

Kealy, R.N., shows that the general idea that the *Maine*, which was wrecked some time ago, before the outbreak of the present war, was the first of seagoing hospital ships is erroneous. He gives the following record of the previous use of such vessels: In 1673 William Dampier, serving on board the *Royal Prince*, on falling sick two days before the action of August 11th, was sent on board the hospital ship. In 1692 Richard Allyn, chaplain of H.M.S. *Centurion*, gives in his list of ships engaged in the battle of La Hogue two hospital ships as attached to each squadron, the *Red* and *Bluc*. In 1701 Sir George Rooke requested that the hospital ship might bring a good supply of Thames water for the fleet, and later ordered Captain Watkins to take aboard the hospital ship all such sick men as should be sent to him. In 1718 a hospital ship accompanied Sir George Byng when he sailed from Spithead, June 15th. In 1793 Cooper-Willyams, chaplain of H.M.S. *Boyne*, in his account of the campaign in the West Indies, in which the army acted with the fleet, says that after the Grenadiers had repulsed an attack in the Isle of Martinique the wounded were sent on board the *Rocbuch*, the hospital ship of the fleet. Later on, when speaking of the hospital taken possession of at S. Pierre, Cooper-Willyams says: "This we found of infinite use for our sick and wounded, who were far better provided for here than they could be in the hospital ships." In 1794 a hospital ship was attached to Lord Howe's fleet off Ushant. In 1795 one was likewise attached to Lord Bridport's fleet off Belle Isle. Mr. Kealy can find no record of hospital ships having been used in the Crimean war in connexion with any of the fleets. He adds: "With regard to the *Maine*, with which we commenced, she was bought for naval service sometime after the South African war, and in 1902 Mr. Arnold-Forster said in Parliament that the policy of hospital ships for the navy had been deliberately adopted after a great deal of consideration by the Admiralty. The current *Navy List* contains the names of seven hospital ships carrying nursing sisters, whose presence at sea is a curious reversal of naval discipline."

SIR ROBERT SIMON.

We mentioned last May that Sir Robert Simon had resigned the position of physician to the General Hospital, Birmingham, after having served the hospital for thirty-five years. At a meeting in the board-room at the hospital on October 14th, before a large audience, his portrait by Mr. Edward S. Harper was presented to the hospital, and gratefully accepted by the Lord Mayor, who said that Sir Robert Simon was prominent in the long line of eminent men who through the last 140 years had gradually built up the very great reputation the General Hospital now possessed. Sir John Holder, as chairman of the House Committee, then presented a diamond tiara to Lady Simon as an acknowledgement of the governors' high appreciation of the devoted and distinguished services Sir Robert Simon had rendered to the hospital. Mr. Gilbert Barling, senior surgeon, then asked the Lord Mayor to present to Sir Robert Simon an album containing an illuminated resolution and a list of subscribers, together with the resolution of the Board of Management, which we published last May. The album having been formally presented, Sir Robert Simon said that after so many years' connexion with the hospital he found it a wrench to give up his association with it. He felt especial pride in knowing that his portrait would hang on the walls of the board-room, and concluded by saying that his work at the hospital had been lightened by the co-operation of the whole of his colleagues, than whom it would be impossible to find a set of men more devoted to the hospital, or more closely associated by the common bond of love for the institution they were so proud to serve.

A MEDICAL AVIATOR.

DR. EMILE REYMOND, Member of the French Senate for the Loire, was a medical man by profession, and had won distinction as a surgeon. He held the rank of surgeon-major in the French army. But his heart was in aviation, the possibilities of which in military operations he had often defended in the Senate. Before the war he was President of the National Committee which bought aeroplanes, built sheds, and instructed pilots. He was most eager for service with the army aviation corps, and at his own request was attached to it for military service on the outbreak of the war. He was so successful as a flight observer that he was mentioned in dispatches. While making a reconnaissance over the German lines he was hit by a bullet and mortally wounded. He made a final effort to reach the French lines, but, his strength failing, his machine fell between the two opposing armies. The Germans made a determined effort to capture him, but were driven off by the French. He was carried back to his own lines in a dying state, but insisted on giving a report of the results of his reconnaissance. Before his death, which took place a few hours later, the general commanding his division pinned on his breast the Cross of the Legion of Honour. The President of the French Republic sent the following telegram to Dr. Raymond's widow:

Please accept, madame, my respectful condolences in the loss which you have suffered. The heroic and glorious death of Dr. Raymond is a cruel blow to all his friends, of whom I was one, but the magnificent example of courage which he gave is an honour to the Parliament of France. I hope that this thought may be some consolation to you in your great sorrow.

Dr. Raymond is said to have had a greater influence than any other man in France on the development of military aviation, to which he first gave the name of "Fifth Arm."

ARMY SANITARY COMMITTEE.

THE Army Sanitary Committee which, as we announced a fortnight ago, the Minister for War had decided to appoint to advise the Army Council on all matters connected with the health of the troops at home and abroad, has already held one meeting. It is constituted as follows: Brigadier-General F. J. Anderson, R.E. (chairman), Dr. Arthur News-holme, C.B. (Medical Officer, Local Government Board), Colonel W. H. Horrocks, M.B., B.Sc. (Expert in Sanitation, Army Medical Advisory Board), Sir Frederick Treves, Bart., G.C.V.O., C.B., Dr. John Robertson (M.O.H., Birmingham), Dr. Henry R. Kenwood (M.O.H., Bedfordshire and Stoke Newington, Civil Expert in Sanitation, Army Medical Advisory Board), and Major C. E. P. Fowler, F.R.C.S., R.A.M.C. (late Officer in Charge, School of Army Sanitation, Aldershot), with Mr. Edmond T. Gann, Secretary of the Army Medical Advisory Board, as Secretary.

THE WAR AND THE MEDICAL SCHOOLS.

LONDON.

INQUIRIES recently made with regard to the number of new students who have entered at the various medical schools in London, and as to the number of senior students who are at present serving with the army, appear to show that the decline in the former has not on the whole been great.

St. Bartholomew's Hospital.

The entry of new students is considered to be as good as could be expected in the abnormal circumstances, but the medical school is about 50 per cent. below strength, owing to the fact that a few of the second year men, a certain number of the third year, and a great many of the fourth and fifth year students have accepted positions as dressers, etc.

Guy's Hospital.

We are informed that at Guy's Hospital the number of new students is well up to the average. For those students who had any clinical experience and were entitled to begin their clinical training special courses have been provided to qualify them for Red Cross work, and a great many of them have gone to the front. It had been generally realized by students and their parents that it

was better for students nearly at the end of their course to complete their training in order to be able to offer themselves, if need be, as fully qualified men. The secretary of the medical school points out that new students are usually received at ages below the minimum age of enlistment, and that consequently the war need not be expected to affect the numbers of new students to any extent. In the dental department the position is different; students begin their two years' clinical training at 21 years of age, and the entry of dental students has been affected by the war.

The London Hospital.

The London Hospital last year had what was considered a poor entry as regards the number of new students, and this was ascribed to the state of uncertainty brought about by the introduction of the Insurance Act and early difficulties in its administration. This year the figures of last year have been improved upon in spite of the fact that at the last moment fifteen whose names had been given in withdrew in order to enlist. Of students in their final years nearly eighty have left for service with Red Cross and similar units. Second and third year students have not gone to quite the same extent. So far the authorities of the medical school have taken no steps to withhold men from active service, although it is realized that the time may come when it will have to be urged that duties at home are more pressing and must have first claim. It has been found possible up to the present to man the hospital with house-physicians and house-surgeons, and it had not been necessary to draw upon men outside. Several teachers are away on active service, but the course of study is normal.

St. Thomas's Hospital.

At St. Thomas's, also, the point is made that new students are too young to enlist, and we are informed that the number of entrants is little, if at all, lower than the average of the last five years. Of late third and early fourth year men a great many have been accepted as dressers, so that the numbers in the school are lower than usual.

School of Medicine for Women.

On inquiry at the London Royal Free Hospital School of Medicine for Women, there is, we are informed, a record entry of students, the number being 56, which brings the total number of students to 212. Many of the more advanced students are taking service for periods of not longer than three months with private corps which are undertaking the care of the wounded. Former students of the Royal Free Hospital are largely represented on the staff of the Women's Hospital in Paris, which is conducted entirely by medical women. The Royal Free Hospital is also represented on the unit which has been in Antwerp and is about to go to the Continent again.

CAMBRIDGE.

We learn that the number of students proposing to study medicine who have come into residence at Cambridge in October is 64; last year the number was 116, in 1912 it was 110, and in 1911, 114. From the list of resident members of the university it appears that almost 50 per cent. are away, the percentage ranging in various colleges from 71 to 26. Those who have the responsibility of advising medical undergraduates have done everything in their power to keep medical students at their studies, and to some extent have succeeded. In this the university accepts the view of the General Medical Council and the War Office that a medical student should fulfil his course and become qualified at the earliest possible moment.

The members of the field ambulance section of the Officers' Training Corps will for the present devote most of their time to learning the necessary amount of infantry drill, proceeding later to the special work of their unit.

PARIS.

The Faculty of Medicine opened its doors for a short time last week for the purpose of holding the final examinations which ordinarily take place in the month of October, and is arranging for the commencement early next month of a certain number of lectures and classes in the school of medicine. These, however, merely cover the subjects of the first two years, the number of senior students able to follow their ordinary pursuits being too few to make it worth while to hold courses in the subjects of the third and fourth years.

THE WAR.

MEDICAL MATTERS IN FRANCE.

(From a Special Correspondent in Paris.)

CONSERVATIVE SURGERY.

In a recent note I made passing reference to certain cases which had left on my mind an impression that the experience of civilian hospitals was perhaps influencing treatment somewhat unduly. It seemed to me possible that the successes of peace time surgery were leading to over-venturesomeness in the way of attempting to save shattered limbs. Having given vent to this half-formed view I ought perhaps to cite against it the fact that one of the strongest advocates of conservative treatment that I know is a man whose surgical training has been not civilian, but military. This is Dr. M. E. Delorme, who is a medical inspector general of the French army and a surgeon of such long experience that very great weight must be attached to his opinion. This, as expressed in his treatise on military surgery, is absolutely favourable to the conservative treatment of the kind of cases that most surgeons a decade or so ago would, reluctantly no doubt, but still unhesitatingly, have submitted to amputation. He is, indeed, so keen an advocate of the observance of conservative principles in military practice that on the outbreak of the present war he issued a kind of manifesto in their favour in the form of a communication to the Institute of France under the title of *Conseils aux Chirurgiens*. In view of his position in the army this statement would seem almost equivalent to an order so far as his junior colleagues are concerned, and he has since justified it in a summary attached to a review of a batch of over 700 cases. The patients in all these cases were prisoners of war, the survivors of a larger number of wounded left on the field when the Germans began their retiring movement after the battle of the Marne. Picked up by the French in circumstances which suggested that they were among the most serious cases and deemed by the German surgeons unfit to be sent to a German base hospital, they were sent to the citadel of Blaye, where Inspector-General Delorme went to organize a hospital for their benefit. The wounds were of all kinds, and most of them serious in themselves and septic to boot. This was not surprising, for though the Germans had not left them unattended and had applied first aid dressings and splints, six or seven days had elapsed since the men had been wounded, and meantime there had been no opportunity for changing the dressings. Dr. Delorme remained in charge for five days and then left after giving his junior colleagues precise instructions as to how each case was to be further treated. Meantime he had done all the operative work that seemed to him necessary, and in the way of amputations this was limited to the removal of a single finger. This fact Inspector-General Delorme holds to justify his previous teaching, namely, that the primary treatment of compound fractures and the like, however serious, should almost invariably be conservative. This may well be true, but it can hardly be said that the foregoing record is very convincing. The disadvantages of amputating become evident at once, those of conservative treatment not as a rule in five days but commonly not for several weeks. It may then be found either that the limb though saved is practically useless owing to nerve lesions or other circumstances, or that the risks of amputation have to be faced in a patient exhausted by long-continued suppuration and surgical fever. It may seem presumptuous for me to appear to oppose in a casual note of this kind the teaching and practice of so great an authority as Dr. Delorme, more especially as he is supported by a large number of distinguished civilian and military colleagues, but I have a valid excuse for pointing out that the possible arguments are not all on one side. Despite the fact that the tendency in favour of conservative treatment is exceedingly strong, I have seen a good many amputations, and certain circumstances have convinced me that when the war is over suggestions to the effect that A. lost his arm because he was under the treatment of B., and that the leg of C., which was equally badly injured, was saved thanks to D., will not be lacking. The real fact is that