

## THE WAR.

### THE PENALTIES OF RAPID SUCCESS.

The great British advance may be said to have opened with the battle which began on August 8th. During the next three months our troops fought their way forward and through the frightful wilderness from Amiens to Le Cateau. In following them and ministering to their needs the medical services had to contend with difficulties that are almost past description. Behind our advancing line the field ambulances and the casualty clearing stations laboured to keep up with the fighting troops. As the fighting troops pushed on faster and faster, the distances the wounded had to travel grew longer and longer. Though the attack was opened by one Army, soon all the other Armies were engaged, and any idea of the interchange of surgical teams became out of the question. All this was explained in the *JOURNAL* of November 9th, p. 526.

Although the casualty clearing stations travelled with less and less equipment, due to the need for economy in time and transport, they never could move forward quickly enough, owing to the impossibility of obtaining adequate transport. As the advance proceeded still more rapidly the medical arrangements grew progressively sketchier; the wounded had to be carried longer distances before there was any chance of operating on them, and this of course seriously diminished their chances of deriving any benefit from operation, even had the number of medical officers been sufficient to cope with all the cases that came in. Moving ever forwards, and shedding their equipment as they moved, the accommodation of the casualty clearing stations was inadequate for the numbers of wounded flowing backwards from the field ambulances; marquees often had to be pitched in a summary way, and when the weather grew colder the difficulty of getting fuel and enough blankets was considerable. Another drawback was that no disinfectors adapted for travelling on shell-wrecked roads were available. Owing to the destruction of railway lines the ambulance trains could not always be got to the places where they were most wanted.

All this entailed much suffering on the wounded, but the medical services had to make the best shift they could in the face of unbelievable difficulties; it was part of the price of military success, and of our amazingly rapid advance continued for so long. Those who have not had personal experience can scarcely realize how much transport of the wounded depends on adequate railway communications; even on the best of roads the wounded cannot be evacuated all the way from the clearing station to the base by motor ambulance. The first stage of the journey can be made by road, if it is not too long; but when the patient has been operated on, or when sepsis has begun, he must travel by train, except in the comparatively rare event of barge transport being available.

The battle continued to rage furiously until November 11th, when the armistice was signed and hostilities ceased; but the troubles of the medical service did not stop, but rather grew worse. The troops advanced without fighting, and the medical units had to push on behind them even faster than before; the clearing stations grew still lighter in equipment and weaker in medical officers. It was generally supposed that, because there were now no fresh wounded cases, the work would become much simpler. Events proved, however, that this expectation was vain. Within a few days there came towards the medical units of one at least of our armies a growing stream of released prisoners of all the allied nationalities, abandoned by their captors—underclad, unfed, many of them very sick indeed, and all horribly verminous. The taking over of released prisoners was, of course, no business of the medical services unless they arrived within our lines suffering from illness. In this respect the experience on different parts of the front has varied considerably. In some sectors the condition of the men returning through our front lines was much better than had been expected. Side by side with the released prisoners there came to the medical units of the field armies an endless stream of cases of influenza, many of them of a most severe type.

The British Red Cross has done a great deal of good work and rendered most valuable assistance to the army in getting prisoner patients away. Nevertheless, the field-ambulances and clearing stations have been crowded, while still the railway lines lagged miles behind. Thus the sick had to travel in motor ambulances through desolated country by long daily stages, sometimes for five days at a stretch, before they could reach a railhead, and there the clearing stations were often so crowded that only the very worst cases could be retained. Here and there buildings could be found for the clearing stations, but in many places the patients had to be housed in marquees hastily pitched on the mud. Yet it passes the wit of man to conceive how these miserable conditions could have been bettered at the time. There was an impassable break in our railway lines, and although men worked day and night to repair them, it all took time, and without trains it was barely possible to get food up to the troops in front as they advanced into Germany. All the traffic of the forward area therefore fell upon the roads, with the natural result that the roads broke up under the ceaseless grinding of the heavy lorries, and the lorries themselves broke up on the ruined roads. Transport by motor ambulance over such a surface is a trying experience, but it was the price which had to be paid for our victorious advance. Clearly where such conditions exist there is work enough for many medical officers. Things have begun to improve a little already, but real relief can only come when the railway lines have been established and ambulance trains can be pushed forward. So far as France is concerned this has been, perhaps, the hardest chapter in the medical history of the war. Until it is closed there is force in the plea that too many medical officers shall not be withdrawn from the army under the impression that the war is over.

### THE ITALIAN DISPATCH.

The dispatch of General the Earl of Cavan, K.P., K.C.B., Commanding-in-Chief British Forces in Italy, dated November 15th, 1918, deals with the period from September 15th to the final defeat of the Austrian army and the conclusion of the armistice on November 4th. On October 6th Lord Cavan was placed in command of the Tenth Army, consisting of the 11th Italian and the 14th British Corps. Operations began on the night of October 23rd-24th, when the main channel of the Piave, which was in flood, was crossed in boats by a small force consisting of artillery and the 1st Battalion Royal Welsh Fusiliers. They secured part of an island on the eastern side of the main channel of the river and the whole was occupied by other forces twenty-four hours later. The attack on the east bank of the Piave began on the morning of October 27th and was eventually successful, although many bridges were broken down that night and a number of gallant men were drowned. By October 29th the enemy's defence was giving way, and on October 30th his defeat became a rout; about 28,000 prisoners were taken by the 14th British Corps. The rapid advance of the troops made heavy demands upon the transportation services and also upon the supply and transport services, but the supply of ammunition and rations was maintained in spite of hastily constructed bridges and long distances from railheads. The dispatch contains the following reference to the medical service:

The fresh influenza epidemic, which broke out shortly before the commencement of the operations, threw a heavy and additional strain on the medical service. Despite this the evacuation and care of both the sick and wounded was rapidly and satisfactorily carried out. All the arrangements were most ably organized by my Director of Medical Services, Major-General F. R. Newland, C.B., C.M.G.

The following note is made of the good work done by the British Red Cross Society:

In their retreat the Austrians left many hospitals full of sick and wounded of all nationalities behind them. In many cases these hospitals were bereft of provisions and attendants. The British Red Cross, under the supervision of Colonel Sir Courtauld Thompson, K.B.E., C.B., spared no efforts to alleviate the sufferings of the inmates, and undoubtedly saved the lives of many Austrian as well as Italian patients.

## CASUALTIES IN THE MEDICAL SERVICES.

## ROYAL NAVY.

*Died on Service.*

## SURGEON LIEUTENANT M. E. JONES, R.N.

Surgeon Lieutenant Myrddin Emrys Jones, R.N., died of pneumonia, aged 23. He was the second son of Alderman R. E. Jones of Boderwydd, Llanberis. He received his medical education at St. Thomas's Hospital, and took the diplomas of M.R.C.S., L.R.C.P.Lond., in January, 1918. After serving as house-surgeon to St. Thomas's Hospital he obtained a temporary commission in the navy, and was appointed to H.M.S. *Indomitable*.

## SURGEON LIEUTENANT W. H. PICKUP, R.N.

Surgeon Lieutenant William Howard Pickup, R.N., died on service on November 27th, at the age of 34. He was the youngest son of Dr. W. J. Pickup of Coventry. He was educated at the University of Birmingham, and took the diplomas of M.R.C.S., L.R.C.P.Lond. in 1915, after which he obtained a temporary commission in the Royal Navy. He was removed from his ship to Eston Hospital, Middlesbrough, suffering from influenza, and fatal pneumonia supervened.

## ARMY.

*Killed in Action.*

## CAPTAIN H. W. WHITE, R.A.M.C.

Captain Hill Wilson White, R.A.M.C., was reported as missing from April 12th, and is now presumed killed on that date. He was born at Kalapoi, New Zealand, the fourth son of the Very Rev. F. W. White, Dean of Christchurch, Dublin, and was educated in the medical school of the Royal College of Surgeons, Ireland, graduating M.B., B.Ch., and B.A.O. of the National University of Ireland in 1910. After acting as resident anaesthetist, senior house-surgeon, and casualty officer at the Metropolitan Hospital, and as assistant medical officer of the Manor and Long Grove Asylums at Epsom, he was filling the post of assistant medical superintendent of the Paddington Infirmary when the war began, and took a temporary commission as lieutenant in the R.A.M.C. on September 10th, 1914. He was promoted to captain after a year's service, and was wounded at Ypres in December, 1915. His younger brother was killed in the battle of the Somme in July, 1916.

*Died on Service.*

## LIEUT.-COLONEL M. A. T. COLLIE, I.M.S.

Lieut.-Colonel Mackintosh Alexander Thomas Collie, Bombay Medical Service (ret.), died at Barrow-in-Furness of pneumonia after influenza, on December 3rd, aged 62. He was educated at the Universities of Edinburgh and Aberdeen, and after taking the diplomas of L.R.C.S. and P.Edin. in 1878, graduated M.B. and C.M.Aberd. in 1881. Entering the I.M.S. as surgeon on March 31st, 1883, he became surgeon-major on March 31st, 1895, and lieutenant-colonel on March 31st, 1905, retiring on June 30th, 1913. He was appointed secretary to the Surgeon-General, Bombay, in March, 1888, and in December, 1892, resident surgeon of St. George's Hospital, Bombay, and professor in the Grant Medical College, Bombay. From October, 1895, to the end of 1902 he held various civil surgeoncies; in January, 1903, he was appointed a Presidency surgeon, Bombay, and in November, 1905, physician to St. George's Hospital, Bombay, holding that post till his retirement. He rejoined for service in the present war on October 20th, 1914, served for some time on a hospital ship, and in 1915 at the Indian hospitals at Brockenhurst, and later at the Pavilion, Brighton. In the early part of 1916 he was for some months in charge of a military hospital at Malta, and afterwards was appointed president of No. 3 recruiting medical board at Manchester. While acting as president of a colliery recruiting medical board, in February, 1917, he contracted pneumonia, from the effects of which it is probable that he never fully recovered. On rejoining for duty he was posted to the command of the military hospital at Barrow, and held that post till his death.

## CAPTAIN D. COTTERILL, R.A.M.C.

Captain Denis Cotterill, R.A.M.C., died of influenza, on December 2nd, at No. 50 Casualty Clearing Station in

France. He was educated at the University of Edinburgh, graduating M.B. and Ch.B. in 1906 and taking the diploma of F.R.C.S.Ed. in 1910. After acting as clinical assistant and as house-surgeon to the Royal Infirmary, Edinburgh, he went into practice there, and was appointed assistant surgeon to the infirmary. He took a temporary commission as lieutenant in the R.A.M.C. on July 9th, 1917, and was promoted to captain after a year's service. Captain Cotterill was the eldest son of Mr. J. M. Cotterill, C.M.G., F.R.C.S., consulting surgeon to the Edinburgh Royal Infirmary, and lieutenant-colonel R.A.M.C.(T.). Colonel Cotterill had already lost his youngest son (John) early in the war, and also his son-in-law, Dr. W. G. Porter. The sympathy of the profession, and in a special manner that of Edinburgh graduates, will go out to Mr. Cotterill in this fresh sorrow.

## CAPTAIN W. R. O'KEEFFE, R.A.M.C.

Captain William Robert O'Keefe, R.A.M.C., was reported as having died on service, in the casualty list published on December 5th. He was educated at Queen's College, Cork, and in the medical school of the Royal College of Surgeons, Ireland, in Dublin, and took the diplomas of L.R.C.P. and S.I. in 1912, after which he went into practice at Sheffield. He took a temporary commission as lieutenant in the R.A.M.C. on May 10th, 1917, and was promoted captain after a year's service.

## ASSISTANT SURGEON A. R. EASDON, I.S.M.D.

Assistant Surgeon Arthur Randolph Easdon, I.S.M.D., died of pneumonia on active service on September 10th, aged 25. He was born on December 16th, 1892, and entered the I.S.M.D. on April 20th, 1914.

*Wounded.*

Captain G. W. Mitchell, R.A.M.C. (temporary).  
Lieutenant R. R. MacGregor, R.A.M.C. (temporary).

*Repatriated.*

Captain C. H. C. Byrne, R.A.M.C. (temporary).  
Captain C. E. Redman, R.A.M.C. (temporary).

## DEATHS AMONG SONS OF MEDICAL MEN.

Beach, Lionel F. H., D.S.O., Captain the Queen's Royal West Surrey Regiment, son of Dr. Fletcher Beach, died of bronchopneumonia on November 28th, aged 26. He held a commission in the 4th Territorial Battalion of the Queen's, in which he attained the rank of captain on August 7th, 1917.

Beesley, Anthony Blayton, Second Lieutenant Royal Air Force, second son of Dr. Beesley of Exmouth, died of pneumonia at Huntingdon on December 1st, aged 18.

Bontor, Lawrence Sidney, Lieutenant R.N., aged 22, younger son of Dr. Sidney Bontor of Berkhamsted, Herts, killed in action in the North Sea about October 6th, 1918. Educated at Osborne and Dartmouth, he had served throughout the war, including the battle of Jutland, and for the past year had served in submarine.

Carr, Donald Nevill, Captain South Persian Rifles, only son of Dr. Carr, C.M.S., Ispahan, died of pneumonia at Saidabad, Persia, November 26th, aged 23.

Eccles, A. J. T., Lieutenant Royal Engineers, 5th Division Signal Company, third son of Dr. Tolcher Eccles of Hove, died of influenza on November 26th, at No. 4 Casualty Clearing Station, France, after three and a half years' service, aged 21.

O'Connor, Ronald Ramsay, Second Lieutenant Coldstream Guards, younger son of Dr. O'Connor of Buenos Aires, and of Freshwater, Isle of Wight, died of pneumonia at Queen Alexandra's Military Hospital, Millbank, on November 30th, aged 19.

Patton, Idris Knox, Lieutenant R.A.F., only child of Dr. James Patton of Gateshead-on-Tyne, died on November 25th at the Military Hospital, Tidworth, from pneumonia following influenza. He was educated at Bilton Grange, Harrogate, and matriculated at the University of Durham, where he became a student of medicine. He obtained his commission in the R.A.F. in September, 1917, and received his "wings" three months later. At the time of his death he was acting as flying instructor in wireless telephony.

[We shall be indebted to relatives of those who are killed in action or die in the war for information which will enable us to make these notes as complete and accurate as possible.]



## HONOURS.

Surgeon Lieutenant J. G. Dobson, R.N. (H.M.S. M. 25) has been appointed to the Distinguished Service Order for services in the White Sea operations, 1918:

Though wounded by the explosion of a shell, he carried out all operations that could be effected on the wounded, working continuously from 7 p.m. till 10 p.m., when he collapsed. Throughout this time Surgeon Lieutenant Dobson went about his work as if nothing had happened.

The Distinguished Service Order has also been awarded to Surgeon Lieutenant Commander C. V. Griffiths, R.N., for services on the Mediterranean Station between January 1st and June 30th, 1918.

Surgeon Lieutenant Commander W. E. Ormsby, R.N., and Surgeon Lieutenant L. F. Strugnell, R.N., have been mentioned in despatches for services on the Mediterranean Station.

The name of Major E. Gibbon, R.A.M.C., has been brought to the notice of the Secretary of State for War by Major-General L. O. Fitzmaurice Stack, acting Sirdar and Governor-General of the Sudan, for distinguished and gallant service in the field in connexion with the operations carried out in the Nyima Hills, Nuba Mountains Province, Sudan.

## England and Wales.

## TRANSFER OF FUNCTIONS OF POOR LAW AUTHORITIES.

At the meeting of the London County Council on December 10th various committees furnished their observations on the report of the Local Government Board committee appointed in 1917 on the transfer of the functions of Poor Law authorities in England and Wales. The Public Health Committee regarded the proposal to transfer to the Council as public health authority the arrangements for the provision of institutional treatment for the sick and infirm, the aged, maternity cases, and infants a proper and useful step in the direction of a unification of services. The Midwives Act Committee was of opinion that it would be a great advantage if in London, where the Council was the local supervising authority under the Midwives Act, the training and teaching of midwives as well as the arrangements for providing institutional treatment in difficult and dangerous cases which arose in the practice of certified midwives were under the same authority. The Asylums and Mental Deficiency Committee considered that the transfer to the Council of all the London Poor Law institutions would facilitate the provision of accommodation for cases of mental derangement at an early hopeful stage. In view of these and other expressions of opinion, the Council gave a general approval to the fundamental principles laid down in the report of the Government Committee.

## SCHOOLS FOR TUBERCULOUS CHILDREN.

The London County Council has decided to establish a number of schools for tuberculous children. Four years ago it was estimated that in London 1,000 children were excluded from the elementary schools on account of tuberculosis. A subcommittee now gave the number of children definitely notified as tuberculous as approximately 2,000, and, in addition to these, 2,000 other children required open-air education owing to anaemia, debility, or incipient tuberculosis. It is proposed to establish twenty day schools, each accommodating 100 children, for the definitely tuberculous. The schools will be provided in the outlying parts of London, preferably in large private houses with grounds of fair dimensions (though some disused army huts may be adapted for the purpose), and near a tram route. For the 2,000 other children not notified as tuberculous but needing open-air treatment, eight open-air schools are to be provided, in addition to the two already in existence. Admission to both classes of schools will be restricted to children who have been certified by the school medical officer. The capital cost of the whole scheme will be about £108,000, with £58,000 a year for additional maintenance.

## SANATORIUM BENEFIT IN LONDON.

In providing sanatorium benefit for 1919 the London Insurance Committee estimates for 519 beds for civilian patients and 300 beds for discharged sailors and soldiers. The expenditure anticipated in respect to civilian patients is £97,115, and, after allowing for the credit from the Insurance Commissioners, the estimated deficiency at the end of 1919 will be £29,665. A special committee is to interview the chairman of the Joint Committee with a

view to securing the necessary income. In the case of the discharged sailors and soldiers any deficiency will be made good from the exchequer, and the new financial arrangements with regard to these persons will come into operation on January 1st. The Committee was responsible on November 1st last for 304 discharged service men in institutions and 441 civilian patients, and on the waiting list were 134 of the former and 169 of the latter. In the case of discharged men in an advanced stage of tuberculosis who have been admitted by the Committee to institutions without waiting for information as to whether the Pensions Ministry was prepared to accept financial liability, the Ministry has agreed to accept liability up to ten days after the date of a letter intimating the contrary when it is found that the tuberculosis is not due to or aggravated by service.

## GALYL.

At a meeting of the London Insurance Committee on November 28th reference was made to a previous decision of the Committee that galyl should not be supplied to insured persons at the cost of the Drug Fund. The reason for this decision was that any practitioner who had qualified himself in the treatment of venereal disease could obtain supplies of galyl from the County Council through the Medical Officer of Health. When this decision was reported to the Insurance Commissioners they replied that it was not within the power of the Committee by any general pronouncement to limit the rights of insured persons with regard to the medicaments to which they were entitled as part of medical benefit, nor to issue any general prohibitions to practitioners from obtaining at the cost of the Drug Fund such "proper and sufficient medicines" as they might find requisite for their medical treatment of any particular case. It appears, however, that as a fact no prescription of galyl had been disallowed by the London Insurance Committee; the matter had been raised on prescriptions dispensed, but such prescriptions had been accepted and paid for by the Committee. Such a pronouncement as has been made by the Insurance Commissioners was perhaps to be expected from them, but it is unfortunate that they should feel impelled to take so rigid a view as to consider that they had no discretion to adapt their administration to meet the venereal scheme of the Local Government Board.

## Scotland.

## THE MINISTRIES OF HEALTH BILL.

At a meeting of the Insurance Committee for the county of Argyll the opinion was expressed that the scheme of the Ministries of Health Bill so far as it related to Scotland was unsatisfactory. It was considered that there should be a Ministry of Health for Scotland, with standing and power corresponding to that of the Ministry for England and with a Minister in Parliament; that the Scottish Consultative Council should include directly appointed representatives of labour and of the medical profession, and that the powers and duties of the Scottish Ministry of Health should include at the outset (a) all the powers and duties of the Local Government Board for Scotland, (b) all the powers and duties of the Scottish Insurance Commissioners, (c) all the powers of the Scottish Education Department with respect to the medical inspection and treatment of children and young persons, (d) the Department of the Registrar-General for Scotland, (e) the Highlands and Islands Medical Service Board.

## EXAMINATION FOR NURSING CERTIFICATES.

At an examination held by the Local Government Board in Scotland for the certification of trained sick nurses and fever nurses 214 candidates presented themselves. Examinations were held in Glasgow, Edinburgh, Dundee, and Aberdeen. The subjects were elementary anatomy and physiology, hygiene and dietetics, medical and surgical nursing, midwifery, and infectious diseases (for fever nurses only). Seventy-six candidates passed, and, subject to the completion of three years' training in hospital to the satisfaction of the Local Government Board, are entitled to the certificate of efficiency granted by the Board.