in the art of practical nursing and the handling of sick men and women. Indeed, I often think as I watch our present sisters and nurses going so deftly about their work that much of what they do is based upon the tradition handed down from these women and is the accumulated experience of nearly 400 years.

Our Hospital increased steadily in reputation under the guidance and fostering care of the great business men of the City who have never spared time or money in making it second to none. The medical and surgical staff became known throughout the world. William Harvey shed the lustre of his name over us; Percivall Pott, famous amongst the great teaching surgeons of Europe, instructed John Hunter and was thus associated with the first great revolution in modern surgery. But ever as we became a great school of medicine and surgery we became more and more self-centred and our immediate surroundings became more squalid.

The butchers, as always from the foundation of the Hospital, were our immediate neighbours, and in time Smithfield, that open place for jousts and meetings and burnings, was occupied by live cattle, an unclean place, noisy with shouts of drovers, the lowing of cattle and the bleating of sheep. Dangerous at all times and actually impassable at Bartholomewtide when the fair was held, it is no wonder, therefore, if it was rarely visited except by those whose business or needs brought them to the Hospital. Bartholomew Fair was abolished (A.D. 1855) before my time, but I well remember as a small boy the perilous passage of the Smithfield cattle market when we went to tea with my father's friend who afterwards became my own Master—[Sir] William Savory—then living in Charterhouse Square.

And thus my visions end, and I come into the recollections of my own life. How, when I came to this school fresh from Oxford just forty years ago, I found myself amongst an indulgent body who at once appointed me a teacher, invited me to their Christmas dinner and told me that they had given me the opportunity of winning my spurs should I be so inclined. The whole staff of the Hospital then numbered twenty-eight. Doubtless they had their rivalries and little jealousies, but I was too young to be interested in them, and to me everyone proved a good friend. All now are dead except Sir William Church, Sir Dyce Duckworth, Dr. Wickham Legg, Sir Francis Champneys, Dr. Vincent Harris, and our present Poet Laureate, Dr. Bridges, who was then the senior Casualty Physician. May God long preserve them in their present health and strength.

Gradually as I have watched it the school has grown, both

as regards the numbers of the personnel and the buildings wherein they are housed. First, the anatomical rooms and these lecture theatres, then the library and museum block, afterwards the out-patient block with its magnificent accommodation for the special departments and the apothecary's shop; still more recently and within the memory of many of you the pathological block has been built.

I have to-night told you many visions of things past: there remains one of a thing to come. I have a vision of a time when the present nurses' home shall have been swept away and in its place there has arisen in Little Britain a fine building with a good lounge, a pleasant drawing-room, a well-equipped library, fine baths, plenty of hot and cold water, a separate little bedroom for each, a lift for tired nurses, and an infirmary on the topmost floor made as little like a hospital ward as possible. Such a building has been long overdue but it must come, for our present arrangements are disgraceful and are a standing reproach to the great City of which we have formed an integral part for nearly a thousand years.

CHANGES OF ADDRESS.

- BREWER, A. H., "Home Rest," Totland Bay, Isle of Wight.
 BRODRIBB, A. W., Capt., R.A.M.C., 72nd General Hospital, B.E.F., France.
 MAPLES, E. E., P.O., Box 33, "The Warren," Calabar, Southern Nigeria.
 MILLER, T. M., Capt., R.A.M.C.Sp.R., 23rd Field Ambulance, B.E.F., Italy.
 MOBERLEY, S., Capt., R.A.M.C., Alexandra Hospital, Cosham, Hants.
 MORFORD, A., 1st London General Hospital, Cormont Road, Camberwell, S.E. 5.

ACKNOWLEDGMENTS.

The Nursing Times, New York State Journal of Medicine, The Medical Review, The Hospital, The British Journal of Nursing, Guy's Hospital Gazette, Charing Cross Hospital Gazette, Journal de Médecine de Bordeaux, Long Island Medical Journal, Le Monde Médical, Middlesex Hospital Journal, The Shield, St. Mary's Hospital Gazette, London Hospital Gazette, Journal of the Department of the Public Health, Hospitals, and Charitable Aid, Magazine of the London (Royal Free Hospital) School of Medicine for Women.

NOTICE.

- All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, Smithfield, E.C.*
The Annual Subscription to the Journal is 5s., including postage. Subscriptions should be sent to the MANAGER, W. E. SARGANT, M.R.C.S., at the Hospital.
All communications, financial, or otherwise, relative to Advertisements ONLY, should be addressed to ADVERTISEMENT MANAGER, the Journal Office, St. Bartholomew's Hospital, E.C. Telephone: City 510.
A Cover for binding (black cloth boards with lettering and King Henry VIII Gateway in gilt) can be obtained (price 1s. post free) from MESSRS. ADLARD & SON & WEST NEWMAN, LTD., Bartholomew Close. MESSRS. ADLARD & SON AND WEST NEWMAN have arranged to do the binding, with cut and sprinkled edges, at a cost of 1s. 9d. or carriage paid 2s.—cover included.

St. Bartholomew's Hospital



"Æquam memento rebus in arduis
Servare mentem."

—Horace, Book ii, Ode iii.

JOURNAL.

VOL. XXV.—No. 6.]

MARCH 1ST, 1918.

[PRICE SIXPENCE.]

CALENDAR.

Fri., Mar. 1.—Dr. Morley Fletcher and Mr. Waring on duty.
Tues., „ 5.—Dr. J. H. Drysdale and Mr. McAdam Eccles on duty.
Fri., „ 8.—Dr. J. Calvert and Mr. D'Arcy Power on duty.
Tues., „ 12.—Dr. Morley Fletcher and Mr. Waring on duty.
Fri., „ 15.—Dr. J. H. Drysdale and Mr. McAdam Eccles on duty.
Tues., „ 19.—Dr. J. Calvert and Mr. D'Arcy Power on duty.
Fri., „ 22.—Dr. Morley Fletcher and Mr. Waring on duty.
Tues., „ 26.—Dr. J. H. Drysdale and Mr. McAdam Eccles on duty.
Fri., „ 29.—Dr. J. Calvert and Mr. D'Arcy Power on duty.
Tues. Apl. 2.—Dr. Morley Fletcher and Mr. Waring on duty.

EDITORIAL NOTES.



Feel sure that many old Bart.'s men who chanced to see a paragraph in the papers a few weeks ago to the effect that considerable damage had been done to the Hospital as the result of fire must have experienced a certain amount of alarm.

As a matter of fact the catastrophe might have proved very serious indeed if the discovery had not been made at an early stage. The fire, which occurred early on the morning of Sunday, January 20th, started in the Nurses' dining room and quickly spread as far as the cubicles. The cause does not appear to be known, but the fire certainly commenced in the basement.

Some thirty fire engines were quickly on the spot and rapidly extinguished the flames, but not before much damage had been done.

H.M. The King was informed, and forwarded the following telegram to the Treasurer :

"The King regrets extremely to hear of the fire which occurred at St. Bartholomew's Hospital, and is thankful to learn that the damage done was not more serious. His Majesty is gratified to hear from report of the splendid manner in which the Nurses and Hospital Staff behaved."

* * *

It is very gratifying to learn that surgeon probationers are proving so useful in the Navy—so much so, in fact, that the

Admiralty has asked for still larger numbers. It is hoped that sufficient third and fourth year men will be forthcoming to meet the demand, failing which it may be necessary to institute some form of compulsion.

The idea at present is that students who have passed Anatomy and Physiology and have had some little clinical experience shall serve for a period of six months and then be allowed to return to complete their studies, their place being taken by another batch prepared similarly to serve for six months.

Bart.'s, as usual, is setting an excellent example, at least twenty men having already volunteered for service. We have no doubt that students at other hospitals will show themselves to be equally patriotic, and that it will not be necessary to have to introduce any form of compulsion. The scheme should work admirably, and has the advantage that delay in qualification is reduced to a minimum.

* * *

The following have been mentioned in despatches for distinguished services rendered with the Egyptian Expeditionary Force :

Temp. Capt. N. Duggan, R.A.M.C., Temp. Capt. C. Loddiges, R.A.M.C., Temp. Lieut.-Col. L. P. Phillips, Special List, Temp. Capt. M. Bates, R.A.M.C.

* * *

The King has been pleased to confer the following awards for distinguished services in the field, and to these gentlemen we offer our congratulations :

Temp. Lieut.-Col. C. A. A. Stidston, R.A.M.C., receives the D.S.O., and Temp. Capt. C. L. Chalk, R.A.M.C., Temp. Lieut. D. A. H. Moses, R.A.M.C., Capt. J. B. Mudge, Notts. and Derby Regt., Sp. R., and Capt. J. A. Pridham, R.A.M.C., Sp. R., the Military Cross.

* * *

It affords us much pleasure to learn that Capt. H. D. Clementi-Smith, R.A.M.C., and Flight-Lieut. R. G. Mack, R.N.A.S., have been repatriated, and that Capt. J. C. W. MacBryan, Som. L.I., is now interned in Holland, having been included in the list of officers sent from Germany.

We desire to congratulate the following recipients of decorations awarded by the Allied Powers for distinguished services rendered :

Temp. Capt. (Acting Major) E. A. Dorrell, R.F.A., receives the Order of Kara George, 4th Class (with swords), and Capt. E. J. Y. Brash, R.A.M.C., and Temp. Capt. F. M. Bishop, R.A.M.C., the Order of St. Sava, 4th Class.

* * *

We regret to announce the death of the following Bart.'s men :

Surgeon-Lieut.-Colonel William Benjamin Chatterton Deeble, R.A.M.C. (ret.), died at a nursing home at Ryde, Isle of Wight, on December 28th, 1917, æt. 59. He was educated at St. Bartholomew's Hospital, took the diplomas of M.R.C.S. and L.R.C.P. Edin. in 1881, and entered the Army as Surgeon on February 3rd, 1883, becoming Surgeon-Lieut.-Col. on July 23rd, 1903, and retiring on September 27th, 1911. Most of his service was passed in the Household Brigade as Medical Officer of the 1st Life Guards. Col. Deeble saw service in the Boer War, and was with Sir George White in the siege of Ladysmith. For his services he had the Queen's Medal with two clasps.

The death occurred on January 28th of Dr. George Henry Eccles, who had practised in Plymouth for over fifty-five years. After qualifying here he held the post of House Surgeon to the Hospital. Dr. Eccles was a man of remarkably strong character, and sacrificed much for his religious convictions.

Dr. Alexander Hampton Brewer, late of Dalston, has died at Totland Bay, in his seventy-fifth year. He received his professional education at St. Bartholomew's Hospital, and was Medical Officer of the Provident Department of the Metropolitan Hospital.

Mr. Harold Frederick Mole, a well-known Bristol practitioner, has died at the age of 51. He received his professional training at Bristol and St. Bartholomew's Hospital, qualifying M.R.C.S. Eng. L.R.C.P. Lond. in 1890. In 1892 he became F.R.C.S. Eng. At the time of his death he was Surgeon to Bristol Royal Infirmary, and had formerly been Surgeon in charge of the aural department of that institution.

At his home in Hampshire, on January 8th, the death took place of James Collings Hoyle, M.D. Dr. Hoyle received his training at this Hospital. For many years he held the important post of Medical Officer for Rangoon, and subsequently practised at Bournemouth. By his death the medical profession is the poorer, and his conspicuous zeal and marked professional acumen won for him the love and admiration of a wide circle of friends.

* * *

The following statements of services for which the decorations of M.C. were conferred are now to hand :

Temp. Lieut. Reginald Gordon Hill, M.B., R.A.M.C.

"During an attack he continually attended to wounded under a heavy barrage, and on the objective being gained he quickly formed a dressing-station, where he was indefatigable in his attention to the wounded of his own and another battalion, although under continuous fire for two days. By his cheerfulness and splendid devotion to duty he set a fine example to all ranks."

It will be recalled that Lieut. R. G. Hill has since been killed in action, and his name has appeared in a former roll of honour.

Temp. Capt. Frederick Tavinor Rees, R.A.M.C. "For conspicuous gallantry and devotion to duty when in command of bearer divisions. He displayed tireless energy in making preparations for the attack, and during the operations carried out the duties with splendid devotion, frequently working under difficult and dangerous conditions. Early in the action he went forward under fire and made a thorough personal reconnaissance over difficult ground, thereby facilitating the clearance of the wounded."

* * *

The following gentlemen were nominated to the Resident Staff, commencing February 1st, 1918 :

House Physicians and Assistant House Physicians—

Dr. Calvert.	W. B. Christopherson.
	T. M. Payne.
Dr. Fletcher.	E. T. D. Fletcher.
	H. B. Jackson.
Dr. Drysdale.	G. Bourne.
	W. M. Heald.

House Surgeons and Assistant House Surgeons—

Mr. Power.	R. B. Sharp.
	V. S. Pandit.
Mr. Waring.	E. R. Batho.
	W. A. Jolliffe.
Mr. Eccles.	A. G. Shurlock.
	A. V. Lopes.

Intern Midwifery Assistant . . . R. French.

Extern Midwifery Assistant . . . D. M. Muir.

Ophthalmic House Surgeon . . . G. Cooke.

House Surgeon to Throat, Nose, and Ear Department . . . J. E. A. Boucaud.

House Surgeon to Venereal Dept. . . A. V. Pegge.

Resident Anæsthetists . . . (D. Blount.
J. A. van Heerden.

Military Wing . . . G. K. Stone.

* * *

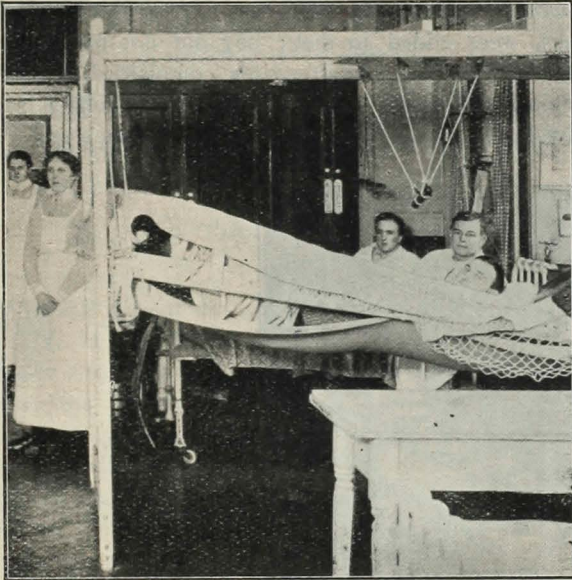
ROLL OF HONOUR.

It is with much regret that we have to record the death of Second Lieut. W. C. V. Higginson, R.F.C., which took place while flying in France. He was the son of Mr. and Mrs. Higginson, of Leicester, and was a student at this Hospital until September, 1916, when he joined the R.F.C. After the battle of Cambrai he was reported missing, and is now officially reported killed.

To Mr. and Mrs. Higginson we extend our sincere sympathy.

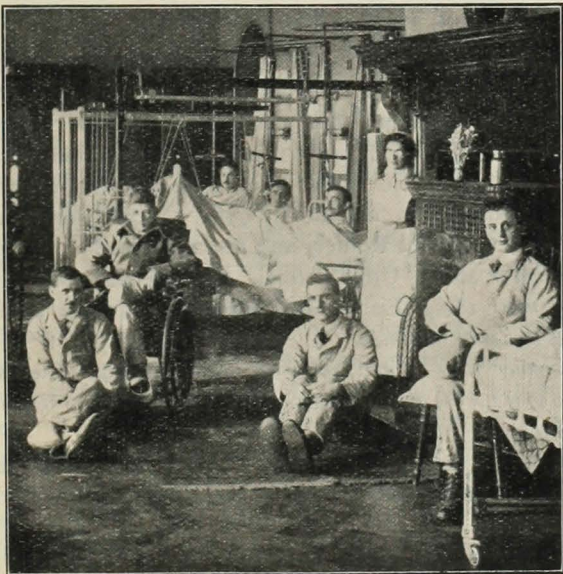
THE MEURICE SINCLAIR APPARATUS.

THE Meurice Sinclair apparatus for the treatment of fractured femora is being used with much success in the military wards of St. Bartholomew's Hospital. The introduction of the apparatus into this Hospital is due



1.—THE BACK WARD OF KENTON.

to Capt. Harold Wilson, who has recently returned from France, and, in the absence of Capt. Girling Ball, is acting as officer in charge of the military wing.



2.—THE FRONT WARD OF KENTON.

The first photograph, taken in the back ward of Kenton, shows a net bed as designed and used by Major Meurice Sinclair of the — Stationary Hospital, B.E.F., for fractures of the upper third of the femur. Its chief advantages are :

- (1) Securing of full abduction.
- (2) Ease in nursing.
- (3) Comfort of the patient.

The second photograph, taken in the front ward of Kenton, depicts a modified Sinclair suspension frame for supporting a Thomas's splint when used for the treatment of fractures of the middle and lower thirds of the femur.

For permission to use the third photograph, reproduced on the following page, we are much indebted to the courtesy of the *British Medical Journal*.

NOTES ON TWO CASES OF DIABETES MELLITUS.

By P. HORSBURGH, M.R.C.S., L.R.C.P., and W. D. NICOL, M.R.C.S., L.R.C.P.



D—, æt. 7, was admitted to Mark Ward, under the care of Dr. Morley Fletcher on October 28th, on account of excessive thirst and wasting.

Seven weeks before it was noticed that the boy was very thirsty and was getting thin.

The parents were told he had diabetes, and must take no "starchy foods."

His diet has consisted of meat, green vegetables, brown bread, and milk. He was referred to the Hospital, as he continued to waste.

There is no family history of diabetes.

On admission, the urine contained a large quantity of sugar, S.G. 1040. Rothera reaction quick, but moderate. Ferri perchlor. reaction absent.

October 29th.—He had a "hunger day," and urine became sugar-free. Rothera test gave a very faint reaction. This was followed by two egg and vegetable days, then meat, bacon, sardines, and tea were added at two-day intervals. No sugar appeared in the urine, and Rothera reaction was absent after the first day on which meat was given.

November 13th.—A "hunger day" was given, followed by a vegetable day, preparatory to adding carbohydrate to the diet.

November 15th.—On waking, child complained of nausea and refused food, seemed slightly drowsy; a specimen of urine obtained at 8.30 a.m. showed no sugar, a quick, strong Rothera, and marked iron reaction. Child had a "hunger day" and was given sodium bicarbonate, gr. xxx, 2-hourly. No constipation, but it was thought advisable to give a soap enema.

November 16th.—Child was listless and slightly drowsy,

looked very ill; had vomited once. Green vegetables 200 grms. added to fluids, and whiskey, 5 drachms in the 24 hours. Urine the same as previous day.

November 17th.—Vomited at 4 a.m. Rothera reaction less marked.

November 18th.—Child very drowsy, complained of feeling tired; had again vomited. Rothera absent, iron reaction very slight. As child seemed to be going downhill it was decided to try the effect of adding carbohydrates to his diet, milk 600 c.c. (carbohydrate 24 gm.) being given in 24 hours; by the evening the child seemed much brighter.

November 19th.—Boy much better. Urine normal.

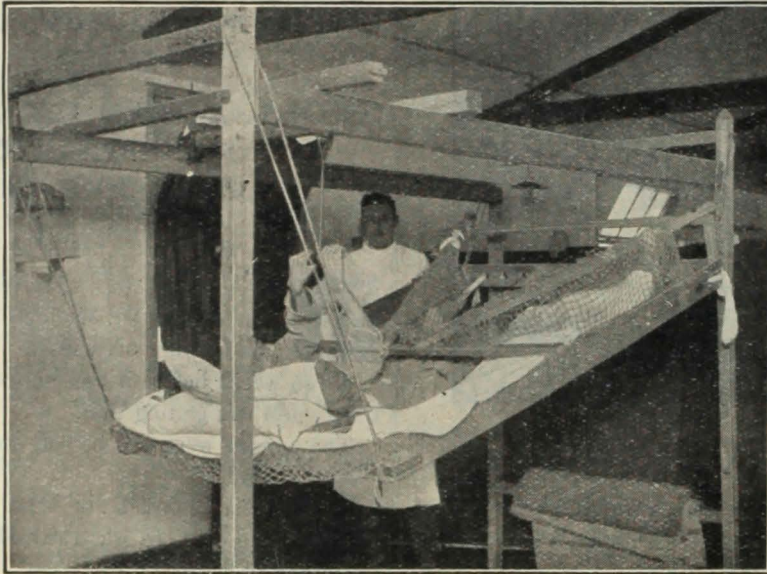
On admission, urine was found to contain a large amount of sugar, S.G. 1037, no Rothera or iron reactions.

November 20th.—Had two "hunger days." There was a faint trace of sugar the first day, but none on the second.

November 22nd.—Two egg and vegetable days. Sugar absent. Rothera very faintly positive.

November 23rd.—Urine normal.

November 24th.—Meat, 50 grms. (25 for dinner, 25 for supper), were added to diet; boy did not take all his supper, and immediately afterwards complained of severe abdominal pain and became drowsy; specimen of urine obtained at 7.30 p.m., gave quick, strong Rothera and iron



3.—THE "MEURICE SINCLAIR" NET BED, SEEN FROM ABOVE.

Fish, eggs, bacon, sardines, and meat were slowly added to diet, and the amount of sodium bicarbonate was gradually reduced. Child gained a little weight, and urine continued normal.

December 4th.—Bread 10 grms. was added to diet; same quantity added on 9th and 13th, without any appearance of sugar in the urine.

December 14th.—Began getting up, and on the 20th went home to continue same diet.

The amount of carbohydrate taken in a day was 50 grms. and calorie value 1200.

S. G.—, æt. 13, was admitted to Mark Ward on November 19th, care of Dr. Calvert, on account of excessive thirst.

Three weeks ago it was noticed the boy was very thirsty, but there was no loss of weight or feeling of fatigue, and he attended school as usual.

One week ago he was seen by a doctor, who found sugar in the urine, and ordered a diet of meat, green vegetables, milk, and toasted brown bread.

reactions. 8 p.m., milk 200 c.c. (carbohydrate 8 gm.) were given, and another 200 c.c. during night. Sodium bicarbonate, gr. xl 2-hourly. B.o. 3 times.

November 25th.—Boy quite bright, still some abdominal pain. Milk 1000 c.c. added to diet and meat omitted; by the evening pain had entirely gone. Urine showed no sugar, and very faint Rothera and iron reactions.

November 26th.—Urine normal. Boy seemed well.

November 28th.—Fish, bacon, sardines, and ham added to diet at 2-day intervals.

December 7th.—Bread 10 grms. added at 2-day intervals till 50 grms. were being taken. Boy was then allowed up. Urine remained normal.

December 23rd.—Went home to continue same diet, which contained carbohydrate 80 grms. and has a calorie value of 1800.

The interesting points in these two cases are the success of the "hunger and vegetable" diets in the younger boy on admission and the failure a fortnight later, for which reason

it was not tried in the second case when the child showed signs of impending coma, and the tolerance of large quantities of carbohydrate (24 grms. in first and 40 grms. in second case) added suddenly to the diet. It was not possible to keep them long enough to ascertain how much carbohydrate they could have tolerated, as the relatives wished to have them home for Christmas.

We are much indebted to Drs. Calvert and Morley Fletcher for permission to publish these cases.

A CASE OF A FOREIGN BODY IN THE TRACHEA REMOVED THROUGH A HIGH TRACHEOTOMY WOUND.

By PH. A. SMUTS, M.R.C.S., L.R.C.P.

THE patient was a man, *æt.* 37. While taking part in Christmas festivities on Christmas evening, 1917, patient choked while eating nuts. During the violent fit of coughing which followed he noticed about a teaspoonful of blood in the mucus he coughed up. Immediately after he commenced having difficulty in breathing, with a tight feeling in his throat. The dyspnoea increased gradually, and he was seen next day (December 26th) by a doctor. On December 29th Dr. Stansfeld was consulted, and he sent the patient up to St. Bartholomew's. He was then seen by Dr. Calvert for Dr. Morley Fletcher.

When seen at this hospital at 7 p.m. patient was in a most distressed condition. His dyspnoea was urgent, and his condition was aggravated by violent attacks of coughing. He was blue, and had recession. His temperature was 100° F., and pulse 120. He could not speak above a whisper. He coughed up mostly mucus, frothy with some pus and blood.

Mr. Rose saw the patient at about 10 p.m., and an examination of his larynx showed his cords to be red, and moving naturally. No obstruction was seen in his larynx, but some white substance was seen lower down. The nature of this substance could not be settled because of the amount of mucus in the larynx and the stress to which the examination subjected the patient.

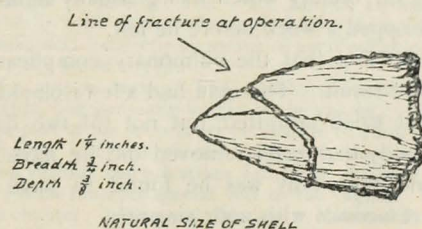
Arrangements were at once made for doing a tracheotomy. The high tracheotomy operation was done under a local anæsthetic (cocaine) by Mr. Rose and afforded instant relief. The patient was transferred to Abernethy Ward and coughed a good deal all night. By morning the nature of the coughed-up material was much more purulent and most offensive. The discharge through the tracheotomy tube was profuse, and at 11 a.m. (December 30th, 1917) it was found necessary to remove the tube and insert a pair of dilators to enable the patient to cough up some blood-clot

which was blocking the tracheal opening of the tracheotomy tube.

Patient was fairly comfortable all day, but the tube had to be changed again at 11 p.m., the profuse discharge having all but blocked the tube.

On December 31st a laryngoscopic examination showed the condition of the larynx to be practically unchanged, except that where the white substance had been seen on December 29th a black mass could be made out. Whether it was the tracheotomy tube, or a foreign body lying above it, could not be determined.

Mr. Rose decided to pass a bronchoscope on January 1st, 1918, to clear up the nature of the tracheal obstruction. By this time the patient showed signs of impending bronchopneumonia. Isolated *râles* could be heard all over the chest. A rectal anæsthetic was decided upon. Morphia gr. $\frac{1}{4}$, atropin gr. $\frac{1}{50}$, and hyoscine gr. $\frac{1}{100}$ were given hypodermically three quarters of an hour, and a mixture of ether \mathfrak{z} v, olive oil \mathfrak{z} ij, paraldehyde \mathfrak{z} ij, was given *per rectum* half an hour before the patient was taken to the theatre.



The patient was pretty well anæsthetised when the operation was commenced, but some chloroform was administered to overcome spasms of coughing when the bronchoscope was introduced.

On introducing the bronchoscope a foreign body could be made out lying below the larynx, and between it and the tracheotomy tube. It occupied the posterior half of the concavity of the trachea and seemed firmly fixed. An attempt was made to grip it through the bronchoscope with a Patterson's forceps, but it was hard, and apparently firmly fixed. Mr. Rose then decided to approach it through the tracheotomy wound. The tracheotomy tube was removed, and the foreign body located through the wound. It was found to be lying against the posterior wall of the trachea, and itself presented a concave anterior surface. It was so firmly fixed that it could not be removed *en masse*. It was gripped above and below with two pairs of Spencer-Wells forceps and broken in two with a pair of scissors, and the two halves removed through the wound in turn.

The two pieces fitted well, and no splinters were found. The body removed proved to be a portion of a shell of a Brazil nut.

The bronchoscope was again passed, and no trace of foreign body seen below the larynx. The tracheotomy tube was replaced.

Next day (January 2nd, 1918) patient's general condition was much improved and the discharge through the tracheotomy tube much less offensive.

On January 3rd, 1918, the tracheotomy tube was removed, and the patient breathed comfortably through the nose when the tracheotomy wound was covered.

On January 4th, 1918, patient complained of pain on coughing at the base of the right lung at the back. He was found to have a small area at the back which was dull on percussion with poor air entry, and harsh breathing.

Under the medical treatment, advised by Dr. Morley Fletcher, the lungs became normal in ten days. The discharge from the tracheotomy wound was slight and clear by this time, and by January 15th the patient was longing for a smoke.

His voice was normal and all inflammation in the larynx had subsided.

He left hospital on January 21st, 1918.

The patient had been a free drinker which led to the disaster of Christmas evening. It was thought advisable to keep him on brandy which was gradually reduced, and completely stopped a week before he left.

It was interesting that the pulmonary complication had no more severe result. The man had a few isolated *râles* all over his chest when admitted, but not till two days after the foreign body had been removed did he have pain on coughing, and then only was he found to have an area of impaired resonance with poor air entry.

The prognosis at this time (January 4th, 1918) was necessarily doubtful, but he improved in the most remarkable way during the next two days.

The evening before the shell was removed, he was put into the genupectoral position to give him what chance there was of coughing up the foreign body. No success attended this manœuvre.

The trachea was not examined at the time of the tracheotomy operation, because of the volume of blood and muco-pus which constantly obscured all view through the tracheotomy wound.

The size of the portion of shell which passed through the larynx is further worthy of notice. Its edges were sharp, and it is almost certain that where it was found at the operation was where it had become fixed in the first instance.

I am much indebted to Mr. Rose and Dr. Morley Fletcher for permission to publish this case.

Inbenes dum sumus.

A portion of a manuscript found in the cellars of the college, possibly of great antiquity and probably the diary of a gentleman engaged in medical study at the time.



MONDAY, 8 a.m. Am awook in a rude manere by a noise on ye doore. Do gette from ye bedde to bathe and dresse.

9.10 a.m. To ye chirurgerie and carefull to war of ye man yclept Tuttonius. Do note that he at seeinge me do write in a booke. Sneake out of ye chirurgerie by ye other doore and go to breakfast, where do meete Districte clerkes who make much talke of such unwift thynges of 'bebeae, 'pepeaich,' and the like.

9.30 a.m. To ye chirurgerie againe. See gretter crowde of ye afflickted and maimd than ever before, and they clamouring withal to be cured of theyre aylements. Houfe chirurgeon asketh me where I hath tarried. Tell him that I hath been in ye other boxe. He looketh unbelievyng. [Must have lived in ye college himfelse!] Did fee one with a greyte plaster on his legge. Did hewen it off with a sawe. [Did also hew parte of legge, but carefull to bandage it uppe before houfe chirurgeon noticed itte.] Gave ye snagges much 'Gent. cum. Rheo.' and 'Lin. Sap.'

10 a.m. Tell other students that I go to ye wardes. Sneake into ye Abernethian Roome. See houfe chirurgeon there. Beate ye strategick retreat.

10.50 a.m. To ye wardes. Dame in blue who appeareth to have greyte authoryte, telleth me that there is a cafe in ye backe warde. Haften thither. Find there a varlet who maketh much talke of paines in ye belly. I list not to his talke, but look atte ye belly and do digge my hande in ye righte side thereof. The knave shrieketh and jumpeth from ye bedde on to ye floore. In rufh house chirurgeon and ye dame in blue and they very abusive to me. Fedde uppe with ye warde and crosse ye square to ye taverne oppofite. There have a possit.

12.15 p.m. Feilyng much stronger, go up to ye discourse by a learned phyfician. Finde a seate in ye back erowe and go to fleepe. Did wake to hear phyfician sayinge that such discourfes were of no manere of use, seeyng that ye subjecte was better expressed in ye bookes.

1.5 p.m. Descended to ye lowre regiones to take my midday repaste, and tollen ye wenche to fetch a pastie. After some titering was tolden itte was 'off.' Gadzooks!

1.30 p.m. After poore fayre did walke to ye fountaine, where I behelde a motley crowde of students and greyter ones. After a whyle saw ye greyte man with ye houfe chirurgeon and joyned them. Did ascend in ye bus [? Edit.] to a roome with a full unfavourly smell. There saw many phyficians, and makyng much talke. Asked

what they were talkynge aboute. Was tolden they were makyng theyre 'Diagnoses.' Afterwards did go to ye toppe of ye East blocke to witneffe ye merveillous feates of ye chirurgeon. Did see ye varlet of this mornynge broughte in—and he very blue and puffynge mightylie withal! Did find myfelfe in the waye of many maidens carryng bowles. Menewhyle fat on ye finke with Mafter Cutter and saw one play with many pretye strynges—and he very feptick! Did accept an invitation of Mafter Cutter to dine at a goodlie taverne in Fleete streete that nighte.

4.30 p.m. Did regale myfelfe after ye dayes harde work.

5.15 p.m. To Mackenzie's where I espied a greyte cloude of fmoke, and in the midft thereof, foure gentlemen atte cardes—and they very loude atte Oathes. Did fitte downe and take uppe five cardes, and after three more. Finde I have three Queenes and two Knaives. Did wager much monye and lose game to a varlet with foure kynges. Thence backe to ye college.

7.15 p.m. With Mafter Cutter to ye taverne. Did heare from him newes of one who tried to performe a mervellous amputacione with many wonderfull futures, and laughed hugely. Thence to ye mufick halle.

12.15 a.m. And thence to bedde.

A CHANCE FOR A QUALIFIED MEDICAL STUDENT.



WE are indebted to Capt. L. B. Lane, Cherat, N.W.F.P., India, for the following cutting, the writer pointing out that the italics are his own:

"Wanted, by a Nobleman in the Madras Presidency, an experienced, energetic and qualified Doctor (European or Indian). None need apply who are *not* below the standard of an L.M. & S. grade. Salary according to qualifications.—Apply with latest photo and testimonials to M.56, Pioneer Press, Allahabad."

CORRESPONDENCE.

THE HOSPITAL AND THE SMITHFIELD.

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

SIR,—The charming series of articles by Col. D'Arcy Power ends with the relationship of site between the Hospital and the Meat Market.

How the popular mind connects surgery and butchery in other ways is brought to my mind by two incidents.

When I was dressing for Howard Marsh, I was doing out-patients and a man came in with a hand badly gashed. "Well, where do you come from?" I asked him, as I did up his bandages. "Oh, from the other meat shop over there, guv'nor," he answered, jerking his head across the way—the "other" was superb!

When I was given the duty of raising a Field Ambulance in 1914, a man wrote to me—

"Sir,—I should like the honour of enlisting in your Ambulance. I want to join the R.A.M.C. I am a butcher by trade and if you accept me I could bring my tools with me and carry on."

Whether he meant as a cook in the men's mess, or as surgical assistant on the staff, or whether he thought we should work in Germany I never discovered.

All success to you in your new Editorial Chair.

Yours, etc.

FORT PITT HOSPITAL,
CHATHAM.

JOSIAH OLDFIELD,
Lieut.-Col., R.A.M.C.

REVIEWS.

THE VENEREAL DISEASES PROBLEM. (A Book more especially for Nurses and Midwives.) By J. K. WATSON, M.D.(Edin.). (Baillière, Tindall & Cox.) Price 2s. 6d. net.

This little book, which is a very timely production, may be of considerable help to nurses in venereal centres as well as to midwives.

The writer starts on the differential diagnosis of the primary lesion in syphilis. In speaking of the mode of spread of the disease, the author states: "Again, the poison has been known to have been conveyed by the bites of fleas, bugs, lice, and other parasites." Fortunately he states in the preface that he claims no originality for the contents of the book, otherwise we might have challenged such a statement, which certainly must be received with the greatest caution if it is to be entertained at all.

On p. 15 the writer says—"Salvarsan acts directly on the spirochaetes, killing them . . ." and here, again, his reference book is somewhat out of date, for ever since Ehrlich showed that atoxyl has no action *in vitro* on spirochaetosis of hens the opinion has been that salvarsan acts indirectly by means of a spirochaetocidal substance produced in the blood-stream.

Later the author says: "The gonococcus seldom attacks the female urethra, but generally lodges in the vagina." While accepting the first part of the statement, we venture to point out that if the latter were only half true there would have been no necessity to describe the various complications following the emigration of the gonococcus from the uncongenial soil of the vagina. His statistics in the final chapter—"Venereal Disease a National Problem"—are interesting and most impressive.

PRACTICAL GUIDE TO DISEASES OF THE THROAT, NOSE, AND EAR
By W. LAMB. (Baillière, Tindall & Cox.) Price 8s. 6d. net.

The fourth edition of this work is essentially the previous edition brought up to date, with some eighteen pages of new matter added. The book as an introductory guide is second to none, and the writer once more emphasises the importance of acquiring a mastery of the methods of examination of cases. The good qualities of the book have called for a new edition, and it deserves a most hearty reception.

THE PRACTICE OF MEDICINE. By Sir FREDERICK TAYLOR, M.D. (J. & A. Churchill.) Price 24s. net.

The eleventh edition of this most excellent work has just been published, and more than ever is the work justified in being included in the list of standard works on the art of medicine. It is quite impossible in the space at our disposal adequately to review the book, which has been subjected to a thorough revision; it will be of interest, however, to point out that the new subjects introduced include Trench Fever, Progressive Lenticular Degeneration, Pulmonary Embolism, Diaphragmatic Hernia, so-called Soldiers' Heart, Poisoning by Trinitrotoluene, Infantilism, Renal Hæmorrhage, Osteogenesis Imperfecta, and Trench Frost-bite.

Much new matter has been introduced in the sections on the Ductless or Endocrine Glands, Dysentery, Paratyphoid Fevers, Poliomyelitis, Tetanus, Hysteria, Diseases of Muscles, Pleurisy, Arterial Tension, Examination of the Heart, Diseases of the Tonsils, Diabetes, and Beri-beri.

The number of illustrations in the text is increased in the present edition from seventy-one to eighty-five.

To those students who are looking out for a standard book on medicine we have no hesitation in recommending Taylor. It is excellently written, it is thoroughly up to date, and reflects great credit on author and publisher alike.

APPOINTMENTS.

- BOUSFIELD, P., M.R.C.S., L.R.C.P., appointed Demonstrator in Morbid Anatomy to St. George's Hospital Medical School. Appointed also a member of the Special Medical Board, Ministry of Pensions.
- BUTTERY, H. R., M.R.C.S., L.R.C.P., Surg., R.N., appointed Surgeon to the Royal Naval Hospital, Zanzibar.
- DINGLE, Percival A., M.R.C.S.Eng., L.R.C.P.Lond., appointed Principal Medical Officer, State of British North Borneo.
- HARTLEY, J. D., F.R.C.S., Lieut., R.A.M.C., appointed Surgical Specialist to the 72nd General Hospital, B.E.F.
- SAMY, A. H., M.R.C.S., L.R.C.P., appointed R.M.O. at the Hospital for Facial Injuries, 78, Brook Street, W.

EXAMINATIONS, ETC.

UNIVERSITY OF CAMBRIDGE.

*Second M.B. Examination.—October, 1917.**Part II. Pharmacology and General Pathology.—P. B. Kittel, J. V. Sparks.**First M.B. Examination.—December, 1917.**Part II. Physics.—A. I. Cheyne.**Part III. Elementary Biology.—A. I. Cheyne.**Third M.B. Examination.—December, 1917.**Part I. Surgery and Midwifery.—I. de B. Daly, R. French, C. E. Kindersley, H. Morrison, A. G. Shurlock, E. B. Verney.**Part II. Medicine, Pathology, and Pharmacology.—E. T. D. Fletcher, R. French.*

At a Congregation held Friday, January 18th, 1918, at Cambridge, the degrees of M.B. and B.C. were conferred upon E. T. D. Fletcher.

Diploma of Public Health.

A J. Gibson has passed the examination for the Diploma of Public Health.

UNIVERSITY OF LONDON.

*M.D. Examination.—December, 1917.**Branch I. Medicine.—G. W. Lloyd.**First Examination for Medical Degrees.—December, 1917.**Pass List.—E. J. Buxton, M. F. C. Fisher, E. Gelfer, A. K. Kerr, W. E. M. Mitchell, H. Tothill.**Second Examination for Medical Degrees.—December, 1917.**Part I. Organic and Applied Chemistry.—K. H. Doouss, H. K. Tucker.*

CONJOINT EXAMINATION BOARD.

*First Examination.—January, 1918.**Part I. Chemistry.—R. C. Glover, S. Gordon, C. Huntsman.**Part II. Physics.—R. C. Clover, C. Huntsman.**Part III. Elementary Biology.—F. R. L. Miller.**Part IV. Practical Pharmacy.—H. Franklyn, A. E. A. A. Khair, W. E. Heath.**Second Examination.—January, 1918.**Anatomy and Physiology.—C. H. Andrewes, T. James, L. M. Jennings, M. H. Renall, E. Savage.**Final Examination, January, 1918.*

The following candidates have completed the examination for the Diplomas of M.R.C.S., L.R.C.P.: W. M. Heald, A. G. Shurlock, H. M. A. Menagé, D. M. Muir, A. V. Pegge, T. M. Payne, W. B. Christopherson, B. B. Sharp, W. A. Jolliffe, H. B. Jackson, V. S. R. Pandit, E. R. Batho.

BIRTHS.

BINNS.—On January 23rd, at 34, Humberstone Road, Leicester, the wife of C. C. H. Binns, M.A., M.B., of a son.

- CRUDDAS.—On January 10th, at Mardan, India, the wife of Major (Temp. Lieut.-Col.) H. M. Cruddas, C.M.G., I.M.S., of a son.
- DOBSON.—On February 4th, at 96A, Addison Road, the residence of her mother, Rosetta, wife of Capt. E. L. Dobson, H.A.C., R.A.M.C., of a son.
- HEALD.—On January 3rd, at Grafton, Weybridge, the wife of Capt. C. B. Heald, R.A.M.C., of a daughter.
- MACKENZIE.—On January 19th, the wife of Surgeon K. A. I. MacKenzie, M.B., R.N., of 11, Shelley Court, Tite Street, Chelsea, of a son.
- MOLE.—On January 25th, at 24, College Road, Clifton, Bristol, the wife of the late Harold F. Mole, F.R.C.S., of a daughter.
- NELIGAN.—On February 3rd, at the British Legation, Teheran, Persia, the wife of A. R. Neligan, M.D., of a son.
- SOWRY.—On December 26th, at Newcastle, Staffs, the wife of Geo. H. Sowry, M.D., F.R.C.S., of a son.
- TURNER.—On February 14th, at 18, Harley Street, the wife of Col. Aldren Turner, C.B., M.D., of a son.
- WEST.—On December 25th, at Water Stratford Rectory, Buckingham, the wife of J. Frankland West, R.A.M.C., of a son.

DEATHS.

- BAILEY.—Reported wounded and missing, on April 23rd, 1917, now officially presumed killed in action on that date, Donald Frank Bailey, Sub-Lieut., Royal Naval Division, dearly loved son of the late John Robert Bailey and Elizabeth Wenham, Vicarage, Builth, Wells, aged 23.
- BREWER.—On January 28th, 1918, at Home Rest, Totland Bay, Isle of Wight, Alexander Hampton Brewer, M.R.C.S., L.R.C.P., L.S.A., late of Dalston, London, aged 74.
- CROSSMAN.—In December, 1917, in hospital, from double pleurisy and pneumonia, Lionel Gordon Crossman, M.B., B.S.(Lond.), Capt, R.A.M.C.T., younger son of Councillor John Crossman, of Penllwyn Park, Carmarthen.
- DEEBLE.—On December 28th, 1917, at the Sherwood Nursing Home, Ryde, Surgeon-Lieut.-Col. William Benjamin Chatterton Deeble, late 1st Life Guards Regiment and A.M.D., aged 59.
- ECCLES.—On January 28th, 1918, at Sherwell House, Plymouth, George Henry Eccles, aged 76.
- HOYLE.—On January 8th, 1918, James Collings Hoyle, M.D.(Durh.), of Upham, Hants, aged 50.
- LONG.—On October 10th, 1917, from wounds received in a flying accident, Second Lieut. J. T. Long, R.F.C. (observer), son of J. T. Long, of 8, Belgrave Road, Ilford.
- MANSON.—On December 24th, 1917, in a flying accident at Fort-worth, Texas, U.S.A., Eric Douglas Manson, only son of the late Capt. Manson, of Bury St. Edmunds.
- MOLE.—On December 21st, 1917, at 24, College Road, Clifton Bristol, Harold Frederic Mole, F.R.C.S.(Lond.), elder son of the late Frederic M. Mole, of Edgbaston, Birmingham, aged 51.
- PAGE.—On February 3rd, 1918, at 53, Warwick Avenue, Bedford, passed peacefully away Fleet Surgeon A. M. Page, R.N., retired.
- ROBERTS.—On January 14th, 1918, at Sion Hill, Garstang, Henry Roberts, M.R.C.S., L.R.C.P.(Lond.), M.D.(Brux.), aged 56.

NOTICE.

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

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

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

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

St. Bartholomew's Hospital



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

JOURNAL.

Vol. XXV — No. 7]

APRIL 1ST, 1918.

[PRICE SIXPENCE.]

ST. BARTHOLOMEW'S HOSPITAL JOURNAL.

Owing to the enormous increase in the cost of producing the JOURNAL, the Publication Committee, after much consideration, have reluctantly decided to publish this number of the ST. BARTHOLOMEW'S HOSPITAL JOURNAL WAR SUPPLEMENT unaccompanied by the usual monthly issue.

For some time past it has been customary to issue a special number of the JOURNAL twice a year, and to send a copy to all St. Bartholomew's men whose addresses could be traced, a practice which involved the printing of 4000 copies. Many of those to whom the JOURNAL has been thus sent are not subscribers, and the Committee take this opportunity of urgently appealing to them for the support which is necessary if the publication of the JOURNAL month by month is to be continued in these exceptional times.

The Committee will also be glad if subscriptions are remitted as soon as notification of their being due is received, and particularly if any which are in arrears are paid without further delay.

Lt. R. G. HILL, M.C., R.A.M.C., attd. C.O.
Lt. J. D. JOHNSTONE, K.O.R. Lancaster Regt.
2nd Lt. C. A. BROWN, K.O. Yorks L.I.
2nd Lt. ALFRED FOSTER, R.F.A.
2nd Lt. W. C. V. HIGGINSON, R.F.C.
2nd Lt. P. LINDSEY, Oxf. and Bucks L.I.

Accidentally Killed.

Killed whilst Flying.

Prob. Flt. Officer, L. E. FORMAN, R.N.
Cadet Cpl. E. D. MANSON, R.F.C.

Died of Wounds.

Capt. R. SHERMAN, R.A.M.C.
Lt. B. COHEN, R.A.M.C.
Lt. (temp.) J. M. HAMMOND, R.A.M.C.
2nd Lt. V. H. BUTCHER, The Essex Regt.
2nd Lt. G. H. GREENFIELD, R.F.A.
2nd Lt. J. T. LONG, R.F.C.

Pte. F. H. V. THOMPSON, R.A.M.C.

Accidentally Drowned.

Lt. F. WHINCUP, R.A.M.C.
Sister ALICE WELFORD, Q.A.I.M.N.S.R.

Missing, believed Drowned.

Capt. C. A. W. POPE, R.A.M.C., in s.s. "Transylvania."
Lt. J. G. BRADLEY SMITH, R.A.M.C., in H.M.H.S. "Arcadian."
Lt. J. NAYLOR, R.A.M.C., in H.M.H.S. "Salta."

Wounded.

Surg. R. G. MORGAN, R.N.
Surg. A. G. WILLIAMS, R.N.
Surg.-Prob. T. JAMES, R.N.V.R.
Capt. R. S. ASPINALL, R.A.M.C.
Capt. C. N. BINNEY, R.A.M.C.

the War.

No. 4.

, with the list of those connected with period, will, it is felt, be of interest to to make it as accurate and complete

etors of the *Lancet*, the *British Medical*

nearly 2200.

Capt. N. J. BOXALL, R.F.A.
Capt. H. D. CLEMENTI-SMITH, R.A.M.C.
Capt. F. H. CLEVELAND, R.A.M.C., attd. Hussars.
Capt. E. S. CUTHBERT, R.A.M.C., attd. Middlesex Regt.
Capt. W. C. DOUGLASS, R.A.M.C.
Capt. E. EVANS, R.A.M.C.
Capt. J. FERGUSON, R.A.M.C., attd. Liverpool Regt.
Capt. W. B. JEPSON, R.A.M.C., attd. Devon Regt.
Capt. J. KEARNEY, R.A.M.C.
Capt. J. R. KEMP, M.C., R.A.M.C., attd. Essex Regt.
Capt. T. R. KENWORTHY, R.A.M.C.
Capt. T. MARTIN, R.A.M.C.
Capt. T. M. MILLER, M.C., R.A.M.C.
Capt. H. E. ROBINSON, R.A.M.C.
Capt. J. C. SALE, M.C., R.A.M.C.
Capt. E. H. SCHOLEFIELD, R.A.M.C.
Capt. L. R. SHORE, M.C., R.A.M.C.
Capt. J. A. SMITH, R.A.M.C., attd. Gordon Highlanders.
Capt. R. A. S. SUNDERLAND, R.A.M.C.
Capt. D. P. THOMAS, R.A.M.C.
Capt. R. VINCENT, R.A.M.C., attd. R.F.A.
Capt. (temp.) F. E. S. WILLIS, R.A.M.C.
Lt. F. P. ADAMS, R.F.A.
Lt. A. B. COWLEY, R.F.A.
Lt. J. J. JACKSON, K.O.R.L.R.
Lt. W. H. ORTON, R.A.M.C.
Lt. D. S. PRACY, R.A.M.C.

St. Bartholomew's Hospital



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

JOURNAL.

VOL. XXV.—No. 7.]

APRIL 1ST, 1918.

[PRICE SIXPENCE.]

St. Bartholomew's and the War.

SUPPLEMENTARY LIST, No. 4.

The following Roll of Honour for the twelve months ending February 28th, 1918, with the list of those connected with the Hospital and Medical School who have joined the Navy or Army during that period, will, it is felt, be of interest to all old St. Bartholomew's men and present students. Great care has been taken to make it as accurate and complete as possible, but the Editor will be glad to hear of any errors or omissions.

Many of the photographs are produced from blocks kindly lent by the Proprietors of the *Lancet*, the *British Medical Journal*, and the Sport and General Press Agency, Ltd.

This List brings the total number of those serving to nearly 2200.

Roll of Honour.

Killed in Action.

Sub-Lt. D. F. BAILEY, R.N.D.
Lt.-Col. W. B. GRANDAGE, R.F.A.
Maj. A. DREWE, R.G.A.
Capt. B. A. BULL, R.A.M.C., attd. 2/3 Lond. Regt.
Capt. G. D. EAST, R.A.M.C., attd. G.G.
Capt. H. A. HARRIS, R.A.M.C., attd. R.F.A.
Capt. E. HARRISON, R.A.M.C., attd. Gloucester Regt.
Capt. J. B. RANDALL, R.A.M.C.
Lt. R. G. HILL, M.C., R.A.M.C., attd. C.G.
Lt. J. D. JOHNSTONE, K.O.R. Lancaster Regt.
2nd Lt. C. A. BROWN, K.O. Yorks L.I.
2nd Lt. ALFRED FOSTER, R.F.A.
2nd Lt. W. C. V. HIGGINSON, R.F.C.
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Cadet Cpl. E. D. MANSON, R.F.C.

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Lt. B. COHEN, R.A.M.C.
Lt. (temp.) J. M. HAMMOND, R.A.M.C.
2nd Lt. V. H. BUTCHER, The Essex Regt.
2nd Lt. G. H. GREENFIELD, R.F.A.
2nd Lt. J. T. LONG, R.F.C.

Died of Wounds as Prisoner in Germany.

Capt. A. B. BERNARD, K.R.R.C.

Died.

Surg. J. D. RUTHERFORD, R.N.
Director-General Sir C. PARDY LUKIS, K.C.S.I., I.M.S.
Maj. (temp.) S. D. ROWLAND, R.A.M.C.
Surg.-Capt. R. A. BOSTOCK, Scots Guards.
Capt. L. G. CROSSMAN, R.A.M.C.,
Pte. F. H. V. THOMPSON, R.A.M.C.

Accidentally Drowned.

Lt. F. WHINCUP, R.A.M.C.
Sister ALICE WELFORD, Q.A.I.M.N.S.R.

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Capt. R. S. ASPINALL, R.A.M.C.
Capt. C. N. BINNEY, R.A.M.C.

Capt. N. J. BOXALL, R.F.A.
Capt. H. D. CLEMENTI-SMITH, R.A.M.C.
Capt. F. H. CLEVELAND, R.A.M.C., attd. Hussars.
Capt. E. S. CUTHBERT, R.A.M.C., attd. Middlesex Regt.
Capt. W. C. DOUGLASS, R.A.M.C.
Capt. E. EVANS, R.A.M.C.
Capt. J. FERGUSON, R.A.M.C., attd. Liverpool Regt.
Capt. W. B. JEPSON, R.A.M.C., attd. Devon Regt.
Capt. J. KEARNEY, R.A.M.C.
Capt. J. R. KEMP, M.C., R.A.M.C., attd. Essex Regt.
Capt. T. R. KENWORTHY, R.A.M.C.
Capt. T. MARTIN, R.A.M.C.
Capt. T. M. MILLER, M.C., R.A.M.C.
Capt. H. E. ROBINSON, R.A.M.C.
Capt. J. C. SALE, M.C., R.A.M.C.
Capt. E. H. SCHOLEFIELD, R.A.M.C.
Capt. L. R. SHORE, M.C., R.A.M.C.
Capt. J. A. SMITH, R.A.M.C., attd. Gordon Highlanders.
Capt. R. A. S. SUNDERLAND, R.A.M.C.
Capt. D. P. THOMAS, R.A.M.C.
Capt. R. VINCENT, R.A.M.C., attd. R.F.A.
Capt. (temp.) F. E. S. WILLIS, R.A.M.C.
Lt. F. P. ADAMS, R.F.A.
Lt. A. B. COWLEY, R.F.A.
Lt. J. J. JACKSON, K.O.R.L.R.
Lt. W. H. ORTON, R.A.M.C.
Lt. D. S. PRACY, R.A.M.C.

Roll of Honour—continued.

Lt. R. K. SMITH, The Yorks Regt. (T.)
Lt. R. T. WORTHINGTON, R.A.M.C.
2nd Lt. N. E. D. CARTLEDGE, Middlesex Regt.
2nd Lt. H. E. K. ECCLES, R.F.C.

Gassed.

Lt. E. S. ELLIS, R.A.M.C.

Prisoners of War in Germany.

Lt. G. B. McMICHAEL, Herefordshire Regt.,
attd. R.F.C.
2nd Lt. A. DOWNES, S. Staffs Regt.

Formerly Prisoners in Germany, now Repatriated.

Flt. Commander R. G. MACK, R.N.A.S.
Capt. H. D. CLEMENTI-SMITH, R.A.M.C.

Interned in Holland from Germany.

Capt. J. C. W. MACBRYAN, Som. L.I.

Mentioned in Despatches.

By *Field-Marshal Sir D. Haig, Commander-in-Chief of the British Armies in France, dated April 9th, 1917 (published May 14th, 17th, 29th, and June 1st, 1917).*

Acting Flt. Commander R. G. MACK, R.N.A.S.
Capt. (temp.) P. T. SPENCER-PHILLIPS,
R.F.A.

HEADQUARTERS STAFF.

Col. S. WESTCOTT, C.M.G., A.M.S. (3rd time).
Lt.-Col. (temp. Col.) H. S. THURSTON,
C.M.G., R.A.M.C. (5th time).
Capt. D. C. G. BALLINGALL, M.C., R.A.M.C.
(2nd time).
Capt. J. J. H. BECKTON, R.A.M.C. (2nd time).
Capt. A. J. GIBSON, R.A.M.C.
Capt. (temp.) E. S. MARSHALL, R.A.M.C.
(2nd time).

R.A.M.C.

Maj. (temp.) G. E. GASK (2nd time).
Maj. (,) J. M. GOVER.
Maj. (temp. Lt.-Col.) R. M. WEST (2nd time).
Capt. J. M. HAMILL.
Capt. H. W. LANCE.
Capt. H. W. MALTBY, Sp. Res.
Capt. (temp.) R. S. MORSHEAD.
Capt. J. A. NIXON.
Capt. (temp.) K. PRETTY.
Capt. (,) J. F. ROBERTSON.
Capt. (,) H. B. G. RUSSELL.
Lt. (temp. Capt.) R. ELLIS (M.B.Lond.)
Lt. (temp.) K. M. WALKER.

AUSTRALIAN A.M.C.

Lt.-Col. J. CORBIN (2nd time).

By *Gen. Sir A. Murray, late Commander-in-Chief of the Army in Egypt, for the period October 1st, 1916–February 28th, 1917 (published July 7th, 1917).*

STAFF.

Maj. G. C. TAYLOR, R.A.M.C.

R.A.M.C.

Maj. (temp. Lt.-Col.) H. T. SAMUEL.
Capt. H. R. DIVE.
Capt. O. TEICHMANN (2nd time).
Capt. T. YOUNG.

INDIAN ARMY.

Maj. R. W. KNOX, D.S.O. (2nd time).
Capt. R. B. S. SEWELL.

By *Lt.-Gen. G. F. Milne, Commander-in-Chief of the British Forces in Salonika, dated March 29th, 1917 (published July 23rd, 1917).*

R.A.M.C.

Maj. E. B. WAGGETT (2nd time).
Capt. C. CLARKE.
Capt. F. H. ROBBINS.
Lt. (temp.) J. M. HAMMOND, D.S.O. (since died from wounds).

By *the Secretary of State for War (published July 28th, 1917).*

Lt.-Col. (temp.) W. N. BARRON, R.A.M.C.
Lt.-Col. F. W. BEGGIE, R.A.M.C.
Lt.-Col. M. H. GORDON, C.M.G., R.A.M.C.
Lt.-Col. B. E. MYERS, N.Z.M.C. (2nd time).
Lt.-Col. G. S. A. RANKING, R.A.M.C. (late I.M.S.), (2nd time).

Lt.-Col. and Bt.-Col. Sir B. G. SETON, Bart.,
I.M.S.

Lt.-Col. S. B. SMITH, I.M.S.
Surg.-Lt.-Col. (Hon. Surg.-Col.) R. J. REECE,
H.A.C.

Maj. (temp. Lt.-Col.) R. M. CARTER, I.M.S.
Maj. (temp. hon.) T. G. M. HINE, R.A.M.C.
Capt. G. J. O. FENWICK, N.Z.M.C.
Capt. A. G. R. FOULERTON, R.A.M.C.

By *Lt.-Gen. Sir Stanley Maude, Commander-in-Chief of the Mesopotamia Expeditionary Force, dated August 15th, 1917 (published August 16th, 1917).*

STAFF AND HEADQUARTERS.

Surg.-Gen. F. H. TREHERNE, C.M.G. (5th time).

R.A.M.C.

Col. W. H. STARR, A.M.S. (3rd time).
Bt.-Col. M. H. G. FELL (6th time).
Lt.-Col. (temp.) T. P. LEGG.
Capt. T. K. BONEY, Sp. R.
Lt. (temp.) L. W. EVANS.

I.M.S.

Lt.-Col. E. V. HUGO.
Bt.-Lt.-Col. (temp. Col.) G. BROWSE (2nd time).
Maj. F. P. CONNOR (2nd time).
Maj. H. FALK.
Maj. (temp. Lt.-Col.) W. H. HAMILTON,
D.S.O. (3rd time).
Maj. R. A. LLOYD (2nd time).
Maj. H. M. H. MELHUISE (2nd time).
Capt. G. R. LYNN.

By *Secretary of State for War (published September 19th, 1917).*

Surg.-Prob. H. K. DENHAM, R.N.V.R.
Surg.-Gen. (hon.) W. R. SMITH, R.A.M.C.T.
Col. J. R. DODD, A.M.S.
Col. S. S. HOYLAND, R.A.M.C.T. (2nd time).

Col. F. P. NICHOLS, R.A.M.C. (2nd time).
Lt.-Col. F. W. BEGGIE, R.A.M.C. (2nd time).
Lt.-Col. T. H. F. CLARKSON, R.A.M.C.
Lt.-Col. (temp.) H. G. COOK, R.A.M.C.
Lt.-Col. A. H. MORRIS, R.A.M.C.
Lt.-Col. C. W. M. MOULLIN, R.A.M.C.T.

Lt.-Col. H. K. PALMER, R.A.M.C.
Lt.-Col. E. V. A. PHIPPS, R.A.M.C.
Lt.-Col. D'ARCY POWER, R.A.M.C.T.
Lt.-Col. M. SWABY, R.A.M.C.
Lt.-Col. (temp.) W. WRANGHAM, R.A.M.C.
(2nd time).

Maj. R. A. BICKERSTETH, R.A.M.C.T.
Maj. (temp.) C. B. DOBELL, R.A.M.C.
Maj. C. H. HOPKINS, R.A.M.C.
Maj. (temp.) D. W. HUME, R.A.M.C.
Maj. (,) C. NOON, R.A.M.C.
Maj. (,) R. G. RICHES, R.A.M.C.
Maj. W. E. WYNTER, R.A.M.C.T.
Capt. W. G. BALL, R.A.M.C.T.
Capt. E. C. BRADFORD, R.A.M.C.T.
Capt. (temp.) R. H. BREMIDGE, R.A.M.C.
Capt. E. A. P. BROCK, R.A.M.C.
Capt. (temp.) E. L. DOBSON, R.A.M.C.
Capt. N. S. FINZI, R.A.M.C.T.
Capt. (temp.) S. L. HINDE, R.A.M.C.
Capt. T. J. HORDER, R.A.M.C.T.
Capt. (temp.) H. C. T. LANGDON, R.A.M.C.
Capt. H. A. SCHOLBERG, R.A.M.C.T.

By *Lt.-Gen. G. F. Milne, Commander-in-Chief of the British Forces in Salonika, May–October, 1917 (published November 29th, 1917).*

Flt.-Lt. E. P. HICKS, R.N.A.S.

R.A.M.C.

Maj. E. B. WAGGETT (T.F.) (2nd time).
Capt. (temp. Maj.) G. H. COLT (T.F.).
Capt. (temp.) H. H. L. ELLISON.
Capt. (,) J. G. FORBES.
Capt. J. F. GASKELL (T.F.).
Capt. R. M. VICK (T.F.), (3rd time).

By *Field-Marshal Sir D. Haig, Commander-in-Chief of the British Armies in France (published December 12th, 1917).*

Surg. A. G. WILLIAMS, R.N.
Lt. (temp.) (actg. Maj.) A. DREWE, R.G.A.
(killed in action).
2nd Lt. (temp. Capt.) D. SPURWAY, York-
shire Regt.

HEADQUARTERS STAFF.

Lt.-Col. H. S. THURSTON, C.B., C.M.G.,
R.A.M.C. (6th time).
Maj. L. V. THURSTON, D.S.O., R.A.M.C.
(2nd time).
Capt. G. O. CHAMBERS, R.A.M.C.
Capt. A. J. CLARK, M.C., R.A.M.C., Sp. R.

CONSULTANTS.

Surg.-Gen. Sir A. A. BOWLBY, K.C.M.G.,
K.C.V.O. (4th time).
Surg.-Gen. Sir W. P. HERRINGHAM, C.B.
(3rd time).
Col. C. GORDON WATSON, C.M.G. (2nd
time).
Lt.-Col. C. S. MYERS.

R.A.M.C.

Lt.-Col. A. H. MORRIS.
Lt.-Col. A. O. B. WROUGHTON (2nd time).
Maj. T. A. BARRON (T.F.).
Maj. (actg. Lt.-Col.) A. D. DUCAT (T.F.)
(2nd time).
Maj. (actg. Lt.-Col.) J. M. GOVER (T.F.)
(2nd time).
Maj. G. W. MILLER (T.F.).
Maj. (temp. Lt.-Col.) M. G. WINDER, D.S.O.
(2nd time).
Capt. (temp.) E. A. ALDRIDGE.



DONALD FRANK BAILEY, Sub-Lt. R.N.D.
[September 7th, 1912.] *Presumed
killed on April 23rd, 1917.*



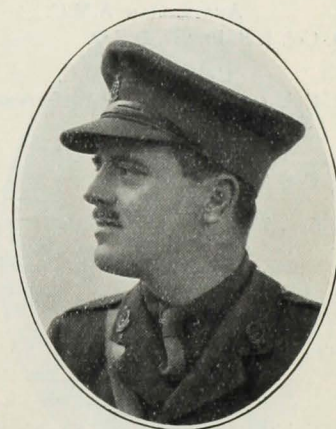
ARTHUR BASIL BERNARD, Capt. K.R.R.C.
[October 1st, 1914.] *Died on, May 4th,
1917, as a prisoner in Germany, as a
result of wounds received in action,
April 22nd, 1917.*



ROBERT ASHTON BOSTOCK, M.R.C.S.,
L.R.C.P., Surg.-Capt. Scots Guards.
[June, 1881.] *Died on August 17th,
1917, from an illness contracted on
active service.*



CHARLES ARTHUR BROWN, 2nd Lt., 4th
K.O. Yorks L.I. [April 23rd, 1915.]
*Killed in action on July 5th, 1917, at
Nieuport.*



BENJAMIN ALLEN BULL, L.M.S.S.A.,
Capt. R.A.M.C., attached 2/3 Lond.
Regt. [September 30th, 1912.] *Killed
in action September 16th, 1917.*



LIONEL GORDON CROSSMAN, M.B., B.S.
Lond., M.R.C.S., L.R.C.P., Capt.
R.A.M.C. [October 1st, 1910.] *Died
in hospital in Mesopotamia from
double pleurisy and pneumonia about
December 17th, 1917.*



ADRIAN DREWE, Maj. R.G.A. [August
13th, 1914.] *Killed in action July 12th,
1917.*

We regret that no photograph of the following is available for reproduction :
VIVIAN HAWEIS BUTCHER, 2nd Lt. The Essex Regt. [May, 1911.] *Died from wounds.
Date of entry to Hospital is bracketed.*

Roll of Honour.—continued.

Capt. (temp.) W. H. ATTLEE.
 Capt. (") T. R. H. BLAKE, M.C.
 Capt. (actg. Lt.-Col.) H. N. BURROUGHES.
 Capt. (") G. H. DIVE, D.S.O.
 (4th time).

Capt. H. GOODMAN.
 Capt. (temp.) E. C. MACKAY (2nd time).
 Capt. H. F. MARRIS.
 Capt. J. C. NEWMAN.
 Capt. J. M. PLEWS (T.F.).
 Capt. R. B. PRICE.
 Capt. J. RAMSAY.
 Capt. F. A. ROPER.
 Capt. J. C. SALE, D.S.O., M.C.
 Capt. (temp.) K. M. WALKER.
 Capt. G. D. WATKINS, D.S.O.
 Capt. (temp.) F. E. S. WILLIS.
 Lt. (temp.) D. A. H. MOSES.

I.M.S.

Maj. J. J. URWIN.

AUSTRALIAN A.M.C.

Lt.-Col. J. S. PURDY, D.S.O.

CANADIAN A.M.C.

Lt.-Col. (temp. Col.) C. A. PETERS (2nd time).

S. AFRICAN A.M.C.

Lt.-Col. A. B. WARD.

By Gen. Sir A. Murray, late Commander-in-Chief of the Forces in Egypt, dated June, 1917 (published January 14th, 1918).

R.A.M.C.

Capt. (temp.) N. DUGGAN.
 Capt. (") C. LODDIGES.

SPECIAL LIST.

Lt.-Col. (temp.) L. P. PHILLIPS (3rd time).

By Gen. Sir E. Allenby, Commander-in-Chief of the Egyptian Expeditionary Force (published January 17th, 1918).

Capt. (temp.) M. BATES, R.A.M.C.

By the Secretary of State for War, to December 31st, 1917 (published February 13th, 1918).

Col. (temp.) A. E. GARROD, C.M.G., A.M.S. (2nd time).

Col. (temp.) H. H. TOOTH, C.M.G., A.M.S. (2nd time).

Lt.-Col. (temp. Hon.) G. S. BUCHANAN, R.A.M.C.

Lt.-Col. (temp.) G. B. PRICE, R.A.M.C.

Maj. and Bt.-Lt.-Col. R. M. CARTER, I.M.S. (2nd time).

Capt. E. A. P. BROCK, R.A.M.C.

NURSING SERVICE.

Miss W. A. BOND.
 Miss BREEZE.
 Miss H. DEY.
 Miss G. FARQUHAR.
 Miss E. GIBERT.
 Miss M. K. HALL.
 Miss J. MACGILLIVRAY.
 Miss M. MUNRO.
 Miss A. NORRISH LEE.
 Miss RENANT.
 Miss SLINGSBY.
 Miss K. A. SMYTHE.

Promotions and Decorations for Service following Despatches.

K.C.B. (CIVIL DIV.).

Sir G. NEWMAN, P.M.O., Board of Education.

K.C.M.G.

Surg.-Gen. F. H. TREHERNE, C.M.G.
 Col. (temp.) A. E. GARROD, C.M.G., A.M.S.

K.B.E.

W. M. FLETCHER, M.D.

C.B. (MILITARY DIV.).

Col. (temp.) (Lt.-Col., R.A.M.C., T.F.) H. H. TOOTH, C.M.G., A.M.S.

Lt.-Col. (temp. Hon.) G. S. BUCHANAN, R.A.M.C.

Surg.-Lt.-Col. (Hon. Surg.-Col.) R. J. REECE, H.A.C.

Lt.-Col. and Bt.-Col. Sir B. G. SETON, Bt., I.M.S.

Lt.-Col. (temp. Col.) H. S. THURSTON, C.M.G., R.A.M.C.

Maj. and Bt. Lt.-Col. R. M. CARTER, I.M.S.

C.M.G.

Col. W. H. STARR, R.A.M.C.

Lt.-Col. (temp.) W. N. BARRON, M.V.O., R.A.M.C.

Lt.-Col. and Bt.-Col. M. H. G. FELL, R.A.M.C.

Lt.-Col. (temp. Hon.) M. H. GORDON, R.A.M.C.

Lt.-Col. E. V. HUGO, I.M.S.

Lt.-Col. (temp.) T. P. LEGG, R.A.M.C.

Lt.-Col. B. E. MYERS, N.Z.M.C.

Lt.-Col. (temp.) G. B. PRICE, R.A.M.C.

Lt.-Col. G. S. A. RANKING, R.A.M.C.

Lt.-Col. S. B. SMITH, I.M.S.

C.I.E.

Lt.-Col. W. B. LANE, I.M.S.

D.S.O.

Staff-Surg. G. B. SCOTT, R.N.

Lt.-Col. (temp. Col.) C. A. PETERS, C.A.M.C.

Lt.-Col. J. S. PURDY, A.A.M.C.

Lt.-Col. A. B. WARD, S.A.M.C.

Lt.-Col. A. O. B. WROUGHTON, R.A.M.C.

Maj. and Bt.-Lt.-Col. G. BROWSE, I.M.S.

Maj. (temp. Lt.-Col.) F. P. CONNOR, I.M.S.

Maj. G. E. GASK, R.A.M.C.

Maj. (actg. Lt.-Col.) J. M. GOVER, R.A.M.C.

Maj. R. A. LLOYD, I.M.S.

Maj. (temp. Lt.-Col.) C. A. A. STIDSTON, R.A.M.C.

Maj. E. B. WAGGETT, R.A.M.C.

Maj. (temp. Lt.-Col.) R. M. WEST, R.A.M.C.

Capt. G. RIGBY LYNN, I.M.S.

Capt. (temp.) H. B. OWEN, Uganda M.S.

Capt. (") J. C. SALE, M.C., R.A.M.C.

Capt. G. D. WATKINS, R.A.M.C.

Lt. (temp.) J. M. HAMMOND, R.A.M.C.

BAR TO MILITARY CROSS.

Capt. F. G. LESCHER, M.C., R.A.M.C.

Capt. R. A. PETERS, M.C., R.A.M.C., attd. K.R.R.C.

Capt. (temp.) J. C. SALE, M.C., R.A.M.C., attd. R.F.

MILITARY CROSS.

Surg. (temp.) F. H. L. CUNNINGHAM, R.N.

Surg. (") R. G. MORGAN, R.M.

Capt. F. J. ANDERSON, I.M.S.

Capt. (temp.) B. H. BARTON, R.A.M.C.

Capt. (") J. D. BATT, R.A.M.C.

Capt. J. A. BELL, R.A.M.C.

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

Capt. (") W. C. DOUGLASS, R.A.M.C.

Capt. F. H. ELLIS, S.A.M.C.

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

Capt. A. G. T. FISHER, R.A.M.C.

Capt. (temp.) L. U. GERATY, R.A.M.C.

Capt. (") R. HOPSON, R.A.M.C.

Capt. L. E. HUGHES, R.A.M.C.

Capt. W. B. JEPSON, R.A.M.C., Sp. R., attd. Devon Regt.

Capt. F. W. KEMP, N.Z.M.C.

Capt. T. R. KENWORTHY, R.A.M.C.

Capt. (temp.) C. LODDIGES, R.A.M.C.

Capt. F. D. MARSH, R.A.M.C.

Capt. (temp.) E. S. MARSHALL, R.A.M.C.

Capt. J. MILLER, R.A.M.C.

Capt. (temp.) R. S. MORSHEAD, R.A.M.C.

Capt. J. B. MUDGE, Notts and Derby Regt., Sp. R.

Capt. (temp.) G. W. PARRY, R.A.M.C.

Capt. J. A. PRIDHAM, R.A.M.C., Sp. R.

Capt. (temp.) F. T. REES, R.A.M.C.

Capt. (") L. L. SATOW, R.A.M.C.

Capt. (") W. H. SCOTT, R.A.M.C., attd. Durh. L.I.

Capt. (temp.) A. C. STURDY, R.A.M.C.

Capt. O. TEICHMANN, R.A.M.C.

Capt. (temp.) G. D. WATKINS, D.S.O., R.A.M.C.

Capt. (temp.) P. H. WELLS, R.A.M.C.

Capt. (") F. E. S. WILLIS, R.A.M.C., attd. Seaf. High.

Capt. (temp.) H. D. H. WILLIS-BUND, R.A.M.C.

Capt. W. V. WOOD, R.A.M.C.T.

Lt. H. S. BELL, R.F.A.

Lt. R. ELLIS (M.B.Lond.), R.A.M.C., Sp. R.

Lt. (temp.) R. G. HILL, R.A.M.C.

Lt. (") C. G. KEMP, R.A.M.C.

Lt. (") D. A. H. MOSES, R.A.M.C.

Lt. (") J. E. SANDILANDS, R.A.M.C.

2nd Lt. (actg. Lt.) C. H. BULCOCK, R.F.A.

2nd Lt. (temp.) H. E. K. ECCLES, R.F.C.

2nd Lt. D. C. FAIRBAIRN, R.G.A., Sp. R.

2nd Lt. (temp.) W. E. M. MITCHELL, R.I.R.

PROMOTION IN THE ROYAL NAVY FOR VALUABLE SERVICES RENDERED IN CONNECTION WITH THE WAR.

FLIGHT COMMANDER.

Flt. Lt. (temp.) E. P. HICKS, R.N.A.S.

PROMOTIONS FOR DISTINGUISHED SERVICES IN THE FIELD.

BREVET-LT.-COLONEL.

Maj. (temp. Lt.-Col.) R. M. CARTER, I.M.S.

Maj. (") W. H. HAMILTON, D.S.O., I.M.S.

Maj. W. H. LEONARD, I.M.S.

Maj. H. M. H. MELHUISE, I.M.S.

Maj. (temp. Lt.-Col.) M. G. WINDER, D.S.O., R.A.M.C.

Maj. (local Lt.-Col.) A. WRIGHT, R. of Off. R.A.M.C.



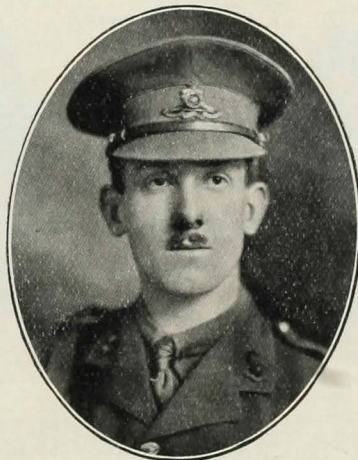
GORDON DOULTON EAST, M.B., B.C. Cantab., M.R.C.S., L.R.C.P., Capt. R.A.M.C., attd. G.G. [July 4th, 1908.] *Killed in action in France on July 31st, 1917.*



LEONARD EALES FORMAN, Prob. Flight Officer, R.N. [March, 1917.] *Killed whilst flying on August 16th, 1917.*



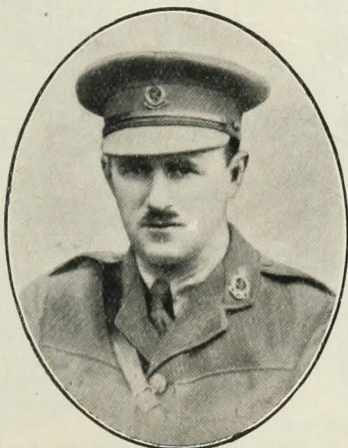
WILLIAM BRIGGS GRANDAGE, M.D. Cantab., M.R.C.S., L.R.C.P., Lt.-Col. R.F.A. [October 1st, 1903.] *Died on May 14th, 1917, from wounds received in action the same day.*



GERALD HENRY GREENFIELD, 2nd Lt. R.F.A. [August 13th, 1915.] *Died on August 17th, 1917, from wounds received in action on August 16th, 1917.*



JOHN MAXIMILIAN HAMMOND, D.S.O., M.B., B.S.Lond., M.R.C.S., L.R.C.P., Lt. R.A.M.C., attd. Devon Regt. [September 30th, 1903.] *Died March 15th, 1917, from wounds.*



HUBERT ALFRED HARRIS, M.R.C.S., L.R.C.P., Capt. R.A.M.C., attd. R.F.A. [September 24th, 1903.] *Killed in action July 31st, 1917.*



EVERARD HARRISON, M.B., B.C.Cantab., Capt. R.A.M.C., attd. Gloucester Regt. [January 29th, 1901.] *Killed by a mine explosion in France, April 17th, 1917.*

We regret that no photograph of the following is available for reproduction:
 BENJAMIN COHEN, M.B., Ch.B.Glasg., Lt. R.A.M.C. [December 30th, 1911.] *Died from wounds.*
Date of entry to Hospital is bracketed.

Roll of Honour—continued.

BREVET-MAJOR.

- Capt. (actg. Lt.-Col.) G. H. DIVE, D.S.O.,
R.A.M.C.
Capt. (temp.) N. DUGGAN, R.A.M.C.
Capt. (temp. Maj.) E. W. H. GROVES,
R.A.M.C.
Capt. (temp.) H. F. MARRIS, R.A.M.C.

PROMOTIONS FOR VALUABLE SERVICES RENDERED IN CONNECTION WITH THE WAR—HOME SERVICE.

BREVET-COLONEL.

- Lt.-Col. C. AVERILL, R.A.M.C.T.
Lt.-Col. L. K. HARRISON, R.A.M.C.T.
Lt.-Col. C. W. M. MOULLIN, R.A.M.C.T.
Lt.-Col. H. J. WARING, R.A.M.C.T.

BREVET-LT.-COLONEL.

- Maj. D. T. BELDING, R.A.M.C.T.
Maj. H. A. BERRYMAN, Ret. Pay. R. of Off.
(late R.A.M.C.).
Maj. J. H. DRYSDALE, R.A.M.C.T.
Maj. H. M. GABRIEL, R.A.M.C.T.
Maj. J. W. GILL, R.A.M.C.T.
Maj. F. E. A. WEBB, R.A.M.C.T.

BREVET-MAJOR.

- Capt. R. C. ELMSLIE, R.A.M.C.T.
Capt. J. L. JOYCE, R.A.M.C.T.
Capt. E. G. SMITH, R.A.M.C.T.

ALBERT MEDAL FOR GALLANTRY IN SAVING LIFE.

- Surg. Prob. R. S. S. SMITH, R.N.V.R.
Capt. C. R. HOSKYN, R.A.M.C.

TERRITORIAL DECORATION.

- Lt.-Col. W. G. RICHARDSON, R.A.M.C.T.
Maj. H. L. DE LEGH, R.A.M.C.

ORDER OF ST. JOHN OF JERUSALEM. KNIGHT OF GRACE.

- Surg.-Gen. T. M. CORKER, C.B., K.H.P.,
A.M.S.
Col. C. G. WATSON, C.M.G., A.M.S.
Lt.-Col. F. W. BEGBIE, R.A.M.C.

ASSOCIATE.

- Capt. H. L. WHALE, R.A.M.C.T.

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

- CROIX DE GUERRE, AVEC ÉTOILE D'OR.
Capt. E. G. STANLEY, R.A.M.C.

CROIX DE GUERRE.

- Surg. R. G. LYSTER, R.N.
Capt. O. TEICHMANN, R.A.M.C., attd. Worc.
Yeomanry.

ORDER OF ST. SAVA, CONFERRED BY H.M. THE KING OF SERBIA.

3rd Class.

- J. BERRY, F.R.C.S.

4th Class.

- Capt. (temp.) F. M. BISHOP, R.A.M.C.,
Capt. E. J. Y. BRASH, R.A.M.C.,
Lt. (temp.) B. W. HOWELL, R.A.M.C.,

ORDER OF KARA GEORGE, CONFERRED BY KING OF SERBIA.

4th Class (with Swords).

- Temp. Capt. (act. Maj.) E. A. DORRELL,
R.F.A.

SERBIAN RED CROSS DECORATION.

- Lt. (temp.) B. W. HOWELL, R.A.M.C.

ORDER OF THE STAR OF ROUMANIA.

- JAMES BERRY (4th class).

MILITARY ORDER OF SAVOY, CONFERRED BY THE KING OF ITALY.

Officer.

- Fleet-Surg. A. R. H. SKEY, R.N.

ORDER OF THE CROWN OF ITALY.

Cavalier.

- Maj. (temp. Lt.-Col.) W. H. HAMILTON,
D.S.O., I.M.S.

ORDER DE LA COURONNE, CONFERRED BY THE KING OF THE BELGIANS.

Officier.

- Capt. S. R. DOUGLAS, R.A.M.C. (late
I.M.S.)

ORDER OF ST. ANNE (CLASS 3), CONFERRED BY RUSSIAN GOVERNMENT.

- HIND, A.E., F.R.C.S.

ORDER OF ST. STANISLAS, CONFERRED BY RUSSIAN GOVERNMENT.

2nd Class (with Swords).

- Fleet-Surg. J. H. PEAD, R.N.
Lt.-Col. and Bt.-Col. M. H. G. FELL,
R.A.M.C.

3rd Class (with Swords).

- Surg.-Prob. W. E. HEATH, R.N.V.R.

C.B.E.

- Miss McINTOSH, Matron.

BAR TO ROYAL RED CROSS.

- Miss ACTON.
Miss BEATRICE JONES.
Miss BEADSMORE SMITH.

ROYAL RED CROSS (1ST CLASS).

- Miss APPLETON.
Miss M. L. APPELYARD.
Miss M. BANFIELD.
Miss HELEN DEY.
Miss D. P. FOSTER.
Miss GIRDLESTONE.
Mrs. KING (née WESTBROOK).
Miss K. LOWE.
Miss AMY MUNN.

ROYAL RED CROSS (2ND CLASS).

- Miss K. BARLING.
Miss BRAMWELL.
Miss CUMBERLIDGE.
Miss DAWSON.
Miss GASCOIGNE.
Miss E. GIBERT.
Mrs. GILES.
Miss P. GILL.
Miss HUXLEY.
Miss JACKSON.
Miss S. JARVIS.
Miss G. KNIGHT.
Miss M. MAY.
Miss E. NEVILLE.
Miss NORRISH LEE.
Miss M. PATERSON (Sister Mary).
Miss M. B. PATERSON.
Miss PETERS.
Mrs. E. PICTON.
Miss POTE HUNT.
Miss G. THOMPSON.
Miss E. K. WALLIS.
Miss M. WEBB.

ROYAL NAVAL MEDICAL SERVICE.

TEMPORARY SURGEONS.

- AYDON, J., M.R.C.S., L.R.C.P.
BOWER, C. W., L.M.S.S.A.
BRASH, J. B., M.R.C.S., L.R.C.P.
BULLEN, H. B., M.R.C.S., L.R.C.P.
BUTTERY, H. R., M.R.C.S., L.R.C.P.
COBB, G. F., M.R.C.S., L.R.C.P.
COPELAND, A. J., M.R.C.S., L.R.C.P.
COYTE, R., M.R.C.S., L.R.C.P.
CROOK, E. A., M.B., B.Ch.Oxon.
GORDON, E. F. S., M.R.C.S., L.R.C.P.
HALES, H. W., M.R.C.S., L.R.C.P.
HIGGS, S. L., M.R.C.S., L.R.C.P.
JACKSON, H. B., M.R.C.S., L.R.C.P.
JOLLIFFE, W. A., M.R.C.S., L.R.C.P.
JOYCE, H. C. C., M.R.C.S., L.R.C.P.

- LLEWELLYN, E. E., M.R.C.S., L.R.C.P.
MUIR, D. M., M.R.C.S., L.R.C.P.
NICOL, W. D., M.R.C.S., L.R.C.P.
PAYNE, T. M., M.R.C.S., L.R.C.P.
PRENTICE, H. R., M.B., B.S.Lond., M.R.C.P.
RUTHERFORD, J. D., M.R.C.S., L.R.C.P.
SARGENT, E. J. G., L.M.S.S.A.
SKEGGS, B. L., M.R.C.S., L.R.C.P.
SMITH, N. F., M.R.C.S., L.R.C.P.
WATSON, F. E. G., M.R.C.S., L.R.C.P.
WOODS, L. H., M.R.C.S., L.R.C.P.

SURGEON PROBATIONERS, R.N.V.R.

- GRIFFITH, H. R.
HARRISON, S. G. (formerly R.N.A.S.B.R.).
HEATH, W. E.

- JAMES, T.
JEPHCOTT, A. (formerly R.N.A.S.B.R.).
SACKETT, H. L.
SHAW, C.
TAYLOR, A. W.
WATERS, K. V. D.
WELLS, A. Q. (formerly R.N.A.S.B.R.).

ROYAL NAVAL DIVISION.

- Sub-Lt. D. F. BAILEY (November, 1915).

ROYAL NAVAL AIR SERVICE.

- Prob. Flt. Officer L. E. FORMAN.



WILLIAM CLIFTON VERNON HIGGINSON,
2nd Lt., R.F.C. [October 1st, 1915.]
Killed in action at La Vacquerie on
November 20th, 1917.



REGINALD GORDON HILL, M.C., M.B.,
B.S.Lond., M.R.C.S., L.R.C.P., Lt.
R.A.M.C., attd. C.G. [July 25th, 1905.]
Killed in action October 11th, 1917.



JOHN DOUGLAS JOHNSTONE, Lt. 4th K.O.
(R.L.) Regt. [October 1st, 1915.]
Killed in action July 31st, 1917.



PAUL LINDSEY, 2nd Lt. Oxf. and Bucks.
L.I. [October 1st, 1914.] *Killed in
action* June 2nd, 1917.



JOHN THOMAS LONG, 2nd Lt. R.F.C.
(Observer). [September 29th, 1914.]
Died on October 10th, 1917, from
wounds received while flying in France
on October 8th, 1917.



SIR CHARLES PARDY LUKIS, Bart., M.D.
Lond., F.R.C.S., K.C.S.I., Director-
General I.M.S. [October, 1875.] *Died*
on October 21st, 1917, at Simla.



ERIC DOUGLAS MANSON, Cadet Cpl.
R.F.C. [July 10th, 1911.] *Killed in
flying accident* on December 24th,
1917.



JOSEPH NAYLOR, M.R.C.S., L.R.C.P.,
Lt. R.A.M.C. [May 1st, 1883.]
Drowned on H.M.H.S. "Salta" (mined
in Channel) on April 10th, 1917.

We regret that no photograph of the following is available for reproduction :

ALFRED FOSTER, 2nd Lt. R.F.A. [April 21st, 1914.] *Killed in action* April 14th, 1917.

Date of entry to Hospital is bracketed.

ARMY MEDICAL SERVICE.

(TEMPORARY COMMISSIONS.)

DEPUTY ASSISTANT DIRECTOR-GENERAL.
Col. (temp.) A. S. WOODWARK, M.D., M.R.C.P.Lond.

ASSISTANT DIRECTORS OF MEDICAL SERVICES.

Col. (temp.) H. H. C. DENT, M.B.Durh., F.R.C.S. (since vacated post).

Col. (temp.) J. A. NIXON, M.D.Cantab., F.R.C.P., Consulting Physician to the 5th Army.

Col. (temp.) L. HUMPHRY, C.M.G., M.D. Cantab., F.R.C.P.

Col. (temp.) C. A. PETERS, M.R.C.S., L.R.C.P., C.A.M.C.

Col. (temp.) R. PICKARD, C.M.G., M.D., M.S.Lond.

Col. (temp.) E. P. SEWELL, D.S.O., M.B., B.C.Cantab.

Col. (temp.) A. R. TWEEDIE, F.R.C.S.

DEPUTY ASSISTANT DIRECTOR OF MEDICAL SERVICES.

Maj. W. P. YETTS, M.R.C.S., L.R.C.P. (formerly Staff Surgeon, R.N., retired).

Col. (temp.) G. E. GASK, D.S.O., F.R.C.S., Consulting Surgeon to H.M. Forces in the St. Omer District.

ROYAL ARMY MEDICAL CORPS.

(TEMPORARY COMMISSIONS.)

TEMPORARY LIEUTENANT-COLONELS.

BERRYMAN, H. A., M.R.C.S., L.R.C.P. (retired Major).

MATURIN, F. H., M.B., B.C.Cantab. (from Hampshire Regt.).

MOORE, E. J., C.B., M.B., B.Ch.Oxon.

TEMPORARY MAJORS.

BLANDFORD, J. J. G., D.P.H.Cantab.

CORBETT, W. J., D.P.H.Cantab., F.R.C.S.

KERR, J., M.D., D.P.H.Cantab.

LANGDON, H. C. T., M.B., B.C., D.P.H. Cantab.

ROBINSON, H., F.R.C.S.

ROBINSON, W., M.D., M.S.Durh., F.R.C.S.

ROWLAND, S. D., M.R.C.S., L.R.C.P. (December, 1914).

TEMPORARY CAPTAINS.

*ALMOND, G. H. H., M.B., B.Ch.Oxon.

*BARNETT, B., M.R.C.S., L.R.C.P.

BASTARD, H. S., L.M.S.S.A.

*BERRY, H. S., B.C.Cantab., M.R.C.S., L.R.C.P.

*BISHOP, F. M., M.R.C.S., L.R.C.P.

BREWER, F. H. W., L.M.S.S.A.

*BREWITT-TAYLOR, R., M.B., B.S.Lond.

*BRICKWELL, F., M.B.Lond.

*BRODRIBB, A. W., M.B., B.Ch.Oxon.

CARLYON, T. B., M.R.C.S., L.R.C.P.

CARSON, H. W., F.R.C.S.

CHANDLER, F. G., M.D.Cantab. (2nd commn.).

COLWELL, H. A., M.B.Lond., D.P.H.Oxon.

COPE, R., M.R.C.S., L.R.C.P. (2nd commn.).

ELLIOTT, C., M.R.C.S., L.R.C.P. (2nd commn.).

GREY, H. M., M.R.C.S., L.R.C.P.

JACKSON, F. W., M.R.C.S., L.R.C.P. (Capt. A.M.S. retired).

*JAMES, A. M. A., M.D.Brux.

*LEONARD, N., M.D.Brux.

*LITTLEJOHN, C. W. B., M.B., B.Ch.Oxon., F.R.C.S.

LEVY, A., M.D., C.M.McGill Univ.

PLOWRIGHT, C. T. M., M.B., B.C.Cantab.

POLLARD, S. P., M.D.Cantab.

RANKEN, D., M.S.Lond., F.R.C.S.

RICHES, R. G., M.R.C.S., L.R.C.P.

ROSS, D., M.D., C.M.Aberd.

*SANDILANDS, J. E., M.D., D.P.H.Cantab.

SELBY, J. S. E., M.R.C.S., L.R.C.P. (2nd commn.).

SHAW, E. H., M.R.C.P.

SPENCER-PHILLIPS, P. T., M.B., B.Ch., Oxon. (from R.F.A.).

STANSFELD, R., M.R.C.S., L.R.C.P. (2nd commn.).

*TAUNTON, T. J., M.R.C.S., L.R.C.P.

TYLOR, C., M.D.Cantab.

*VERRALL, P. J., M.B., B.C.Cantab., F.R.C.S.

WAUGH, R. J. P., M.B., B.S.Lond.

WEDD, E. P. W., M.R.C.S., L.R.C.P. (from Yeo. T.F.).

*WIPPELL, W. P., M.R.C.S., L.R.C.P.

TEMPORARY HONORARY CAPTAINS.

SCOTT, H. H., M.D., M.R.C.P.Lond.

LYSTER, A. E., M.D.Brux.

TEMPORARY LIEUTENANTS.

BEATTY, J. B. H., L.R.C.S., L.R.C.P.Edin.

BEDDOW, H. J., M.R.C.S., L.R.C.P.

BROWN, A. C., M.R.C.S., L.R.C.P.

CANDLER, A. L., M.B., B.S.Lond., F.R.C.S.

CARMODY, E. P., M.R.C.S., L.R.C.P.

CARROLL, F. R., M.B., B.C.Cantab.

CARVER, A.E.A., M.D.Cantab., D.P.H.Oxon.

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

CRAWFORD, R., M.B., B.C.Cantab.

CROUCH, C. P., M.B.Lond., F.R.C.S.

CUNNINGTON, C. W., M.B., B.C.Cantab.

DIGGLE, F. H., M.B.Ch.B.Manch., F.R.C.S.

*DOWNER, R. L. E., M.D.Lond.

EADY, G. J., L.M.S.S.A.

EDE, A. G., M.B.Lond.

ELLIS, E. S., M.R.C.S., L.R.C.P.

EVANS, A., M.R.C.S., L.S.A.

EWEN, G. S., M.R.C.S., L.R.C.P.

FEARNLEY, A. B., M.D.Lond.

FORRESTER, A. T. W., M.D.Lond.

GILBERTSON, H. M., M.R.C.S., L.R.C.P.

GILLESPIE, T., M.B., B.C.Cantab.

GRACE, E. M., M.R.C.S., L.R.C.P.

GRAHAM, H. E., M.B., B.C.Cantab.

GRAY, L., M.R.C.S., L.R.C.P.

GRIFFIN, W. B., F.R.C.S.

HAINES, R. L., M.R.C.S., L.R.C.P.

HARTLEY, J. D., F.R.C.S.

HARVEY, C. W. C., M.R.C.S., L.R.C.P.

HILL, R. G., M.B., B.S.Lond.

HORSFORD, C. A. B., M.D.Edin., F.R.C.S.

HOWELL, T., F.R.C.S.Edin.

HUGHES, E. O., M.R.C.S., L.R.C.P.

HUTT, C. W., M.D.Cantab., D.P.H.Oxon.

JAMES, H. W., M.R.C.S., L.R.C.P.

JAMISON, R., M.B., Ch.B.Oxon., F.R.C.S.

JENNINGS, A. R., B.C.Cantab.

JOHN, A. H., M.B., B.S.Lond.

JOHNSTON, H. M., M.B., B.Ch., R.U.I., F.R.C.S.

LIDLAW, F. F., M.R.C.S., L.R.C.P.

LAING, A. W., M.R.C.S., L.R.C.P.

LAURENCE, B. E., M.R.C.S., L.R.C.P.

LEDWARD, H. D., M.B., B.C.Cantab.

LISTER, T. E., M.B., Ch.B.Leeds.

LOVE, H., M.B., B.S.Lond.

MACKENZIE, M.D., M.B., B.S.Lond.

MARRETT, H. N., M.R.C.S., L.R.C.P.

MARSHALL, J. C., M.D.Lond., F.R.C.S.

MATHEWS, F. E., M.R.C.S., L.R.C.P.

McDONAGH, J. E. R., F.R.C.S.

McDONALD, W. M., M.R.C.S., L.R.C.P.

*MEAD, J. C., M.B., B.S.Lond., F.R.C.S.

MELLOR, A. S., M.B., B.C.Cantab.

MIDELTON, W. J., M.R.C.S., L.R.C.P.

MILES, W. P., M.R.C.S., L.R.C.P.

MILNER, S. W., M.R.C.S., L.R.C.P.

NAISH, W. V., M.D.Cantab.

NIALL, E. M. M.D.Lond.

PARAMORE, R. H., M.D.Lond., F.R.C.S.

PARBURY, F. D., M.R.C.S., L.R.C.P.

PAYNE, J. E., M.B., B.C.Cantab., F.R.C.S.

PEARSON, D. G., M.B., B.C.Cantab.

PENNEFATHER, C. M., M.B., B.S.Durh.

READ, W. R., L.D.S., R.C.S.

REICHWALD, M. B., M.B., B.S.Lond.

REID, E. D. W., M.B., B.C.Cantab.

ROACHE, W. H., M.R.C.S., L.R.C.P.

SCOTT, A. B., M.R.C.S., L.R.C.P.

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

STANGER, G., M.B., B.Ch.Oxon.

STANLEY, E. G., M.S.Lond., F.R.C.S.

STEEDMAN, M. T. W., M.R.C.S., L.R.C.P.

THACKER, C. R. A., M.B., B.C.Cantab.

THOMAS, H. S., M.R.C.S., L.R.C.P.

TRAPNELL, F. C., M.D.Cantab.

TREVAN, J. W., M.B., B.S.Lond., M.R.C.P.

UPTON, S., M.B., B.S.Lond.

VAILE, T. B., M.R.C.S., L.R.C.P.

VOSPER, S., M.R.C.S., L.R.C.P.

WADE, R., M.R.C.S., L.R.C.P.

WHINCUP, F., F.R.C.S.Edin.

WHITING, E. W., M.B., B.S.Lond.

WILLIAMS, R. G., M.R.C.S., L.R.C.P.

WILLIS, J. K., M.B.Cantab.

WILSON, H. L., M.D.Cantab.

WILSON, W. B., M.R.C.S., L.R.C.P.

WINTERBOTHAM, L. L., M.R.C.S., L.R.C.P.

WOOD, S., M.R.C.S., L.R.C.P.

WORTHINGTON, R. T., M.B., B.C.Cantab.

WRIGHT, H. N., M.R.C.S., L.R.C.P.

YOUNG, H. W. P., M.D., D.P.H.Cantab.

YOUNG, S. L. O., M.D.Cantab.

* The starred names appeared under "Resigned Commissions" in March, 1917, Supplement, and have now taken fresh Commissions.



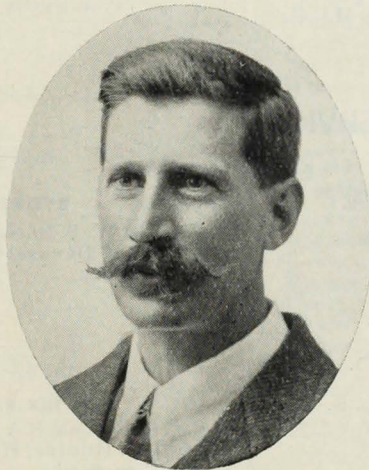
CHARLES ALFRED WHITING POPE, M.B.,
B.C. Cantab., M.R.C.S., L.R.C.P.,
Capt. R.A.M.C. [September 29th,
1900.] *Drowned on the torpedoing*
of s.s. "Transylvania," May 4th, 1917.



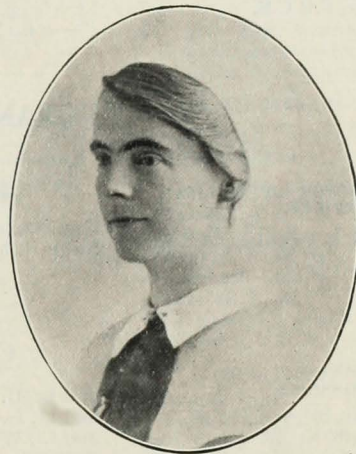
JOHN BEAUFOY RANDALL, M.B., B.S.
Lond., M.R.C.S., L.R.C.P., Capt.
R.A.M.C., attd. R.F.A. [October 2nd,
1908.] *Killed in action* October 31st,
1917.



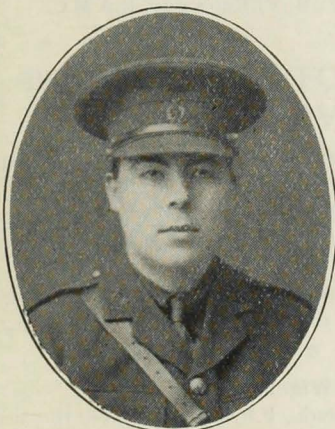
JOHN DOUGLAS RUTHERFORD, M.R.C.S.,
L.R.C.P., Surgeon R.N. [September
11th, 1911.] *Died on* September 13th,
1917, in the East Mediterranean, from
tuberculosis.



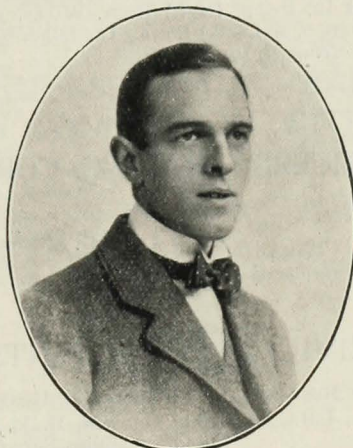
SYDNEY DOMVILLE ROWLAND, M.R.C.S.,
L.R.C.P., Maj. R.A.M.C. [August 15th,
1894.] *Died on* March 6th, 1917, from
cerebro-spinal meningitis.



SISTER ALICE WELFORD, Q.A.I.M.N.S.R.
Accidentally drowned at Basra in
January, 1918.



REGINALD SHERMAN, M.B. Cantab.,
M.R.C.S., L.R.C.P., Capt. R.A.M.C.
[June 10th, 1907.] *Died on* October
10th, 1917, from wounds received whilst
serving with a field ambulance.



JOHN GODFREY BRADLEY SMITH,
M.R.C.S., L.R.C.P., Lt. R.A.M.C.
[July 8th, 1910.] *Drowned on tor-*
pedoing of H.S. "Arcadian" on April
15th, 1917.



FRANK WHINCUP, M.R.C.S., L.R.C.P.,
F.R.C.S. Edin., Lt. R.A.M.C. [Decem-
ber 30th, 1891.] *Accidentally drowned*
in France, July 2nd, 1917.

We regret that no photograph of the following is available for reproduction:

FRANK HAY VALETTE THOMPSON, Pte. R.A.M.C. [April 25th, 1916.] *Died from septic pneumonia* February 8th, 1917.

Date of entry to Hospital is bracketed.

ROYAL ARMY MEDICAL CORPS—*continued.*

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

MAJOR.

RANKING, R. M., M.D.Cantab.

CAPTAIN.

ROSSDALE, G. H., M.R.C.S., L.R.C.P.

LIEUTENANTS

BOLTON, A. O., M.R.C.S., L.R.C.P.
 BRAUN, I., M.R.C.S., L.R.C.P.
 CAMERON, D., M.R.C.S., L.R.C.P.
 CHURCHILL, H. J., M.R.C.S., L.R.C.P.
 CORBETT, R. S., M.R.C.S., L.R.C.P.
 DANDRIDGE, W. L., M.R.C.S., L.R.C.P.
 FITCH, A. A., M.R.C.S., L.R.C.P.
 GLENNY, E. H., M.R.C.S., L.R.C.P.
 GOUMENT, L. C., M.R.C.S., L.R.C.P.

IRVING, J. B., M.R.C.S., L.R.C.P.
 LANGTON, E. A. C., M.R.C.S., L.R.C.P.
 LEDGER, L. K., M.R.C.S., L.R.C.P.
 LONGFORD, W. U. D., M.R.C.S., L.R.C.P.
 MASSON, K., M.R.C.S., L.R.C.P.
 MUDGE, J. B., M.R.C.S., L.R.C.P.
 PAGE, S. W., M.R.C.S., L.R.C.P.
 SPACKMAN, E. D., M.R.C.S., L.R.C.P.
 TITTERTON, C. M., M.R.C.S., L.R.C.P.
 VERNIQUET, W. G., M.R.C.S., L.R.C.P.

OVERSEAS CONTINGENTS.

AUSTRALIAN ARMY MEDICAL CORPS.

Maj. (temp.) F. PERSHOUSE, M.D.Brux.,
 D.P.H.Cantab. (January, 1915.)
 Capt. A. E. D. CLARK, M.B., B.S.Lond.

CANADIAN ARMY MEDICAL CORPS.

Capt. ROBIN PEARSE, F.R.C.S.

CANADIAN ARMY DENTAL CORPS.

Capt. K. A. DAMAN, L.D.S.

NEW ZEALAND ARMY MEDICAL SERVICE.

Lt.-Col. C. E. RUSSELL-RENDLE, M.R.C.S.,
 L.R.C.P.
 Lt. (temp.) P. G. HORSBURGH, M.R.C.S.,
 L.R.C.P.

SOUTH AFRICAN MEDICAL CORPS.

Capt. (temp.) H. SYMONDS, M.D.Lond.
 Capt. E. L. WRIGHT, M.R.C.S., L.R.C.P.
 Lt. (temp.) C. F. BEYERS, M.R.C.S., L.R.C.P.
 Lt. (") G. A. BEYERS, M.R.C.S., L.R.C.P.
 Lt. (") P. A. SMUTS, M.R.C.S., L.R.C.P.

INDIAN MEDICAL SERVICE.

Lt.Col. F. P. CONNOR, Consulting Surgeon to Mesopotamia Expeditionary Force.

ASSISTANT DIRECTOR OF MEDICAL SERVICES.

Lt.-Col. (temp.) J. K. S. FLEMING, M.R.C.S., L.R.C.P.

TEMPORARY LIEUTENANTS.

GUILFOYLE, J. M., M.B., B.Ch.Oxon.
 SHAH, J. M., M.R.C.S., L.R.C.P.

RETIRED.

Bt.-Col. Sir W. B. SETON, Bt. (ill-health).
 Col. G. W. P. DENNYS, C.I.E.
 Maj. E. S. PECK.

COMBATANTS.

COMMISSIONS.

Lt. F. P. ADAMS, 57th Brigade, R.F.A.
 Lt. J. J. JACKSON, 4th K.O.R. Lancs. Regt.
 (December, 1915).
 Lt. H. V. LAUDER, K.O.R. Lancs. Regt.,
 1/4 Battn. (January, 1916).
 Lt. R. K. SMITH, The Yorks Regt. (T.).
 Lt. J. H. E. SANDFORD, 4th Bedfordshire
 Regt.
 2nd Lt. N. L. CAPENER, R.M.L.I.
 2nd Lt. D. H. COCKELL, 32nd Roy. Fus.
 2nd Lt. A. DOWNES, S. Staff. Regt.
 2nd Lt. ALFRED FOSTER, R.F.A.

2nd Lt. D. B. FRASER, R.F.A., Sp. R.
 2nd Lt. G. H. GREENFIELD, R.F.A.
 2nd Lt. W. C. V. HIGGINSON, R.F.A.
 2nd Lt. A. E. LORENZEN, R.F.A.
 2nd Lt. B. A. J. MAYO, 51st Notts and Derby
 Regt.
 2nd Lt. W. A. NICHOLLS, 14th (Res.) Battn.,
 Roy. Fus. (June, 1915).
 2nd Lt. A. E. PARKES, 109 Hy. Btty. R.G.A.
 2nd Lt. (temp. Capt.) K. A. WILLS, 15th
 (Co. of Lond.) Battn., The Lond. Regt.
 (August, 1914).

IN THE RANKS.

Pte. R. A. FOUCAR, R.A.M.C.
 Driver J. T. HUNTER, H.A.C., Royal Horse
 Artillery Section.
 Pte. J. H. R. LAPTAIN, Wireless Operator,
 R.F.C., attd. R.H.A.
 Gunner W. H. NETTLEFIELD, R.G.A.
 Lce. Cpl. H. W. PETERSON, 24th Roy. Fus.
 Lce.-Cpl. T. BEN THOMAS, 4th Welsh Regt.
 Pte. F. H. V. THOMPSON, R.A.M.C.

OFFICERS' TRAINING CORPS.

ARTISTS' RIFLES.

Cadet C. HUNTSMAN.

ROYAL FLYING CORPS.

Cadet D. E. NORTH.

CIVIL APPOINTMENTS.

LEWISHAM MILITARY HOSPITAL.

BARNETT, F. S., M.R.C.S., L.R.C.P., Civil Surgeon.

JAMES, A. M. A., M.D.Brux., Anæsthetist.

WELL MARSH MILITARY HOSPITAL,
SHEERNESS.

WINTER, L. A., M.D.Durh., Civil Surgeon.

MILITARY HOSPITAL, NEAR WINCHESTER.

GODWIN, H. J., M.B., B.S.Durh., F.R.C.S.
Edin., Surg.-Specialist.SOUTH AFRICAN HOSPITAL,
RICHMOND PARK.HAWES, C. S., M.R.C.S., L.R.C.P.,
Anæsthetist.

RELINQUISHED COMMISSIONS IN THE SERVICES.

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

TEMPORARY LT.-COLONELS, R.A.M.C.

BROOKS, J. H. (ill-health).

TEMPORARY MAJORS, R.A.M.C.

CROSSE, R. E.
MYDDELTON-GAVEY, E. H. (ill-health).
*RICHES, R. G.
TWEEDY, R. C. (ill-health).

TEMPORARY CAPTAINS, R.A.M.C.

ALMENT, E. W.
ANDERSON, A. J. (ill-health).
ARKWRIGHT, J. A.
BRIGSTOCKE, P. W.
BRINTON, R. D.
BROOK, T. S.
BULLAR, J. F.
BURRA, L. T.
BUTLER, C.
CAMPBELL, F. W.
COOKE, R. T.
CORNISH, C. V.
*DOBSON, W. T. (ill-health).
EVANS, E.
FISHER, J. C.
FREER, G. D. (ill-health).
GILL, G. F.
GILL, R.
GOW, W. J.
GRACE, N.
GRAY, H.
GROVE, F. P.
HAMMOND, T. E. (ill-health).
HARMER, J. D.
HATHAWAY, F. J.
HEASMAN, W. G. (ill-health).
HILL, W. J.
HORNER, N. G.
HOSKYN, C. R.

KINGSTON, C. S.
LLOYD, G. W.
MACKAY, E. C.
MORRIS, G. (ill-health).
MURPHY, L. C. E.
PAGE, C. H. W.
PARSONS, C. T.
PARSONS, J. H.
RECKLESS, P. A.
RIVERS, W. H. R.
ROBINSON, C. A.
RUCK, J. E.
RUSSELL, J.
SCOTT, N. A.
SHEPARD, R. H.
SMITH, H. S. (ill-health).
STEVENS, R. C. J.
*STONE, G. W.
STOTT, F. W. A. (ill-health).
STURDY, A. C.
THOMPSON, C. C. B.
WALKER, L. A.
WILLIAMS, R.

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

*CARSON, H. W.

TEMPORARY LIEUTENANTS, R.A.M.C.

BECKTON, W.
BLOXSON, A. H.
*CARVER, A. E. A.
CHEESE, F. W.
CROSS, E. W.
DARBY, W. S.
DRAKE, D. J.
FENTON, T. G.
GOODMAN, H.
JOHNSON, W. J. G.
MAGUIRE, J. E. C.

MELLOR, A. S. (ill-health).
MOORE, S. J.
MOSES, D. A. H.
PAGE, G. F.
RANKING, G. L.
RENDEL, A. B.
ROACHE, W. H. (ill-health).
SMITH, J. M.
STERRY, J.
STIVALA-ASPINAL, G.
VERDON-ROE, S.
WILDMAN, W. S.
WILLIAMS, C. L.
WILLIAMS, E. K.

TEMPORARY MAJOR, I.M.S.

ROWCROFT, G. F., Col. I. A.

The following having relinquished their commissions through ill-health contracted on active service are given honorary rank:

HON. LIEUTENANT-COLONEL, R.A.M.C.

Capt. (actg. Maj.) T. H. CHITTENDEN,
R.A.M.C.T.

HON. CAPTAINS, R.A.M.C.

BALDWIN, J. H.
DAVIES, J. P. H.
GRIFFIN, F. W. W.
GURNEY DIXON, S.
HANHAM, L. L.
HERNAMAN-JOHNSON, F.
HULBERT, H. L. P.

HON. LIEUTENANT, R.A.M.C.

CROUCH, C. P.
DOBSON, W. T.

KENT VOLUNTEER REGIMENT.

Maj. (temp.) P. G. SELBY, M.R.C.S., | Capt. (temp.) A. C. HASLAM, M.D.Lond., | Capt. (temp.) A. F. STREET, M.D., D.P.H.
L.R.C.P. | F.R.C.S. | Cantab.

PRESENT AND FORMER NURSES OF ST. BARTHOLOMEW'S HOSPITAL
SERVING IN CONNECTION WITH THE WAR.**QUEEN ALEXANDRA'S ROYAL NAVAL
NURSING SERVICE.**

HASLAR.

Nurse NORSTER.
Nurse SINCLAIR.

TERRITORIAL FORCE NURSING SERVICE.

Miss DORA FINCH, Principal Matron.

TERRITORIAL RESERVE.

1ST LONDON GENERAL HOSPITAL.

Nurse HANCOCK.
Nurse UNDERHILL.

**QUEEN ALEXANDRA'S IMPERIAL MILI-
TARY NURSING SERVICE RESERVE.**

Serving at various Home Stations.

Miss CLARKE (Sister Special Probationers'
Home) (Worsley Hall War Hospital).

Mrs. COOK (née NORTON) (Welsh Hospital
Netley).

Nurse CORNISH (Territorial Hospital,
Oxford).

Nurse LANE (War Hospital, Exeter).
Nurse PERRY (Roehampton Hospital).

Serving Abroad.

In France.

Nurse BOND.
Nurse BARR.
Nurse CONNOR.
Nurse COPLESTON.
Nurse FRANCE.
Nurse K. H. JONES.
Nurse PEARSON.
Nurse RAINEY.
Nurse VIDAL.

Nurse SYKES.
Miss EVANS (Sister MARK).

In India.

Nurse K. BAIRD.
Nurse COLLINS.
Miss JAMES (Sister RADCLIFFE).
Nurse McCLURE.
Nurse SANDERSON.

In Salonika.

Nurse E. M. HUGHES.
Nurse MARSHALL.
Nurse REDMAN.

British Red Cross, Italy.

Miss HEATH (Sister OPTHALMIC).

St. Bartholomew's Hospital



"Æquam memento rebus in arduis
Servare mentem."

—Horace, Book ii, Ode iii.

JOURNAL.

VOL. XXV.—No. 8.]

MAY 1ST, 1918.

[PRICE SIXPENCE.]

CALENDAR.

- Tues., Apl. 30.—Dr. Calvert and Mr. D'Arcy Power on duty.
Wed., May 1.—Clinical Lecture (Surgery), Mr. D'Arcy Power.
Fri., " 3.—Dr. Morley Fletcher and Mr. Waring on duty.
Clinical Lecture (Medicine), Dr. Calvert.
Tues., " 7.—Dr. Drysdale and Mr. McAdam Eccles on duty.
Wed., " 8.—Clinical Lecture (Surgery), Mr. D'Arcy Power.
Fri., " 10.—Dr. Calvert and Mr. D'Arcy Power on duty.
Clinical Lecture (Medicine), Dr. Calvert.
Tues., " 14.—Dr. Morley Fletcher and Mr. Waring on duty.
Wed., " 15.—Clinical Lecture (Surgery), Mr. D'Arcy Power.
Fri., " 17.—Dr. Drysdale and Mr. McAdam Eccles on duty.
Clinical Lecture (Medicine), Dr. Morley Fletcher.
Tues., " 21.—Dr. Calvert and Mr. D'Arcy Power on duty.
Wed., " 22.—Clinical Lecture (Surgery), Mr. Waring.
Fri., " 24.—Dr. Morley Fletcher and Mr. Waring on duty.
Clinical Lecture (Medicine), Dr. Drysdale.
Tues., " 28.—Dr. Drysdale and Mr. McAdam Eccles on duty.
Wed., " 29.—Clinical Lecture (Surgery), Mr. Waring.
Fri., " 31.—Dr. Calvert and Mr. D'Arcy Power on duty.
Clinical Lecture (Medicine), Dr. Drysdale.
Tues., June 4.—Dr. Morley Fletcher and Mr. Waring on duty.

EDITORIAL NOTES.

WE desire to congratulate Col. J. A. Nixon, A.M.S., on his appointment as Consulting Physician to the 5th Army, B.E.F.

Our congratulations are also due to Lieut.-Col. F. P. Connor, I.M.S., who has been promoted to the post of Consulting-Surgeon to the Mesopotamia Expeditionary Force.

* * *

Two members of the Visiting Staff, Sir Wilmot Herringham, C.B., and Sir Anthony Bowlby, K.C.M.G., K.C.V.O., have been made Temp. Major-Generals, A.M.S. Other "Bart.'s" men to be similarly honoured are: Surgeon-Generals W. G. A. Bedford, C.B., C.M.G., H. G. Hathaway, C.B., O. R. A. Julian, C.B., C.M.G., and Sir Francis Treherne, K.C.M.G.

The following have been mentioned in dispatches for distinguished service:

East African Forces: Capt. G. T. Burke, I.M.S., Capt. A. R. Cook, Uganda M.S., and Major H. B. Owen, Uganda M.S.

Mesopotamia Expeditionary Force: Capt. T. K. Boney, R.A.M.C., Major (Actg. Lieut.-Col.) G. E. Cathcart, R.A.M.C., Major (Temp. Lieut.-Col.) F. P. Connor, I.M.S., Bt.-Col. M. H. G. Fell, C.M.G., R.A.M.C., Lt.-Col. (Temp. Col.) S. F. St. D. Green, R.A.M.C., Major (Temp. Lieut.-Col.) W. H. Hamilton, D.S.O., I.M.S., and Major W. H. Leonard, I.M.S.

Through the Secretary of State for War: Capt. C. G. Aickin, N.Z.M.C., Capt. (Temp. Local Major) J. A. Arkwright, R.A.M.C., Capt. A. G. R. Foulerton, R.A.M.C., Major G. Graham, R.A.M.C., Major T. M. Kendall, R.A.M.C., Capt. (Local Major) C. G. H. Moore, R.A.M.C., Capt. (Temp. Local Major) H. J. Pickering, R.A.M.C., Capt. (Temp. Local Major) C. H. G. Prance, R.A.M.C., Major J. C. A. Rigby, S.A.M.C., Capt. (Temp. Local Major) H. H. Serpell, R.A.M.C., and Major (Actg. Lieut.-Col.) W. P. Yetts, R.A.M.C.

* * *

The King has appointed Capt. A. R. Cook, Uganda M.S., to be an Officer of the Most Excellent Order of the British Empire for services in the Oversea's Dominions.

* * *

We note with much pleasure that several "Bart.'s" men are included in the new Air Force Medical Service. The appointments are as follows: Major-General R. C. Munday (Fleet-Surgeon, R.N.) to be a Member of the Air Ministry; Major C. B. Heald, Surgeon-General Rolleston, and Sir Walter Fletcher, K.B.E., to be Members of the Medical Administrative Committee.

* * *

The following statement of service for which the D.S.O. was conferred is now to hand: "Temp. Capt. J. C. Sale, M.C., R.A.M.C.: During an attack he collected the wounded over a large tract of country exposed to heavy

fire, and continuously went out by night in advance of the front line searching for the wounded, many of whom he brought back over most difficult ground and under heavy fire. His coolness and determination were a splendid example to his stretcher-bearers."

* * *

We are glad to learn that Lieut. C. S. Atkin, R.A.M.C., who some time ago was captured and held prisoner in Germany, has been repatriated.

* * *

It affords us very considerable pleasure to learn that Dr. Norman Moore has been elected President of the Royal College of Physicians of London. We feel sure that all St. Bartholomew's men will wish to join with us in extending to him our heartiest congratulations.

* * *

We desire to give publicity to the following communication which has been sent to us by the Secretary of the Anatomical Society of Great Britain and Ireland:

At its meeting, held on March 1st, at King's College, the Anatomical Society of Great Britain and Ireland, having received and unanimously adopted the report presented to it by its Committee on Nomenclature, resolved without a dissentient vote that the following paragraph from the Report should be circulated among the several Corporations and other Bodies interested in the progress of Medical Education:

"The Committee, after consideration of the matter, unanimously reports that it sees no reason for departing from the use of the Old Nomenclature as the recognised medium of description for employment in Anatomical Text-books and Departments, or by Medical Men in general; on the other hand, it thinks that there are very good reasons to be urged against the adoption of any other nomenclature for this purpose."

We heartily welcome this report, which is practically a protest against the radical changes in anatomical nomenclature suggested by the "B.N.A.," and the wholesale adoption of these in the recent editions of most of the standard text-books of anatomy. It is no secret that commercial considerations have contributed largely to the confusion which has thus prevailed for several years in this country between the old terminology and the new. It will, therefore, be interesting to see what effect this pronouncement will have on the future policy of those editors and publishers who completely capitulated to a new nomenclature, which, almost entirely German in origin, had never received official recognition from the representative Society of Great Britain and Ireland.

* * *

Those of our readers whose knowledge of anatomy has largely been founded on such text-books may, at first sight, be inclined to regard this report with a feeling akin to consternation and to imagine a "scrap-heap" of anatomical names they have studiously learned in vain! But, after all, the differences, for practical purposes, between the old and

the new names are not so great as they are sometimes made out to be, and can always be reconciled by a little thought or discussion *provided always that the structures concerned are really known and understood.*

* * *

Commenting on Lieut.-Col. D'Arcy Power's mid-session address, which dealt with some episodes in the history of St. Bartholomew's Hospital, and which was published in this JOURNAL in the January and February issues, the *British Medical Journal* (March 9th, 1918) raises the question as to whether St. Bartholomew's is the oldest hospital.

"If Rahere's foundation," says the *British Medical Journal*, "was truly a hospital and not an alms-house, then it is the oldest English hospital, beating the Angers Hospital founded by Henry II, for which that honour is claimed, by some twenty years or more."

Mr. A. H. Coughtrey, Librarian to St. Bartholomew's Hospital and College, challenges this statement in a letter to the *British Medical Journal* (March 30th, 1918). He writes:

"It comes as rather a shock to many of us to read in your columns that Angers Hospital is claimed to be the oldest English hospital, presumably on the ground that at the time the hospital was founded England possessed that part of France in which it was situated (by-the-bye Henry II did homage to Louis). Doubt is suggested that St. Bartholomew's Hospital was really a hospital. *Liber fundacionis ecclesie Sancti Bartholomei Londoniarum* makes it quite clear that sick people, many of them from distant parts of the country, were received in the hospital, though their cures were attributed to miracles at the shrine of the church. There may be a similar objection to the title of St. Bartholomew's Hospital at Rochester, on the ground that it was a lazaret-house. This noted Kentish hospital was founded by Bishop Gundulf in 1078, forty-five years before its namesake in London, as a hospital for lepers."

In a further note, contributed to the *Hospital Gazette*, Mr. Coughtrey points out that:

"Gundulf's hospital of St. Bartholomew, at Rochester, provided accommodation for lepers of both sexes. It was placed under the protection of, and administered by, the prior of the cathedral church of St. Andrew, in the same way as later St. Bartholomew's Hospital in London was administered by Rahere, the prior of St. Bartholomew the Great. Both these hospitals, however, were institutions quite distinct from the churches from which they were administered, and would certainly seem to be the oldest English hospitals *which are still in existence.*"

* * *

Dr. Robert A. Lyster, Lecturer in Public Health and Forensic Medicine at this Hospital, and County Medical Officer for Hampshire, has been elected Editor of *Public Health*.

* * *

We are asked to state that the date of the Annual Meeting of the St. Bartholomew's Women's Guild, which is always held on View Day, is Wednesday, May 8th. Anyone who is not a member, and would like a card of invitation, may obtain same on application to the Hon. Secretary, Mrs. Norman Moore, 67, Gloucester Place, W. 1.

* * *

We regret to record the death of the following St. Bartholomew's men:

Mr. Herbert Aldersmith, who died on March 24th, had

been for forty-two years Medical Officer of Christ's Hospital. Educated at St. Bartholomew's Hospital, he qualified M.R.C.S.Eng. in 1870, and F.R.C.S. in 1872. Three years later he graduated M.B.Lond. He was one of the few members of the staff who accompanied the boys from London to West Horsham, and continued in office until five years ago, when he retired from practice. He was Hon. Secretary of Horsham College Hospital.

Dr. William Miller Crowfoot, of Beccles, has died from heart failure at the age of eighty years. Trained at St. Bartholomew's Hospital, he graduated M.B.Lond. in 1858. In 1890 he became F.R.C.S.Eng. He was hon. consulting surgeon to Beccles Hospital, a magistrate for Suffolk, and a retired Major and Honorary Lieut.-Colonel of the 2nd Volunteer Battalion of the Norfolk Regiment.

The death took place on February 3rd, at 53, Warwick Avenue, Bedford, of Fleet-Surgeon Alfred Matthew Page R.N. (retired). He was born at Corfu in 1863, and was educated at Stamford Hill and St. Bartholomew's Hospital, qualifying M.R.C.S.Eng. in 1884, and L.R.C.P.Lond. in 1885. He retired from the Royal Navy in 1910, and had recently been a Member of the Medical Recruiting Board, Kempston Barracks, Bedford.

The death occurred at his residence, High Street, Lancaster, on March 11th, of Mr. George Roger Parker, the senior medical practitioner of the town. Mr. Parker began his medical education at St. Bartholomew's Hospital, qualified M.R.C.S.Eng. in 1875, L.R.C.P.Lond. 1877. For forty years he had been in practice in Lancaster, was attached to the Royal Lancaster Infirmary for thirty-six years, and was Chairman of the Medical Committee.

* * *

The number of sons of the Medical Staff of the Hospital, who have fallen in the war, has unhappily been added to by the death of the eldest son of our Consulting Physician, Sir William Church. Lieut. J. W. Church, Herts Regt., was killed in action on March 30th. All St. Bartholomew's men will extend their sympathy to Sir William in his great loss.

* * *

ROLL OF HONOUR.

We very much regret to learn of the death of Capt. Edward Charles Cunnington, R.A.M.C., which occurred on March 23rd as the result of the explosion of a bomb in an advanced dressing-station. He was the only child of Capt. B. Howard Cunnington, Wilts Regiment, of Devizes, who is on active service abroad. Capt. E. C. Cunnington, who was 27 years of age, was educated at Reading and Cambridge, and was studying medicine at this Hospital on the outbreak of war, when he volunteered for military service.

To the relatives and friends of Capt. Cunnington we extend our warmest sympathy.

A CASE OF AURICULAR FLUTTER: THE EFFECT OF TREATMENT BY DIGITALIS.

By G. BOURNE, M.R.C.S., L.R.C.P.



AM indebted to Dr. J. H. Drysdale for his kind permission to publish this case.

The patient, J. B—, æt. 60, was admitted to Rahere Ward, having been seized with pain in the left chest and a sudden attack of dyspnœa.

For twelve years the patient has suffered from chronic bronchitis and asthma, for which he has been treated as an out-patient at this and at other hospitals. In May, 1916, while at work—he is a cigarette-maker—he had a sudden feeling of weakness in both legs, and was seized with pain in the upper part of the chest. This was at first present on both sides, and forced him to sit down. After three or four minutes it became localised to the præcordium and increased greatly in severity, extending ultimately to the left arm.

Since this attack he has had several similar ones at irregular intervals. They appeared to him to be caused by any extra exertion.

On November 1st, 1917, the patient was seized with a similar attack and was brought to hospital.

When seen in the surgery he was rather cyanosed and suffering greatly from dyspnœa. His pulse was said to be uncountable.

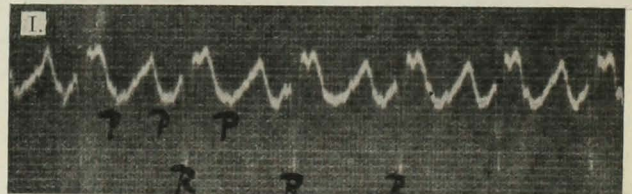
After admission the pulse was regular; the rate was 140. This rate did not vary with posture or exercise.

The chest was emphysematous in shape. The area of cardiac dulness extended five inches to the left in the fifth space and two inches to the right in the fourth. The sounds were distant but natural.

The lungs, except for the presence of scattered *râles* and rhonci, showed no abnormality.

The liver was not enlarged or tender; there was no ascites, albuminuria, or œdema of the feet.

The pulse-rate varied in rate during the first two days after admission between 140 and 90. It did not vary, however, to any extent with posture or exercise. The rhythm was almost uniformly regular; occasionally for one beat the regular succession of beats would be broken.



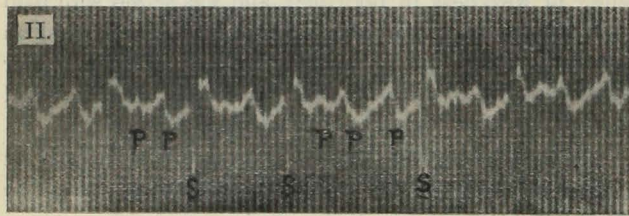
LEAD II. AURICULAR FLUTTER. 2:1 HEART BLOCK.

The patient upon admission was given 60 minims of tincture of digitalis a day. Although his general condition improved, the continuance of his high pulse-rate was, in the

absence of other causes, thought to be due to an abnormal auricular rhythm.

An electro-cardiograph, taken on November 3rd, showed this to be auricular flutter, the auricular and ventricular rates being 280 and 140 respectively, a state of 2 : 1 block existing. It was determined, therefore, to try to cause auricular fibrillation by digitalis, then to omit the drug in the hope that the normal sino-auricular rhythm would return.

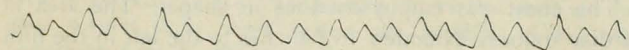
On November 9th the tincture of digitalis, of which he had been taking 60 minims, was increased. The patient, on November 9th, was given 90, and, on the 10th and 11th, 100 minims of the tincture a day. On November 11th his rate was found to be irregular. As the irregularity decreased with exercise, it was considered to be the result of varying degrees of block.



LEAD II. AURICULAR FLUTTER. 3 : 1 AND 2 : 1 BLOCK.

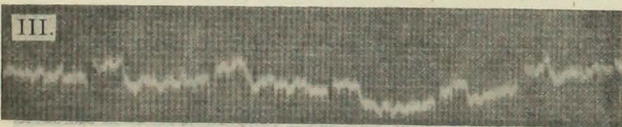
An electro-cardiograph, taken on November 10th, showed the auricle still to be fluttering. The ventricle, however, responded irregularly to the auricular beat. The block varied from 2 : 1 to 3 : 1 every few beats. The P.R. interval, previously .26 of a second, was now .33.

A radial tracing showed pulsus alternans to be present.



RADIAL TRACING SHOWING PULSUS ALTERNANS.

The rate of the ventricle was slowed gradually, presumably by the blocking action of the digitalis, to 68 on November 13th. On this date the irregularity was more pronounced and increased instead of subsiding as a result of exercise. An electro-cardiograph taken showed the auricle to have ceased fluttering and to be in a state of fibrillation.



LEAD II. AURICULAR FIBRILLATION.

The digitalis was, therefore, omitted on November 14th. He continued to fibrillate till November 24th, when his rate was found to be regular. It was hoped that on the cessation of fibrillation the auricle had reverted typically to its normal regular rhythm. The string-galvanometer, on November 26th, showed that the regularity of his pulse was due, not to the normal sino-auricular rhythm, but to a resumption by the auricle of its fluttering condition.

The auricular rate was 216 and the ventricular 72, 3 : 1 heart-block existing.

In spite of this disappointing result, it was determined to attempt a second time to cause fibrillation by digitalis,

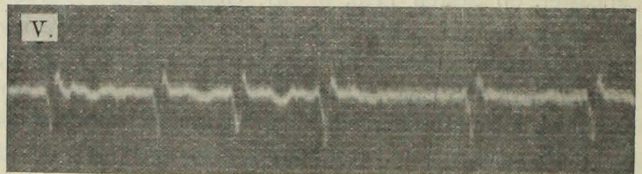


LEAD II. AURICULAR FLUTTER. 3 : 1 HEART BLOCK.

and this time to continue the drug's action over a longer period, in order to break the auricle of its fluttering habit.

He was, therefore, on November 27th given digitalis again. On November 27th he had 45 minims; from November 28th-December 2nd, 90 minims; and from December 3rd-7th, 75 minims of the tincture, a day.

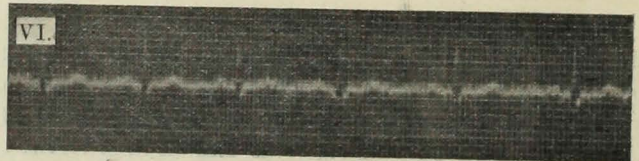
His pulse was regular till November 28th. On this date it was irregular, the irregularity decreasing on exertion. On December 1st it was irregular, the irregularity increasing on exertion, and, therefore, presumably due rather to fibrillation than to flutter with varying degrees of block. This was shown to be so by the electro-cardiograph taken on December 14th.



LEAD II. AURICULAR FIBRILLATION.

This time, however, the administration of digitalis was persisted in for a week after the probable onset of fibrillation, and as a result the ventricular rate fell on December 7th to 50. The digitalis was omitted on this day, since in addition the patient complained of nausea. On December 8th the ventricular rate fell to 44, but rose in six days to about 70 where it remained.

The rhythm was, on December 17th, noticed to be regular. On exertion the rate increased appreciably, and the rhythm remained regular.



LEAD III. NORMAL SINO-AURICULAR RHYTHM. THE SMALL OSCILLATIONS ARE INSTRUMENTAL.

An electro-cardiograph, taken on December 18th, showed that a normal sino-auricular rhythm had become re-established.

The patient's general condition, as regards his subjective

symptoms, varied with the action of his heart. Whilst the auricle was fluttering he felt more comfortable with a slow rather than with a more rapid ventricular rate. When fibrillation was present he had a vague feeling of præcordial discomfort. On the return of his normal rhythm he felt, so he said, better than for many months past.

His physical signs, as regards his cardio-vascular system, showed no alteration during his stay in bed, other than the various irregularities of his heart-beat. He had a chronic bronchitis which was more troublesome while he was fibrillating.

No other abnormality was discovered.

No obvious cause for his auricular disease was found. His Wassermann reaction was negative, he had never had rheumatic fever. The only symptom or sign of arterial disease was the history of anginiform attacks. His radial artery was soft, his blood-pressure was 130-150 mm. of mercury. The pulsus alternans, present during his flutter, was never otherwise observed.

The first attempt to restore his normal rhythm failed, the second succeeded. It may be of interest to record the differences between the two procedures.

During the first he took 560 minims of digitalis in ten days, the drug being omitted on what was probably the second day of his fibrillation; during the second he took 855 minims in eleven days. This time he probably began to fibrillate on the fifth day after starting the digitalis; the drug was persisted in for seven days after the commencement of fibrillation.

The length of the first period of fibrillation was eleven days and of the second seventeen days. The presence of fibrillation was assumed when the pulse irregularity increased, and of flutter with varying block when it decreased on exercise. This assumption was confirmed by the electro-cardiograph.

The patient, nearly three months after his discharge still exhibits a normal sino-auricular rhythm, and leads a natural healthy life. It will be interesting to see whether his immunity from further attacks will be permanent.

SOME OBSERVATIONS IN A RECENT ACTION.

By TEMP. SURGEON K. A. I. MACKENZIE, M.B., R.N.



SET out to describe the following observations because I feel that they may be of interest to some people, not only from a medical point of view, but also because quite possibly they may be unique, though I have no means at my disposal for finding this out.

The facts were observed in a man, who was killed in a recent action, when he was brought down to the medical

distributing station, and the same phenomenon could be elicited hours afterwards. The man was a leading signalman, and he was very badly hit, but the only wound of importance at the moment was a transverse one across the dorsum of the left hand, a quarter to half an inch deep. The wound only involved the middle portion of the hand, and did not extend right across the dorsum. When seen, the edges of the wound were in apposition to one another, and there was no bleeding or oozing. On separating the edges of the wound, a small flame, about the size of a finger-nail, shot out accompanied by a smell of gas strongly resembling acetylene.

Several theories and suggestions were thought of and put forward to account for this, and inquiries were made as to whether there could be anything in the shell that could cause this to occur. Eventually it transpired that just in front of the man at his action station was hanging a lifebuoy with its case of calcium phosphide attached; the shell which killed him had smashed all this, and a small piece of the calcium phosphide had evidently been driven into the wound in his hand. The blood from the burst vessels of the wound and the tissue juices then acted on the calcium phosphide and produced this small flame from the wound, in the same way as calcium phosphide bursts into flame in coming in contact with water. This phenomenon was not observed on first seeing the man, as the edges of the wound were in apposition and so the calcium phosphide closed in. A slight smell, however, could be detected, and when the edges were separated and air admitted into the wound, it was witnessed very clearly.

The same thing, though in a lesser degree, was noted in another case—a signalman. In this man the right foot was almost blown off, but at the base of the wound a minute flame, with the accompanying smell, was observed. This was obviously caused in the same way and at the same time, as these two men were quite close together at their stations.

These facts were observed by numerous people besides myself, including the mess-deck officer, the master-at-arms, two sick-berth ratings, and several of the first aid and fire parties. It is interesting to note that in the first case the flame and smell could be noticed hours after the action, and in no lesser degree than when the man was first of all brought down to the distributing station; but in the second case this was not possible, as the condition of the foot was such that immediate amputation was necessary.

My thanks are due to Staff Surgeon H. D. Drennan for permission to publish these facts.

A BUSH DOCTOR'S PRACTICE.

By C. D. KERR, M.B., B.S.(Lond.).

AT the invitation of a former Editor of the JOURNAL I venture to relate some experiences acquired in a remote corner of Western Australia, where it was my lot to spend two years, after leaving the Old Country and the peaceful seclusion of Little Britain.

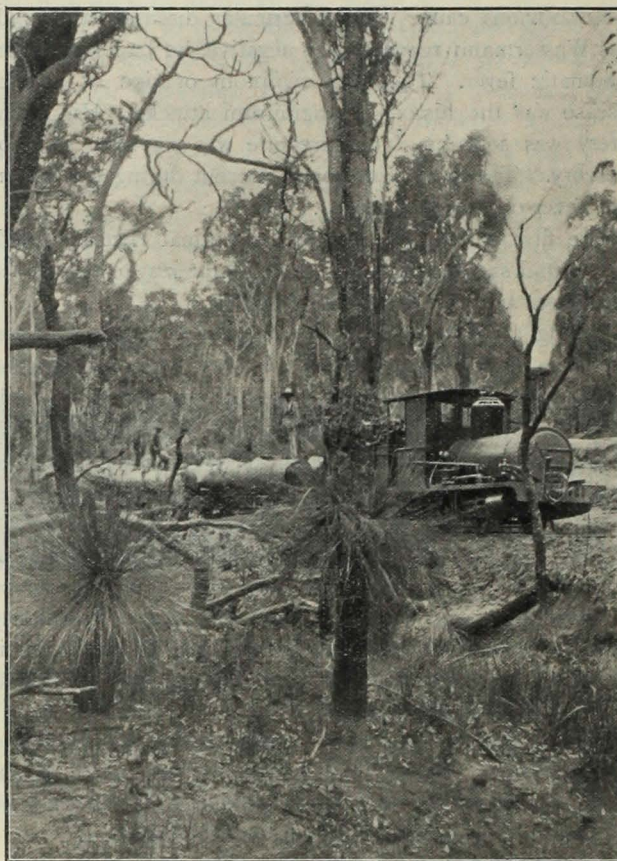
To most of us living at home the Australian Bush conjures up a picture of wonderful possibilities, largely drawn from works of fiction read with avidity in youthful days, when perhaps the exploits of the bold "Kelly Gang of Rangers" vividly appealed to the imagination, but added little to our practical knowledge of actual conditions, existing in a portion of the world comparatively unknown. Further, a young medical with a predisposition for "colonial experience" is invariably fascinated by the careful perusal of official literature supplied by the authorities in Victoria Street, Westminster, where the great life "down under" is portrayed in delightful colours, set in an aureole of pure gold, and penned ostensibly to lure him to the conclusion that Australia is indeed the "Land of the Free," the "Home of Peace and Contentment," and peculiarly desirable in every respect for an active medical man.

With few reservations my own idea of the west had been mainly formed upon such lines as these, when I landed at Albany in 1913, and presently found myself in a Bush centre comprising a large agricultural and timber district, with a population of less than one thousand scattered over an area of about forty-five miles square. The "township," though small, contained two hotels, a Court-house, a police-station, three churches, half a dozen stores, and a Roads Board office.

It boasted one main street, kept in passable repair by the unremitting zeal of the Roads Board, which, by the way, is assuredly a worthy institution in the Bush, if only a stage in the evolution of a municipality. The members of this Board (or "Town Council" as termed at home) are local influential men who serve gratuitously, and advance or retard the affairs of the district as best suits their personal interests. By common consent it is left with them to suggest public improvements, indicate the avenues for local taxation, and variously promote the welfare of the community by new measures they deem expedient, occasionally including those for public health, though, as a rule, a Health Board separately constituted controls business of this nature.

The post of District Medical Officer is a Government appointment carrying a subsidy of £100 to £150 per annum, which forms a nucleus for local supplementation, and the worthy medico, upon payment of a registration fee of £10, is forthwith free to exercise his healing art and power throughout the district.

The work of the early pioneers of the south-west must have been extremely arduous, as the whole country was densely wooded, and many of the main tracts through the Bush are even now mere beaten paths. Enormous forests of jarrah and red gum had to be ring-barked or felled, and the primitive process of "burning off" was necessarily slow and protracted; but the introduction of spot-mills, and later, of permanent saw-mills, with the assured capital of small companies, secured future success. The foundations of the colossal timber industry of this part of the State were thus established, resulting to-day in operations of such magnitude,



THE BUSH "RAKE" MAKING FOR THE MILL.

and an annual output so gigantic, that they are admittedly one of the minor marvels of commercial enterprise in the Empire beneath the Southern Cross.

In my district the premier landowner was an old settler of rather more than fifty years' standing, and all suitable land within thirty miles had been purchased for purposes connected with agriculture, although much of this was only partly cleared. The old-established farmer—the "Groper" element—is strong in the south-west, and stamped by indiscriminate conservatism. He looks askance at the new doctor, and usually both pragmatic and prejudiced to strangers, becomes a sterling champion when his good

opinion has been won. A quiet eye may also note for future reference, that to him the medicinal value of a prescription is at once decided by the colour of the mixture, and, excepting in hopeless cases, he regards surgery with sentiments approaching horror. Such an attitude of mind probably explains the tardiness with which some "Local Health Boards" adopt improvements, and it often happens that innovations in rural sanitation enacted by the "Central Health Authority" meet with determined "local" opposition.

There were three or four large timber-mills which, between them, provided employment for nearly four hundred men, most of whom were in receipt of high wages. A few of these had accumulated small fortunes during years of incessant toil by frugal living and persistent economy; but by far the greater number confessedly had no use for thrift, save as a temporary expedient avowedly terminating in excesses either at Perth or Fremantle when funds reached the timed high-water mark of anticipated dissipation.

In the townships food is abundant and varied, and an atmosphere of universal competence pervades daily life. Health in the districts of the south-west is, generally speaking, good, and, notwithstanding insanitary defects, typhoid fever is comparatively rare, though one has known a run of it in a centre where ordinary sanitary rules were quite neglected. The conditions under which the wives of "outback" timber-workers live are well-nigh inconceivable: in summer, appalling heat, inferior water supply, fresh meat seldom, no fresh milk, and ceaseless, heavy drudgery day after day from sunrise to sundown, convey an unpleasing picture of dreary monotony—but of such, in truth, is the kingdom of King Jarrah!

From a professional standpoint the timber-mills were difficult to work on account of the distances separating them, the time entailed in regular visits, and the necessity in very serious surgical cases of removing the injured away 150 miles to Perth for special treatment, which, to a keen local surgeon, is, to say the least, exasperating.

A man new to the Bush speedily discovers that the best means of covering the ground is on horseback, tracks being generally unfit for motor use and time not of paramount importance, an hour or two counting of small amount in the Bushman's estimate of punctuality. Pockets of very ample dimensions are essential, for a hand-bag is by no means easy to manipulate in the saddle, and a "District Midwifery Bag," as supplied by Cerholds, wholly out of the question when a ride of perhaps forty miles across Bush country has to be faced. Until to some extent accustomed to existent surroundings, it is difficult to find one's way through the apparent maze of interminable forest, and one can ride for fifty miles or more without striking a boundary wire fence, by which alone the huge Bush paddocks are marked off from each other. At first, distinguishing characteristics have not been memorised; one does not recognise

"gullies" or "ridges" except as experience repeatedly imparts the "lie of the country"—quoting the Bushman—and even with accumulated knowledge gained through long years of careful observation, the shrewdest Bushman fail sometimes to "lift the track," and after spending a weary, stranded night in the open, wait to be guided by the sun at dawn. Of many recollections in the Bush, I can recall none which produced upon my mind a deeper sense of utter helplessness, than when thus caught far out in the forest as the sun went down—"bushed." The stillness of the Westralian Bush is at all times intense, being almost devoid of bird-life. No sound is heard for hours together, and its sustained hush is a silent world, broken only by the laughter of the Bush jackass at rare intervals. Should one perchance hit up a wallaby or trush during the day, it is but to see him dash away affrighted, and the dull thud of one's horse's hoofs is all that strikes the ear; but at night, the weird silence and impenetrable darkness of the vast, endless jarrah, with no means of recovering lost bearings, and the consciousness of no assistance within call for several miles, fill the chill, shrouded hours with a sinister gloom of isolation and loneliness, impossible adequately to describe save in the Bushman's own term—"bushed"!

Following my appointment some weeks elapsed before opportunity presented anything beyond vaccinating the child of an impecunious farmer and extracting the tooth of a hardened aboriginal! The future seemed to hold few chances of surgical work, and my inclinations were already to lock up the instruments and endeavour, so far as possible, to compass the limitations of a circumspect physician, when most unexpectedly one day a message was sent through from a neighbouring mill twelve miles distant, to attend a man who had been "crushed" outback, and brought in to the mill centre on the "rake"—or locomotive engine with attached trucks for the conveyance of jarrah logs from the "outback" country to the "mill-centre."

Expecting to find the case of a trivial nature, I merely collected some tinct. iodi., a couple of curved needles, a few strands of silk-worm gut, a little catgut, made sure my hypodermic outfit contained morphia and a workable needle, and set off. When within a mile or two of the mill, word came along that the man had been jammed between a truck and the landing-skid, and sustained injuries to his lower abdomen. The usefulness of a catheter then dawned upon me, and by a stroke of luck a man whom I met at a store in passing, having personal cause to appreciate their serviceable benefit, lent me a couple of gum-elastics. Equipped with these I reached the mill hall, to find the case sufficiently serious had the appliances of an up-to-date theatre been at hand. The scrotum was completely burst open as far back as the anus, and both testicles were hanging by the cords, retracted somewhat in the region of the umbilicus. The left thigh was punctured at the neck of the femur, and there was a suggestion of urethral hæmorrhage. Having proved

the borrowed catheter and satisfied myself that the bladder was intact, I injected about a grain of morphia and set to work to repair the scrotum. The testicles were returned, a new scrotum formed, and a splint of jarrah, cut in the mill, turned out to be an admirable Liston, for the man was placed on a train four hours afterwards and landed at a Government hospital forty miles away the same night. Apart from some epididymitis and the usual trouble with broken bones, he made an excellent recovery, walking with less than two inches of shortening three months later, and subsequently sailed for Britian where he is now said to be employed in a munitions factory. Obviously the recuperative power of the ordinary bushman is remarkable, but this instance of "crush" taught me a lesson, and, though such cases are few and far between, I was careful to be well furnished with instruments in future.

The weather soon afterwards breaking up into the early winter rains, some half-dozen stalwart youths were laid low with pneumonia—regarded by the bushman as particularly dire, and positively requiring the doctor's assistance. Happily for me, the cases were not of a virulent type, and, as they all lived through their crises, and in due course speedily convalesced, I was temporarily considered safe on a chest condition.

To illustrate the difficulties with which destiny occasionally confronts one in the "outback" country, a single medical case will suffice. A bush-worker came in one night from a sleeper-cutter's camp, twenty miles up, to notify that a woman had been ill for some days gasping for breath and spitting blood, and had rapidly become worse during the past twenty-four hours.

He arrived about two hours before dawn, and being wearied and spent, proposed that we should wait for sunrise before riding out. Accordingly at 5 a.m. we saddled, and the journey was one I shall ever remember. It was mid-summer, and our path led without choice through the heart of the forest for the first seven or eight miles. The Bush fires had already begun their dread work of destruction, and as we proceeded they crept to the very edge of the track on each side, while derelict clumps of jarrah, denuded of their branches, were spitting fire, and the undergrowth, far as the eye could reach, lay burnt and smouldering below. Standard props fixed for supporting wire fences of paddock boundaries, were in many places carbonised and levelled to the ground, but fortunately, my companion was well acquainted with the track, and we pressed through in spite of the overpowering heat and blinding smoke. Beyond the fire we had next to strike across heavy country for nine miles by a rough bridle-path overhung with huge fallen jarrahs and big red gums, which frequently blocked our passage, necessitating dismounting, and a plodding walking *détour* to advance. Progress under these circumstances was distinctly strenuous and fagging, but at last the welcome sound of a bushman's axe "felling the jarrah" reached us; the

sure note announcing a sleeper-cutter at work near by, and perhaps sweeter music to the rider in the silence of the Bush, than the cry of "Tally-ho!" to the huntsman at home. The track for the remaining distance was continually intersected by side paths, which the sleeper carters had made while bringing out the jarrah logs from the depths surrounding the sphere of operations, to the landing-stage at rail head. To a native locally reared, perhaps these paths offer no embarrassment, but it should be borne in mind that they are a labyrinth of snares to the Bush doctor, and may covertly decoy him from the true path directly leading to his objective. Threading forward, we finally sighted the sleeper-cutter's camp—a larger one than those usually met with in the south-west. It broadly consisted of 150 canvas tents, with two quite able to accommodate sixty men in each, and used as boarding-houses for the settlement. The woman was found lying in a small hessian hut, gasping for breath with evidence of failing compensation. Five weeks previously she had given birth to twins, each of whom was barely alive. No doctor had been called in, nor had she received medical aid of any kind. Examination left slight hope of saving either mother or infants, but conveying them without delay to our medical quarters twenty miles down, the trio under treatment ultimately regained moderate health. Strange as it may appear, although advised against returning to the rough life of the sleeping-cutter's camp, with renewed strength she undauntedly responded to the irresistible "Call of the Bush," and in the end went back with the twins to the hessian hut!

Tropical diseases are entirely unknown despite rampant mosquitoes, scarcely controlled by spasmodic efforts of Local Health Boards, who strictly enjoin kerosene sprinkling (our balm of Gilead) on all open tanks. Three cases of infantile paralysis came under my notice, but, having no pathological laboratory for full research, I decided to "blame the stable fly"—as suggested by an ingenious writer in a monograph in the *British Medical Journal*, not forgotten if some time out of date. Chronic intestinal nephritis was much in evidence, as might be expected in a community principally engaged in continual hard manual labour.

During my two years in the Bush I did not meet one case of cancer, and although an appendix condition was seen, it was of the mildly catarrhal type, and the patient choosing to follow the advice of a well-recognised school of thought, requested me to "wait and see" in preference to undergoing an operation. Fortunately for the Bush doctor's purse, the Rooseveltian or Addisonian ideal combines with "Fisher's Bonus" to add substantially to his midwifery practice, while increasing perhaps the perplexities coincident with the professional isolation in which he is placed. Often he must be prepared to do his own nursing, make his own preparations for emergency operations, and ever be ready to act upon personal initiative without con-

sultation. The conditions under which he lives, are anything but agreeable to one accustomed to the refinements of English home life, and the cultured sequestration of Saint Bartholomew's of blessed memory; but the work is really good, and the material at his disposal in most cases sound.

Life in the Bush is certainly dull—but it has its compensations.

OBITUARY.

CAPT. L. G. CROSSMAN: AN APPRECIATION.

IN August, 1916, Crossman came to Mesopotamia as a member of the Staff of the 40th British General Hospital. As there was some unavoidable delay before this hospital took up active work, he asked to be attached to some unit in which he could have medical work, and he was sent to the 3rd British General Hospital. Here he was appointed junior bacteriologist. No amount of laboratory work was too great for him, and he was always ready at any moment, night or day, to give his services to any of the medical officers. He undertook a colossal amount of work, and all he did was carried out with most meticulous care. In addition to his laboratory work he insisted on doing work in the wards, and was for many months in charge of the very heavy dysentery section of the hospital. It was universally agreed that never was this section in better hands. His opinion on all medical cases was soon recognised as being particularly sound, and he added a considerable amount of almost consultant work to his already over-strenuous duties.

Later Crossman was promoted to take charge of the laboratory at the 40th British General Hospital, where he worked with the same unselfish and almost fanatical devotion to his profession.

He had had malaria in the autumn of 1916, and again in the summer and autumn of 1917. For several weeks before his death he was suffering from mild bacillary dysentery, but would not give up his work and go to hospital. He had little reserve strength to withstand the pneumonia to which he succumbed.

Crossman was not an easy man to know, but there are several of us here who were privileged to know him well and to gain his friendship, and to us his death came as a very poignant and personal loss.

If ever a man died through excess of zeal for his work it was Crossman, and the profession has lost one who, before many years, would have made his mark in the medical world.

C. R. T.

ABERNETHIAN SOCIETY.



LECTURE of unusual interest was delivered before the Abernethian Society on March 7th by Mr. J. L. Cope, B.A., on Sir Ernest Shackleton's last Antarctic Expedition. Mr. Cope, who is a student at this Hospital, was one of the members of the Ross Sea Party of the Expedition.

The lecturer first outlined the objects of the undertaking, pointing out that although the Expedition started a month after the commencement of the war, it did so by command, after Sir Ernest Shackleton had offered his men, ships, and stores to the Admiralty. Mr. Cope then proceeded to describe the experiences of Sir Ernest's party in the Weddel Sea, special reference being made to the wonderful boat journey of 750 miles made after the sinking of the "Endurance."

Perhaps the most interesting part of the discourse was Mr. Cope's own experience during the two years he spent on Ross Island. He narrated the story of laying the depôts, and explained the difficulties which resulted from the ship "Aurora" breaking away from her moorings during a blizzard, leaving the men practically without supplies, except the depôt food, which, of course, could not be touched.

The lecture was illustrated with numerous lantern-slides, and the geography of the Antarctic made familiar to the audience by means of a map which the lecturer had drawn on a large scale.

It is of interest to note that since delivering the lecture Mr. Cope has been presented with the Silver Polar Medal, 1914-1916.

CORRESPONDENCE.

THE SOCIAL SIDE OF "RES MEDICÆ."

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

DEAR SIR,—Early in January last a number of medical students from various hospitals were invited to spend a few days at Mansfield House University Settlement in Canning Town. Among these were five representatives from St. Bartholomew's Hospital, and it may be of interest to indicate briefly what kind of knowledge we acquired as the result of our visit.

We started with a lecture on "The Christian Approach to Social Problems," by Mr. Hugh Martin, M.A.; next day the Secretary of the Settlement, Mr. H. A. Mess, gave us a wonderful "Analysis of Poverty." Dr. Jane Walker spoke on "The Building of a Healthy Nation," and Dr. Watkin on "The Health of the District"; Councillor Ben Gardner, an old colleague of Keir Hardie's, on "Trade Unions and the Labour Movement"; Councillor Edith Kerrison on "Twenty-one Years as a Poor Law Guardian"; Miss Searle on "Factory Girls"; Dr. Davies, M.D., M.A., on "The M.O.H. and his Allies."

It might well be thought that so much pabulum might cause us mental indigestion, but we were vitally interested in all the syllabus, and in the discussions subsequent to each lecture we thoroughly

thrashed out each problem. Moreover, we spent a fair amount of time in examining conditions first-hand by inspecting lodgings, streets, cinemas, factories, shops, clubs and other places of social interest—most by special permission. Each day some of us got up at 4.30 and went to the docks to see "a call"—"casual labour at the docks" being a problem on which Mr. Mess, of the Settlement, has studied, written, and is considered something of an authority.

The result of our investigations and experiences leads to this: *Most of the medical students in London—to take ourselves as examples—are absolutely ignorant of the conditions that obtain amongst the poorer classes, are wrapped in a cloak not only of ignorance but of indifference to the suffering that exists, are unconscious of the field which is open to their earnest and sympathetic endeavour.* It was emphatically borne in upon us, as was so pathetically expressed by Dr. Gloyne, of the Victoria Docks Hospital, in the closing address, that the business of a doctor is not merely to dole out remedies as one would sell cloth, but to think of the mental and social side of the patient as well as the physical, and to remember that one minim of intelligent sympathy is worth a drachm of physic.

The "school" was a great success! Moreover, we had a jolly time together, as you can well understand. It is proposed to run others on the lines of the first. May they be as successful and as productive of good.

I am, Sir,
Yours faithfully,
A. C. D. TELFER.

REVIEWS.

THE NAUHEIM TREATMENT (IN ENGLAND) OF DISEASES OF THE HEART AND CIRCULATION. By LESLIE THORNE THORNE. (Baillièrè, Tindall & Cox.) Fifth edition. Price 5s.

Treatments other than those dependent on the use of drugs always appeal to the physiologist who lurks in most medical men. More especially is this so when dealing with diseases of some obscure toxic source, such as arteriosclerosis. It is in cases of this type, associated with heart failure, that Dr. Thorne Thorne seems to be pre-eminently successful. His book is clearly written and contains explanations of his treatment by bath and by graduated exercise. The impossibility of going to Nauheim now, and the disinclination to go there in the future, make this book especially opportune at the present time.

MILITARY MEDICAL MANUALS.

We have received seven new volumes of the above series of booklets, the first seven of which were reviewed in our January number. The present set are chiefly of interest to the surgeon, and we may say that, in general, they are thoroughly up-to-date, well written and translated, and profusely illustrated. They are published at the uniform price of 6s. per volume.

A small volume on *Artificial Limbs*, by BROCA and DUCROQUET, has been translated and edited by Major R. C. ELMSLIE, M.S., F.R.C.S.; it describes in detail the varieties and methods of application of all forms of artificial limbs after amputation, and a chapter on the re-education of the disabled is appended. The various appliances designed for use in place of the hand, each adapted to some particular trade or employment, are described and illustrated; many of these are undeniably novel and ingenious. There are some 210 wood-cuts and diagrams in this booklet of but 160 pages.

Clinical Forms of Nerve Lesions and *The Treatment and Repair of Nerve Lesions* are two excellent little books, written by Mme. ATHANASSIO-BENISTY and edited by Capt. E. FARQUHAR BUZZARD, M.D., F.R.C.P. The former deals with the signs and symptoms of lesions of the larger individual peripheral nerves, especially those commonly involved in war wounds; a chapter on the vascular lesions which may be associated with them, and one dealing with the cranial nerves are added. The latter describes fully all the various methods of treatment, surgical and otherwise.

Two volumes on the *Treatment of Fractures*, by R. LERICHE and

edited by F. F. BURGHARD, C.B., M.S., F.R.C.S., will be found of great value to the war surgeon. One is confined to a consideration of fractures involving joints, the other to fractures of the shaft. Space will not allow us to give a detailed description, but we can thoroughly recommend them as giving a lucid and reliable guide to the treatment of these important conditions. There are some 203 illustrations.

Fracture of the Lower Jaw, by L. IMBERT and P. REAL, edited by J. F. COLYER, F.R.C.S., J.D.S., and *Fractures of the Orbit*, by FELIX LAGRANGE, translated by Capt. HERBERT CHILD and edited by Capt. J. H. PARSONS, are naturally of chief interest to the specialist, but will deserve a place in the reference library of the general surgeon. Several good reproductions of radiograms are included in the illustrations in the volume on the orbit. That on the lower jaw gives a complete account of the ætiology and pathological anatomy of these features, their symptoms and diagnosis, and their mechanical and surgical treatment.

We understand that the publishers have kindly presented a copy of each of the above books to the library of this Hospital.

GREEN'S MANUAL OF PATHOLOGY AND MORBID ANATOMY. By W. C. BOSANQUET and W. W. C. TOPLEY. (Baillièrè, Tindall & Cox.) Price 18s.

It is nearly seven years since the last edition of this well-known work appeared, and during this time great advances have been made in pathology, with the result that the twelfth edition is a great improvement on its predecessor.

Several chapters have been entirely rewritten, notably those on Diseases of the Blood, and Immunity. The latter is particularly well done, the paragraphs on "Ehrlich's Side-chain Theory," "Bacteriolysis," "The Nature of Complement," and "Anaphylaxis," being excellent, although we must say that we prefer the term "toxin" to "toxine." It might also have been an advantage to separate the chapter on micro-organisms and protozoa rather than lump them together under the one broad term of "Parasites."

The new edition contains nearly a hundred new illustrations, including four plates in colours, the great majority of which have been specially drawn for this publication.

The illustrations are extraordinarily good, and come out splendidly on the semi-art paper which is used throughout the book.

We desire to congratulate the authors and publisher on the production of an excellent work, which should meet with a hearty reception.

BURNS AND THEIR TREATMENT. By J. M. H. MACLEOD. (Oxford University Press.) Price 6s.

This thoroughly up-to-date little volume is a very timely publication and one which should fill a long-felt want. Dr. Macleod has gained considerable experience at several Royal Flying Corps Hospitals, and the result is an eminently practical treatise. As the author says in the preface, the treatment of burns has undergone a veritable revolution during the last few years. Old-fashioned methods with greasy applications and occlusive dressings have given way to a more rational and "open method" of treatment, whereby dressings are largely avoided, and the terrible ordeal of pain associated with their removal is rapidly becoming a thing of the past.

All kinds of burns are referred to at some length, including burns from electricity, X rays, radium, the sun, and corrosives.

A most interesting chapter is devoted to dermatitis from high explosives.

HANDBOOK OF OPERATIVE SURGERY. By W. J. DE C. WHEELER. With an Introduction by Surg.-Gen. Sir ALFRED KEOGH. (Baillièrè, Tindall & Cox.) Price 10s. 6d. net.

This book on operative surgery has now reached its third edition and should prove especially useful to students who are literally rushing from the Medical Schools into the service of the Army and Navy.

Surg.-Gen. Sir Alfred Keogh points out in an introductory note that these are days when the younger and less experienced surgeons are often called upon to assume responsibilities which cannot be evaded, and the circumstances of military practice over and over again demand of the surgeon not merely, though most importantly,

accurate diagnosis, but the translation of diagnosis into effective surgical treatment.

The work itself is primarily intended for junior practitioners in surgery. One-third of the book is occupied with descriptions of the ligature of arteries and the various forms of amputations. Other chapters include notes on such subjects as local anaesthesia, the operative treatment of hæmorrhoids and varicose veins, the direct transfusion of blood, tendon transplantation, etc.

The volume is extremely well illustrated, and, for use at the present time, quite one of the most valuable books of its kind we have seen.

INJURIES OF THE FACE AND JAW AND THEIR REPAIR. By P. MARTINIER and G. LEMERLE. Translated by H. LAWSON WHALE, M.D., F.R.C.S. (Baillière, Tindall and Cox, 8, Henrietta Street, Covent Garden.) Price 5s. net.

The book, as the writers state in the preface, is not intended as a technical treatise on prosthetic restoration, but as an endeavour to collect and systematise the innumerable efforts at restoration, especially during the last fifty years. The book is, therefore, taken up largely with the consideration of prosthetic treatment of cases of resection of the jaws for malignant disease, so that it is somewhat disappointing that more space is not devoted to the consideration of war surgery, as might reasonably be expected in a recent publication under the above title.

A very commendable feature of the book is that the early part is devoted to a consideration of the characters of cicatricial tissue and the treatment of vicious scars, and the lengthening of scar tissue by gradual and prolonged pressure by prosthetic appliances; but little appears to have been made of massage and heat.

The description of artificial restoration of the nose, maxillæ, larynx, etc., as well as the description of making cleft palate apparatus, is good, and should prove very helpful in considering the making of artificial apparatus for replacement of lost parts, as late prosthesis will doubtless form the chief problem of the dental surgeon after the war.

Not the least interesting feature of the book, as it now appears for English readers, is a foreword by the translator, who, from his valuable experience in the treatment of gunshot injuries of the face and jaws at No. 83 General Hospital, emphasises the importance of, and interest attached to, this branch of surgery, and contrasts the main points of interest in the book with his own experience.

We have received from Messrs. Menley & James, Ltd., Manufacturing Chemists, samples of "Iodex" and "Bacterol." The former product may be described as an ointment of therapeutically free iodine in a neutral base and distinct from other preparations of iodine in its freedom from solvents, such as alkalis, alcohol, or glycerine. Iodex possesses the advantage of not staining, irritating, or blistering the skin, and has proved remarkably successful in the treatment of enlarged and tuberculous glands, goitre, gout, rheumatism, parasitic skin diseases, etc.

"Bacterol" would appear to be an ideal antiseptic, disinfectant, and deodorant for household, sick-room, hospital, and institutional use. Five types are available for use, namely, "medical," "general," "vaporising," "aeriform," and "veterinary," and we can fully endorse the claims of the manufacturers.

APPOINTMENTS.

BOLAND, C. V., M.B., B.S.Lond., M.R.C.S., L.R.C.P., appointed Government Medical Officer, British North Borneo.

KERR, C. D., M.B., B.S.Lond., appointed Surgeon to the Fremantle Public Hospital and Surgeon to the Venereal Clinic, Fremantle.

SAVAGE, J. J., M.R.C.S., L.R.C.P., appointed House-Surgeon to St. Mark's Hospital for Fistula and Diseases of the Rectum.

EXAMINATIONS.

UNIVERSITY OF LONDON.

First Examination for Medical Degrees.—March, 1918.

Pass List.—R. T. Bannister, A. H. Bennett, D. A. Robertson.

Second Examination for Medical Degrees.—March, 1918.

Part I. Organic and Applied Chemistry.—F. T. Evans, H. C. Killingback, D. M. Lloyd-Jones*, H. W. Needham, C. S. C. Prance, H. G. Shaumer, E. W. C. Thomas*.

* Awarded a mark of distinction.

Part II.—C. H. Andrewes, D. D. R. Dale, J. V. Landau, J. N. Leitch, M. H. Renall, G. M. J. Slot,* W. G. D. H. Urwick.

* Distinguished in Pharmacology.

NEW ADDRESSES.

BAIRD, R. F., Lieut.-Col., I.M.S., East India United Service Club, 16, St. James' Square, S.W.

BARNLEY, R. E., Capt., R.A.M.C., Headquarters, 22nd Division British Salonika Force.

BOLAND, C. V., Jessleton, British North Borneo.

BOUSFIELD, P., 27, Queensborough Terrace, Hyde Park, W.

BUTTERY, H. R., Royal Naval Hospital, Zanzibar.

CONNOR, F. P., Lieut.-Col., I.M.S., Consulting Surgeon, Mesopotamia Expeditionary Force, Basra.

DAVIS, HALDIN, Capt., R.A.M.C., attd. 38th Battn. R. Fusiliers, Egyptian Expeditionary Force.

ELLIS, G. E. D., Surgeon, R.N., 9, Tamar Terrace, Saltash, Cornwall

ELMSLIE, R. C., 1A, Portland Place, W. 1.

GANE, E., Cane Hill Mental Hospital, Coulsden, Surrey.

GIBSON, S. H., 96, Aldersgate Street, E.C. 1, and Royal General Dispensary, Bartholomew Close, E.C. 1.

GILL, J. F., Leicester Royal Infirmary, Leicester.

GRANT, J. DUNDAS, 144, Harley Street, W. 1. Tel. Mayfair 1892.

GREEN, S. L., Waimate, S. Canterbury, New Zealand.

HARMER, W. D., 9, Park Crescent, Portland Place, W. 1. Tel. Mayfair 3488.

HARTLEY, J. D., Lieut., R.A.M.C., 72nd General Hospital, B.E.F., France.

HUSSEY, J., 69, West Street, Farnham, Surrey.

JOYCE, J. L., 126, Castle Hill, Reading.

KERR, C. D., 161, South Terrace, Fremantle, W. Australia.

LINDSAY, A. W. C., Capt., R.A.M.C., 46, Langdale Gardens, Hove.

MOUAT-BIGGS, C. E. F., Capt., R.A.M.C., O.C., 16th, M.A.C., B.E.F., France.

NICOL, W. D., Surgeon, R.N., Medical Officers' Mess, Royal Naval Hospital, Plymouth.

NUNN, J. H. F., Chedworth, Orleans Road, Hornsey Lane, N. 19.

OLDFIELD, J., Lieut.-Col., R.A.M.C., Fortpitt Hospital, Chatham.

ORTON, L., Prioryholme, Priory Road, Hornsey, N. 8.

PALGRAVE, E. F., 203, Pitsanger Lane, Ealing, W. 5.

PALMER, C. Spencer, Elm Cottage, Higher Woodfield Road, Torquay

PARKER, H. F., Glenbervie, Epsom Road, Guildford.

RAWLING, L. B., 6, King Street, Gloucester Place, W.; Tel. 1571 Mayfair (*private*). 16, Montagu Street, Portman Square, W.; Tel. 1201 Mayfair (*consulting*).

RYLAND, A. Capt., R.A.M.C., 73rd General Hospital, B.E.F., France.

SAMY, A. H., R.M.O., Hospital for Facial Injuries, 78, Brook Street, W.

SAVAGE, J. J., St. Mark's Hospital for Fistula and Diseases of the Rectum, City Road, E.C. 1.

STANLEY, E. G., Capt., R.A.M.C., No. 61, Casualty Clearing Station, B.E.F., France.

WAKELING, T. G., Capt., R.A.M.C., 46, Palace Gardens Terrace, Kensington, W. 8. Tel. Park 4442.

WATSON, C. GORDON, Col., A.M.S., G.H.Q., Italian Expeditionary Force.

WOODFORDE, A. W. G., 10, South Avenue, Rochester.

BIRTHS.

- CLEMINSON.—On March 21st, at 1, Albert Road, Regent's Park N.W., the wife of Capt. F. J. Cleminson, R.A.M.C., of a daughter.
- HOSKYN.—On March 18th, at 1, Whitehall Road, Rugby, the wife of C. R. Hoskyn, M.D., B.S.Lond., of a daughter.
- MATTHEWS.—On March 6th, at a nursing home, Hove, the wife of Major (temp. Lieut.-Col.) E. A. C. Matthews, V.H.S., I.M.S., Lancers, I.A., of a son.
- NEAVE.—On April 2nd, at 24, De Vere Gardens, W. 8, the wife of Sheffield A. Neave, of a daughter.
- PAULLEY.—On March 2nd, at Godwyn Lodge, Hastings, Elizabeth Wylmer, wife of Capt. John Paulley, R.A.M.C., of a son.
- PAYNE.—On February 24th, at Holly House, Fulford, York, the wife of Capt. J. Rowland Payne, R.A.M.C., of a son.
- WARREN.—On March 3rd, at 41, Lansdowne Road, W. 11, the wife of Alfred C. Warren, M.D., of a son.
- WINDER.—On March 17th, at Clonmartie, Camberley, the wife of Bt. Lieut.-Col. M. G. Winder, D.S.O., R.A.M.C., of a son.

MARRIAGES.

- BINNEY—CROMPTON.—On February 6th, at St. Peter's Church, Walton-on-the-Hill, by the Rev. T. Eland, Rector of Perivale, West Ealing, assisted by the Rev. E. P. Greenhill, Rector, Capt. Charles Newton Binney, R.A.M.C., of Walton-on-the-Hill, son of the late C. H. Binney, Esq., and Mrs. Binney, of Thelwell, Carshalton, to Evelyn Elizabeth, younger daughter of Ralph Crompton, Esq., and Mrs. Crompton, of Hedgecroft, Walton-on-the-Hill.
- DOBSON—HARWOOD.—On March 4th, at Marylebone Church, J. R. B. Dobson, Capt., R.A.M.C., elder son of the late George Dobson, F.R.G.S., of Penarth, and of Mrs. Dobson, Weston-super-Mare, to Dorothy Blanche, daughter of the late T. H. Harwood and of Mrs. Harwood, Lewanick, Cornwall.
- ELAND—BUTCHER.—On January 30th, at St. George's, Hanover Square, by the Rev. M. J. Eland, Chaplain to the Forces, Capt. Arthur J. C. Eland, R.F.A., only son of the Rev. C. T. and Mrs. Eland, of Burston, Norfolk, to Nellie, elder daughter of the late Frank Butcher and Mrs. Butcher, of Aldeburgh, Suffolk.
- FLETCHER—LAVER.—On April 3rd, at St. Mary's Church, Priory Road, N.W., by the Rev. Ernest N. Coulthard, Vicar of St. Paul's, Winchmore Hill, assisted by the Rev. H. E. Noyes, D.D., Vicar of the Parish, Surgeon Ernest T. Fletcher, M.B., R.N., youngest son of the late Professor Banister Fletcher and Mrs. Banister Fletcher, of Anglebay, West Hampstead, to Muriel, only daughter of the late Mr. and Mrs. Frank Kearsley Laver, of Westgate-on-Sea.
- GRANGE—FORSTER.—On February 7th, at St. Andrew's Church, Corbridge-on-Tyne, Major C. D'Oyly Grange, R.A.M.C., son of Dr. and Mrs. W. M. D'Oyly Grange, of Harrogate, to Dorothea, daughter of the late C. J. Forster, of Gateshead-on-Tyne, and Mrs. Forster, of Paignton.
- GREEN—MORRIS.—On January 12th, at S. Ann's Cathedral, Leeds, Samuel Green, eldest son of A. Stanley Green, M.B., Whitecross, Lincoln, to Mabel, youngest daughter of the late John Morris, Broomhill, Moor Allerton, Leeds.
- GRIFFITH—KENNEDY.—On January 12th, at the St. John's Wood Presbyterian Church, N.W., by the Rev. J. Monro Gibson, D.D., assisted by the Rev. A. M. MacIver, M.A., Minister of the Church, Walter S. A. Griffith, M.D., 96, Harley Street, W., to Ella F. Kennedy, niece of Surgeon-General and Mrs. Don, 52, Canfield Gardens, N.W.
- HODGSON—EARLE.—On January 9th, at St. George's Church, Camberley, Major E. C. Hodgson, I.M.S., to Guelda Kathleen, only daughter of Mr. and Mrs. B. Earle, Meadow Croft, Camberley.
- HOYLE—HALLETT.—On January 16th, at St. Margaret's Church, Cardiff, by the Rev. Canon David Davies, M.A., Dr. William Evans Hoyle to Florence Ethel Mabel, widow of J. H. Hallett, J.P., of Radyr Chain, and daughter of the late T. Hurry Riches, J.P.
- KINDERSLEY—CARLISLE.—On January 19th, at Essex Church, Notting Hill Gate, Charles E. Kindersley, second son of Mr. R. S. Kindersley, of Eton, to Peggy, younger daughter of Mr. and Mrs. John Carlisle, of 22, St. Petersburg Place, W.

- NASH—WORTHAM—DONALD.—On February 5th, at Holy Trinity Church, Royal Leamington Spa, by the Rev. C. T. B. McNulty, assisted by the Rev. G. F. Upton, Capt. F. Leslie Nash-Wortham, F.R.C.S.Ed., R.A.M.C., second son of Mr. and Mrs. H. D. Nash-Wortham, of Deepdene, Haslemere, to Victoria Eugénie Wilgress Donald, youngest daughter of Mr. W. W. Donald and the late Mrs. Donald, of Kincaig, Royal Leamington Spa.
- NICOL—MAYBERRY.—On March 2nd, at St. Petroc Church, Padstow, by the Rev. C. F. Trusted, M.A., William Drew Nicol, M.R.C.S. Eng., Surgeon, R.N., only son of J. C. Nicol, M.A., Hillborough Crescent, Southsea, to Norah Stella, youngest daughter of F. G. Mayberry, M.B., M.Ch.Univ. Dub., and J.P., of Riversdale, Kenmare, co. Kerry.
- PARNELL—LANGHORNE.—On December 18th, at the Parish Church, Morden, Surrey, by the Rev. W. H. Langhorne, father of the bride, assisted by the Rev. H. E. Langhorne, brother of the bride, Gerald Crécy Parnell, M.R.C.S.(Eng.), etc., of Bodowen, Forest Hill, S.E., to Lucy Helen, second daughter of the Rev. W. H. and Mrs. Langhorne, of the Rectory, Morden.
- QUICK—HELLINS.—On March 16th, at Holy Trinity, Beckenham, by the Rev. W. Yorke Batley, M.C., Capt. Hamilton E. Quick, M.B., B.S., B.Sc., F.R.C.S., R.A.M.C.(T.), son of Mr. and Mrs. C. H. Quick, of Swansea, to Adelaide Ruth, second daughter of H. H. Hellins, M.Inst.C.E., and of Mrs. Hellins, of Sydenham.
- SKEGGS—TUCKER.—On March 9th, at the Chapel Royal of the Savoy, by the Rev. Charles Clark, assisted by the Rev. Hugh Chapman, Basil Lyndon, only son of Mr. and Mrs. Alfred Skeggs, of Hestercomb, Beckenham, to Gladys Jessie, younger daughter of Mr. and Mrs. W. E. Tucker, of Hughenden, Cator Road, Sydenham.
- STANLEY—PARK.—On December 7th (civil ceremony) quietly at the Mairie, 6me Arrondissement, Paris, and on December 8th, at the American Church, Avenue de l'Alma, Paris, E. Gerald Stanley, M.S., F.R.C.S., Capt. R.A.M.C., to Frances Trenor Park, daughter of the late Trenor L. Park and Mrs. Catlin Park, of New York and Paris.
- WALKER—WEBB.—On December 17th, in London, Lewis Walker, M.D., to Agnes Margaret Webb (née Gribbon).

DEATHS.

- ALDERSMITH.—On March 24th, 1918, at Carlton Lodge, Horsham, suddenly, of heart failure, Herbert Aldersmith, M.B.Lond., F.R.C.S., Medical Officer to Christ's Hospital for 42 years, aged 70.
- BIRD.—On March 30th, 1918, at Wellington, India, Lieut.-Col. Robert Bird, M.V.O., C.I.E., I.M.S., M.D., M.S., F.R.C.S., aged 51.
- CHAPPELL.—On March 8th, 1918, at Coventry House, Haymarket, Col. John James Chappell, M.D. (late 2nd Dragoon Guards, Queen's Bays), in his 85th year.
- CROWFOOT.—On April 6th, 1918, at Blyburgate House, Beccles, Suffolk, William Miller Crowfoot, M.B.Lond., F.R.C.S., J.P., aged 80.

NOTICE.

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

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

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

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

St. Bartholomew's Hospital



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

JOURNAL.

VOL. XXV.—No. 9.]

JUNE 1ST, 1918.

[PRICE SIXPENCE.

CALENDAR.

- Wed., June 5.—Dr. Morley Fletcher and Mr. Waring on duty.
Clinical Lecture (Surgery), Mr. Waring.
Fri., „ 7.—Dr. Drysdale and Mr. McAdam Eccles on duty.
Clinical Lecture (Medicine), Dr. Drysdale.
Tues., „ 11.—Dr. Calvert and Mr. D'Arcy Power on duty.
Wed., „ 12.—Clinical Lecture (Surgery), Mr. McAdam Eccles.
Fri., „ 14.—Dr. Morley Fletcher and Mr. Waring on duty.
Clinical Lecture (Medicine), Dr. Calvert.
Tues., „ 18.—Dr. Drysdale and Mr. McAdam Eccles on duty.
Wed., „ 19.—Clinical Lecture (Surgery), Mr. McAdam Eccles.
Fri., „ 21.—Dr. Calvert and Mr. D'Arcy Power on duty.
Clinical Lecture (Medicine), Dr. Morley Fletcher.
Tues., „ 25.—Dr. Morley Fletcher and Mr. Waring on duty.
Wed., „ 26.—Clinical Lecture (Surgery), Mr. McAdam Eccles.
Fri., „ 28.—Dr. Drysdale and Mr. McAdam Eccles on duty.
Clinical Lecture (Medicine), Dr. Morley Fletcher.
Tues., July 2.—Dr. Calvert and Mr. D'Arcy Power on duty.

EDITORIAL NOTES.

THE annual View Day was held on May 8th, and once again the occasion was marked by delightful weather. As in previous years every department of the Hospital was thrown open for inspection. The number of visitors was, perhaps, rather less than usual. Tea was served in the Great Hall, but one missed the teas in the wards which in previous years had been so characteristic a feature.

We were delighted to welcome so many old Bart.'s men, and we were especially pleased to see Sir Archibald Garrod and Sir Anthony Bowlby, both of whom were looking extremely fit.

* * *

We cordially welcome the return to our Staff of Capt Girling Ball, R.A.M.C.T., who has just completed six months' service in France, and who has now resumed his duties as Warden of the College.

* * *

For distinguished services rendered during the war,

Surgeon A. G. Williams, R.N., has been awarded the Croix de Guerre, conferred by the President of the French Republic.

* * *

The following have been awarded the Military Cross, and to these gentlemen we offer our heartiest congratulations:

Capt. C. N. Davis, I.M.S.

Temp. Capt. R. Stansfeld, R.A.M.C.

* * *

It affords us much pleasure to congratulate Dr. A. Granville, C.M.G., President Quarantine Board of Egypt, on receiving the Second Class Order of the Nile, which was conferred by the Sultan of Egypt.

* * *

We are very sorry to note that the following are amongst the list of "Missing":

Capt. A. J. Chillingworth, R.A.M.C., attached Royal West Kent Regiment.

Capt. R. A. Leembruggen, R.A.M.C., attached Suffolk Regiment.

Capt. E. E. Mather, R.A.M.C., attached Durham Light Infantry (believed wounded).

Capt. R. M. Soames, R.A.M.C., attached Norfolk Regiment.

* * *

The following are statements of service for which the Military Cross were conferred, the announcements of which have already appeared in these columns:

Temp. Capt. C. L. Chalk, R.A.M.C. "This officer displayed great initiative under shell fire. When his dressing-station was crowded with wounded he dressed in the open those who were unable to find cover. Through his promptitude and heedlessness of danger in dressing and clearing away the wounded he undoubtedly saved many lives during a critical period."

Capt. W. B. Jepson, R.A.M.C., Spec. Res. "When a shell had smashed in battalion headquarters, although severely shaken himself, he dug out his commanding officer and the adjutant, and attended to them. He continuously

took stretcher-bearers to the front line in daylight through intense shell fire. He established a new forward dressing-station after the battalion had been relieved, and did not return till he had searched the whole front for wounded." We are glad to learn that Capt. Jepson is decidedly better after his severe wounding.

Capt. Frederick William Kemp, N.Z.M.C. "He was untiring in his efforts in attending to the wounded, under heavy fire, during an attack. He worked without rest for seventy-two hours, and set a magnificent example to all."

Temp. Surgeon R. G. Morgan, R.N. "When wounded he carried on his duties under very heavy shell and rifle fire. Even when wounded a second time he worked with the stretcher-bearers in the open for thirty-six hours, until all the ground had been cleared of wounded. It was largely owing to his wonderful example and great exertions that the ground was cleared so quickly."

Temp. Capt. Henry Dewi Hampton Willis-Bund, R.A.M.C. "He was in charge of a dressing-station which was destroyed by shell fire. Though rendered unconscious, he continued to attend to the wounded in the open when he recovered, accompanied the battalion into action, and remained at duty for forty-eight hours. He showed the greatest courage and devotion to duty."

Temp. Capt. F. E. S. Willis, R.A.M.C. "For conspicuous gallantry and devotion to duty in tending the wounded of his own and other units in advance of our front line and in forward positions which were fully exposed under heavy fire. It was largely due to his careful training and skilful arrangements that his bearers evacuated such a large proportion of the wounded of three units from the front area during the two days."

* * *

The following St. Bartholomew's men have been elected to the Fellowship of the Royal College of Physicians of London :

S. W. Curl, M.D.Cantab. ; Sir George Newman, K.C.B., M.D.Edin. ; Sir W. Morley Fletcher, M.D.Cantab., F.R.S. ; A. E. Stansfeld, M.D.Cantab.

* * *

The following gentlemen were nominated to the Resident Staff, commencing May 1st, 1918 :

House Physicians and Assistant House Physicians—

Dr. Calvert.	P. U. Mawer.
	A. T. Westlake.
Dr. Fletcher.	A. D. Wall.
	E. S. Rose.
Dr. Drysdale.	H. W. Toms.
	H. H. Morrison.

House Surgeons and Assistant House Surgeons—

Mr. Power.	R. H. Reece.
	H. F. Squire.
Mr. Waring.	J. P. Wells.
	M. Jackson.
Mr. Eccles.	C. L. Hewer.
	H. C. Cox.

Intern Midwifery Assistant . . . G. P. Staunton.

<i>Extern Midwifery Assistant</i>	N. B. Thomas.
<i>Ophthalmic House Surgeon</i>	C. E. E. Herington.
<i>House Surgeon to Throat, Nose, and Ear Department</i>	H. N. Hornibrook.
<i>House Surgeon to Venereal Dept.</i>	E. B. Verney.
<i>Resident Anaesthetist</i>	D. Blount.
<i>Military Wing</i>	H. Corsi.

* * *

We regret to record the death, at the age of 79 years, of Mr. Thomas Mapleson Butler, formerly practising at Guildford. He received his medical education at this Hospital, and qualified as a licentiate of the London Society of Apothecaries and a member of the Royal College of Surgeons, England, in 1860. He had been House-Surgeon at St. Bartholomew's Hospital and at St. Mark's Hospital, London, and was honorary consulting medical officer of the Royal Surrey County Hospital.

* * *

ROLL OF HONOUR.

It is with very deep regret that we learn of the death whilst on active service of Capt. H. E. Robinson, R.A.M.C. He was attached to the West Yorkshire Regiment, and was killed on April 26th. He was the fourth son of the Rev. E. C. Robinson, of Malvern, formerly of Hanbury, Staffordshire, and was educated at this Hospital, obtaining the diplomas of M.R.C.S. and L.R.C.P.Lond. in 1915. Shortly after, he took a temporary commission as Lieutenant in the R.A.M.C. and became Captain a year later.

Our deepest sympathy is extended to his parents in their sad bereavement.

SPINAL ANALGESIA AND ITS VALUE FOR CERTAIN OPERATIONS.

By J. D. MORTIMER, M.B., F.R.C.S.

DURING recent years it has been conclusively demonstrated, both by observation of patients and by experiment, that general anaesthetics do not completely block nervous currents from the site of an operation, and that central and reflex disturbances, therefore, accompany every operation and every stage of an operation—although these are not necessarily of such a nature or degree as to be either obvious or of practical importance.

"Shock" accompanying an operation, using the word in the sense in which it is generally used by surgeons, may therefore be described as a condition which is an end-result of such abnormal centripetal impulses.

Some have indeed maintained that general anaesthetics only succeed in preventing "psychic shock," *i.e.* the effects of pain, fright, and other attributes of consciousness, without influencing what may be called "surgical shock," *i.e.*

the effects of impulses from the area of operation upon vital centres (cardiovascular, respiratory) and probably upon other essential parts.

Whilst I cannot accept such sweeping conclusions, I have long been convinced that general anæsthetics, whilst modifying or diminishing such impulses and their results, only do so to a degree which for some patients and during some operations is by no means enough for safety.

Another occasional result of imperfect blocking is *muscular rigidity* (particularly abdominal), which hampers the operator, entails longer incisions, more handling of sensitive viscera, and protrusion of bowels, impedes breathing, and cannot always be overcome even by pushing the anæsthetic to a dangerous extent.

Spinal analgesia, on the other hand, may be expected to render this danger and this difficulty conspicuous by their absence during certain operations in which they are otherwise prone to occur.

It should be clearly understood that spinal analgesia is not a mere alternative to general anæsthesia. They are complementary to one another, each having its own advantages and disadvantages.

As spinal analgesia does not seem even now to be used in this country to the extent it deserves, I have thought some account of the indications for its employment and of the technique I have found satisfactory may be serviceable by amplifying those given in manuals of surgery.

The patients should always be prepared and handled as for a general anæsthetic, and a preliminary injection of morphine and atropine is desirable. At one of the hospitals to which I am attached we try (in Mr. Provis's cases) to procure a "twilight sleep," with encouraging results. (See a similar case recorded in the JOURNAL for October last.)

Its use is indicated for *operations below the umbilicus*, especially if there is:

Shock, either actual from accident, or probable from operation.

When *muscular rigidity* is at all probable.

Unusual risk from full general anæsthesia (respiratory and cardiac affections, diabetes, alcoholism, etc.). Also if a meal has been lately taken, and in cases where after-effects (such as vomiting) would be particularly injurious. It has been stated that there is "no danger" of inhalation of vomit (such as is apt to occur in cases of intestinal obstruction when a general anæsthetic is given), but this is incorrect, for at least one fatality has occurred from this cause when spinal analgesia alone was employed.

Pregnancy.

For *operations in the upper abdomen* it is not so effective, but still valuable, and less general anæsthetic is required.

As regards septic conditions, some have urged its use in preference to general anæsthetics, on account of the additional damage which may be done by the latter to the liver

and kidneys, whilst others fear that a septic myelitis or meningitis may follow from impaired resistance of the tissues at and near the site of injection. Some have considered it entirely contra-indicated by affections, even chronic, of the spinal cord or its membranes, on account of the possibility of an exacerbation which would be attributed (rightly or wrongly) to the injection. It is, of course, not to be done if there is such a condition as emaciation and threat of bedsores. It would probably be dangerous if there is already collapse from hæmorrhage, or great abdominal distension.

For weakly or excitable patients, infants, and children, it is better to induce a light general anæsthesia, to avoid "psychic shock," and to prevent inconvenient (perhaps dangerous) movements during the injection and operation, especially if the latter is likely to be a tedious one. The anæsthetic can be almost or entirely withheld after the injection has been made, the patients often remaining quietly asleep.

Formerly I always used a novocain-glucose solution, but after the outbreak of the war it was impossible to obtain it, and for some time I have used Billon's 10 per cent. stovain-saline solution, which has given very good results. The latter is often supposed to be a "light" solution, *i.e.* as light as the cerebro-spinal fluid or even lighter, but its specific gravity is, in fact, 1.0723 at 37° C. However, after a few (say five) minutes, one can put a patient in the Trendelenburg position without fear of ill-effects from the solution gravitating towards the medulla, so one must infer that it is more quickly expended locally than is a glucose solution. The instruments must be sterilised in water free from soda. The syringe is first charged with the fluid (1 c.cm. or less according to age and physique and the nature of the operation, less being needed for perineal), and the patient turned on the side with the back rounded and the knees bent up as much as possible, and the lumbar region lower than the shoulders and head. If the operation is to be unilateral this side should be undermost. He should be told that, to avoid giving chloroform, and because it will make the operation easier and better for him, something will be put into his back so that he will not feel pain; also that his legs will be numb for a time; and at the moment of injection he should be warned that he will feel a prick in the back, but must try to keep quite still.

The skin having been prepared, one feels for the crest of the ilium, in the line from which downwards is the fourth lumbar spine. The needle, with stilet, is passed in the middle of the 2-3 space. It should be passed near the lower spine rather than the upper, for there is often a tubercle of bone on the under surface of a spine, near its tip. If the point comes on bone the direction must be slightly altered. One can often feel when the point enters the theca, and in any case when it has penetrated enough (about 3 in. in an adult), the stilet is withdrawn. There

should be a steady dropping of clear fluid, of which as much should be allowed to escape as the quantity of solution to be injected. The syringe is fitted on, taking care not to displace the needle, and the solution slowly injected without mixing it in the syringe with the fluid. Collodion and a pad having been quickly applied, the patient is turned on the back, with the knees flexed, and a pillow under the head and shoulders; also a cushion about 2 in. thick under the pelvis, especially if the operation area is supplied by dorsal nerves. After five minutes the cushion is removed, the legs put down, and the operation begun after another few minutes, during which the skin is prepared, towels arranged, etc. The eyes should be lightly covered, or a screen placed in front of them, and there should be as little noise as possible in handling instruments; if there is "twilight sleep" the less talking the better, and in any case remarks must not be indiscreet. Analgesia may be expected when there is loss of patellar reflex, but the face should be watched for any wincing if clips are used to fix towels to the skin, and it is a good plan for the surgeon to prick the skin before cutting it. It is not wise to ask "Does this hurt?" for the question is suggestive, and as common sensation is not abolished, patients are apt to reply "Yes," or, at any rate, to be alarmed. Later on, dragging or pressure may cause discomfort although there is no pain. As all sensations are not annulled spinal *analgesia* is a more correct term than spinal *anæsthesia*. If a glucose solution is used, the head and shoulders must be kept well raised from the first, and for at least a quarter of an hour after injection. I have no experience of moving to the Trendelenburg position after use of a glucose solution, but after using Billon's, as already stated, this is done after five minutes without any ill-effect. Usually the analgesia lasts for about an hour. If it wears off before the end of the operation, a little general anæsthetic should be given in preference to a second injection.

DIFFICULTIES.

In old people, there is apt to be stiffness of the back so that the spaces between the lumbar spines cannot be extended, and there may be bony outgrowths or thickened ligaments and membranes which interfere; in very fat people it is difficult to feel the spines, and a long needle (4 in.) is needed. Sometimes, although the theca seems to have been reached, there is no flow on withdrawing the stilet; if the needle is slightly withdrawn, rotating it at the same time, a flow may appear. If not, the stilet having been re-inserted, it may be slightly withdrawn and pushed in different directions, taking care not to use any force which may bend it, and if this fails another space (3-4) should be tried.

Rarely, there is a flow of venous blood; if so, the needle should be taken out and a fresh needle inserted in another

space. It may happen (but seldom) that there has been no hitch, and yet much pain is evidently felt, for which I know no satisfactory explanation. A general anæsthetic must be given, but far less than usual will be needed, for even in an unpromising case analgesia is imperfect or delayed rather than absent. In a small percentage, there is some pallor and nausea about twenty minutes after injection. This has been attributed to general absorption of the drug, to variations in intrameningeal pressure, and to splanchnic paralysis, with fall of blood-pressure. A stimulant such as hot brandy and water should be given if it begins, and the lower limbs should be raised and the head lowered. Ether and oxygen might be useful if it becomes serious.

AFTER-EFFECTS.

Sometimes there is complaint of headache and stiffness of the back, which may last for a few days. The former has been attributed to splanchnic paralysis and sitting up too soon, but "the pathology is obscure" (Dana, *Journal American Medical Society*, 1917). It certainly may occur in patients kept lying down, with the abdomen bandaged. Massage and a firm pillow under the loins will often relieve backache, also flexing the knees over a pillow, or lying on the side.

On the whole, the general state of the patients is undoubtedly better than after an anæsthetic by inhalation for similar operations. I have never seen any of the serious after-effects which used to be recorded.

A few notes are added in regard to the operations of which I have had most experience.

Prostatectomy (about 200 cases).—It is of great value, for the patients are often bronchitic, with low specific gravity of urine, or otherwise unsuitable for deep general anæsthesia; and there is no trouble from contraction of the abdominal and perineal muscles, nor from shock. Another advantage is that fluids can be taken sooner than after a general anæsthetic (see Page, *The Lancet*, May 15th, 1915, and Mortimer, *idem*, October 23rd, 1915). It is also very useful for external urethrotomy, examination of sensitive tuberculous bladders, and long operations on the rectum.

Hysterectomy: Removal of uterine appendages (about 80 cases)—Here, again, the comparative facility with which, owing to the muscular relaxation, operations can be performed, which sometimes would otherwise be extremely difficult and prolonged, is of great advantage to the surgeon and benefit to the patient, besides the absence of shock.

Radical cure of hernia in the young.—Shock is apt to accompany this operation during manipulation of the peritoneal sac, especially in weakly babies, and may be avoided by a spinal injection. This should be made in the third or fourth space, as the cord reaches lower than in adults—to the second L.V. at three years and to the third at one year. It is, however, advisable to continue a light

general anæsthesia, lest inconvenient vomiting, crying, and movements occur.


Some operations on the lower extremities, especially those liable to produce shock, such as removal of bulbous nerve-ends from stumps, reduction of congenital dislocations at the hip.

It may be added that the technique of spinal analgesia is more simple, and it is more certain in its results than local analgesia (except for minor operations), so that, in circumstances where an anæsthetist cannot be obtained its use may well be extended to other operations than those specially mentioned.

TWO CASES OF SUSPECTED "BOTULISM."

By W. B. CHRISTOPHERSON, M.R.C.S., L.R.C.P.,
and P. U. MAWER, M.R.C.S., L.R.C.P.,

With an Introduction by Prof. F. W. ANDREWES,
M.D., F.R.C.P., F.R.S.

HE appearance of an unfamiliar disease is a striking and none too common occurrence. It naturally arouses discussion and comment, but until we have more information as to the nature of the alleged cases of "botulism" which have appeared in this country during the past two months, some of them being reported in the following paper, it is unwise to do more than review the possibilities as to their true character.

Certain facts are clear. Fairly numerous cases have begun to appear, characterised by stupor and commonly by some form of ophthalmoplegia. The symptoms suggest, in many cases, one of the varieties of basal meningitis, but the cerebro-spinal fluid is usually normal. The chief described disease which seems to fit in with the symptoms is the form of food-poisoning which was described by van Ermengem in 1895, and traced by him to the toxin of an anaerobic bacillus which he called *B. botulinus*. There is, however, an obvious epidemiological difference between the present series of cases in this country and the recorded outbreaks of botulism abroad. The latter have been local outbreaks traced to the consumption of some specific article of food, a number of persons who have eaten the food being simultaneously affected. The cases now occurring in England show no such distribution: they have occurred in many towns at the same time, no connection being traceable between the individual cases. It is, therefore, difficult to associate them with any particular article of food unless we imagine this widely distributed over the country and eaten only here and there by single persons. Our diet has certainly been profoundly modified during the past winter, but the cases run too rapid a course, and end too frequently in speedy recovery to be attributable to "deficiency" disease.

Some think the disease to be infective, but the epidemiological facts hardly suggest it. There is no known connection between the cases to indicate the spread of an infection, though the facts as to cerebro-spinal fever must make us hesitate to exclude infection on this ground alone. Since many of the cases end fatally, opportunities for settling this question are not lacking.

Attention has been drawn to the similarity which the cases present to certain aberrant forms of polio-encephalitis or poliomyelitis—a disease which certainly spreads somewhat after the fashion of epidemic cerebro-spinal fever. But if the cases belonged to this category it is surely a remarkable thing that *all* the cases should be of the aberrant type, and that no classical forms of poliomyelitis should be occurring. It is of course possible that it may be a form of infection akin to, but not identical with, poliomyelitis, and with a special incidence on the ocular centres.

At the moment we must suspend judgment and wait for the positive facts which will doubtless eventually be forthcoming, recognising that the similarity of the symptoms to those of botulism may be misleading.

We are indebted to Dr. Calvert for permission to publish the notes of these cases:

A. B—, male, æt. 17½, was admitted to Luke Ward on March 31st, on account of drowsiness and loss of power in the limbs. The history given was that until March 24th, the patient was quite well. On that day he felt "cold and ill"; he went to bed, became rapidly and increasingly drowsy, with short intervening periods of restlessness. He was unable to move himself, frequently crying out to be turned in bed. He took fluid food well, but refused solids, and slept badly. On March 29th, he complained of sudden loss of sight, which lasted about thirty-six hours. He had not vomited but had been extremely constipated. No headache, sore throat, or cough had been complained of, nor was any rash seen. He is stated to have suffered from meningitis at the age of ten months, and had obvious signs of rickets. On March 31st he became more drowsy and stiff, and so was brought to Hospital.

On admission, the patient was in a dull, apathetic condition, speaking but little. There was ptosis, slight divergent strabismus, and coarse nystagmus to the right; the external and internal movements of the eyes were markedly weak. The tongue was furred, the pupils small and reacted to light. All four limbs were in a state of rigidity, and could only be flexed at the knee and elbow with difficulty. Both knee-jerks were greatly exaggerated, and the tendon-jerks in the arms were also brisk. Kernig's sign was present.

True ankle-clonus was obtained on each side on several occasions, and the plantar reflex was extensor. The

urine was normal, and the Wassermann reaction negative. Lumbar puncture was performed, and 50 c.c. of clear fluid was withdrawn under considerable pressure; the pathological report showed this to be normal cerebrospinal fluid.

On April 3rd he had incontinence of urine and fæces and refused food. He was unable to raise the eyelids, frequently calling out for a nurse to open his eyes for him. He had great difficulty in swallowing even his saliva. The breath was foul. The fundus oculi was examined and appeared normal.

On April 6th the plantar reflex was flexor on both sides; the knee-jerks were still very brisk. The right pupil was larger than the left. At this time the arms were in a condition of *flexibilitas cerea*. During the week the temperature had occasionally risen to 100·8° F., and the pulse from 80 to 136. Constipation was a marked feature of the case during the ten days following admission, enemata having to be used daily.

He began to improve on April 11th, when he began to speak fairly intelligently and was able to move his head and arms, the right arm more easily than the left. Incontinence of urine and fæces became intermittent. The appetite was better, but he was still unable to feed himself. By April 13th he had recovered the use of his right leg. Ptosis was still present until the 16th, when he was able to read a newspaper and feed himself. On the 18th, the plantar reflexes were flexor but ankle-clonus was still obtained in the right foot and the knee-jerks remained exaggerated. On April 25th, the patient had recovered power in all the affected muscles: the fundus was again examined and found to be normal. He was able to walk about the ward on May 2nd and on May 9th was transferred to a convalescent home.

K. A—, female, was admitted to Faith Ward on April 19th suffering from "drowsiness." The history shows that she was well until April 1st, when her husband states that she had a "fit" during the night, throwing herself violently about the bed. She remembers nothing of the three following days. On April 4th, she regained consciousness and tried to get up, but could not get about, as she felt giddy and could not see. She states that her eyes kept shutting and that she could only open them with her fingers. She could walk slowly and talk with difficulty. Her condition became worse and she was admitted.

On admission, the patient was in a semi-comatose condition, could speak very little, lay quite motionless, and was able to move her body and limbs but slightly. Her temperature was 99° F., pulse 84, respirations 20. The face was blank and expressionless, but it was difficult to ascertain whether any definite paralysis of the face muscles was present. The pupils were somewhat dilated, but equal, and reacted to light. There was marked ptosis, slight strabismus, and diplopia; ophthalmoplegia of the

extrinsic muscles. The discs were normal in appearance. The mouth and nose were very dry from lack of secretion. There was no dysphagia. She appeared to take no interest whatever in her surroundings, lying motionless in bed. Her reflexes were normal. The urine was also normal, and the Wassermann reaction negative. The blood-pressure was 88 mm. Hg.

Injections of strychnine were given, but did not appear to produce much improvement. On April 29th there was retention of urine for forty-eight hours, and a catheter had to be passed. This did not recur subsequently. There had been obstinate constipation since admission. As there was a question of the case being one of myasthenia gravis, the electrical reactions were tested, and the result excluded this disease. The temperature was normal, save for an occasional rise to 99° F.

The drowsiness slowly passed off, but on May 12th there was still much difficulty in speaking, speech being slow and weak. The patient can now turn over in bed slowly, and can keep her eyes open, but cannot read owing to inability to focus. The constipation has improved, and she sits propped up in bed by pillows. The face is still expressionless owing to the facial paralysis. Improvement is slow, but definite.

L'ENVOI.

“**T**HE regiment will entrain at midnight.” The order forgot to add that the “pubs.” would also close at 2 p.m., and callously left the men to be suddenly and bitterly disillusioned, an experience only too common to military life.

The departure itself, though, was no surprise. When one manoeuvres to the plaudits of the great, entertains divers strange lords and generals to lunch, and finishes with group photos of all concerned, there is only one conclusion—*nos morituri!*

In due course the captains and the kings depart, and the men who do the work get down to business, overhauling, checking, examining, and indiscriminately and amicably swearing at those below them, who in turn pass it on until it reaches the bugler, who is not big enough to swear at anyone—because he might get his head punched!

By dinner everything is ready; the men are prepared, and the officers have bought their iodine ampoules, insect powder, and other unromantic necessities of a campaign. Some, indeed, are like Alice's White Knight, and produce mosquito curtains, lemonade tablets, diaries, cameras, and other sundry.

After mess and the last drink the bugles sound the “fail in,” and each man, wearing a helmet and feeling like a Christmas-tree, pushes his way to the parade ground through a seething mass of well-wishers.

The night is pitch dark, and through the hubbub one hears the voices calling the roll, then the long-drawled "Company," and a silence falls; and again, "Company, 'shun," one click, as the heels come together and the rifles come up; "A Company correct, sir," and following come B, C, and D. The noise breaks out again with the "Stand at ease; stand easy." Within half a minute comes the warning, "Battalion"—dead silence. "Battalion, 'shun," one click. "Slope arms," three clicks. "Battalion will advance from the right in fours," and as the companies march off a storm of cheering breaks out around them and continues, growing ahead and dying down behind.

Eight hours in a train is a bit tiring, and as the journey ends sleepy faces are thrust out of the carriage windows, and repartee, too matutinal to be really effective, drifts out past them.

After the detrain the men stand at ease, looking a bit lost. One is plaintively asking who has his whiskey, a bottle obviously purloined in the mess disruption of the night before, but as an officer comes along, his attention becomes centred on the "Carmania" alongside.

Embarkation then begins. All the gangways are loaded with men, mules, motor-cycles, and so on, while overhead the derricks swing their cargoes to and fro, interrupting in the process a fiery recrimination between a peppery captain and a "sub" on the question of a pork-pie belonging to the former, which the "sub" had discovered in a quiet corner and innocently eaten.

The dock is away from the town, and forms a little world in itself. There are no outsiders to get in the way, no relations to wave the troopship out; just work to be done and certain men to do it. The men troop up the gangway to the deck, fall in, and follow their platoon commanders down narrow hatches, through horse lines and corridors to their quarters, where they cluster like bees in a hive, forming a most uncomfortable *multum in parvo*. Messes are arranged, and the kit gradually disappears under the tables, on to the cabin roof, and other recesses, and the rifles are collected and stored in the armoury. In the bow the M.G.O. is lashing his guns, in lively hopes of potting submarines. He never did, though once he saw a tin biscuit box in the Bay with the sun on it—but that is another story.

Work goes on till three o'clock, with a break for lunch, glorified by the discovery that Perrier-Jouet will be five and sixpence a bottle going out.

As tea finishes someone calls from deck to say the ship is moving. Gradually she creeps from the dock to the fairway, and the last hawser connecting her with England falls. A few letters are thrown to the shore, and the men crowd to the rails. Many have never been afloat before; probably few have gone beyond their own small district of the home counties; but they are going now in earnest.

Soon the quiet of the dock gives place to life. Destroyers

gliding by give them a godspeed blast, and the bluff, wood-built training ship mans her yards to cheer them out. As the ship steams into the harbour, other ships take up the hail, till the water rings with the long re-echoing roar of "Bon voyage!" and as the cheers die down, a small torpedo boat comes up to guard them out. The men are rather silent, looking their last at the receding land.

The little escort darts ahead, twisting and pirouetting elfishly in the rays of the setting sun, like some will-o'-the-wisp, dancing and beckoning forward down the broad pathway of the great adventure. D. D. D.

REVIEWS.

A MANUAL OF MEDICINE. By T. K. MONRO. (Baillière, Tindall, & Cox.) Price 18s. net.

We must frankly admit that our first impression of this volume was somewhat disappointing, but the book is one which improves tremendously on acquaintance. Although containing just over a thousand pages, it is much more condensed than some of the other well-known works on Medicine, owing to the use of larger type. By this it must not be understood that each disease is not discussed in detail. To quote two examples—Botulism and Xerostomia. Desiring information on these somewhat obscure conditions we consulted Monro and found more information at our disposal than could be obtained from two other standard works on Medicine.

Much new matter has been introduced in the present edition, including articles on Vincent's Angina, Chronic Interstitial Enteritis (as recently described by Dalziel), Epidemic or Trench Nephritis, and Trench Foot.

The general arrangement of the book is excellent, the volume being divided into twelve sections. It is a debatable point whether such a large subject as "Diseases of the Skin" should be included in a book of this description, especially as illustrations would seem to be essential when dealing with this branch of Medicine.

We can with confidence recommend the work to our readers.

MINOR MALADIES AND THEIR TREATMENT. By LEONARD WILLIAMS. (Baillière, Tindall & Cox.) Price 7s. 6d. net.

This perfectly delightful work has now reached its fourth edition. We doubt very much whether any medical writer in this country has ever written anything more readable. Dr. Leonard Williams has earned a reputation for the excellence of his phraseology, and for this reason alone the book is well worth reading.

The author in his preface points out that when he first went into general practice he soon found that he was moderately well equipped in the diagnosis and treatment of diseases which he seldom encountered, but soon found that he knew very little about a common cold, less about ordinary indigestion, and nothing at all about the rheumatic conditions.

We venture to suggest that many practitioners are very much in the same position.

The volume is one which should prove most helpful. The article on Constipation alone, specially written for this edition, is worth every penny of the money charged for the complete book.

THE DIAGNOSIS AND TREATMENT OF VENEREAL DISEASES IN GENERAL PRACTICE. By L. H. HARRISON. (Mr. Henry Frowde and Messrs. Hodder & Stoughton.) Price 21s. net.

In all scientific subjects there are standard works, a fact which applies with special cogency in the case of medical subjects. Without doubt Harrison's treatise may be regarded as a standard work on Venereal Diseases. It is hardly necessary to point out the importance of this aspect of medicine. The venereal question is one of vital importance to the community, and, furthermore, provides an enormous field for scientific research.

Harrison has gained a world-wide reputation for his valuable work in this connection, and his book stamps him at once as an authority. The volume is extremely well printed and contains over a hundred excellent illustrations, many of which are in colour. Diagnosis and

treatment of every class of venereal affections are dealt with at length. The laboratory examination of specimens and the interpretation of laboratory reports form two chapters which should prove of the greatest value.

Both author and publisher are to be congratulated on the production of a work which is a credit to the profession.

APPOINTMENTS.

FRENCH, R., M.B., B.C.Cantab., M.R.C.S., L.R.C.P., appointed Temporary Medical Superintendent of the City Isolation Hospital, West Heath, Birmingham.

THORNLEY, R. L., M.D., D.H.P.Lond., appointed County Medical Officer of Health, East County of Yorks.

WHITEFORD, C. H., M.R.C.S., L.R.C.P., appointed Surgical Referee for County Court Circuit No. 58 (Plymouth and District).

EXAMINATIONS, ETC.

UNIVERSITY OF OXFORD.

At a Congregation held at Oxford on May 2nd, 1918, the following degree was conferred:

M.D.—E. Burstal.

UNIVERSITY OF CAMBRIDGE.

At a Congregation held at Cambridge on April 26th, 1918, the following degrees were conferred:

M.D.—H. F. Marris.

M.B., B.C.—R. French.

B.C.—H. W. Hales.

CONJOINT EXAMINATION BOARD.

First Examination.—April, 1918.

Part III. *Elementary Biology*.—F. Asker, A. W. Hart-Prrey, J. P. Hosford, C. A. Moody, T. E. M. Salmon, K. S. M. Smith.

Part IV. *Practical Pharmacy*.—G. Lyon-Smith, G. McK. Thomas, W. G. Hay.

Second Examination. April, 1918.

Anatomy and Physiology.—H. N. Andrews, J. L. M. Brown, K. R. Chapple, H. W. Hammond, H. K. Tucker, E. H. Weatherall.

Final Examination. April, 1918.

The following candidates have completed the examination for the Diplomas of M.R.C.S. and L.R.C.P.: H. C. Cox, H. N. Hornibrook, G. P. Staunton, H. F. Squire, A. D. Wall, E. S. Rose, H. W. Toms, C. L. Hewer, H. Corsi, L. D. Porteous, R. H. Reece, E. B. Verney, C. E. E. Herington, J. P. Wells, M. Jackson, H. Morrison, A. T. Westlake, N. B. Thomas, W. S. Tunbridge.

CHANGES OF ADDRESS.

FRENCH, R., Temporary Medical Superintendent, City Isolation Hospital, West Heath, Birmingham.

GLOVER, N., Welford, near Rugby. Tel. 4, Welford.

GRIFFITHS, G. B., Medical Officer's House, H.M. Prison, Brixton, S.W.

GROVES, E. W. HEY, 25, Victoria Square, Clifton, Bristol. Tel. 1570.

HAMILL, P., 5, Avonmore Mansions, Avonmore Road, Kensington, W. 14.

MATTHEWS, E. A. C., Lieut.-Col., V.H.S., I.M.S., 104th Mhow Indian Cavalry Field Ambulance, Egyptian Expeditionary Force.

WINTER, L. A., Capt., R.A.M.C., 20th General Hospital, B.E.F., France.

MARRIAGES.

BOWER—MCCAUL.—On April 17th, at St. Columba's Church, Pont Street, London, by the Rev. Archibald Fleming, D.D., Capt. Harold James Bower, R.A.M.C., only son of Mr. and Mrs. James Bower, Knowle, Warwickshire, to Mary Esther, elder daughter of Dr. Geo. B. McCaul and the late Mrs. McCaul, of Londonderry, Ireland.

EDMOND—HEADLAM.—On April 10th, at St. Thomas', Hanwood, by the Rev. Morley Headlam, Vicar of St. John's, Keswick, assisted by the Rev. J. Chitty, Rector of the Parish, William Square Edmond, Capt., R.A.M.C., eldest son of Dr. and Mrs. Edmond, Totnes, Devon, to Margaret Ellen, elder daughter of Maj.-Gen. J. Headlam and Mrs. Headlam, of Hanwood, Shropshire.

LE BRASSEUR—SMAIL.—On April 11th, at the Church of the Sacred Heart, Wimbledon, by Dr. Amigo, Roman Catholic Bishop of Southwark, assisted by the Rector of the Church of the Sacred Heart, Capt. J. H. A. Le Brasseur, only son of Mr. and Mrs. H. Le Brasseur, of Newport, Mon., to Annie, eldest daughter of the late Henry Smail and Mrs. Smail, of Donhead Lodge, Wimbledon.

THOMPSON—WILLIAMS.—On April 15th, at All Souls' Church, Langham Place, W., by the Rev. Canon Troop, Capt. William Farrer Thompson, R.A.M.C., eldest son of the late Rev. Walter Thompson, Vicar of Crowle, Worcester, and Mrs. Thompson, of Hove, to Eva Williams, younger daughter of Mr. and Mrs. Walter Williams, late of Surbiton, and now of Hove.

WATSON—PLATTEN.—On April 3rd, at St. Bartholomew the Great, E.C., by the Rector, assisted by the Rev. J. Miller, Vicar of Shepeth, Surgeon Francis Eaton Gordon Watson, R.N., H.M.S. Calliope, younger son of the Rev. Thomas Henry Gordon Watson, M.A., and of Mrs. Watson, to Lucy Margaret Colman Platten, daughter of Thomas Platten, Esq.

WILSON—JACK.—On April 3rd, at Sefton, Helensburgh, by the Rev. W. J. S. Miller, B.D., West Parish, Helensburgh, assisted by the Rev. J. R. S. Wilson, B.D., North Leith (brother of the bridegroom), Capt. A. S. Wilson, M.B., R.A.M.C., to Jeanie Lawrie (Dolly), youngest daughter of Mr. and Mrs. James Jack.

GOLDEN WEDDING.

LONGHURST—LYSTER.—On April 23rd, 1868, at Dover, Staff-Surgeon Arthur Edwin Temple Longhurst, M.D., to Sophia Harriet Lyster, daughter of the late Major Septimus Lyster, H.M. 94th Regiment. Present address, The Homestead, Chandlersford, Hants.

DEATHS.

BROADBENT.—On April 16th, 1918, at his residence, Den Haag, South Side, Clapham Common, Francis Wesley Broadbent, M.B., F.R.C.S., third son of the late Benjamin Broadbent, of Leicester, and Mrs. Broadbent, of St. Albans, aged 50.

BUTLER.—On April 27th, 1918, at the Firs, Guildford, of pneumonia, Thomas Mapleson Butler, M.R.C.S., L.R.C.P., aged 79.

CRACE-CALVERT.—On May 9th, 1918, from acute pneumonia, George Alfred Crace-Calvert, J.P., M.B., M.R.C.S., L.R.C.P., of Llanbedr Hall, Ruthin, aged 46.

DANIELL.—On April 29th, 1918, at Banbury, Charles Henry Daniell, M.R.C.S., L.S.A., late of Hull, aged 60.

ROBINSON.—Killed in action, on the Western Front, on April 26th, 1918, whilst attending the wounded, Lieut. Henry Ellis Robinson, R.A.M.C., fourth son of the Rev. E. C. Robinson, of Malvern.

ACKNOWLEDGMENTS.

Guy's Hospital Gazette, The British Journal of Nursing, The Nursing Times, Long Island Medical Journal, The Medical Review, The Hospital, Sydney University Medical Journal, New York State Journal of Medicine.

NOTICE.

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

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

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St. Bartholomew's Hospital



"Æquamemento rebus in arduis
Servare mentem."
—Horace, Book ii, Ode iii.

JOURNAL.

VOL. XXV.—No. 10.]

JULY 1ST, 1918.

[PRICE SIXPENCE.]

CALENDAR.

Tues., July 2.—Dr. Calvert and Mr. D'Arcy Power on duty.
Fri., „ 5.—Dr. Morley Fletcher and Mr. Waring on duty.
Tues., „ 9.—Dr. Drysdale and Mr. McAdam Eccles on duty.
Fri., „ 12.—Dr. Calvert and Mr. D'Arcy Power on duty.
Tues., „ 16.—Dr. Morley Fletcher and Mr. Waring on duty.
Fri., „ 19.—Dr. Drysdale and Mr. McAdam Eccles on duty.
Tues., „ 23.—Dr. Calvert and Mr. D'Arcy Power on duty.
Fri., „ 26.—Dr. Morley Fletcher and Mr. Waring on duty.
Tues., „ 30.—Dr. Drysdale and Mr. McAdam Eccles on duty.
Fri., Aug. 2.—Dr. Calvert and Mr. D'Arcy Power on duty.

EDITORIAL NOTES.



We are pleased to note that the following St. Bartholomew's men are included in Sir Douglas Haig's Despatch of April 7th, 1918:

A.M.S.—Headquarters Staff: Lieut.-Col. (Temp. Col.) L. Humphry, C.M.G., and Capt. L. R. Tosswill.

Consultants: Temp. Surgeon-General Sir A. A. Bowlby, K.C.M.G., Major (Temp. Col.) G. E. Gask, D.S.O.

R.A.M.C.: Capt. (Actg. Lieut.-Col.) C. Clarke, Temp. Capt. S. J. L. Lindeman, Major (Actg. Lieut.-Col.) H. C. Sidgwick, Temp. Lieut.-Col. G. N. Stephen, Major (Actg. Lieut.-Col.) C. H. Turner, D.S.O., Temp. Capt. G. W. Twigg, and Temp. Capt. W. W. Wells.

R.A.M.C.(T.F.): Major T. A. Barron, Capt. J. M. Hamill, Capt. T. R. Kenworthy, Capt. J. M. Smith, and Major (Temp. Lieut.-Col.) C. A. A. Stidston, D.S.O.

I.M.S.: Major D. H. F. Cowin, Major (Temp. Lieut.-Col.) E. C. Hodgson, and Major E. A. C. Matthews.

R.E.(T.F.): Lieut. (Temp. Capt.) K. E. Shellshear.

* * *

The following are mentioned in Lieut.-General Sir A. A. Barrett's Despatch in connection with the operations against the Mahsuds, August, 1917:

Lieut.-Col. G. G. Gifford, C.I.E., I.M.S.

Capt. J. M. Weddell, R.A.M.C.

* * *

In General Sir Herbert C. O. Plumer's Despatch of April 18th, 1918, the Hospital is again honoured:

A.M.S.—Headquarters Staff: Lieut.-Col. (Temp. Col.) R. Pickard, C.M.G.

R.A.M.C.: Temp. Capt. J. L. Davies, and Capt. H. W. Maltby, Sp.R.

* * *

Surgeon M. B. Scott, R.N., has been mentioned in Despatches.

* * *

It affords us much pleasure to congratulate the following "Bart.'s" men who are among the recipients of Birthday Honours:

K.C.B. (Civil Division): Surgeon-General H. D. Rolleston, C.B., R.N.

K.C.M.G.: Temp. Col. Sir Ronald Ross, K.C.B., A.M.S.,
C.B.E.: T. Morison Legge, M.D., Chief Medical Inspector of Factories.

C.B. (Military Division): Temp. Major-General Sir A. A. Bowlby, K.C.M.G., A.M.S.,

C.M.G.: Fleet Surgeon F. J. A. Dalton, R.N., Fleet Surgeon D. W. Hewitt, R.N., and Temp. Col. A. S. Woodwark, A.M.S.

C.I.E. (Civil Service): Lieut.-Col. E. A. R. Newman, I.M.S.

O.B.E.: Major E. W. C. Bradfield, I.M.S., W. Fairbank, M.V.O., Capt. J. M. Hamill, R.A.M.C.T., Charles Todd, M.D., and Capt. T. G. Wakeling, R.A.M.C.

M.B.E.: A. C. Butler-Smythe, F.R.C.S.

D.S.O.: Major T. A. Barron, R.A.M.C., Capt. (Actg. Lieut.-Col.) C. Clarke, R.A.M.C., Major (Temp. Lieut.-Col.) E. C. Hodgson, I.M.S., Major E. A. C. Matthews, I.M.S., and Capt. O. Teichmann, M.C., R.A.M.C.

M.C.: Capt. S. M. Hattersley, R.A.M.C., Temp. Capt. H. M. Pentreath, R.A.M.C., Capt. F. H. Robbins, R.A.M.C., and Capt. (Acting Major) R. O. Ward, H.A.C.

The following have received promotions:

To be Brevet Lieut.-Col.: Major (Actg. Lieut.-Col.) C. H. Turner, D.S.O., R.A.M.C.

To be Brevet Major: Capt. (Actg. Major.) A. G. R. Foulerton, R.A.M.C.

* * *

General Sir E. H. H. Allenby's Despatch of April 3rd, 1918, contains the names of the following men who have been mentioned in connection with the operations of the Egyptian Expeditionary Force:

Headquarter Staff: Lieut.-Col. (Temp. Col.) E. P. Sewell, D.S.O., R.A.M.C.

R.A.M.C.: Lieut. (Temp. Capt.) E. Catford.

R.A.M.C.(T.F.): Capt. H. M. McC. Coombs, Capt. A. B. P. Smith, Capt. O. Teichmann, Capt. S. H. H. Waylen.

I.M.S.: Lieut.-Col. R. W. Knox, D.S.O.

* * *

Since the June issue of the JOURNAL we understand that the following four "Bart.'s" men posted as "missing" are prisoners in German hands: Capt. A. J. Chillingworth, R.A.M.C., attached Royal West Kent Regt., Capt. R. A. Leembruggen, R.A.M.C., attached Suffolk Regt., Capt. E. E. Mather, R.A.M.C., attached Durham Light Infantry, and Capt. R. M. Soames, R.A.M.C. To this list we have to add the names of Capt. C. A. Meaden, R.A.M.C., and Lieut. H. M. Gilbertson, R.A.M.C., attached Somerset Light Infantry.

* * *

We regret to hear that Major F. G. Lescher, M.C., Capt. R. M. Coalbank, Capt. C. R. Crowther, and Capt. A. H. Little, all of the R.A.M.C., have been reported "Missing."

* * *

We note with much interest that the President of the Royal College of Surgeons of England has appointed Lieut.-Col. D'Arcy Power as Bradshaw Lecturer for the ensuing year.

* * *

Lieut.-Col. Sir Robert Armstrong-Jones has been appointed Gresham Professor of Physic, succeeding the late Dr. F. M. Sandwith.

* * *

We feel sure that our readers will be delighted to learn that Sir Thomas Horder has consented to write a series of short clinical and pathological notes for the JOURNAL, the first of which appears in this issue. These notes are written largely for teaching purposes; in fact, as Sir Thomas says, an effort will be made to put into print some of the remarks which, he fears, may have fallen too often upon deaf ears in the Out-patient Room and in the wards.

Sir Thomas Horder has earned a reputation for remarkable accuracy and care in diagnosis, and we feel sure that the notes will be appreciated to the full by both student and practitioner alike.

* * *

We regret to have to record the death of Surgeon-Major William Jasper Rendell in his eighty-sixth year. He was educated at Truro Grammar School and St. Bartholomew's Hospital, and joined the Army as Assistant Surgeon in the Royal Scots at Castlebar in 1853. A year later he was transferred to the 55th (Border Regiment) in the Crimea. He served in Scutari and the trenches throughout the campaign. He also took part in the suppression of the Indian Mutiny, including the Relief of Lucknow, and served through the first Bhootan campaign. Subsequently he was transferred to the 13th (Somerset Light Infantry), and retired in 1875.

* * *

ROLL OF HONOUR.

It is with very much regret that we learn of the death of Capt. D. Spurway, The Yorkshire Regt. Capt. Spurway was killed in action, but details are not yet to hand. He had been a student here since October, 1914, when he won an Entrance Scholarship.

* * *

To the friends of Capt. Spurway we extend our deepest sympathy.

AN OBSCURE ABDOMINAL CONDITION.

By C. LANGTON HEWER, M.R.C.S., L.R.C.P.



HE following case is of some interest in showing the difficulty of making an exact diagnosis even after an exploratory operation.

The patient, a man, æt. 55, gave the following history: On May 7th he was feeling quite well and went to work as usual. At 9 a.m. he had a cup of tea and at 10 a.m. he noticed a dull pain all over the abdomen, which rapidly became worse. He vomited and was taken to the Metropolitan Hospital, but as they did not have a bed they sent him to St. Bartholomew's Hospital, where he arrived at 4 p.m.

The patient stated that two years ago he had a somewhat similar but milder attack, and that he always suffers from bronchitis.

On admission, the patient was pale and obviously in much pain, which was not localised. The abdomen was somewhat retracted, but moved fairly well on respiration. On palpation there was generalised tenderness and rigidity, especially on the right side. No tumour could be felt. His tongue was furred, and nothing could be found in his chest beyond some signs of bronchitis. His pupils reacted to light, and his knee-jerks were obtained. Temperature, 100. Pulse-rate, 80. Respiration, 28.

A tentative diagnosis of acute appendicitis was made, and the patient was operated upon by Major Eccles at 6.45 p.m. A "gridiron" incision was made over the right iliac fossa. When the peritonæum was incised, a considerable amount of clear, somewhat sticky, serous fluid escaped, a specimen

of which was taken for pathological investigation. The appendix appeared normal, but was removed. A second incision was next made in the mid-line above the umbilicus. Clear fluid again escaped in considerable quantity, but no gas was present. The stomach, duodenum, gall-bladder, liver, and pancreas appeared normal. The abdomen was therefore closed, a drainage tube being left in each incision. The patient made a good recovery from his operation, but four days later began to have diarrhoea and finally to pass liquid which appeared identical with that in his abdominal cavity. On one occasion he also passed bright blood. His condition then steadily improved and he finally passed normal stools. He complained a good deal of cough and brought up a fair quantity of green sputum. This was examined, but failed to show any tubercle bacilli. The peritoneal fluid also failed to grow any organisms.

His blood-count was: Red blood corpuscles, 4,370,000 per c.mm.; hæmoglobin, 100 per cent.; colour index, 1.12; white blood corpuscles, 11,000 per c.mm.; polymorphs, 8500; lymphocytes, 1870; large mononuclears, 440; eosinophiles, 110; basophiles, *nil*.

There was a slight degree of anisocytosis.

The discharge from the drainage-tubes gradually ceased. The upper tube was removed on May 11th; the lower one on May 12th; and the patient was discharged on May 23rd, practically well with the exception of his bronchitis.

The main interest of this case lies in the diagnosis, which was doubtful up to the end, and it also shows, in spite of what we have heard recently, that the surgeons do occasionally have cases which call for a certain amount of thought.

I am much indebted to Major McAdam Eccles for permission to publish this case.

MEDICAL NOTES.

By Sir THOMAS HORDER, M.D.

Although it be a more new and difficult way, to find out the nature of things, by the things themselves; than by reading of Books, to take our knowledge upon trust from the opinions of Philosophers; yet must it needs be confessed that the former is much more open, and less fraudulent, especially in the Secrets relating to Natural Philosophy.—

WILLIAM HARVEY.

I. ON METHODS AND TERMS.

IN diagnosis one physical sign is of more value than many symptoms.

(2) As "probability is the guide of life" so is it the guide of diagnosis. *Cæteris paribus*, a common disease is more likely than an uncommon one to be the explanation of any particular set of signs and symptoms. This is a

statement which it would seem absurd to make if the fact were not so frequently forgotten.

(3) The fewer the physical signs found during the examination of a patient, the more extensive should be the search for them. For where there is little or no guide to the true nature of a case, light may appear in an unexpected quarter—in the blood, in the fundus oculi, in the stools.

(4) The terms "weak," "poor," "feeble," often applied to the pulse, are to be avoided on account of their ambiguity. The notion which the observer attempts to convey by means of them should be analysed, in so far as this is possible, into definite elements, such as frequency, volume, tension.

(5) The introduction of instruments of precision into diagnosis has marked a great advance in medicine, but the art of careful observation by the unaided senses has suffered in consequence. The student has ceased to recognise the presence of fever apart from the help of the thermometer, he frequently fails to note a soft or a hard pulse until he "measures the blood-pressure," and he does not trust himself to say a patient is anæmic before the hæmoglobin is estimated. The great value of an instrument is to determine the *degree* of a condition rather than its existence.

(6) In order to obtain the best results during an examination of the chest the following points are worthy of attention: Choose a quiet room, one that is not too lofty and one that is not too bare of furniture. Place the patient in a good light. If the patient is nervous defer the examination until he is reassured; the breathing of a nervous patient is shallow, and deep breathing is essential to proper examination of the lungs; the heart's action in a nervous patient is unduly forcible, and this may simulate disease. If the patient is chilly, warm him; muscular shiver may be mistaken for cardiac bruit or even for pleural friction. Place yourself exactly opposite to the patient and upon the same level; assuming that he is an adult, stand if he is standing and sit if he sits. See that your hands are warm, that your stethoscope fits your ears comfortably, and that you have ample time for the examination; cold hands have poor tactile sense, ears that are in pain cannot attend to the sounds that reach them, and a pre-occupied mind does not tend to make accurate judgments.

(7) There are four methods of eliciting physical signs, whether in examination of the chest, abdomen or other region of the body: Inspection, palpation, percussion auscultation. Let not the student be tempted to depart from the traditional sequence of these methods, for it results in fuller and more accurate data than does any other. Knowledge of this fact explains why the experienced

observer, who could the more afford to, rarely changes the sequence; ignorance of the fact explains why the beginner, bent on novelty, frequently does.

(8) It is noticeable that percussion is performed in two different ways by different observers. In one way the percussing finger strikes forcibly and deliberately, and attention is directed to the single sound thus produced before the tap is repeated. In the other way a rapid series of very light percussions is used and judgment is passed upon the summation of sound effects. No doubt there are individual differences in the observers themselves that make one method of greater use than the other. The first method has the advantage that the sense of resistance—a very important observation during percussion, and one which led to the universal discarding of plexors and pleximeters—is much better appreciated. And is it not perhaps a testimony to the greater value of the first method that the second is frequently used for the abdomen—a region where percussion is notoriously fallacious in its results, and therefore does not invite a very discriminating method—even by those observers who favour the first method in examination of the chest?

(9) If a physical sign which is present in health is found to be less marked on one side of the chest as compared with the other, the difference should be referred to in terms of the side showing the lesser degree of the sign. Thus, say "vocal fremitus is diminished over the left base," or, "vesicular breathing is diminished at the left apex"; do not say, "vocal fremitus is increased over the right base," or, "vesicular breathing is increased at the right apex." The reasons for this advice are two: (i) It is more difficult to judge the increase of a normal sign than its decrease, always bearing in mind that we have no absolute criterion of normal physical signs, but that we compare one side of the patient's chest with the other. (ii) The side upon which the sign is diminished is probably the abnormal side; it is likely that other physical signs of disease will therefore be found upon this side; attention is thus concentrated from the first upon the abnormal side, and is not required to shift from side to side during the recital of the physical signs.

(10) Voice sounds are, in general, of less service in diagnosis than are breath sounds. For this reason they are by some observers wholly discredited. But to do this is to forfeit a valuable means of obtaining clinical data. All that is necessary is to remember that the interpretation of changes in the voice sounds calls for greater care than in the case of breath sounds.

SURGERY VERSUS MEDICINE.



MOST interesting debate took place at St. Bartholomew's Hospital on May 23rd, 1918, under the auspices of the Abernethian Society, the subject under discussion being "Surgery *versus* Medicine."

The Abernethian Room had been arranged in the form of a miniature House of Commons—"ayes to the right, noes to the left"—members of the junior staff occupying the "Treasury Benches."

The exact wording of the motion was: "That, in the opinion of this House, the study of surgery at the present time is of greater importance than the study of medicine."

Major L. BATHE RAWLING, on rising to propose the motion, referred to the formidable task before him, and paid a graceful compliment to the two eminent physicians who were to speak against the motion.

In the first place he did not propose to make an attack upon medicine. No surgeon would think of doing so. Each stands safe on its own merits. At the same time he held that surgery was of greater importance than medicine, and will remain so for many years to come. He requested both sides to steer clear of pathology. "I may add," remarked the speaker, "that Prof. Andrewes told me to-day that if he had been able to come this evening he would have proposed an amendment to the effect that pathology was more important than either medicine or surgery."

After paying Abernethy a glowing tribute in regard to his medical knowledge, Major RAWLING said that he considered that anatomy and physiology were ruled out, as these two subjects respectively formed the basis of both medicine and surgery. At the same time he contended that dentistry, orthopædics, throats, ears, and gynæcology should certainly be included in the broad term surgery, and supported the statement by pointing out that in his younger days all these posts were held by the surgeon. This was, in his opinion, a wonderful example of the extraordinary progress which had taken place in the art of surgery.

He quite realised that the physician had every right to be proud of the advances that had been made in such branches of medicine as bacteriology, public health, and tropical diseases. Especially was he in a position to appreciate the importance of tropical medicine. His experiences in India had taught him that such conditions as cholera, dysentery, etc., were being taken in hand by the physician in a way that compelled his admiration. He did not agree that the subject of public health was necessarily a medical subject any more than was the feeding of infants or the care of the poor.

Sweeping aside these "lusty branches of the tree of medicine and surgery" and coming to medicine and surgery in their actual application, Major RAWLING said that if you enlarged on one you must cut down the other, and in his

opinion medicine must certainly go. "In France at the present moment," said the speaker, "it is surgery and not medicine that counts. The War Office conscripts everyone and immediately converts them into surgeons. The physician is not wanted abroad except in a few cases here and there, and even after the war the demand for surgeons will still remain. Men will be coming back in countless thousands, maimed and crippled, and these will need attention."

With regard to the needs of the civil population he contended that if necessary the surgeon can always "wield the stethoscope," whereas the physician cannot "wield the scalpel." "The mantle of medicine can be thrown over the surgeon," said Major RAWLING, and he proceeded to illustrate this by his own experiences in India. A large proportion of the cases there were medical, and he evoked much amusement by saying that he himself proved to be a most skilled physician. In fact, he established quite a reputation in Bombay, more especially as the result of one case which he diagnosed as pleuritic effusion.

Major RAWLING contended that the general practitioner would be much better off if he knew more surgery. This he considered was not so much the fault of the surgeon as the methods of teaching. "Do not spoon-feed so much," said the speaker. He realised the incessant demand on the part of the public for medicine, and caused some laughter by his graphic description of the patient sampling his medicine outside the hospital and determining there and then whether it was likely to do him any good. The result of all this is that the general practitioner becomes at once involved in minor medical complaints and his knowledge of surgery becomes lost. His advice was to educate the British public. Medicine and surgery have each a stronghold and there is a "no man's" land. Years ago physicians owned everything, but of recent years surgery had advanced the quicker. His advice was to instil into students the necessity and importance of surgery and train them more in this all-important subject.

Sir THOMAS HORDEK, on rising to oppose the motion, said that the wording of the motion before the House had been a little altered from the original when he reluctantly consented to champion the cause of medicine. Presumably the phrase "at the present time" meant war time, and at a superficial glance it might appear that, as gun-shot wounds were the most obvious troubles arising out of the war, surgery seemed more important just now than medicine. The physician, however, is given to think more deeply than the surgeon, and the speaker did not think the introduction of these words materially altered the question.

In mentioning Abernethy, the opener of the debate was obviously employing the method of "camouflage," and, in suggesting a truce in respect of certain branches of medicine, he appeared to be conducting a "peace offensive." But he found it difficult to understand in what particular

the feeding of infants had surgical bearings, seeing that neither feeding by nasal tube nor by gastrostomy could be regarded as the ideal to be aimed at. It was, indeed, difficult to see quite where infant feeding overlapped with "present-time" medicine or surgery.

Then with regard to the ability of surgeons to "wield the stethoscope," the speaker was not sure that the stethoscope was an instrument which gave the most helpful results if it were "wielded." Major Rawling's pride in his skill as a physician reminded him of a consultation he once had with a very distinguished predecessor and surgical colleague of theirs, who, after examining the chest in a rather obvious case of empyema, remarked that the reason why he knew the patient had a pneumonic lung was that he "could hear him shoutin' through it"!

Coming to the question before the House, what are the matters with which the doctor has to deal? We had first of all the recruit, and his fitness or otherwise for military service, a matter almost solely in the hands of the physician. In the actual field of war the surgeon's scope is limited. The first-aid work, of vital importance, was best carried out by well-trained orderlies and their N.C.O's. At the C.C.S. and at the Base in France a few expert surgeons sufficed for the limited amount of major surgery that it was advisable to do there. In the early days of the war there was a great deal too much of this work done, with consequent bad results upon exhausted, shocked, and anæmic men. On the Eastern fronts the medical work is, as Major Rawling admitted, far in excess of the surgical. During the long waiting at Salonika the needs for major surgery resolved themselves into an occasional acute appendix, a displaced semilunar cartilage tempting radical treatment because of the general inactivity, and the perforation of a nurse's stomach. On the other hand, the man with a knowledge of medicine was never idle, with malaria, dysentery, and many other diseases. At home three large groups of cases had to be dealt with, and these all required medical knowledge: Heart cases, nerve cases, and cases of trench fever. It was surely due to our shockingly amateurish notions in regard to the principles of research that it was only recently that any adequate investigation had been undertaken concerning trench fever. In preventive work medicine had scored very heavily; inoculation against the enteric group, and carefully worked-out knowledge in regard to cerebro-spinal fever, had almost eliminated these two terrors from modern warfare.

As a matter of fact, urged Sir Thomas, we were just beginning to take more intelligent views of the relative importance of medicine and surgery when the outbreak of war plunged us back into more primitive notions. For who would deny that official conceptions of all these matters were of the most primitive sort? The War Office calls a man who is suffering from acute pulmonary œdema after gassing "*wounded*," and if it wishes to confer a high dignity

upon a distinguished physician the Admiralty calls him *Surgeon-General*.

The House was asked to reduce the time devoted to the study of medicine even further than had already been done ; but had it not already reached the irreducible minimum ? Sir Thomas trusted members of the House to think of these things carefully, and if they used the divine gift of intelligent deliberation he had no doubt as to the result when the question was put to the vote.

Capt. GIRLING BALL, in his opening remarks, said that he was disappointed with those of the last speaker in that he had not stuck to the point in question, which was that "at the present time" the need of teaching in surgery was greater than that in medicine. Sir Thomas Horder had merely taken the relation of the two subjects as a general rule, and thus had left him little opportunity to discuss his remarks. He put forward as one of his remarks that surgeons were obviously not needed because they were commanding officers, in which post a knowledge of surgery was not required ; this, according to the speaker, only spoke of their sagacity, in that there were other compensations than those of using the knife. He agreed that medicine and surgery were both good subjects, but thought that at the present time the student required more training in the latter than he was obtaining. He then went on to speak of his recent experiences in France.

Among the chief points of his remarks were these : In the first place, it was more often than not that, of the younger medical officers coming out, by far the larger proportion of them stated that they knew nothing of surgery of the war, and so used to prowl round the hospitals to see the surgeons at work, and in this way pick up the methods that should have been taught to them in this country. Secondly, he criticised the statement of Sir Thomas Horder that surgery was not done in the casualty clearing stations, pointing out that, as a matter of fact, the majority of the surgery is at the present time done in those hospitals. It is appreciated by all that to get the best results the majority of the operative work must be done in these places. He also pointed out that the Base hospital work is largely surgical, supporting this fact by stating that at least two-thirds of the beds in the latter are given up to that work, and that in times of push even a greater proportion.

In his opinion, our chief object at the present time is to win the war, and to do this the man-power must be kept up to the best of our ability. Patients suffering from wounds are the most likely to return to the Front, as many of the medical cases are permanently incapacitated, except for the most trivial ailments, none of which required any special knowledge.

He then went on to deal with the question of the infection of wounds, and stated that at the present time the treatment of these is very badly taught in our hospitals. More especially he desired that the newer methods of treatment,

most of which are not used in this country, should be demonstrated to students ; all of this required more time.

He also pointed out that, so far as the medical side was concerned, there were only a few conditions which required to be dealt with—*e.g.* trench fever, nephritis, heart and lung troubles, all of which came under the cognisance of the student in the ordinary course of his training. Shell-shock was a condition which was becoming an unknown quantity, largely owing to the moral effect which the medical officers had over their men—a factor which did not require any special medical knowledge. The prevention of shell-shock by suggestion was having a most beneficial effect in limiting the number of cases occurring.

It was true that all officers of the R.A.M.C. had at times to till the earth for the sowing of potatoes, but he pointed out that the physicians always had more digging to do than the surgeons owing to the larger proportion of their time that hung on their hands. They were often at it from nine o'clock in the morning until six at night. (Laughter.)

The treatment of sepsis and fractures should monopolise a large proportion of the time of the student at the present time, and, looking to the future, he ventured to predict that surgery would be the predominant science for the next ten years to deal with necessarily resultant deformities, and for these reasons he maintained that the resolution required the most earnest consideration of the meeting.

Dr. A. E. STANSFELD, in supporting the Opposition, commenced by saying that he felt that he was at a disadvantage in not having had any personal experience of conditions at the Front, but that he had had opportunities of discussing their work with a very large number of old Bart.'s men home on leave. The physicians were maintaining that medicine was, at least, as important as surgery, and demanded as much study. Within the last few years the time required of students in the medical wards had been increased from three to six months, thus raising medical training to the same admitted importance as surgical training. Why had the surgeons suddenly increased their demands ? Possibly they were suddenly overwhelmed by the eminence of the medical side of the Hospital.

As a matter of fact, both surgeons and physicians have the same aim—the advancement of the profession as a whole. Dr. Stansfeld referred to some of the diseases with which the physicians had had to contend during the war. They were by no means as limited as the surgeons would have us believe. The results achieved in such conditions as shell-shock, enteric fever, dysentery, and meningococcal meningitis were as brilliant as anything the surgeons could show.

Discussing medical work as it would affect the young medical officer, he said that the work in France would necessarily be different to anything which could be included in training here. He gathered from men who had been in France that there were two chief types of work—first-aid

work, most of which could be done quite well by a properly trained R.A.M.C. orderly, and men who declared sick were really fit for duty or not. Often it was a very difficult matter to decide whether a man was "swinging the lead," and medical experience was of far greater assistance than surgical experience in this connection.

Dr. Stansfeld said it would certainly appear that in France they have all the surgeons they need. One thing is certain—the young medical officer is not going to be given special surgical jobs—the surgeons have these already. And some account must be taken of the future needs of the nation. It would be disastrous to turn out a number of imperfectly equipped men to deal with the population after the war. A three-months' house appointment (a condition which, unfortunately, had to be at the moment) was too short, but it was far better than nothing, and the post of "house physician" had always been regarded as more generally useful to the future practitioner than that of "house surgeon." While agreeing that the physician could be turned for a time into a sanitary officer or a surgeon, he maintained that the surgeon could not be turned into a physician. Save for mere "carpentry," the physician had to deal with every kind of case which came into the surgeon's hands. On the other hand, there were a great many medical conditions with which the surgeon never came into contact at all.

Dr. Stansfeld felt strongly that surgery could be more easily "picked up" than medicine; the third-year student invariably felt much more at home in the surgical wards than in the medical wards. Early in the war the visiting staff at the Metropolitan Hospital had taken turns in doing night duties, and the physicians had exhibited greater readiness in coping with work to which they were unaccustomed than had the surgeons. The fact that the gynæcologist had been more successful still did not affect the question at issue.

Several members took part in the discussion, Mr. WELLS' attack on the physicians being especially vigorous, and Major RAWLING and Sir THOMAS HORDER briefly replied. One member caused some amusement by crossing the floor of the House, and another member refused to go into the "Lobby." The figures, as announced by the President (or perhaps better, by Mr. Speaker) were:

For the motion	27
Against	50

It is hardly necessary to state that the large majority was the signal for a tremendous outburst of applause on the part of the supporters of medicine.

J. S. W.

THE PREPARATION OF CATGUT.

We are indebted to Dr. C. Hubert Roberts, who in turn desires to thank "Sister Thomas," of the Queen Alexandra Military Hospital, for the following very useful details:

Roll catgut loosely on glass reels or microscope slides; place in glass jar, and cover with *methylated ether* for twelve hours to remove any grease. Then place in the following solution:

Tr. iodi	1 fl. ounce.
Aq. dest.	6 fl. ounces.
Sp. rect.	10 fl. ounces.

This is a three weeks' preparation. To the above solution add 1 fl. ounce tr. iodi at the beginning of the second and third weeks. At the end of the third week the catgut is ready for use.

If the catgut is to be kept *indefinitely*, use the following solution for the gut as prepared by the previous method:

Iodine	0.5 per cent. = 80 grains.
Glycerin (pure)	5 per cent. = 2 ounces.
Alcohol	50 per cent. = 38 fl. ounces.

REVIEWS.

THE LAW OF THE HEART (Linacre Lecture). By ERNEST H. STARLING. (Longmans, Green & Co.)

The Law of the Heart, as expounded by Starling in 1915, has now been published for the first time in monograph form. It is of some thirty pages only and deals with the factors governing the mechanism of the healthy heart free from nervous control; pathological considerations are not discussed.

The recognition of the various cardiac conditions met with in practice and especially in war time demands a thorough knowledge of the working of the normal heart, and we strongly recommend the perusal of this monograph to all practitioners and students who wish to be up-to-date in this important branch of medicine.

INFECTED WOUNDS. By A. CARREL and G. DEHELLY. (Baillière, Tindall & Cox.) Price 6s. net.

So important has the "Carrel method" become in the treatment of infected wounds that it has been found necessary to issue a second edition in spite of the fact that the first edition only appeared in May of last year.

The authors have taken the opportunity of introducing details descriptive of the technical improvements which have been effected during the last few months in addition to demonstrating the fresh results which have been obtained in the treatment of old wounds, old fractures, and other surgical affections.

We quite agree with the authors that where failure has occurred it has been due invariably to faulty technique. Sir Anthony Bowlby in an excellent introduction lays special stress on this fact, and points out that where it has been thoroughly carried out the method has accomplished all that is claimed for it by its author. It is also important that no change whatever should be made either in the Dakin's solution itself or in the use of the tubes for instilling it.

The volume is one which should be in the hands of every surgeon, especially those engaged in hospital work.

MEDICAL MILITARY MANUALS.

We have received seven new volumes in the above series, making up the total number now published to twenty-one. Two of the new set are medical and five surgical. Our previous commendation of the series as a whole is gratefully extended to these recent additions. They are published at 6s. per volume, with the exception of one on *The Localisation and Extraction of Projectiles*, a larger book of some 386 pages, which is priced at 10s. 6d. It is written by L. OMBRÉDANNE and R. LEDOUX-LEBARD, edited by Lieut.-Col. ARCHIBALD D. REID, C.M.G., with a preface on the "Extraction of Projectiles in the Globe of the Eye" by Col. W. T. LISTER, C.M.G. The greater part of the work is devoted to a detailed description of the radiological methods of localisation—method of two intersecting axes, method of the double image, etc. There are chapters on radio-

stereoscopy and about a hundred pages are devoted to the indications and contra-indications for extraction, the processes of extraction, and the search for projectiles by non-radiological methods. A special feature of the book is the large number of excellent diagrams, illustrations and plates, some 233 in all.

Wounds of the Vessels, by L. SENCERT, and edited with a preface by F. F. BURGHARD, C.B., M.S., F.R.C.S.; *Wounds of the Skull and Brain*, by C. CHATELIN and T. DE MARTEL, also edited by F. F. BURGHARD, and prefaced by Prof. PIERRE MARIE; and *Wounds of the Abdomen*, by J. ABADIE, edited and prefaced by Sir W. ARBUTHNOT LANE, Bart., C.B., M.S., are three well-written and clearly-translated little volumes on these three branches of regional war surgery. The last-named is particularly recommended as a reliable guide to this important part of the subject; the first section is devoted to a consideration of what treatment is to be recommended in penetrating wounds of the abdomen, the second to the surroundings and conditions in which laparotomy is advisable, and the third to the methods to be adopted in the presence of a deep-seated abdominal wound. A bibliography of some 88 references, 69 illustrations, and 4 plates are added. In the volume on wounds of the skull and brain, lesions of the latter are considered in order according to their anatomical situation, and such complications as meningitis, abscess, and epilepsy are fully dealt with; the section on wounds of the skull contains an account of the methods and sequelæ of craniectomy, the extraction of projectiles, cranioplasty, and lumbar puncture. Sencert, in his book on wounds of the vessels, devotes about half the volume to the general features of such lesions—external and internal hæmorrhage, reactionary hæmorrhage, traumatic anæmia, diffuse hæmatoma, aneurysm, and the like—while the latter half deals with wounds of individual vessels.

Lack of space forbids us from considering in detail the following three volumes: *War Otitis and War Deafness*, by H. BOURGEOIS and M. SOURDILLE, English translation edited by J. DUNDAS GRANT, M.D., F.R.C.S.; *Abnormal Forms of Tetanus*, by M. COURTOIS-SUFFIT and R. GIROUX, with a preface by Prof. WIDAL, edited by Surgeon-General Sir DAVID BRUCE, C.B., F.R.S., LL.D., and FREDERICK GOLLA, M.D.; and *Malaria in Macedonia*, by ARMAND-DELILLE, ABRAMI, PAINSEAU, and LEMAIRE, translated by J. D. ROLLESTON, M.D., edited with a preface by Sir RONALD ROSS, K.C.B., F.R.S., LL.D., D.Sc., who concludes his preface with the remark that "the work should be in the hands of everyone called upon to treat malaria." We hope to return to these three valuable monographs in a later number.

APPOINTMENT.

CANE, L. B., Capt., R.A.M.C., appointed Specialist in Dermatology for the Burma Division.

CHANGES OF ADDRESS.

CANE, L. B., Capt., R.A.M.C., Station Hospital, Maymyo, Burma.
HEMMING, J. J., 8, Eaton Road, Margate.
MANGIN, F. M., Lieut.-Col., R.A.M.C., Meerut, U.P. India.
STEPHENS, H. W., "Kilcreggan," Woodstock, Cape Province.
TURNER, P. E., 11, Downs Road, Clapton, E. 5.

HENRY EDGAR WILLIAM HOFFMEISTER has changed his name by deed poll to EDGAR WILLIAM SEYMOUR.

BIRTHS.

CARTE.—On May 23rd, at Hollybank, Seymour Avenue, Plymouth, the wife of Temp. Surg. G. W. Carte, R.N.—a daughter.
CUDDON-FLETCHER.—On April 29th, at Glenfield House, near Leicester, the wife of A. Cuddon-Fletcher, of Dunans, of a daughter.
EVANS.—On April 25th, at Brynawelon, Criccieth, the wife of Capt. T. J. Carey Evans, M.C., I.M.S. (on foreign service)—a daughter.
HAMILTON.—On February 5th, at Bombay, the wife of Major W. G. Hamilton, I.M.S.—a daughter.

HANBURY.—On Sunday, June 2nd, at Foxbury, Woldingham, the wife of Reginald Janson Hanbury of a son (William Janson).

KEYNES.—On May 24th, at Newnham Grange, Cambridge, Margaret (née Darwin), the wife of Geoffrey Keynes, M.D., R.A.M.C., of a daughter (prematurely), who survived her birth only a few hours.

MANSFIELD.—On April 26th, at "Helmsdale," Chalmers Street, Edinburgh, the wife of H. Y. Mansfield, M.D., Captain, R.A.M.C., of a daughter.

MEAD.—On April 18th, at 2, Manilla Crescent, Weston-super-Mare, the wife of J. C. Mead, Lieut., R.A.M.C., of a daughter (stillborn).

MELLER.—On May 15th, at The Limes, Rushmere, Ipswich, the wife of Temp. Surg. R. W. Meller, R.N.—a daughter.

PEARSON.—On March 29th, at 208, London Road, Leicester, the wife of Dudley Garencieres Pearson, M.B., R.A.M.C.—a daughter.

PERRIN.—On May 24th, at Curlew Hope, Weybridge, to the wife of Capt. Maurice N. Perrin, R.A.M.C.—a daughter.

SOAMES.—On April 21st, the wife of Capt. R. M. Soames, R.A.M.C., attached Norfolk Regiment, of Ridgeway, Reigate Hill, Reigate, of a son.

STANSFELD.—On April 30th, at 19, Bentinck Street, W. 1, to Dr. and Mrs. A. E. Stansfeld—a daughter (Harriette Mary).

WELLS-COLE.—On June 6th, at 93, Vicarage Road, Eastbourne, the wife of Capt. G. C. Wells-Cole, R.A.M.C.—a son.

SILVER WEDDING.

LYNDON-CHARLETON.—On May 27th, 1893, at St. Paul's, South Hampstead, by the Rev. A. J. Beaumont, M.A., Arnold Lyndon, M.D. (Lond.), M.R.C.S. (Eng.), of Wellington, Somerset, fifth surviving son of the late George Lyndon, of Addlestone, Surrey, to Charlotte, widow of Robert A. Charleton, B.A., of Clifton, and daughter of William Ransom, J.P., of Fairfield, Hitchin.

MARRIAGES.

LESCHER-LLEWELLYN.—On May 18th, at St. James's Church, Spanish Place, W., by the Rev. Cyril Martindale, S.J., very quietly, owing to the recent death of the bridegroom's father, Major Frank Graham Lescher, M.C., R.A.M.C., younger son of the late F. Harwood Lescher, of 8, Prince Edward's Mansions, Palace Court, W., to Evelyn Mary Bridget, youngest daughter of Mr. and Mrs. Arthur Llewellyn, of Seabridge, Newcastle, Staffs.

DEATH.

BALLS-HEADLEY.—On March 7th, 1918, suddenly, at Miramichi, Proctor, B.C., Walter Balls-Headley, M.A., M.D. (Cantab.), aged 76.

ACKNOWLEDGMENTS.

The Shield, The Kitasato Archives of Experimental Medicine, vol. i, No. 1, The Natures of Pyrexia and its Relation to Micro-organisms, Journal of the Department of Public Health, Hospitals and Charitable Aid, Bulletin of the Johns Hopkins Hospital, New York State Journal of Medicine, Giornale della Reale Società Italiana d'Igiene, The Middlesex Hospital Journal, London Hospital Gazette, St. Mary's Hospital Gazette, The Medical Review, Long Island Medical Journal, The Hospital, Guy's Hospital Gazette, The British Journal of Nursing, The Nursing Times.

NOTICE.

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

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

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

St. Bartholomew's Hospital



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

JOURNAL.

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AUGUST 1ST, 1918.

[PRICE SIXPENCE.]

CALENDAR.

Tues., July 30.—Dr. Drysdale and Mr. McAdam Eccles on duty.
Fri., Aug. 2.—Dr. Calvert and Mr. D'Arcy Power on duty.
Tues., „ 6.—Dr. Morley Fletcher and Mr. Waring on duty.
Fri., „ 9.—Dr. Drysdale and Mr. McAdam Eccles on duty.
Tues., „ 13.—Dr. Calvert and Mr. D'Arcy Power on duty.
Fri., „ 16.—Dr. Morley Fletcher and Mr. Waring on duty.
Tues., „ 20.—Dr. Drysdale and Mr. McAdam Eccles on duty.
Wed., „ 21.—**St. Bartholomew.**
Fri., „ 23.—Dr. Calvert and Mr. D'Arcy Power on duty.
Tues., „ 27.—Dr. Morley Fletcher and Mr. Waring on duty.
Fri., „ 30.—Dr. Drysdale and Mr. McAdam Eccles on duty.
Tues., Sept. 3.—Dr. Calvert and Mr. D'Arcy Power on duty.

EDITORIAL NOTES.

IT affords us much pleasure to congratulate Capt. (Actg. Lieut.-Col.) R. B. Price, R.A.M.C., on receiving the D.S.O. "Prior to the division going into action, Lieut.-Col. Price took over the duties of Assistant Director of Medical Services at half an hour's notice. When on one occasion all casualty clearing stations in the neighbourhood of the division were withdrawn, his improvisation on the previous night of an emergency casualty clearing station further to the rear proved of such inestimable value that a large number of casualties were able to be dealt with and all the wounded evacuated with the utmost despatch. Owing to his resource, forethought, and exceptional powers of organisation the smooth and successful evacuation of all wounded was carried out during the period of twelve days' heavy and continuous fighting in which the division was engaged."

We also desire to congratulate Temp. Capt. F. T. Hill, M.C., R.A.M.C., on being awarded a Bar to the M.C. The official details are as follows: "Several hundred casualties of all branches of the service were passed through his unit during the day, and were evacuated promptly, thanks to his zeal, energy, and efficient organisation. When the enemy were advancing his unit was the last to leave the neighbourhood, and finally withdrew, when ordered to

do so, and when every case had been evacuated, to join the division. He displayed outstanding devotion to duty."

* * *

The name of P. Franklin, F.R.C.S., appears in the list brought to the notice of the Secretary of State, for valuable services rendered during the war in connection with the Air Ministry.

* * *

Capt. R. M. Coalbank, R.A.M.C., and Capt. A. H. Little, R.A.M.C., previously reported "Missing," are now officially reported prisoners in German hands.

* * *

We note with much interest that Dr. A. E. Shipley, F.R.S., Vice-Chancellor of Cambridge University, has been appointed a Vice-President of the Royal Colonial Institute.

* * *

It will be a matter of much satisfaction to Bart.'s men to learn that, at the annual election to the Council of the Royal College of Surgeons of England, Major W. G. Spencer and Major E. W. Hey Groves were successful candidates.

* * *

The following details in connection with the D.S.O. awarded to Lieut.-Col. C. A. Stidson, R.A.M.C., are now to hand: "For conspicuous gallantry and devotion to duty when his dressing station was very heavily shelled throughout a whole day and received several direct hits. It was impossible to remove the wounded, and throughout the day he moved about continuously, arranging for their safety with utter disregard of danger. It was owing to his fearless example and splendid organisation that all the wounded were finally removed without further casualties."

* * *

It also affords us pleasure to publish the following details of deeds of valour for which the M.C. was awarded:

Capt. J. A. Pridham, R.A.M.C., Spec. Res.—He was in charge of an advanced dressing station, where there were a large number of wounded, when the enemy attacked. The task of removing the wounded was an extremely difficult one owing to the proximity of the enemy and heavy shell

and machine-gun fire, but he carried it out successfully, remaining on the spot until all the wounded had been evacuated. By his courage and devotion to duty he was the means of saving many lives.

Temp. Lieut. D. A. H. Moses, R.A.M.C.—For conspicuous gallantry and devotion to duty in working continuously at his aid post during three days' operations under heavy shelling. Frequently shells dropped close by killing and wounding several men, but he remained at work and showed the utmost indifference to danger.

* * *

We congratulate Temp. Col. Sir R. Ross, K.C.B., A.M.S., and Temp. Col. A. S. Woodwark, C.M.G., A.M.S., on being mentioned in recent despatches.

* * *

From *The Times* of June 28th we learn that Dr. W. A. Dingle has been gazetted out of the Royal Army Medical Corps (T.F.) with permission to retain the rank of Major and to wear the prescribed uniform.

Dr. Dingle, who practised for so many years in Finsbury Square, has served for nearly thirty years in the Volunteers and Territorial Force, and was promoted to his present rank sixteen years ago. He has just completed three and a half years' active service at home, and our readers who know him—and they are many—will be glad to hear that he is strong and well.

ROLL OF HONOUR.

It is with much regret that we have to record the deaths of Surgeon E. J. G. Sargent and of 2nd Lieut. W. McKenzie.

Surgeon E. J. G. Sargent was the son of Dr. W. G. Sargent, of Padstow, Cornwall. He was educated at Malvern College, and entered the Hospital in October, 1910. In 1916 he volunteered as a Surgeon-Probationer in the R.N.V.R., and, returning to qualify, took the L.M.S.S.A. in August, 1917, after which he was given a Temporary Surgeoncy in the Royal Navy. He died from paralysis in Bombay on June 25th. No further particulars are at present to hand.

2nd Lieut. W. McKenzie was the son of Mr. and Mrs. McKenzie, of Farnborough, Hants, and joined the Hospital on October 1st, 1915. He entered the Army as a private in the London Scottish, and was wounded on two occasions, on the Somme in July, 1916, and at Delville Wood in September, 1916. At the end of October, 1917, he was given a commission in his own regiment, and after a short stay in England went to Palestine in January of this year. On April 30th the battalion was called into action, and Lieut. McKenzie was hit by a bullet which passed through the back of his head. He was taken, under considerable difficulties, to a Greek monastery used as a casualty clearing station, and, although it was hoped he would recover, he died on June 12th.

We express our sincere sympathy with their relatives and friends.

SOME EXPERIENCES IN A BASE HOSPITAL.*

By W. GIRLING BALL, Capt. R.A.M.C.T.,
Surgical Specialist, — General Hospital, B.E.F.



R. PRESIDENT, LADIES AND GENTLEMEN,—It was with a feeling of much trepidation that I accepted the invitation of your Secretaries to give the midsessional address of the Abernethian Society, primarily because of my inexperience in performing such a function, and secondly of my inability to maintain the high traditions set by my predecessors. However, so much appreciated was the honour of having been asked to do it that I agreed to "carry on."

The selection of a subject which might interest you did not readily occur to my mind, especially as the time at my disposal did not permit of my acquiring sufficient information on the subject I might have chosen. However, after stimulation by certain people, the present time did not appear to me to be inappropriate for the relation of some part of my experiences during the past six months as a surgical specialist in a base hospital in France. Many of you, no doubt, will think that any other subject than one dealing with the war might have been more desirable; if this is so, perhaps you will pardon me for my selection. For those of you who are almost qualified, or, being so, are nearer the front line, the subject will be of more than ordinary interest as giving you some sort of idea of what you are in for. For those of you who are not so situated, the experience of one who has had the opportunity of going through it will no doubt present some points of interest.

Among those going to France there is certain to be a considerable proportion who will obtain a first-hand knowledge of such a life. Your stay in a base hospital will be a variable quantity; for example, your residence may be for one night only on your way to a nearer view of the enemy; it may be that you will lie dormant for some time, apparently, but not really, forgotten by the authorities, and you will be living in an expectant state of not knowing what is going to happen to you; or you may remain there for the rest of your time if you happen to have a label attached to you marked "permanent base," under which circumstances you will acquire knowledge such as it has been my lot to obtain. In any case I would advise you all to have a look at such a hospital, and you will no doubt marvel to see what wonders have been done by the R.A.M.C. in producing institutions of a temporary nature which would well serve the purpose of many a permanent hospital in some parts of the world.

Base hospitals are situated far from the line and for the most part on the sea coast, close to the points of exit to England. They are presumed to be immune from the

* Midsessional address delivered before the Abernethian Society at St. Bartholomew's Hospital on June 6th, 1918.

attentions of the enemy, and to be placed where the soldiers can recover from their wounds in peace and quietness. As you already know, and as I have personally experienced, this is not always the case. As Englishmen, we cannot understand the attitude of the man who will hit another while he is down, and so we cannot excuse the despicable mode of warfare which is being carried on against our wounded brethren. However, despite these attentions from the air, the wounded Tommy, who shows exemplary courage during these times, much appreciates base hospitals as havens of rest. For the first time he gets a more or less permanent idea that he stands a chance of getting home to "Blighty," an idea often mythical rather than real, but still one that leads him to think that, having got so far, he may get farther.

Base hospitals grow together in groups, in our base there being as many as sixteen. They are under the superintendence of the D.D.M.S. of the district. The selection of the site of the hospital, its planning, and its erection are under the control of the engineers. The site on which our hospital was placed was the best the neighbourhood could provide, so there was no reason for us to complain on that score; moreover, largely owing to the tact of our own executive officers, the planning of the hospital was extremely good.

Delightful as the surroundings of the camp were, its beauties did not appeal to me on my arrival one dark night in November last. Imagine my feelings after having had a bad crossing, arriving cold, wet, and hungry; imagine me having an altercation with the cab-driver who could not understand English and whose accent was so inferior that he could not manage my French, and also imagine me being driven round the slums of ——— by the said cabby in order to find the D.D.M.S., to whom it was my business to report. Then take your mind a little further and mentally witness my journey into the country in an ambulance to the camp of which neither the driver of the ambulance nor myself knew the whereabouts, and still further, having found the camp, to come across an orderly, into whose charge I was given, who did not know the way to the officers' mess. The trials of the surgical specialist had indeed begun.

I must tell you that, prior to my arrival, my friends had forewarned me of the miseries of their mess; how that they lived in a marquee which was blown down by the wind as frequently as possible, and even when it remained standing how they had to partake of their meals in their overcoats with their legs surrounded by blankets in order to keep warm. Imagine my surprise, therefore, to find that this was far from the case; the mess was in reality a palatial corrugated iron structure lit by electric light and heated by coal stoves. One could not help noticing the eagerness with which they hastened to inform me that this was the first night of their arrival in these quarters; still it did not matter, for at this stage my mind

was in a condition to believe anything and to forgive any travesties that may have arisen previously.

A number of old friends I found to be my colleagues, and right welcome they made me. The sleeping quarters consisted of bell-tents arranged in lines, closely adjacent to the mess. Now, a bell-tent has its uses, and no doubt, in the summer time, or even in the winter when one has become gradually acclimatised, is an acceptable residence, but to one who is suddenly plunged into a bell-tent in bad weather there are certain disadvantages which so far outweigh the advantages that the summer may give it, as to make it an unpleasant habitation. On the night of my arrival, and for many weeks after, the weather was bad, and the wind had a playful habit of making itself very evident in this quarter of the camp. The experience under these conditions, especially when the rain joined in the fray, made the possibility of a comfortable night often unrealisable. During the period of snowstorms we found that the snow had a peculiar habit of finding its way into the interior of such structures; rats, mice, and moles also found it a happy hunting ground. I remained in my tent for two months when by good fortune I discovered an unused concrete structure built for a bath-house which in the absence of baths was uninhabited; into this my goods were bundled, and there I spent a life of comparative comfort. At the end of the winter, when the weather was really becoming fine, wooden huts were provided in order that we might be comfortable. You will all learn to look out for any means for obtaining comfort, and you will soon get into the habit of doing it and enjoying it, especially if it be at the expense of a less fortunate brother officer, in the same way as I did.

Let me now try to describe to you the camp in which we lived. It was situated in a large field on the side of a hill about three miles from ——— and three-quarters of a mile from ——— and the sea. In this hamlet was the railway station from which the patients were detained to the hospital by means of an ambulance run by the British Red Cross Society. Behind us were hills and vales, amongst which were situated a number of villages, each having its chateau and its *estaminet*. The country was delightful, and lent itself to short excursions when one was able to take a walk abroad. The main road of the camp ran over the top of a rather steep hill in a northerly and southerly direction and divided the camp approximately into two equal parts, that part on the east containing the medical division, together with the administrative building and nurses' home; that on the west the surgical division, the officers' quarters, and the men's mess. Between the two was the most important structure of all—the cook-house. For purposes of administration and for work the planning was ideal. The surgical division, the portion in which I was chiefly interested, was again divided by a main road known as "Princes Street," on each side of which were placed the wards capable of holding about 700 patients, the whole

hospital complement being 1040 beds. For the major part of the winter these wards were canvas marquees with four wooden huts set apart for the worst cases. As soon as the weather commenced to improve these marquees were replaced by more wooden huts.

The wards contained either forty-four or twenty-eight beds, placed very close together and very inconvenient in many ways for carrying out surgical dressings. They were badly lit, especially after the application of *camouflage* material to the exterior. They were very cold, small oil-stoves only being provided for warming purposes; there were four of these in each ward. During the latter part of my time these, however, were replaced by stoves ingeniously inserted into the wards which rendered them very much more comfortable. Oft-times during the winter months it was impossible to do one's work without the aid of an electric torch or a hurricane lamp which invariably shone the light on to the wrong spot. The arrival of wooden huts very materially ameliorated these conditions, so that during the Amiens push we were indeed fortunate in having a sufficient number of huts erected to accommodate most of the worst cases in such a manner as they could be dealt with efficiently.

It may interest the nursing staff to know how these wards were nursed. Two wards making seventy-two beds in all fell to the care of a sister, under whom were placed a staff nurse, two V.A.Ds., and two orderlies. During the times of rapid evacuation and intake these people had their work cut out for them. It is true that they had the help of the convalescent patients, still the times must have been very strenuous for them; besides the ordinary ward work they had to do the majority of the dressings.

On my first arrival, the operating theatre was a little wooden hut placed in the centre of the surgical division and had attached to it in the same building a sterilising room, anæsthetic room, X-ray room, and pathological laboratory—an arrangement which added largely to the efficiency of the theatre work. Later on we were provided with a much larger theatre in a building made of ferro-concrete with the same arrangement as before, but in addition a ward capable of holding twenty beds. This proved a most valuable asset, for into it we could place the severe cases of secondary hæmorrhage, gas gangrene, etc., when they had to be operated on and for whom it was inadvisable to be carried across the camp to the other wards. This structure might have been the pride of many a hospital in this country to have had. The nursing arrangements in the theatre were a little different from what we are accustomed to here. Usually we had two tables working at the same time, and often a third was placed so that one surgeon could pass from one table to the other and thus avoid delay. Each surgeon, of whom two was our regular number, had attached to him a sister who acted as his assistant, a V.A.D. who looked after the

instruments, gloves, etc., and an orderly who did the usual odd jobs, looking after splints and holding limbs during the operation; an anæsthetist was attached to each surgeon, thus completing the team.

Now let me tell you something of the work that we had to do in the hospital. Apart from the executive officers, padres, etc., during the whole of the winter months there were only five medical officers to do the work of 1040 beds. It is true that seldom more than 700 of these were filled at any time, but during the last two months we were continuously over-full. Each medical officer had a large number of beds to look after, and the majority of the operations fell to myself as the surgical specialist of the hospital. One of the duties common to us all, and perhaps the one which constituted the greatest variety in occupation, was that of orderly officer. This office was taken on for a period of twenty-four hours, and during that time one really became a great fellow. Amongst the lighter duties were the admission and discharge of all patients to and from the hospital during that period. Among the more arduous and more important military duties one had to inspect the swill tubs, to visit the cook-house, to see that all cooking utensils were clean, to taste the peas to confirm the complaint of one man amongst the whole that the peas were hard, and that he was really justified. I did not know that as a surgeon I was a particular adept at this sort of thing, but on taking on this duty I recognised how important a thing it was in one's training to learn about these matters. The mode of discovering complaints amongst the men consisted in making a routine round of the wards at meal-time together with the orderly sergeant and shouting out with the most military intonation the word "complaints," but one took care, ere a patient had time to make a remark, to disappear at top speed out of the ward in a manner somewhat similar to that of the Steward on his round of the hospital on View Day.

Another and a more pleasant occupation was the night round carried out after 12 o'clock. Every ward had to be visited and the orderly stirred up if he appeared to be indulging in a somnolent siesta in front of the oil-stove already mentioned. On these occasions I was reintroduced to the pernicious habit of tea-drinking—that standby of the nursing profession the whole world over. It is difficult to divine for what purpose this institution was invented, but the result was the same there as it used to be in my time when I was house-surgeon at this hospital, namely, the spreading of little pieces of gossip which add to one's joy in life. It was often my delight to start some quite improbable piece of news on one orderly day in order to see how far it got by the next, with surprising results. Still, this was quite unofficial, but it will give you some idea of the importance of the duty of the orderly officer; indeed, I am not quite sure that it was not really of greater military significance than that of surgical specialist.

In reality the chief part of all these duties was the reception of the patient on his arrival at the hospital, and to see that he was deposited in the appropriate ward. He was taken from the ambulance by the orderlies, and the card containing his medical history was handed over to the officer, who had to decide on the distribution of the patients amongst the wards, to which they were then carried. Despite the low category to which these orderlies belonged, they did their work extremely well. Those of you who have learned to carry a man on a stretcher for any distance know what an arduous task it is. These men were carrying patients round the camp, either on their admission or discharge, and to the operating theatre, for many hours on end—it is no sinecure to be an orderly in the R.A.M.C.

On his arrival at the ward the patient was put to bed and made comfortable, and it was my practice, unless there was some indication to do otherwise, to allow the man to have some sleep before his dressings were interfered with. After perhaps some ten or twelve hours' travelling, it was sleep he mostly required.

The duration of the stay of the patient in the hospital varied considerably. During the slack period there was no urgency in getting him sent over to England. The rule was that if he was likely to recover from his injury within a period of three weeks he should be kept in hospital for that time, and subsequently sent to a convalescent camp. The patient then knew that his only chance of getting to "Blighty" was a sudden request from the D.D.M.S. for an evacuation of beds preparatory to the reception of a large convoy. In the case of more serious injuries the men were allowed to remain until such time as they were fit to travel. During the periods of severe fighting the evacuation of beds was rapid, so that on occasion a ward almost completely changed its inhabitants within twenty-four hours. This led to strenuous efforts on the part of the M.O., for it was essential that his records should be written, always in duplicate, one record being kept at the hospital and the other forwarded with the patient for disposal at his destination. We prided ourselves that, as far as possible, this should always be done.

The type of surgical case seen in a base hospital can usually be placed in one of three groups: (1) Trivial wounds of the skin, sore heels, trench feet, etc., forming a very large group indeed. (2) Severe wounds of the soft tissues. (3) Those associated with compound fractures. Injuries to the abdomen, chest, and skull are almost invariably dealt with at the C.C.S. or special hospitals provided for that purpose. During the last two months, however, all types of cases came to us at the base, so that we were virtually acting as the C.C.S., with the disadvantage that the cases were arriving so many hours later than they are accustomed to deal with in these institutions.

(To be continued.)

MEDICAL NOTES.

By Sir THOMAS HORDER, M.D.

METHODS AND TERMS—*continued.*

(11) In examination of the thorax and abdomen, whether at rest or with respiratory movement, the important question of symmetry is often settled more definitely by inspection from the foot or from the head of the bed than from the side. And the observer's eye should be nearly on a level with the patient's body.

(12) In auscultation of the chest it is important to secure close and accurate apposition of the stethoscope to the skin. The object of this is to eliminate those adventitious sounds which are introduced either by a slight skating movement of the instrument on the surface of the chest or because the whole circle of the chest-piece is not making contact with the body-wall. It is also in order to exclude extraneous sounds that the careful practitioner chooses thick-walled tubing for his instrument, and is particular to detect the first sign of any perishing of the rubber near its junction with the metal and to remedy the fault. (By their stethoscopes ye shall know them.)

(13) Having taken pains to eliminate adventitious sounds, as well as muscle sounds (*vide* § 6), another broad principle should be observed—to get the stethoscope as near to the bony thorax as possible. Witness the ease with which auscultation is performed in a thin man and the difficulty oft-times attending it in a fat one. Witness also the loudness of the heart-sounds heard over the præcordium of a woman whose breast and pectoral muscle have been removed by operation. It is in the observance of this principle that the following points are attended to in practice: (i) The patient's shoulders are thrown well back when the front of the chest is being examined and they are made to droop when the back is being examined; in this way the soft parts are stretched over the thorax in as thin and even a layer as possible and are not bunched together. (ii) The mamma is well raised in women, and pendulous fat in both sexes. (iii) During auscultation of the back the scapulæ and their muscles are flattened out by bringing the patient's arms forwards. (iv) An extra inch or two of the thorax, in a very important region, can be uncovered by asking the patient to place the hand of the side under examination upon the opposite shoulder, thus rotating the scapula outwards. (v) Advantage is taken of the fact that the thorax is relatively free from musculature in the axilla. (vi) In fat subjects the heart-sounds are often heard quite clearly in the region of the ziphoid.

(14) If we speak of this principle as, in effect, an effort to get as near as possible to the organ under investigation, then it holds good also in palpation of the abdomen; he who

attends to the principle most strictly gets the most information from his examination. (i) The muscles are relaxed by placing the patient in a suitable posture, by securing easy breathing, by warming the hands, and by putting the patient's mind at rest. (ii) The bi-manual method is employed in dealing with the liver, the spleen, and the kidneys. (iii) The genu-pectoral position is utilised whenever it is thought that an organ or a tumour may thereby fall forwards and be more easily defined. (iv) The erect posture is adopted if a condition of ptosis of either of the viscera is suspected.

(15) *Ægophony* is bronchophony possessing a marked nasal quality. It was thought by Lænnec to be pathognomonic of pleural effusion. "His own pupils could not follow him: nor will we." But so nearly pathognomonic of pleural effusion is it that its presence should always lead to pleural puncture.

(16) A good many authors do not distinguish between the terms *Apex-beat* and *Impulse* in examination of the heart. This is a pity, because a different and a useful meaning can be given to each term, and, provided the strict definitions of the terms are maintained, each yields separate information. The *Apex-beat* is the point on the surface of the chest, furthest downwards and outwards, at which the impulse can be distinctly felt. It is best located by exploring the intercostal spaces, from below upwards and from without inwards, with one finger. The *Impulse* is the thrust of the heart against the chest-wall, produced during systole (of the ventricles). Its character is best appreciated by close apposition to the chest of the whole hand.

(17) A full note on auscultation of the heart should include the features of both heart-sounds as heard (i) at the apex-beat, (ii) at the aortic base, (iii) at the pulmonary base. By apex-beat is here meant, not the area of the normal apex-beat, but the area of the apex-beat in the case of the patient under examination. There are several reasons for making this distinction. To mention only one: the præ-systolic bruit of mitral stenosis is usually heard best, and is sometimes heard only, over the apex-beat of the patient, and may in this latter case be entirely overlooked if auscultation be confined to the position of the normal apex-beat.

(18) It is surprising how often a very definite degree of hypertrophy of the left ventricle goes unnoticed. The oversight is generally due to the omission to observe carefully the character of the heart's impulse. The word "heaving" most aptly describes its character in hypertrophy, for the term includes the three notions of (i) force which is (ii) exerted over a period of time, and not suddenly, and which (iii) leads to displacement of the thoracic wall. The word "forcible" is ambiguous, because it does not connote the time-element; it might be used with as much propriety to

describe the sudden, slapping, localised impulse of mitral stenosis.

(19) The best word to describe the character of the first sound of the heart in hypertrophy of the left ventricle is "booming"; the term includes the elements—low pitch, prolongation of the sound, and resonance.

(20) Accentuation of the second sound at the aortic base sometimes gives it a musical character; it is then termed "ringing." If this feature is very marked, and the listener is unfamiliar with it, the sound may be mistaken for something adventitious.

(To be continued.)

"THE LUMBAR PUNCTURE."



HE H.P.

Dear —, Confound these clinical clerks! They waste all my precious time, and expect me to allow them to do minor operations, however much else I have in hand. To day a youthful one—Heaven help his patients if he ever qualifies!—asked me to show him how to puncture, and spoilt all chances of a count by running into a vein. I thought at first he had penetrated to the aorta, there was so much blood. Tell me—was I once like that? To think that youth is within a year of qualifying!

The C.C.

Dear —, Did an L.P. (lumbar puncture, you know) this morning. Quite a minor operation, you know. Awfully fascinating. You feel the needle arrangement going right in through all the tissues one after another, right into the theca (that's a canal, you know, connected with the hollow in the brain), and at last—after what seems an interminable long while—you come up against the bone. Quite a success, too, this morning; but that's a fluke, this being my first. Tell Sis I shall L.P. her every time she has a headache when I come home.

Sister.

Dear —, I've got one of those H.P.'s now, who think my nurses have nothing to do but wait around while he shows off his newly-acquired knowledge to the open-mouthed young clerks. This morning he spent half an hour showing a clerk how to puncture, and that, of course, on Monday, when the laundry has to be sorted, and the floor-polishers turn the ward upside down; and, of course, Nurse — must go and have a septic thumb, and she can't do anything in the way of work. Why is it that a doctor is always more conceited the younger he is? And then he expects me to laugh at his jokes all the time.

Nurse.

Dear —, We have such a nice H.P. now; he seems to know much more about things than the last one. He

lectures to the clerks, and so I learn quite a lot. This morning he did a "puncture" on a man with a headache. Of course, I don't think the man really is a "meningitis," but an "L.P." is often done just for diagnosis. I expect it will turn out to be "compression" or something simple, although there wasn't much pressure when the fluid came.

Pro.

Dear —, I am very happy indeed in my new life, and don't mind the hard work a bit, because I feel that I am helping to relieve a little of the suffering in the world. But sometimes I feel that even the doctors themselves are a little thoughtless, and they seem to do things just so as to find out, and without taking the patient into consideration at all. We have a man with a headache on whom an operation was performed this morning. The man shouted like anything at the time, and I am sure it hurt him; and yet the doctor said he was only doing it because it would be interesting to see what the fluid was like. And even Sister — (whom I really adore) seems a little inhuman sometimes. *P.S.*—Perhaps I oughtn't to say this last.

The Patient.

My Dear Fanny,—I feel I am now on the road to recovery. All this long time I have been lying here without even any medicine (except some sweet stuff that isn't a bit nasty). But yesterday the young doctor did something or other—rather painful it was—and stuck a needle into my back. And now I am improving every hour, and shall soon be once more in the bosom of our little family.

D. W. W.

OBITUARY.

G. A. CRACE-CALVERT, M.B.

THE announcement in the June number of the JOURNAL that Dr. G. A. Crace-Calvert had died at Llanbedr Hall on May 8th "of pneumonia after a short illness" must have been a great shock to a large number of Bart's men throughout the world. He was one of the best of men and beloved by all who knew him.

Born in Tasmania in 1871, he came to England in 1880, and completed his school education at Dulwich. He joined the Hospital in 1889, and won the Jeaffreson Scholarship in 1890. He qualified in 1895, and graduated in the London University in the same year. Unfortunately his health broke down, and he went to Tasmania for a trip. On his return to England, there being no improvement, he went as a patient to Dr. Walther's Sanatorium at Nordrach. Whilst there he, with his invariable keenness and thoroughness, made himself master of the principles of treatment employed at that institution, and later on acted as Assistant Medical Officer at the Crawley Sanatorium. In 1901, after scouring the country for a suitable place, he discovered

Llanbedr Hall, Ruthin, North Wales, and there, in partnership with the late Dr. Fish, opened the Vale of Clwyd Sanatorium, which has since gained such an enviable reputation. His partner broke down and died some years ago, since when he has carried on alone.

He was a keen, persevering student, and he remained the same throughout his career. His knowledge of his special branch of medicine was almost complete. Every special method of treatment was thoroughly tried out, and no man knew better which case would be most benefited by one particular treatment. Patients who were fortunate enough to secure admission to Llanbedr Hall did remarkably well, largely because of the great and particular attention he bestowed on each case. His personal influence with his patients was such that he seemed to have no difficulty in enforcing his wishes with regard to the carrying out of his treatment. One of his patients said of him: "He makes you *wish* to do what other men would *order* you to do."

To say that he was beloved by all his patients is expressing the truth too mildly. Few men have had such a full return of love and gratitude as he. His genial nature, his kindness of heart, his hospitality, his keenness for work endeared him to a very large circle of friends who had known him as fellow-student, patient, friend, or fellow-practitioner seeking his advice. All will mourn his death, and the deepest sympathy will be felt for his widow and daughter.

Llanbedr Hall Sanatorium is the pattern of such institutions, its situation, structure, and surroundings are ideal, and the alterations and additions were planned and carried out by a master. Difficult as it will be, one cannot but hope that the work of Crace-Calvert there will be carried on by some worthy successor.

G. H. S.

REVIEWS.

ANTI-MALARIAL WORK IN MACEDONIA. By W. G. WILLOUGHBY and LOUIS CASSIDY. (H. K. Lewis & Co.) Price 3s. net.

This useful little book of some sixty-eight pages is an excellent description of the writers' experience in connection with anti-malarial work in Macedonia. The interest is chiefly centred in the improvements which have been effected in the work in 1917 as compared with 1916. To make the account more complete for those with little knowledge of malaria, the authors have added a brief description of the mosquito and its connection with the disease.

The illustrations of the various malarial districts are of great interest, and the book should prove a valuable help to medical officers going East.

AIDS TO RATIONAL THERAPEUTICS. By R. WINNINGTON LEFTWICH. (Baillière, Tindall & Cox.) Price 3s. 6d. net.

In these days when the necessity of qualifying at the earliest possible moment is a national necessity, the series of "aids" should prove of the greatest value to the student. Not the least important of the series is this unique volume. Hitherto, in all text-books of medicine diseases have been grouped according to the organ affected, but a book which places in the same group diseases of allied pathology has at least the elements of originality about it. Such an

arrangement no doubt has its advantages, but it results in some queer combinations; for example, we find under the "Transient Spasm Group" Asthma, Precipitate Micturition, and Hiccough. Even in spite of the scheme some thirty-one pages have to be devoted to "Ungrouped Diseases."

The book contains much useful information and is full of sound common sense, and it will be interesting to see if it finds favour with the student and practitioner.

A TREATISE ON MATERIA MEDICA AND THERAPEUTICS. By R. GHOSH. (Simpkin, Marshall, Hamilton, Kent & Co.) Price 7s. 6d. net.

This book has now reached its seventh edition, which alone is sufficient evidence of its usefulness. Containing nearly 700 pages and thoroughly revised and brought up to date in accordance with the requirements of the 1914 *British Pharmacopœia*, we can with confidence recommend it to both practitioner and student as an excellent book of reference. The volume is divided into seven parts, comprising chapters on Materia Medica Proper, Pharmacy and Dispensing, Administration of Drugs, Pharmacology, Materia Medica and Therapeutics, Vaccine and Serum Therapeutics, and Organotherapy.

The last two parts are extremely well done and form quite one of the most up-to-date and complete summaries of this class of therapeutic products we have seen.

Much of the data in a volume of this description must necessarily be of a stereotyped nature, but it will undoubtedly form a valuable addition to any medical library.

EXAMINATIONS, ETC.

UNIVERSITY OF OXFORD.

Second M.B. Examination, July, 1918.

Materia Medica and Pharmacology.—K. F. D. Waters.

Forensic Medicine and Public Health.—J. C. Dixey, C. F. Krige, W. V. Robinson, K. F. D. Waters

Medicine, Surgery and Midwifery.—W. V. Robinson, J. J. Savage, K. F. D. Waters.

At a Congregation held at Oxford on July 6th, 1918, the following degrees were conferred:

M.B.—W. V. Robinson, J. J. Savage*, K. F. D. Waters.

* In absence.

UNIVERSITY OF CAMBRIDGE.

First Examination, June, 1918.

Part II. Physics.—E. B. Brooke.

Part III. Elementary Biology.—E. B. Brooke.

Second Examination, April, 1918.

Part II. Pharmacology and General Pathology.—H. Franklyn, C. Griffith-Jones, W. E. Heath.

Third Examination, June, 1918.

Part I. Surgery and Midwifery.—G. A. Fisher, F. Gray, N. Rumbold, J. Whittingdale.

Part II. Medicine, Pathology and Pharmacology.—A. B. Appleton, I. de B. Daly.

The following degrees have been conferred at Cambridge during June, 1918:

M.D.—W. J. Fison.

M.C.—H. J. Gauvain.

B.C.—A. W. Stott.*

* By proxy.

UNIVERSITY OF LONDON.

Third (M.B., B.S.) Examination for Medical Degrees, May, 1918.

Pass.—G. Bourne, R. M. Dannatt, H. E. Griffiths, G. P. Staunton.

Supplementary Pass List.

Group I. Medicine.—J. E. A. Boucaud, J. A. van Heerden.

Group II. Surgery and Midwifery.—G. F. Cooke, H. C. Cox, H. N. Hornbrook, B. H. Pidcock.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

Final F.R.C.S. Examination, May, 1918.

A. Morford, E. F. Murray.

CONJOINT EXAMINING BOARD.

Second Examination, June, 1918.

Anatomy and Physiology.—C. H. Bulcock, J. L. Cope, F. T. Evans, S. A. Gunter, K. W. Leon, W. B. A. Lewis, L. S. Morgan, J. L. Nisbet.

CHANGES OF ADDRESS.

BROWN, W. LANGDON, Major, R.A.M.C.T., 31, Cavendish Square, W. 1. Telephone unaltered: Mayfair 4162.

CAHEN, E., c/o The National Explosives Co. Ltd., Hayle, Cornwall.

COOK, A. R., O.B.E., P.O. Box 125, Kampala, Uganda, British East Africa.

CLARK, FRANCIS, Medical Superintendent, Pinewood Sanatorium, Wokingham, Berks.

DOBSON, W. T., The Red House, Uxbridge.

FAWKES, M., returned to The White House, Midhurst, Sussex.

GIBSON, R. W. B., Capt., R.A.M.C., c/o Standard Bank of South Africa, 10, Clements Lane, E.C.

MACPHAIL, A., Capt., R.A.M.C.T., 24, Park Crescent, W. 1.

MAPLES, E. E., The Gables, High Road, N. Finchley, N. 12.

MATTHEWS, E. A. C., Lieut.-Col., D.S.O., I.M.S., 34th Combined Clearing Hospital, Egyptian Expeditionary Force.

MORFORD, A., 98, St. James' Road, West Croydon, Surrey.

SMYTH, F. G. A., Capt., R.A.M.C., c/o Grindlay & Co., Bombay.

WOODROOFE, G. B., c/o Mrs. Jameson, 14, Clarendon Road, Holland Park, W. 11.

BIRTHS.

ALLNUTT.—On June 30th, at 11, Horncliffe Road, Blackpool, the wife of Capt. E. Bruce Allnutt, M.C., R.A.M.C.—a son (George Anthony).

FOX.—On June 20th, the wife of E. H. B. Fox, M.R.C.S., L.R.C.P., Coplehayes, Yealmpton, Devon, of a son.

HEWITT.—On June 20th at 26, Bernard Gardens, Wimbledon, the wife of Fleet-Surgeon D. Walker Hewitt, C.M.G., F.R.C.S., R.N., of a daughter.

PRATT.—On June 17th, at Aldershot, Rose (*née* Winckley) the wife of Major O. B. Pratt, R.A.M.C.—a daughter.

DEATHS.

LYDDON.—On June 26th, 1918, at Victoria House, Deal, Richard Lyddon, Surgeon, aged 68.

McKENZIE.—On June 12th, 1918, from wounds received in action in Palestine on April 30th, 2nd Lieut. W. McKenzie, the London Scottish, son of Mr. and Mrs. McKenzie, of Farnborough, Hants, aged 22.

SARGENT.—On June 25th, 1918, in Bombay, from paralysis, Edwin John Goswyck Sargent, Temporary Surgeon, R.N., son of Dr. W. G. Sargent, of Padstow, Cornwall, aged 25.

WILLIS.—On June 26th, 1918, at 7, Regent Street, Nottingham, W. Morley Willis, F.R.C.S.

ACKNOWLEDGMENTS.

The Hospital, The British Journal of Nursing, The Nursing Times, New York State Journal of Medicine, St. Mary's Hospital Gazette, The Medical Review, Long Island Medical Journal, Sydney University Medical Journal, Guy's Hospital Journal, Bulletin of the Johns Hopkins Hospital, Training for Social Work, Journal of the Department of Public Health, Hospitals and Charitable Aid.

NOTICE.

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

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

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

St. Bartholomew's Hospital



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

JOURNAL.

VOL. XXV.—No. 12.]

SEPTEMBER 1ST, 1918.

[PRICE SIXPENCE.]

CALENDAR.

Fri., Aug. 30.—Dr. Drysdale and Mr. McAdam Eccles on duty.
Tues., Sept. 3.—Dr. Calvert and Mr. D'Arcy Power on duty.
Fri., „ 6.—Dr. Morley Fletcher and Mr. Waring on duty.
Tues., „ 10.—Dr. Drysdale and Mr. McAdam Eccles on duty.
Fri., „ 13.—Dr. Calvert and Mr. D'Arcy Power on duty.
Tues., „ 17.—Dr. Morley Fletcher and Mr. Waring on duty.
Fri., „ 20.—Dr. Drysdale and Mr. McAdam Eccles on duty.
Tues., „ 24.—Dr. Calvert and Mr. D'Arcy Power on duty.
Fri., „ 27.—Dr. Morley Fletcher and Mr. Waring on duty.
Tues., Oct. 1.—Dr. Drysdale and Mr. McAdam Eccles on duty.

EDITORIAL NOTES.

IT is again our duty to record the passing of another year. In our retrospect, which appears in this issue, we have endeavoured to summarise briefly some of the most important events of the year in connection with the Hospital. Considering the difficulties which obtain as the result of four years' war, it is really amazing that things have gone on so smoothly. The Medical School is flourishing, although the sports to a very great extent have had to be abandoned; the Abernethian Society has held several successful meetings, while the Students' Union still keeps its head "above water." The difficult problem of food, with the added difficulty of food cards, the precautions against air raids, the scarcity of drugs, and the shortage of labour are only a few of the difficulties which have arisen, and the Hospital is to be congratulated on the magnificent way it has carried on.

We believe that it is an editorial privilege at the close of the Hospital year to say a word about ourselves, and in doing so we feel it our first duty to thank the numerous Bart.'s men who have so willingly come to our help and assistance. Without them it would have been impossible to carry on in these abnormal times. The enormous increase in the cost of production (paper alone is nearly six times as much as formerly) has added very largely to

the responsibilities of the Publication Committee. In spite of everything, the JOURNAL has managed to keep going. The year has seen a change in editorship, and we wish to take this opportunity of acknowledging the kindnesses we have received on all sides. Especially do we wish to thank those contributors who have so generously given up valuable time in order to favour us with articles and clinical notes.

* * *

This issue of the JOURNAL is sent to all St. Bartholomew's men whose address can be traced, and we want to appeal again to those who are not subscribers. It is no secret to say that the Publication Committee have had to consider very carefully the financial position, and the necessity of discontinuing the JOURNAL has been seriously discussed. We feel sure that this is the last thing Bart.'s men would wish, and we look forward with confidence to unprecedented support in order to avoid what we feel sure would be deemed by all Hospital men as most unfortunate.

* * *

Congratulations to Surg. E. A. Fiddian, R.M., of H.M. Trawler *Daniel Henley*, on receiving a Bronze Medal for gallantry in saving life at sea. Surg. Fiddian played a prominent part in rescuing a shipwrecked British crew in the White Sea last January.

* * *

We note with much pleasure that the Military Cross has been awarded to the following Bart.'s men: Temp. Capt. E. A. Aldridge, R.A.M.C., Temp. Capt. E. W. D. Hardy, R.A.M.C., and Temp. Capt. R. B. Taylor, R.A.M.C.

* * *

We desire to congratulate Capt. G. M. Roberts, R.A.M.C., Spec. Res., on being mentioned in despatches by Lieut.-Gen. Sir J. L. van Deventer, K.C.B., for distinguished services during the operations of the British Force in East Africa.

* * *

Major F. G. Lescher, M.C., R.A.M.C., who was previously reported "missing," we understand is now reported "prisoner in German hands."

We hear further that Capt. M. Donaldson, R.A.M.C., who was reported "missing," is also a prisoner.

* * *

The following are the official statements of services for which the Military Cross has been conferred :

Temp. Capt. W. C. Douglas, R.A.M.C.—"While returning from the regimental aid posts he came under a heavy barrage, and was slightly wounded. Seeing that some men further back had been wounded, he at once went to their assistance, got them under the only available cover, attended to their wounds, and organised stretcher parties for their removal. His prompt and gallant action saved the lives of two seriously wounded men."

Temp. Capt. P. H. Wells, R.A.M.C.—"He attended to the wounded of several units who were lying out in an exposed position under fire. He worked throughout the night, often under an intense bombardment of gas and high-explosive shells, and by his courage and self-sacrifice saved many lives."

Temp. Capt. E. A. Aldridge, R.A.M.C. — "For conspicuous gallantry and devotion to duty at the dressing-station, remaining until the enemy were upon him, and having cleared his aid post, working his way back, collecting the wounded, and attending to them under heavy shell fire. His courage and self-sacrifice set a splendid example, and were worthy of the highest praise."

* * *

Dr. Arthur E. Shipley, Vice-Chancellor of Cambridge University, has been appointed chairman of a committee on the subject of bee-keeping and the "Isle of Wight disease."

It will be remembered that in November, 1914, Dr. Shipley took up the question of the supply of leeches, which had been cut off by the war, and was instrumental in obtaining a fine supply from India.

* * *

We note with much interest that Col. J. T. Lloyd Jones has returned to this country upon his retirement after a service of over thirty years in India as the Assay Master of the Royal Mint in Bombay, and previous to that in the Calcutta Mint. Col. Lloyd Jones, who is a brother of Lieut.-Col. Sir Robert Armstrong-Jones, studied medicine and graduated from this Hospital. He obtained a high place after competitive examination in the Indian Medical Service, in the military department of which he remained for some years. Later he studied at the Royal Mint in London, and took up research work in chemistry, metallurgy, and geology, upon which he was selected for the responsible duties of Assay Master in India. Whilst holding this office he was elected a Fellow of the Institute of Chemistry and a Fellow of the Chemical Society.

We congratulate Col. Lloyd Jones upon his most useful public record and also upon his well-earned retirement.

We trust he may long be spared to apply some part of his leisure towards work of a cognate type in his native country.

* * *

At the quarterly *Comitia* of the Royal College of Physicians, held on July 25th, the following were among the Fellows of the College elected officers :

Censor.—Sir Humphry D. Rolleston, M.D.

Treasurer.—Sir Dyce Duckworth, M.D.

Registrar.—J. A. Ormerod, M.D.

Curator.—F. W. Andrewes, M.D.

L. G. Guthrie, M.D., and P. Horton-Smith Hartley, M.D., were elected members of the Council.

* * *

The following gentlemen were nominated to the Resident Staff, commencing August 1st, 1918 :

House Physicians and Assistant House Physicians—

Dr. Calvert.	R. J. Perkins.
	C. G. J. Rayner.
Dr. Fletcher.	V. A. T. Spong.
	N. Rumboll.
Dr. Drysdale.	I. de B. Daly.
	T. Higgins.

House Surgeons and Assistant House Surgeons—

Mr. Power.	W. E. Heath.
	M. V. Boucaud.
Mr. Waring.	K. F. D. Waters.
	B. F. W. Armitage.
Mr. Eccles.	J. Whittingdale.
	H. Corsi.

Intern Midwifery Assistant . . . J. A. van Heerden.

Extern Midwifery Assistant . . . L. Handy.

Ophthalmic House Surgeon . . . G. G. Havers.

House Surgeon to Throat, Nose, and Ear Department . . . W. V. Robinson.

House Surgeon to Venereal Dept. . . S. R. E. Davies.

Resident Anaesthetist . . . D. A. Blount.

Military Wing . . . J. E. A. Boucaud.

* * *

It will come as a shock to a large number of St. Bartholomew's men to learn of the death of Dr. F. E. Batten, of Harley Street.

In our next issue we hope to publish an account of Dr. Batten's distinguished career.

* * *

We regret to have to record the death of Dr. Thomas J. Dabell of Nottingham, who died after a short illness on July 14th in his 55th year. He received his medical education at this Hospital, where he gained the Treasurer's prize in Anatomy. In 1887 he took the diploma of M.R.C.S.Eng., and soon after began practice in Nottingham. He served for many years on the City Council, both as elected representative and Alderman. In 1904 he was made a Sheriff and appointed to the Commission of the Peace. He was a member of the Nottingham Division of the British Medical Association, and in 1905 was President of the Nottingham Medico-Chirurgical Society. Dr. Dabell leaves a widow and three daughters.

ROLL OF HONOUR.

It is with much regret that we have to record the death of Capt. George Hely-Hutchinson Almond, M.A., M.B., B.Ch. Oxon., R.A.M.C., who was killed in action on August 9th.

Capt. Almond was the eldest son of the late Hely-Hutchinson Almond, Headmaster of Loretto, and was educated at Loretto, Oxford, and at this Hospital, where he filled the post of House Physician. He served in the South African War as a combatant, and held the Queen's medal with two clasps. He practised medicine in Bath, and was honorary assistant pathologist to the Mineral Water and Royal United Hospitals. In 1915 he volunteered for active service, and until the beginning of last month held the post of pathologist at the Front. His brothers, Capt. R. L. Almond, R.E., and Lieut. H. Tristram Almond, Gordon Highlanders, fell in 1914 and 1916 respectively.

Our sympathy goes out to his sorrowing wife and sons in their sad bereavement.

* * *

We also learn with much sorrow of the death of Capt. Edward Parker Wallman Wedd, M.C., Yeomanry and R.A.M.C., who was killed on July 13th. Capt. Wedd was the elder son of Mr. E. A. Wedd, J.P., of Great Wakering, Essex, and was educated at Mr. Foster's school at Stubbington, at Cheltenham College, and at Caius College, Cambridge. He stroked the Cheltenham boat in 1901 and rowed for Cambridge against Oxford in 1905. He went to the Front in November, 1914, and had seen service there continuously until the date of his death. While serving with the Yeomanry he was given a Staff appointment, which he held for fifteen months. As, however, he was a member of the medical profession, he was transferred to the R.A.M.C. in 1917, and last April was awarded the Military Cross for courage and devotion to duty in action.

Our deepest sympathy is extended to his sorrowing relatives.

OUR RETROSPECT.

IN reviewing the past year the Roll of Honour must still remain pre-eminent. As we write a spirit of optimism permeates everywhere, and more than ever are we proud of the part which the Hospital has played in this mighty conflict.

The year has added considerably to our Roll of Honour list, which now reaches the total of over 2,250. The numbers who have died on active service, fortunately, is not quite so high as in previous years, but even then twenty-two have been called upon to make the great sacrifice.

The decorations in connection with the war have been very numerous. These have been reported in our columns in detail, and it will suffice here to say that the list includes the following :

K.C.B., 2 ; K.C.M.G., 2 ; K.B.E., 1 ; C.B.E., 1 ; C.B., 4 ; C.M.G., 8 ; C.I.E., 2 ; O.B.E., 6 ; M.B.E., 1 ; D.S.O., 20 ; M.C., 39 ; Bar to M.C., 1 ; Mentioned in Despatches, 147 ; Albert Medal, 3 ; Promotion for Valuable Service in the Field, 14 ; Order of St. Anne, 1 ; Croix de Guerre, 3 ; Order of the Nile, 1 ; Order of the Star of Roumania, 1 ; Order of St. Sava, 4 ; Knight of Grace to the Order of Hospital of St. John of Jerusalem, 1 ; Order of Kara George, 1 ; Order of St. Stanislas, 1 ; Cavalier of the Order of the Crown of Italy, 1 ; Serbian Red Cross Decoration, 1.

With the great depletion in the Staff it is a matter of great satisfaction that the Hospital has carried on so successfully. We believe we are correct in stating that Bart.'s is the only Hospital in which the House appointments have been continuously filled by qualified men.

The number of students in the Medical School has been in excess of the last two years. The War Office appears to have realised at last the urgent necessity for medical men, with the result that several second and third year students have returned to the Hospital to complete their course of study. The full course of lectures and laboratory classes have been held as usual, and if anything the percentage of successful candidates has been even greater than last year.

It is with much regret that we have to record the death of several past students of the Hospital. Prominent amongst these is the name of Sir Charles Purdey Lukis, who passed away on October 22nd, 1917. He entered the Hospital in 1875 and the Indian Medical Service in 1880. After seeing service in Waziristan and in the Zhob Valley, he was transferred to the Civil branch, becoming Civil Surgeon of Simla in 1899, and Honorary Surgeon to the Viceroy in 1905. The same year he received the appointment of Professor of Materia Medica at the Calcutta Medical College, and subsequently Professor of Medicine and Principal of the College. He was selected for the post of Director-General of the Indian Medical Service at the beginning of 1910, and held it by successive extensions till his death. As a reward for his services he was made a Companion of the Order of the Star of India, and in 1911 was advanced to be a K.C.S.I. He was gazetted Honorary Surgeon to His Majesty the King in 1913.

Death has also removed another well-known figure in the person of Dr. Edward Burd, of Shrewsbury. In many respects Burd was a remarkable personality, and was the acknowledged head of his profession in that part of England. He obtained the qualification of M.B.Cantab. in 1851, M.B. in 1859, and in 1863 the newly-instituted degree of M.S., which qualification, incidentally, he was the first to receive. He was on the Staff of the Salop County Hospital for more than half a century ; President of the Shropshire Branch of the British Medical Association ; and a Justice of the Peace.

We also have to record the death of Dr. W. Gilmore

Ellis, which occurred in Singapore after an operation. Dr. Ellis, at the time of his death, was Principal Civil Medical Officer of the Straits Settlements, a post which he had held for nearly eight years. He was regarded as an authority on beri-beri, of which disease he had made a special study.

During the year many appointments have been made which add to the credit of the Hospital.

Dr. Holder has received the honour of Knighthood.

The honour of K.C.M.G. has been conferred on Col. A. E. Garrod, C.M.G., A.M.S.

Sir Anthony Bowlby, K.C.M.G., K.C.V.O., and Col. H. H. Tooth, C.M.G., A.M.S., have received the C.B. (Military Division).

Sir George Newman, M.D., has received the K.C.B.

Dr. Norman Moore has been elected President of the Royal College of Physicians of London.

Among other distinctions awarded to St. Bartholomew's men we may mention the following :

Dr. C. Hubert Roberts has been appointed Temporary Assistant Physician-Accoucheur to the Hospital.

Dr. W. Langdon Brown has been appointed Croonian Lecturer for 1918 at the Royal College of Physicians of London.

Col. G. E. Gask, D.S.O., A.M.S., has been appointed to the post of Consulting Surgeon to the Forces in the St. Omer District.

Lieut.-Col. D'Arcy Power has been appointed a Member of the Court of the University of Bristol.

Dr. Robert H. Lyster has been elected Editor of *Public Health*.

Dr. Stansfeld has been elected to the Fellowship of the Royal College of Physicians of London.

The President of the Royal College of Surgeons of England has appointed Lieut.-Col. D'Arcy Power as Bradshaw Lecturer for the ensuing year.

Lieut.-Col. Sir Robert Armstrong-Jones has been appointed Gresham Professor of Physic.

The Hospital has more than maintained its reputation during the year in regard to various examinations.

At the University of Cambridge two have taken the degree of M.D., one the M.C., two the M.B., B.C., two the B.C., and one the D.P.H.

At the University of Oxford one has taken the degree of M.D., and four the M.B.

At the University of London one has taken the degree of M.D., and five the M.B., B.S.

At the Royal College of Physicians of London four have been elected Fellows, and one has obtained the M.R.C.P.

At the Royal College of Surgeons of England three have obtained the F.R.C.S.

Of the Conjoint Board Examinations fifty-eight have obtained the Diploma of M.R.C.S., L.R.C.P.

Two have taken the diploma of L.M.S.S.A.

As in pre-war days the Scholarships and Prizes have been

well contested, and the following is a list of the winners during the year 1917-1918 :

Lawrence Scholarship.—No award.

Luther Holden Scholarship.—No award.

Brackenbury Medical Scholarship.—No award.

Brackenbury Surgical Scholarship.—J. Whittingdale.

Matthews Duncan Prizes.—(1) J. Whittingdale, (2) K. F. D. Waters.

Willett Medal.—K. F. D. Waters.

Walsham Prize.—J. Whittingdale.

Bentley Prize.—S. G. Galstaun.

Hichens Prize.—A. C. D. Telfer.

Wix Prize.—E. H. Weatherall

Sir George Burrows Prize.—R. J. Perkins.

Skynner Prize.—R. J. Perkins.

Shuter Scholarship.—W. E. H. Banks.

Junior Scholarships: Biology, Chemistry, and Physics.—(1) I. Frost, (2) F. Gray.

Junior Scholarships: Anatomy and Physiology.—(1) G. J. V. Nelkin, (2) F. T. Evans.

Harvey Prize.—J. V. Landau, C. W. Narbeth (prox. acc.)

Kirkes Scholarship and Gold Medal.—R. J. Perkins.

Senior Scholarship in Anatomy, Physiology, and Chemistry.—E. H. Weatherall.

Junior Practical Anatomy (Treasurer's Prize).—(1) G. J. V. Nelkin, (2) E. W. C. Thomas.

Senior Practical Anatomy (Foster Prize).—(1) C. H. Andrewes, (2) E. H. Weatherall, (3) C. W. Narbeth.

Senior Entrance Scholarships in Science.—(1) I. Frost, (2) F. Gray.

Junior Entrance Scholarship in Science.—H. C. Killingback.

Entrance Scholarship in Arts.—E. B. Brooke.

Jeaffreson Exhibition.—C. O. S. B. Brooke } *Æq.*
A. Walk }

SOME EXPERIENCES IN A BASE HOSPITAL.*

By W. GIRLING BALL, Capt. R.A.M.C.T.,
Surgical Specialist, — General Hospital, B.E.F.

(Continued from p. 93.)

One of the prominent facts that is soon appreciated at a base hospital is the excellence of the results that can be obtained by the treatment of a wound at the earliest possible moment after its infliction. The work done in the majority of our C.C.S. is extraordinarily good. There is no doubt in my mind that it is at the C.C.S. that the major part of the surgery of war wounds should be carried on; even the delay of a few hours so materially affects the results of treatment and so increases the difficulties of the surgeons that it hardly needed the experience that we had to substantiate this statement. We were in reality back in the old conditions, much as they existed at the beginning of the war. It may not be out of place here to rapidly run over the marvellous changes that have occurred during this war since the major part of the surgery has been transferred to the C.C.S. I believe that the French surgeons appreciated

* Midsessional address delivered before the Abernethian Society at St. Bartholomew's Hospital on June 6th, 1918.

the necessity for doing this before we did, and it is from them we have learned a great deal in the treatment of wounds. As an example of this, it is only during the last six months that we have universally adopted the early suture of wounds as a routine measure—one already in use in the French Army for over two years. During this period one of the most obvious changes in the condition of the wounds on arrival at the base hospitals has resulted from the adoption of these methods. You will some of you remember that in the early stages of the war the wounds used to arrive in this country in a specially offensive condition. A wound caused by shrapnel which was not suppurating profusely was uncommonly seen. Antiseptics of all kinds were in use, and each had its adherents; the multiplicity of these antiseptics alone proved that probably few of them had an efficient effect. The first improvement occurred when it was realised that the wounds required more efficient drainage. This was followed by the use of the salt pack, which led to good results on the part of those who understood and used the underlying principles intelligently. The excision of damaged tissues in the early stages of the infection of the wound was really the first great step, however, towards obtaining better results. There was still a great error, for in the majority of these the wounds were allowed, and still are by a large number of surgeons, to granulate, leading to the formation of masses of scar tissue, with the necessary resultant deformity owing to the contraction of these scars. At the present time the surgeon has commenced to profit by these experiences, and the aseptic surgeon is once again coming into his heritage. The use of antiseptics is once again becoming a thing of the past and the suppurating wound is becoming conspicuous by its absence. It is true that in a certain percentage of cases these results cannot be obtained, still progress is being made in the right direction, and time alone will serve to get rid of those few mishaps, if they may be called so. The general principle which underlies this latter-day treatment is that so soon as the surgeon can satisfy himself that he has excised all the damaged tissues and removed all foreign bodies and portions of clothing from the wound, that that wound should be sutured. The French, who have practised this method for a prolonged period, claim that this can be done in 80 per cent. of all wounds, and that in 80 per cent. of these the wounds will heal by primary union. We were beginning to see a large number of cases treated in this way at the C.C.S. and arriving at the base, the wounds having healed and the men being ready for convalescent treatment. I have practised this myself with excellent results and am convinced of the desirability of carrying out the method.

You will say that it appears to be a risky procedure; well, all I can say is, that with ordinary care and the observance of a few general rules which I cannot enter into here, it is quite justifiable. If there is any doubt, the

wound can be left open and treated by aseptic methods for twenty-four hours, at the end of which time the desirability or otherwise of suturing it is self-evident. Suture carried out in this way is known as delayed primary suture; 80 per cent. of cases dealt with thus will also heal by first intention. Apart from all that may be of interest to the patient, the rapid healing of his wounds and his speedy convalescence, together with his early return to duty, will make you readily understand the great saving of labour that there is in carrying out the dressings of a large ward, the great saving of dressing material and the avoidance of painful manipulation of the limbs.

This method of treatment is chiefly applicable to wounds of the soft tissues but it is not only limited to them, it is being also used in the treatment of fractures, converting them from compound into simple fractures. This procedure has also met with considerable success. By its use those long and tedious illnesses and serious complications in these lesions with which one unfortunately becomes so familiar are altogether avoided, provided the operative measures instituted at the C.C.S. are a success and a good judgment is used in selecting and performing suture methods. The major part of my work during the six months was to deal with cases on these lines and to watch the results of those who had adopted them elsewhere. As I stated before, it is due to our French *confrères* that we should try their methods, and we ought to be grateful to them for initiating them.

Perhaps one thing that stands out more than another in one's experience is the institution of methods of treating fractures. In a civil hospital, owing to lack of accommodation rather than anything else, fractures do not receive the attention that they ought to do, yet an injury to a bone is more liable to limit a man's capacity for work than any other injury. The teaching of the treatment of fractures is seriously neglected, and as the result of this those who have had experience and opportunities of acquiring knowledge in this department of surgery come very much to the fore in the base hospitals and expose one's ignorance. The old principles of proper immobilisation, the reduction of deformities and extension methods still hold good; it is the method of carrying these into practice which is the outstanding feature out there.

It has become the custom, almost universally, to treat all forms of fracture by the use of a Thomas's splint or some modification of it. The use of a universal splint is in itself a great advantage. This particular form, moreover, lends itself admirably to the treatment of compound fractures so long as one is provided with the knowledge of how to use it. Many devices have been invented by various surgeons who are carrying on this work; much ingenuity has been used and a great deal of patience exercised, with the result that those of us who have witnessed the treatment since the beginning of the war are cognisant of the fact that a great advance has been made in this branch of

surgery. The greatest difficulty has been experienced in obtaining continuity of the same line of treatment amongst the large number of surgeons through whose hands these cases have to pass, with the result that it has been difficult to obtain the best results. This, however, was recognised in our base where a first step has been taken in treating all the cases of fractured femora in one hospital under a certain Major Sinclair, one of the most diligent workers on the subject, and in his hospital it is possible to keep the cases until the union of bones has taken place. This is a step in the right direction, and I am sure in his hands a great benefit has been granted to men suffering from wounds of these bones.

The work that had to be done during the winter months, you will gather, was interesting, but it is not to be denied that there was not a sufficient quantity of it. You will appreciate this when I tell you that very frequently the work for the day was finished by 10.30 in the morning, despite any effort which might be made to find more to do. The hours of the day had to be filled in as best one could. To beguile away the time a variety of occupations presented themselves, not without their interest and perhaps of some use. It was a new thing for me, for instance, to dig a potato patch and thus acquire a preliminary knowledge of how to deal with the hospital square if in the tenth year of the war it is decided to plant cabbages for the consumption of the hospital inmates. It was not altogether an uninteresting occupation to partake of a dish of tea with a dear old lady of some seventy summers and thus obtain a superficial knowledge of the French language as used in conversation. The study of the habits of the birds of the air was very fascinating, as also was the witnessing of manœuvres of naval forces both on the sea and in the air in the defence of the ————. From my point of view, after three years of very hard work, it is impossible to imagine a better form of holiday in times such as these. I can hear some of you carping at these remarks and asking why it is that there is so great a demand for doctors. It is not incumbent upon me to answer this question, but it may be well, having had some experience, to cite one or two reasons which seem to me to be self-evident. The possibility of effecting exchanges of doctors in home and war service is not so easy as might be imagined. In the first place, taking the treatment of the wounds themselves, the methods utilised here and abroad in the various stages of healing are so widely different that it is essential for those doing the surgery of the war to become fully cognisant of all methods before their services are of value. In however minor a post a man may be situated, he has to learn these methods so as to initiate a continuity of treatment; this takes time. A man who suddenly goes out because there is a push on is, with few exceptions, not only useless, but he is a nuisance, unless he has had previous experience. Those already there, in addition to their own work, have to

teach him what to do at a time when they are themselves already over-occupied. The newcomers are willing enough to learn, but the old stagers have not got the time to teach them. The sudden inrush of a squad of new doctors into the hospital becomes an incubus; although as a rule in the base they only remain for a few days, they all want to learn. Apart from any surgical experience, there is also a considerable amount of clerical work which constitutes a part of the routine of a medical officer of the hospital. These things can be taught and learnt in times of slackness, and thus the number of army doctors is kept up during that period in an attempt to make our service the most efficient, which I have little doubt it is. This sort of thing is irksome, but it has got to be done.

Now let me picture to you the opposite scene, namely, a base hospital in times of stress. I say "Base Hospital," for so it was, but it became a C.C.S. in a rather disadvantageous position. It was no longer a place in which one could study this method or that method as a means of advancing knowledge, but one in which principles had to be put to the test and large numbers of patients not only efficiently but rapidly dealt with. The call of the higher authorities was for evacuation, evacuation and still further evacuation. You arrived at breakfast, and the colonel said that more men must be sent to England; he repeated it at lunch and again at dinner, and it was his last call before retiring to bed. The conditions were completely changed. It was not a question of how to get an hour's work done in the day, but how to get ten minutes' rest. On March 22nd we got the news that a German offensive had started on the Somme, and as all our beds had been evacuated as far as possible we realised that, although the fighting was in the southern sector, we should get the overflow cases from other bases, and so we very soon did. We commenced to take them in from that date, but the real stress began on the 24th and lasted without abatement—in fact, rather with an increase of violence—until April 24th. I cannot give you exact figures of the number of patients that we admitted during that period, but it was very considerable. We started off with the same number of medical officers that we had during the winter, namely, five, two of whom were surgeons. My surgical colleague spent all his time seeing the cases as they arrived and deciding as to whether urgent surgical treatment was requisite, which was carried out by myself, the rest of the officers devoting their time to seeing the other cases, a large number of whom were gassed, and seeing that their records were written, and, in turn, giving anæsthetics.

On the first day twenty-four major operations fell to my lot. It was after we had finished dinner on this day that there was an inroad of fifteen Americans, Canadians, and one Englishman into our mess. They did not remain long, but we managed to stick to the Englishman, a man for whose services we later learned to become thankful.

He was one of the few exceptions mentioned above. The cause of his arrival was peculiar, and is an excellent instance as to what might happen if the Army Medical Service were not kept up in periods of slackness. He was a senior man marked for home service only, but on the request of the War Office for volunteers he undertook to come out to France for a fortnight. He was a very useful addition to the mess, and, being keen on anæsthetics, he joined my team as a permanent member of it, thus relieving the other officers in that duty. He was so impressed by what he saw during that fortnight, and as the authorities appeared to have forgotten him, he decided to stay on, and, so far as I know, is doing so at the present time, as he finds the air agrees with him. His invariable cheerfulness is one of the cheeriest memories of those strenuous days, for it added much to the gaiety and good fellowship of our team.

On the fifth day, having worked, continuously operating, for ten or twelve hours of each day we applied for another surgeon, whom we obtained with some little difficulty, and thus we remained with the addition of three other medical officers, making nine in all, until the end of the push.

The heaviest day was one on which two of us got through sixty-seven operations—thirty-seven of these I did myself, including seven trephinations, two large abdominal operations with removal of portions of the bowel, and eleven amputations; the remainder consisted of excisions of damaged tissues, removal of foreign bodies, etc. On that day we started at 9.30 in the morning and did not finish until 2.30 next morning. It was due to the jovialty of my anæsthetist and the great willingness of the rest of my team, who managed to put up with my normally irritable temper, that we managed to get through. It was greatly to our credit that we managed to get to bed in the best of good tempers, which, under other circumstances, might have led to a permanent dislike each for the other. This sort of thing went on for the whole of this period, during which we performed over 800 operations, exactly 500 falling to my lot. The large majority of these, some 250, were wounds of the soft tissues, requiring excision of damaged tissues with the removal of clothing, foreign bodies, etc. This may sound a small matter, but in reality calls for a considerable amount of judgment in knowing exactly how much to do for the safety of the patient and at the same time with as little damage as possible to structures which may be of fundamental importance in the end result. Not only is knowing what to do of primary importance, but how to do it is often a matter of difficulty. In my experience the efficient removal of damaged tissues is by no means an easy operation to perform. It is to be remembered also that all these cases were of a serious character, for those of a trivial nature had to be sent to England for treatment owing to the constant demand for beds. The work was also complicated by the fact that the cases had been many hours, often two days, in

arriving with us after their injury, the wounds being already the seat of infection and frequently already suppurating ere they reached us.

Amongst the 500 cases only 80 of them allowed of primary suture or delayed primary suture, so that you can appreciate the disadvantage to the men of having to wait all these hours for their treatment. The number compares very badly with the 80 per cent. claimed by the French writers, whose statistics are derived from conditions dealt with at the clearing station close to the line.

Only nine wounds of the abdomen came my way, and despite the late hour of their arrival it is gratifying that five of them recovered. Seven wounds of the chest were explored with good results. Twelve trephinations were performed, all with severe brain injuries, and with one exception all died. Thirty amputations were performed and a large number of miscellaneous and interesting operations, each of which seemed to possess some character peculiar to itself.

It was during this period that I became acquainted with gas gangrene, that most pernicious of war wound infections. The feeling of hopelessness and the great anxiety which these cases give to the surgeons is indescribable; although there are a number of clinical varieties of it varying from the strictly localised to the massive involvement of the tissue, there is always the possibility of the sudden collapse of the patient with which one is quite incapable of coping. Beyond the fact that one knows that this infection occurs in men who have lost a considerable quantity of blood, and in whom very frequently portions of clothing have been left in the wound, there is no indication as to which wound is liable to become involved. Even pathological investigations do not help, for so many of the anaerobic bacilli found in wounds are non-pathogenic, and ere each has been recognised by suitable tests the mischief may have occurred. An attempt is being made at the present time to immunise these patients by giving them sera, but as a curative measure we did not meet with any success. Still further measures are being taken to give prophylactic doses together with anti-tetanic serum as soon as possible after the patient has been wounded, but time alone will prove the value of this measure.

We had another scare by the sudden appearance of a series of tetanus cases such as we had not previously experienced during my stay in France. It is interesting to note that in each of these cases the prophylactic anti-tetanic serum had been omitted, presumably owing to the rush with which the patients had been transported from the field to the base. In no case where the men had received the serum did tetanus develop.

Time will not permit me to go into a very large number of other matters which might be of interest to you, but you might like to know that there was a social side of our life. Amongst a large number of hospitals, situated as we

were, it was obviously likely that we would meet a number of friends, and so it was. Whenever we got tired of our own particular mess it was only necessary to walk over to one in the near vicinity and you were made welcome as they were when they came to visit us. Especially was this the case at Christmas time, when all sorts of entertainments were devised to make us feel as if we were at home; pierrot parties appeared from all corners. During the periods of snow we entered with some little zest into some winter sports of our own arranging.

Occasional visits into ——— with dinner parties were looked upon as treats of a special quality. We were a little differently placed from the many thousands who must have gone through that port since the war commenced in that we were more or less permanent residents, for whom the French often had a special corner in their minds on our appearance in their restaurants.

I cannot finish without referring to the great admiration which I learned to acquire for our sisters in the nursing profession. In their hospital work they are doing extraordinarily well, and no praise of mine can be too high. Not only is this true of those who have fulfilled their full training as nurses in our own hospitals at home, but also of those belonging to the V.A.D. The conditions under which they have to live are the same as those of the men, and it is a marvel to me that they work so well as they do. The British Tommy has got much to be thankful for if he really appreciates all they are doing for him.

May I once again tell you what pleasure it gives me to be amongst you all again, and to thank you for having listened to a somewhat rambling account of my doings during the past six months. To those of you who will be shortly fulfilling a similar function, let me wish you the best of good luck and a safe return.

MEDICAL NOTES.

By Sir THOMAS HORDER, M.D.
(Continued from p. 94.)

ON CARDIAC BRUIITS.

(21) Of any cardiac bruit the observer should carefully note and record:

- (i) Its time; whether systolic, diastolic (*i. e.* early diastolic) or præsystolic (*i. e.* late diastolic).
- (ii) The place where it is best heard; whether apex, aortic base, pulmonary base, or elsewhere.
- (iii) The direction and extent of its conduction.
- (iv) The total area over which it can be heard.
- (v) Its constancy or inconstancy in regard to the posture of the patient and the respiratory rhythm.
- (vi) Its acoustic characters; whether loud, faint, musical, crescendo, etc.

Being expressed as an adjective (vi) is for conveni-

ence put first in the description of the murmur, though it is of far less importance than (i) to (v). *Example:* The typical bruit of mitral regurgitation is a soft blowing systolic murmur, heard best at the apex-beat, conducted towards the axilla; it is heard over a considerable area of the chest-wall, and at the angle of the left scapula; it is constant with posture and respiration.

(22) In "timing" any event in the heart-cycle during ordinary clinical examination it is well for the beginner to remember that systole of the ventricles, the first sound of the heart, and the impulse are synchronous events. It therefore follows that a bruit can often be "timed" best by simultaneous palpation and auscultation.

(23) The existence of cardiac bruits having little or no importance has been known for many years, and careful teachers have always warned their students against arriving at any conclusion with regard to a patient's heart from the mere discovery of a murmur over it. We are now told that too much importance is attached to murmurs in general. This is scarcely possible, for the detection of a bruit over the heart is a matter of primary importance. The point that should be emphasised is that a bruit needs careful analysis before its significance can be appreciated, and that even then it is only one of several data that are necessary before an opinion can properly be given as to the integrity of a patient's heart.

(24) For all that may be said concerning the unimportance of cardiac bruits in the presence of good cardiac muscle, as judged by all possible investigations, the fact remains that a systolic bruit heard in the region of the apex, conducted towards the axilla, and unaffected by posture and respiration, is *in practice* taken to mean that the heart producing it must not be trusted to stand prolonged or excessive effort, and is likely to fail under strain. If experience dictates this practice we need not heed the doctrine that "mitral regurgitation, even from a damaged valve, is seldom, if ever, of much importance." For the practical decision admits—what should never have been forgotten—that the circulation is based upon principles of hydraulics.

(25) The characters of "functional" or "hæmic" murmurs are, in the main, as follows: They are systolic in time; they are much more common at the base than at the apex, and at the pulmonary base than at the aortic base; they usually lack conduction; they are generally louder in the recumbent than in the erect posture, and may only be heard in the recumbent posture; they are frequently affected by respiratory movement.

(26) The first thing to say (to oneself) about a systolic bruit heard at the aortic base is that the case is probably not one of aortic stenosis. More likely causes of the bruit are the following: atheroma of the base of the aorta, anæmia (and other general conditions associated with "functional" bruits), mitral regurgitation, and aneurysm of the ascending part of the arch of the aorta. But if, in addition to the pres-

ence of a systolic aortic bruit, the following features are also made out during the examination: good conduction of the murmur towards the right side of the neck, considerable hypertrophy of the left ventricle, systolic thrill in the second right costal interspace, and a small pulse: it may be said with confidence that the patient suffers from aortic stenosis.

(27) The diagnosis of tricuspid regurgitation is assisted very little by its characteristic bruit—a blowing systolic murmur heard best in the region of the xiphoid cartilage. The diagnosis is much more often made by observing that the right heart is enlarged, that the veins in the neck are full and pulsating, that the liver and kidneys are congested, and that there is œdema of the legs. All these things may be present without any bruit, or without any bruit that can with certainty be attributed to tricuspid regurgitation rather than to the mitral regurgitation which is usually also present. No doubt the reason of this is that the systolic force of the right ventricle, never very strong, is diminished owing to the state of general cardiac failure; the regurgitant stream through the tricuspid orifice therefore produces no audible eddy.

(28) The statement is frequently made that ulcerative endocarditis may exist in the absence of cardiac bruit. The statement is correct, but it makes an appeal to the mind of the reader that is disproportionate to the importance of the fact. The statement should be balanced by the additional information that this state of things is only likely to be present in very acute primary cases of the disease, and when the condition is a terminal infection, in both of which instances there is, as a rule, a considerable degree of heart failure from the first.

(29) Another attractive statement often made in accounts of ulcerative endocarditis, and needing some qualification, is that in this disease the murmurs are apt to “change from day to day.” If this means that fresh bruits are prone to appear as the disease progresses, the words form a somewhat loose statement of fact. But if the words are read literally, then it should also be added (i) that the mere change in the character of a bruit from day to day in a case of acute endocarditis by no means implies that the endocarditis is of the ulcerating type, not even when the bruit disappears and reappears; and (ii) that in ulcerative endocarditis the bruit or bruits may be extraordinarily constant.

(30) Two auscultatory signs give valuable indications of approaching failure of the “renal heart” (hypertrophy of the left ventricle in chronic nephritis): (i) *bruit de galop*, or reduplicated first sound, and (ii) a soft systolic bruit in the region of the apex-beat. The appearance of either of these signs in a heart, examination of which has not hitherto revealed it, should be regarded as ushering in a state of dilatation of the left ventricle. These signs frequently disappear with appropriate treatment, often to reappear later, when the limit of response to treatment is being reached.

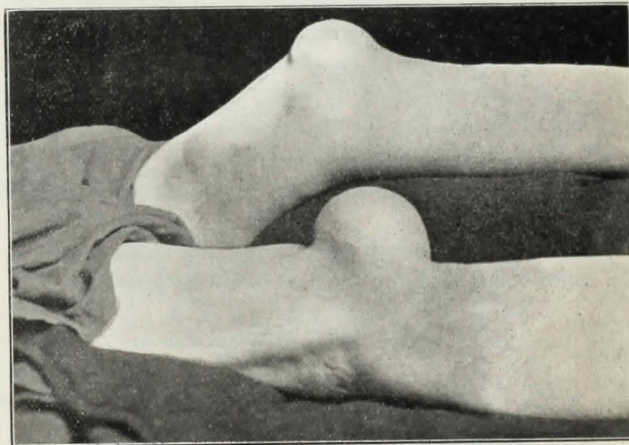
(To be continued.)

A CASE OF BILATERAL PREPATELLAR BURSÆ.

By H. C. Cox, M.R.C.S., L.R.C.P.

SINCE the interest of this case is centred chiefly on the pictorial presentation of these swellings, a few words of description will suffice.

The patient, a woman, æt. 62, was for many years engaged in much scrubbing, with the result that four



BILATERAL PREPATELLAR BURSÆ.

years ago a swelling appeared below the right patella, and gradually increased to its present size.

The smaller swelling below the left patella is of more recent formation, having reached its present size in two months.

The treatment was by excision. The bursæ were exposed by vertical incisions in the longitudinal axis of the limbs, and dissected out.

The writer is indebted to Major Eccles for permission to present this case, and to Mr. Zerolo for the most excellent illustration.

GUNSHOT WOUND OF THE RIGHT COMMON CAROTID ARTERY.

By CAPT. THOS. B. CARLYON, R.A.M.C.,
—th General Hospital, France.

THE following case may be of interest to readers of this JOURNAL.

A man was admitted into my ward with a recent bullet wound of his right axilla, extending into the neck, and fracturing the sternal end of the clavicle *en route*.

Examination showed a large swelling in the right supra-clavicular region and right neck, with hæmatoma extending downwards over chest-wall. Heart apex one inch outside nipple line, but no cardiac murmur heard. On the day of admission an arterio venous bruit was heard. Within twenty-four hours this developed into a systolic bruit over the neck area.

On the second day of admission an incision was made over the course of the common carotid and towards the acromion end of the clavicle. After clearing out a quantity of organised blood-clot the artery was exposed, revealing a portion of the bullet, transfixing it below its bifurcation. A ligature was applied above and below, the intervening portion being excised. The wound was left open.

The case made an uninterrupted recovery, with an absence of any cerebral or peripheral symptoms, and was evacuated to England a fortnight later.

The systolic bruit was probably caused by the impaction of the "F.B.," which in itself stopped any serious degree of hæmorrhage.

I am indebted for permission to publish this case to Col. Shea, C.O., and to Capt. Burrows, who operated.

RAHERE LODGE.

THE Installation Meeting of the Rahere Lodge, No. 2546, was held in the Great Hall of St Bartholomew's Hospital on June 18th. Bros. Howard Jones, Armitage, and Cardinall were passed to the second degree by the W.M. W.Bro. C. H. Perram and W.Bro. Ernest Clarke. The W.M. then installed W.Bro. A. Hepburn as W.M. for the ensuing year.

The following officers were appointed and invested :

W.Bro. A. HEPBURN, L.R.	W.M.
W.Bro. C. H. PERRAM, L.R., P.P.G.D., Beds.	I.P.M.
W.Bro. J. SWINFORD EDWARDS	S.W.
Bro. E. W. BREWERTON	J.W.
Bro. The Rev. R. B. DAND	Chaplain.
W.Bro. ERNEST CLARKE, P.M., P.G.D.	Treasurer.
W.Bro. E. LAMING EVANS, P.M., L.R.	Secretary.
W.Bro. T. G. A. BURNS, P.M., P.G.D.	D.C.
Bro. H. PRITCHARD	S.D.
Bro. GIRLING BALL	J.D.
W.Bro. M. L. TRECHMAN, P.M., L.R.	1st Asst. D.C.
W.Bro. H. MORLEY FLETCHER, P.M., P.G.D.	2nd Asst. D.C.
W.Bro. P. S. ABRAHAM, P.M., P.G.D.	Almoner.
Bro. NORMAN F. SMITH, Asst. G.O. Oxfordshire	Organist.
Bro. A. L. MORETON	Asst. Secretary.
W.Bro. FRANCIS W. CLARK, P.G.D.	I.G.
W.Bro. E. P. FURBER, P.P.G.J.W., Surrey	Sen. Steward.
Bro. J. H. GRIFFITHS	Steward.
W.Bro. G. H. WHITAKER, L.R.	Steward.
Bro. J. CUNNING	Steward.
Bro. F. A. ROSE	Steward.
W.Bro. A. H. COUGHTREY	Tyler.
Bro. E. W. HALLETT	Asst. Tyler.

The charges were delivered by W.Bros. Perram, Laming Evans, and Theodore Burns.

During the year a sum of 100 guineas was voted to the War Emergency Fund of the Royal Medical Benevolent Fund, and a sum of 25 guineas to the Special Fund of Grand Lodge for interned civilian prisoners of war.

An emergency meeting of the Lodge was held on July 16th, at which Bros. Pascoe Wells, Howard Jones, Cardinall, and Armitage were raised to the degree of Master Masons by W.Bro. Hepburn.

OBITUARY.

CAPT. E. P. W. WEDD, M.C., R.A.M.C.



CAPT. E. P. W. WEDD was killed by shell-fire on July 13th, 1918.

Of his early life, I fear, I know little, and it is difficult to glean facts out here. From Cheltenham, he went to Cambridge, where, apart from the fact that he obtained his "blue" for rowing, he stood out amongst the men of his year. There was something big about his character which compelled admiration.

Entering Bart.'s in 1908, he qualified in due course, and held the appointments of House-Surgeon at the West London Hospital and Extern at Bart.'s.

At heart, I think, he rather loved soldiering, and his chance came with the war. He went to France with the Essex Yeomanry in command of his troops. He was soon recommended for an Artillery Staff Captaincy, a post which he held for over a year, and one for which, as one of the officers of the Brigade said, he was eminently fitted, his powers of organisation being extraordinarily good.

It was somewhat of a disappointment to him when he had to transfer to the R.A.M.C., but characteristically he threw his whole weight into his work and never seemed to tire. All the men of the batteries loved him and eagerly looked forward to his visits. His whole being radiated energy and cheerfulness, and, as his Commanding Officer remarked, not only was he such an excellent Medical Officer, but the very best of good fellows. He was awarded a well-deserved Military Cross about six weeks before his death.

In these abnormal days, when men are herded together away from the refining influences of home, they are apt to lose something of their former standards. With Parker Wedd it was not so; he was a man of the highest ideals and steadfastness of purpose. He never did an ungenerous act, and I never heard an unsavoury thing said in his presence. To those of us who were privileged to witness that last solemn ceremony, both officers and men, came that feeling of personal loss which is irreplaceable.

C. G. M.

CORRESPONDENCE.

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

SIR,—I have read with interest and much amusement the account of the debate of the Abernethian Society reported in your issue of July, and as, for the moment, quiet reigns on our front I am tempted to offer a few remarks to you.

Firstly the result of "the division" on the motion "That in the opinion of this House the study of Surgery at the present time (italics are mine) is of greater importance than the study of Medicine" could have had no other showing than it did, viz. a large majority of "Noes."

I am inclined to think that if the champions of surgery had had any experience of forward area work in France the "Ayes" lobby would not have justified its existence. Major Rawling is reported to have said: "In France at the present moment it is the surgery and not the medicine that counts." In my opinion no more fallacious, dangerous, or untrue statement could have been made. The same speaker also said: "That the War Office conscripts everyone and immediately converts them into surgeons; also the physician is not wanted abroad. . . ." Now, I submit that these statements are absolutely untrue and misleading; that they do great injustice to all those doing medical work out here, and that though a misstatement of facts may be "parliamentary" it is not a practice to be encouraged even in the Abernethian Room.

I feel that had Major Rawling any personal experience of R.A.Ps., A.D.Ss., or C.C.Ss., he would not have made these prejudicial remarks. Does Major Rawling know the establishment of a C.C.S.? Does he imagine that only wounded are treated there?

Three weeks ago a certain C.C.S. had over 300 sick on its books, most of whom needed a careful diagnosis after a thorough examination (such as Sir Thomas Horder outlines in his "Aphorisms" in the same issue of the JOURNAL), and competent medical treatment, and they got it. At the same time those needing surgical treatment were few. This is no exception, although I admit that this would only hold in times of "peace." The Acute Medical Ward is nearly always full, and the M.O. in charge takes as much time with, and is at least as conscientious towards, his patient, as even a physician going his round at Barts. in the afternoon. In fact, medicine in a C.C.S. at ordinary times predominates as 50 to 1 over surgical cases. Who is the most needed, the physician or the surgeon?

I would remind Major Rawling that the thoracic cavity is penetrated by missiles as well as other cavities, and that every case so injured will have blood—and other things in the thorax. In fact, C.C.Ss. have a separate Chest Ward, and why? Because if a surgeon is not a competent "physician" a "real" physician will be in charge of this Ward and daily and most carefully employ his medical knowledge and experience in finding physical signs and interpreting them.

That the War Office "immediately converts conscripts into surgeons" is so obviously an incorrect statement that I need not attempt to refute it, and the same applies to the remark that "the physician is not wanted abroad, except in a few cases here and there." One word would aptly answer this, but it is an "unparliamentary" one.

I must also take up Sir Thomas Horder. He says that a few surgeons suffice for the limited amount of surgery that it was advisable to do there (i.e. at a C.C.S.) Capt. Girling Ball pointed out the incorrectness of this statement. Of course, all the surgery that can be done at a C.C.S. is done there, and it is the place *par excellence* where it is "advisable," nay, imperative, to do it. What does Sir Thomas Horder imagine is done with these "exhausted, shocked, and anæmic men"? Sent straight on by train to the base, after a ride by car of anything from five to twenty miles to the C.C.S.? Where should abdominal and chest wounds be operated upon, as instancing his "major" surgery, if not at a C.C.S.? Has Sir Thomas Horder no fear of gas-forming organism infection of every wound, if not operated upon at a C.C.S.?

He says that a "few expert surgeons suffice." I submit that he would have different ideas at the time of a "push" or even a "raid" if he were then to visit a C.C.S. As many as nine teams have been added to a C.C.S. establishment in times of activity, and even then it is good work if 30 per cent. of all wounded are operated upon.

Finally, I believe the whole *crux* of the matter is this: The so-called "surgery" done out here is not surgery, it is very necessary butchery, and I believe that any intelligent man who can use his hands can quickly be taught to cut out a wound; it is all very simple, and this is all it is; excising wounds. Abdominal surgery is just as simple; during the operation no judgment is needed, if you see holes you shut them up; if the wound is more extensive, you

again cut it out, though it be gut. Wounds of the chest need skilled medical attention in diagnosis and treatment. The war surgeon is very easily trained; the physician is not, some experience is essential.

Teach more medicine—we will teach the newly-qualified man, or him inexperienced in war surgery to cut out his pound of flesh.

With apologies for trespassing on your space.

I am, Sir, etc.,

GERALD STANLEY,
Major, R.A.M.C.

CASUALTY CLEARING STATION, B.E.F.

July 11th, 1918.

REVIEWS.

ASPECTS OF DEATH AND CORRELATED ASPECTS OF LIFE IN ART, EPIGRAM, AND POETRY. By FREDERICK PARKES WEBER, M.A., M.D., F.R.C.P., F.S.A. Third edition. (London, 1918, T. Fisher Unwin and Bernard Quaritch, Ltd.) 8vo, pp. xxxix + 784.

The second edition of this deeply interesting work was noticed in the ST. BARTHOLOMEW'S HOSPITAL JOURNAL so recently as 1914 (vol. xxii, p. 14). Dr. Parkes Weber is to be congratulated therefore upon the fact that another edition has been called for so quickly. The present edition contains no less than 290 pages more than the last; there are 19 additional figures and the double-columned index more than occupies 45 pages, yet by the use of a thinner paper the volume is neither larger nor heavier. Much additional material has been skilfully interwoven, and we are glad to notice that Dr. Weber has laid under contribution many of the papers contributed to the historical section of the Royal Society of Medicine. The book bids fair to become a classic and we welcome it the more gladly because it shows that the medical profession still contains a virtuoso and scholar of the first rank and in the best sense of the term.

SURGICAL APPLIED ANATOMY. By Sir FREDERICK TREVES, Bart. Seventh Edition. Revised by ARTHUR KEITH and W. COLIN MACKENZIE. (Cassell & Co., Ltd.) Price 10s. 6d. net.

In many cases it is not until the student comes to apply his knowledge of anatomy that the value of his laborious hours of dissection is appreciated, and after all it is the application of anatomy to surgery that is the all-important factor. Treves' excellent volume, first published in 1883, is quite a standard work on the subject, and the author will forgive us, perhaps, for saying that its value has, if anything, become enhanced in the hands of the two distinguished anatomists whose names are now associated with the Editorship.

In spite of the 700 pages which go to make up the volume, it is remarkably compact and will readily slip into the pocket. The book contains 153 illustrations, half of them being coloured. Quite a pleasing feature of this edition, in our opinion, is the statement in the preface to the effect that the Editors see no reason why they should abandon the use of the nomenclature which has stood British anatomy and surgery in such good stead. For this reason the Basle nomenclature takes a second place, although in all cases it is inserted in brackets.

THE ACTION OF MUSCLES. By WILLIAM COLIN MACKENZIE. (H. K. Lewis & Co.) Price 12s. 6d. net.

Disabilities of an orthopædic nature is one of the greatest problems which the surgeon has had to contend with at the present time; in fact, in Army medical circles the view is generally held that of the wounded men returning from the French battlefields some 65 per cent. are suffering from injuries of this description.

Whether it is muscle, bone, joint, nerve, or central nervous system which is involved, the question of muscular function becomes of prime importance for purposes of treatment.

For this reason we heartily welcome this volume on the action of muscles, more especially as it includes much information on muscle rest and muscle re-education.

The first chapter deals with Principles, and under this heading are included such subjects as the nature of muscle, relation of bone to muscle, ligaments, the evolution of muscular action, testing for muscle action, specialisation of muscle function, etc. The other chapters are descriptive of muscles in different regions, three extremely useful chapters being devoted to median nerve, ulnar nerve, and musculospiral nerve paralyses respectively.

Not the least interesting part of the book are the excellent illustrations, many of them photographs on art paper of actual war cases. Both author and publisher are to be congratulated on the production of a unique volume.

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* Distinguished in Physics.

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† Awarded a mark of distinction.

Part II. Anatomy, Physiology, and Pharmacology.—C. W. Narbeth, A. C. D. Telfer, E. H. Weatherall.

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SOCIETY OF APOTHECARIES OF LONDON.

June, 1918.

The following candidate has been granted the Diploma of the Society entitling him to practise Medicine, Surgery, and Midwifery: H. M. Waller.

CHANGES OF ADDRESS.

CAZALY, Major W. H., I.M.S., 8, St. Alban Road, Bedford.

RAWLING, L. BATHE, 11, Wyndham Place, Bryanston Square, W. 1. (private address), (Tel. Pad. 1286).

VERHEYDEN, C., 21, Welbeck Street, Cavendish Square, W. 1 (Tel. Mayfair 4572).

BIRTHS.

BREWERTON.—On August 6th, at 73, Harley Street, the wife of Elmore Brewerton, F.R.C.S. of a son.

MONCKTON.—On July 15th, at 14, Sumner Place, S.W., to Elizabeth and Vernon Monckton—a son.

ROPER.—On August 17th, at Exeter, the wife of Major F. A. Roper, R.A.M.C. (T.), of a daughter.

MARRIAGES.

BULLEN—DIXON.—On July 9th, at Christ Church, Gipsy Hill, Upper Norwood, S.E., by the Rev. H. J. Cossar, M.A., assisted by the Rev. C. Wilson, M.A., B.D., Vicar of the Parish, Horace Braithwaite Bullen, Surgeon, R.N., youngest son of the late Mr. Robert Bullen, of Ealing, W., to Dorothy Hamilton, only daughter of Mr. and Mrs. George Fraser Dixon, and granddaughter of Major-General T. Fraser Dixon, of Gipsy Hill, Upper Norwood.

BURN—LA NAUZE.—On June 26th, at the Parish Church, Glenealy, co. Wicklow, by the Rev. A. Baker, M.A., Capt. John Southerden Burn, R.A.M.C., eldest son of Dr. and Mrs. Burn, of Tudor House, Richmond, to Nell La Nauze, younger daughter of the late Thomas Storey La Nauze, and of Mrs. Scott Mansfield, of Holly-wood, Glenealy, co. Wicklow.

CUMBERBATCH—GIBBONS.—On July 18th, at Christ Church, Ealing, by the Rev. W. Templeton-King, B.D., Elkin Percy Cumberbatch, M.A., M.R.C.P., of 15, Upper Wimpole Street, W., to Isabel, second daughter of the late Richard Gibbons, of Valparaiso, Chili.

CUNNINGTON—WEBB.—On July 20th, at St. Mary Abbott Church, Kensington, C. Willett Cunnington, M.B., Lieut., R.A.M.C. (temp.), of Tatchley House, Dollis Avenue, Church End, Finchley, N., to Phillis E. Webb, M.B., of 7, Scarsdale Villas, Kensington, W.

DAVID—GALLIE.—On August 17th, very quietly, at the Parish Church, Tavistock, Capt. T. W. David, R.A.M.C., to Betty Lockhart, only child of the late Major Arthur Lockhart Gallie, and of Mrs. Gallie, Littlecourt, Tavistock.

GRIFFITHS—JAMES.—On August 13th, at Charles Street Congregational Church, Cardiff, Hugh Ernest Griffiths, M.B.Lond., F.R.C.S.Eng., second son of Mr. and Mrs. T. Longdon Griffiths, of Claude Road, Cardiff, to Doris Eirene, youngest daughter of the late Mr. W. H. James and Mrs. James, of Penylan, Cardiff.

MOORE—SPENCE.—On July 8th, at St. Marybone Church, London, W., by the Rev. J. H. Roberts, Lieut. Desmond Garratt Fitzgerald Moore, Yeomanry, twin son of Mrs. Fitzgerald Moore, of 3, Lansdowne Road, Bedford, and the late W. B. Fitzgerald Moore, and Katharine Olive, only daughter of Mrs. Spence, 80, New Cavendish Street, London, W., and the late Dr. W. F. Spence, formerly of Bedford.

SQUIRE—WALTER.—On July 23rd, at St. John's Church, Hove, Lieut. Henry Fremlin Squire, B.A., M.R.C.S., L.R.C.P., eldest son of the late Rev. L. Harding Squire, and Mrs. Squire, of Kenley, Surrey, to Dorothy Ima Violet, only daughter of Captain and Mrs. J. W. Walter, of 16, Tisbury Road, Hove.

WHITE—LAMB.—On July 24th, at Holy Innocents' Church, Fallowfield, Manchester, by Rev. John White, Rector of Pitsford, brother of the bridegroom, assisted by Rev. H. D. Lockett, Rector of the Parish, Charles Powell White, M.A., M.D., F.R.C.S., fourth son of the late Preby. L. Borrett White, D.D., to Lettice Mary, second daughter of Prof. Horace Lamb, D.Sc., F.R.S., of the University of Manchester.

DEATHS.

ALMOND.—Killed in action, August 9th, 1918, Capt. George Hely-Hutchinson Almond, R.A.M.C., M.A., M.B., B.Ch.Oxon., eldest son of the late Hely-Hutchinson Almond, Headmaster of Loretto, and of Mrs. Almond and dearly-loved husband of Violet Almond, 6, Brock Street, Bath, aged 41.

BATHE.—On July 21st, 1918, at his residence, "Adjai," Westwood Road, Southampton, Henry Harsey Bathe, Surgeon E.I.R. (retired), aged 67.

BATTEN.—On July 27th, 1918, Frederick Eustace Batten, M.D., F.R.C.P., 22, Harley Street, W., of collapse, following operation, aged 52.

POLLARD.—On July 5th, 1918, 2nd Lieut. Wilfred Walter Pollard, R.A.F., in R.A.F. Hospital, London (from illness contracted on active service in France), only son of Dr. and Mrs. W. H. Pollard, Hagley Road, Edgbaston, aged 19.

WEDD.—Killed in action (instantaneously), on July 13th, 1918, Capt. Edward Parker Wallman Wedd, M.C., Yeomanry and R.A.M.C., the elder son of E. A. Wedd, Esq., J.P., of Great Wakering, Essex, aged 34.

ACKNOWLEDGMENTS.

The British Journal of Nursing, The Nursing Times, Guy's Hospital Gazette, The Hospital, The Journal of Public Health, Long Island Medical Journal, The Medical Review, Sydney University Medical Journal, The Magazine of the London (Royal Free Hospital) School of Medicine for Women, The Medical Times, St. Mary's Hospital Journal, New York State Journal of Medicine.

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