ECHOES FROM THE PAST.

RECOLLECTIONS OF GENERAL PRACTICE.
(From the Middle of 1857 to the Middle of 1883.)
By Surgeon Major-General Sir A. Frederick Bradshaw,
K.C.B., K.H.P.
(Continued from p. 465.)

Among men patients many noteworthy cases were met with. One in particular deserves mention because illustrating the remedial power of drugs—a power which some medical men are apt to undervalue. The patient was an officer on leave at a Himalayan Hill station and ill with typhoid fever. He was not under my care, but I saw him in consultation. The disease had so far advanced that death appeared to be imminent; the body exhaled a bad odour, insensibility was nearly complete and the nurse reported the urine to be very thick and red. It was found to be so dark and albuminous that bleeding from congested kidneys was diagnosed; it had become altered suddenly, had been examined carefully and frequently before and seen to be normal. As the patient was sinking fast, losing life through losing blood, immediate medication was necessary. Liquid extract of ergot and tincture of perchloride of iron, of each twenty minims, were given every half hour. After a few doses the haemorrhage was stayed, the urine becoming clear again. Recovery followed without further complication. Bleeding from the kidneys as a complication of typhoid fever is not at all common, but congestion of them has been noted. In this case there was no history of bladder mischief nor the least indication of such; the characters of the urine, therefore, compelled the inference that the blood had renal source. Some months afterwards I came across the patient looking vigorously well. He referred to his illness and remarked inquiringly, “I was not so very bad, was I?” Astonished at this question I replied that never before nor since had I seen so remarkable a recovery from impending death—that in fact his feet were actually in the grave! Hearing this my friend turned pale, felt faint and sank into a seat, quite overcome by the shock of being told he had been in such extreme danger to life.

Here is another instance of the value of drugs. When stationed at Devonport in the earliest eighties, one of my soldier patients had
Recollections of General Practice

pericarditis, the progress of which was very rapid, effusion becoming extensive to a degree causing great oppression of the heart's action, also of respiration. Active treatment being urgently called for I decided to give iodide of potassium in doses then considered large indeed. Thirty gr. every hour were administered, and my enterprise was rewarded by speedy absorption of the effused serum and excellent convalescence of the man.

Many cases showed me the really effective doses of medicines had to be learnt in actual practice. Very many years ago a series of articles appeared in the Practitioner giving instances of doses of seemingly hazardously large quantity which had been found requisite for producing the desired result, the pharmacopoeial doses named having proved quite ineffective. I studied the articles with great interest and subsequent profit. But it was only in emergencies that I employed doses which might be thought adventurously huge; ordinarily I gave doses quite small but frequently repeated. One caution has to be borne in mind in respect of dosage with potent remedies. One ought to feel confident that the prescribed drug is absolutely pure. A prescriber has need to be wary, as conceivably a drug presumed to be genuine might because of adulteration or of impurity in manufacture be unreliable, and if a larger dose ordered happened to be supplied of pure composition by another chemist the quantity might be an over-dose causing possibly serious or even fatal consequences.

As mentioned in a previous paragraph it always seemed to me, an army doctor practising anywhere, very desirable to make the fullest use of simplest remedies whenever possible; camp of exercise or campaign conditions rather negatived possession of complicated apparatus. Two examples of simple treatments occur to mind. A young officer showed on his penis a syphilitic sore which rather quickly had attained dimensions alarming to him; it was circular, about three quarters of an inch in diameter, and with much thickened cup-shaped base. He was much ashamed of his plight and most unwilling to be put on the sick list. I treated the case with common cold water. He had to fill a can of about one quart capacity and pour the water from a foot in height and in a lead pencil sized stream steadily on the sore and repeat the irrigation four times daily, the sore to be covered in the intervals with simple cerate on lint. Healing took place with surprising rapidity and without leaving any trace of ulcerous process; no secondary symptoms followed.

The other example was in a case of sudden and sharp lumbago
Sir A. Frederick Bradshaw

doubling up the victim, a young and sturdy-serjeant. He was in such pain and so grievously inconvenienced by the inability to straighten himself as to be ready to undergo any kind of treatment. I thought the case a favourable one for trying what Corrigan's button could do (it is called nowadays by the formidable name of Corrigan's cautery I think). With the help of a spirit lamp making the "button"—really a flat disc—unpleasantly hot to one's fingers two inches away up the metal handle, I applied it to the man's loins. Every contact made him wince jerkily and left a white circular patch; about a dozen applications sufficed, he declared himself free from lumbar pain, got up, stood erect and walked away. The smarting of the button stings passed off and not one of the patches blistered; I did not hear of any recurrence of the lumbago.

The following was a peculiar case in one respect. It occurred in a Himalayan Hill station. An officer with his bride had come up and not thinking the sun had power at that elevation, over seven thousand feet above sea level, was careless in exposing himself and got sunstroke severely. He proved rather difficult to manage and soon became insensible. While the case was advancing to a fatal termination the wife's agitation became painful to witness, and she implored me to bring her husband back to consciousness. Thus urged I thought of a possible means and put it in practice.Calling for boiling water and a big sponge I applied the heat to the patient's thinly-covered scalp. As the heat penetrated the brain he suddenly sat up with awakened senses and the eyes of husband and wife met. Encouraged by this appearance of success I kept up the heat stimulation but presently it ceased to act. He sank again into coma and then passed away.

One case of urticaria considerably astonished the person affected. He was an elderly officer on short leave to the Hills. I was called in haste and found him almost maddened with nettle rash. I inquired: "You have been lunching out?" "Yes." "And much appreciated salad, custard and other sweets; and you thought the claret quite refreshing?" "Yes, yes." "Then your present discomfort is explainable as an instance of stomach vigorous rebellion." An antacid with castor oil soon relieved him of the torment, and good resolutions as to diet in future were made and kept, I daresay, impressive knowledge having been gained as to the close sympathy between the internal and external skins.

Examples of idiosyncrasy connected with medicines seldom appeared. A colonel of artillery informed me that opium in any
Recollections of General Practice

form gave him collicky pain instead of ease—a warning to me that came too late. One lady could not take a mercurial in the smallest quantity without profuse salivation following; and another’s system was as intolerant of belladonna.

Strictures of the urethra often had to be dealt with. Holt’s dilator gum bougies and metal catheters filled with warm water or warmed by friction, all had use. One patient was considerably taken aback when informed that his hesitation in micturition had for cause a stricture; of its existence he had not the slightest suspicion, but close questioning elicited a confession that he had had gonorrhoea some twenty years previously and never afterwards.

A case of acute epididymitis had been admitted into hospital. The man, a big, robust soldier, was suffering so severely from the pain in spite of the usual treatment by leeches and fomentations that relief was an urgent need. On careful examination a small (size of a filbert) and firm swelling was detected in the globus and judged to contain effused serum of distending pressure. I told the man that I might be able to give him quick and lasting ease if he could face a quite momentary increase of his pain. He agreed, and was informed that if he moved even a quarter of an inch I might fail to do good. Getting ready my favourite little Paget knife (double-edged, slender and lance-pointed) the man stiffened himself, and I passed the blade—previously well warmed (to facilitate penetration)—into the swelling, which immediately subsided through escape of contents. The relief was instantaneous. The man’s frame relaxed; his pain vanished and did not recur. The case did very well. I had not heard of this treatment by puncture and was much pleased with the success of it.

When my battalion went into quarters at Lucknow in 1859, after the Mutiny campaigns, eye complaints became very prevalent among the men. I was placed in charge of the eye ward, and had very many cases of conjunctivitis, iritis, corneal ulcer, and one or two of gonorrhoeal ophthalmia. In a few instances I suspected wilful causation of the ocular trouble by men desirous of being invalided home. One case of corneitis gave me anxiety, as both corneas became so cloudy as to make me fear perforation or staphyloma. The patient was an old soldier, strong, sturdy, and healthy. As treatment did not avail to arrest the disease, I decided to try the "rest cure," i.e., to put Nature in the best possible condition for self-help. I closed the eyelids with sticking plaster and covered them with bandages of loosely woven texture, so that heating might not happen. Day after day I asked how his eyes felt, and
he said they were quite comfortable. At the end of rather more than a fortnight I opened the eyelids, and was delighted to find both corneae bright and free from every trace of disease. The cases of syphilitic iritis were readily cured by large and repeated doses of potassium iodide.

I found much fault with the ordinary opaque eyeshades covered with green calico, and substituted for them small veils of green muslin, through which the patient could see. I have never met with an eyeshade more sensible in design than the occhiombra, the transparent ventilating eye-shade, which entirely shuts out sky and ground glare and dust, and enables the wearer to see his way about while keeping the eyes cool.

Some cases of chronic conjunctivitis I treated with success by employing the method of douching the closed eyelids about three times a day with water regulated as to temperature by the patient himself according to the sensation of comfort obtained. The judicious duration of each douching he had to discover for himself. Although the cure was slow, it proved certain and lasting of a troublesomely inconvenient affection, especially in a climate like that of India in the plains.

The influence of tobacco upon men's health in India early attracted my attention, and for about twenty years I kept the subject under observation both in the hills and in the plains. I came to the conclusion that in the large majority of smokers who indulged in the habit to merely a moderate extent, the nicotine did neither good nor perceptible harm. In a very small number of the minority the weed had beneficial action, and in the remainder it did positive injury. And I noticed that as a general rule smokers as a body were rather more prone than non-smokers to be attacked by ailments, and when ill to be somewhat slower in regaining health.

Two cases are rather vividly in my memory. A soldier was under treatment for ulcer of the cornea of one eye, an ulcer which responded as a rule to the application of gelatine lamells of sulphate of copper. But this man's ulcer would not heal. His skin being flabby and greyish, and his hands puffy and bluish, I suspected that healing was being retarded by tobacco. Day after day I asked: Do you smoke? Always he replied that he did not. At last I said in despair: Do you chew tobacco? He confessed that he did! Feeling angry with the man for his equivocating deceit, I told him that his eye might now take its own course, and that he was likely to lose it. And as he was not to be trusted to
obey orders intended to benefit his case, I directed that all remedies be discontinued. Next day the man being cowed and frightened about his eye—no doubt he had had to listen to some remarks of stingingly contemptuous kind from his fellow patients—he begged me to look at it. I refused, declining to waste time upon a fellow of his stamp. The following morning he humbly entreated me again to see his eye. I did look, and saw that the ulceration was arrested. However, I would not do anything. I felt certain that he had stopped chewing, but it was desirable to give him a lesson. Next day suitable treatment was resumed, and complete healing quickly ensued, hindrance to Nature having ceased.

The second case of nicotine poisoning was graver, and in a way remarkable. A soldier clerk came to me, stating that he feared he going out of his mind, as he was feeling so unstrung and weak in the head; his nervous agitation and alarm were striking. Observing that his breast pocket was bulging as though containing a pipe, I asked if he smoked, and elicited that he did, and to an extent which in my opinion was most certainly excessive. I told him that his symptoms might have really serious meaning, but as possibly they were being masked somewhat by the smoking, it was essential to my arriving at a correct view of his case that the effect of the tobacco should first wear off. He was to come to me in a week's time, and to refrain absolutely from smoking meanwhile. He perceived the sense of my ruling, and promised to abstain. Before sending him away, I confiscated his pipe and the supply of tobacco then in his possession by way of removing temptation! At the end of the week he returned grinning with relief, and saying he felt all right now, and was convinced that it was tobacco alone which had caused him so much mental distress and apprehension.

One of my regimental brother officers was devoted to his pipe. Always he seemed to me to be below par to a degree that the hot weather of the time (in the plains) did not account for; his skin and hands denoted slavery to nicotine! Repeatedly I warned that it would go hardly with him if illness set in, but being young and confident, he laughed and persisted; but before very long he had to be put on the sick list. There was not any defined ailment, and general debility was diagnosed. Neither climate nor special weakness of inherited constitution appeared to be at causative fault. He was invalided home and died from consumption, I heard; but while under my observation lung trouble was not detected, though carefully sought for.

Certain cases of cardiac valvular disease afforded me much
Sir A. Frederick Bradshaw

instruction, and led ultimately to moderation of prognosis. A young candidate for employment under the Government of India came to me to be examined as to physical fitness. Finding a bruit persistent while standing, and recumbent, I declined to pass him. But knowing how serious the decision was, I sent him to a colleague of more experience, and, perhaps, not quite so particular. He passed the candidate, who served the country long and well, and apparently without any cardiac hindrance.

The valvular mischief in three other cases was very pronounced, and respecting them I took a despondent view: Only for a short time were they under my care, but some ten years afterwards I met two of the patients. One was walking alertly up a steep slope; he came to see me and allowed auscultation; there was no bruit audible, and he said that for many years his heart had not troubled him. The other stated that he had not been conscious of hampered action of the heart since first I had to do with him; in him, too, I failed to find anything wrong with the organ. Thereafter I regarded with less disquiet than before, cases of organic or functional murmurs. I had been professionally brought up to believe that any alteration of cardiac sounds always had serious meaning.

When making, in administrative capacity, the usual periodical inspections of hospitals and barracks, I always caused the troops to be paraded in order that I might judge for myself, also for report to the general officer commanding the division, as to the state of health of the fighting force. Occasionally I noticed a man seeming not to be all right and desired that he might be sent to the hospital for examination. I have seen now and then a man with a small sinus below the mouth, connected with, as proved by probing, a tooth stump; a gumboil having opened outside instead of inside. Extraction of stump was quickly followed by closure of the sinus and improvement in the late owner’s aspect.

Once it was reported to me that scurvy had appeared in one company of a regiment stationed where vegetable food was rather scanty. The alleged cases were brought forward, and I saw that simulation of the complaint was caused by accretion of hardened tartar encroaching on the gums and inducing ulcerative bleeding. I made the company serjeant stand behind me to witness what I was about to do. Then with a penknife, the only handy tool, I levered off the calcareous deposit from a tooth of one man, thus making quite evident the nature of the “scurvy.” The instructed serjeant marched his men away and nothing more was heard of the
Recollections of General Practice

disease. During the march of the Zhob Valley Expedition of 1884, I saw several villagers with incisor teeth lifted very nearly out of the gum by downward deposit of tartar; the teeth being kept together by most skilful linking with iron wire.

During the Indian Mutiny campaign, an extraordinary case of surgery presented itself. Owing to a camp emergency I took very temporary charge of a regiment of native infantry. In the hospital a man was shown to me with a hard lump in the middle of his tongue, the history of which was that it had followed a wound by a bullet, had existed for months, and was causing extreme inconvenience. Examination of the mouth showed that the bullet must have passed sideways into it, shaved off the crown of a tooth, and by a parabolic curve gone into the tongue and out through the floor of the mouth. Thinking it unlikely that the lump in the tongue could be a tumour and that possibly it contained something encysted, I explored with a probe along the median line, and exerting slight pressure the probe slipped into a cavity and struck against something hard and smooth. I slit open the cavity and the lost tooth crown appeared, greatly to the relief of the Sepoy, and to the astonishment of the other inmates of the hospital tent.

The same year a doctor friend told me of a case of medico-legal interest he had met with. A native was stabbed through the heart and yet lived for at least a quarter of an hour afterwards. The legal question arose: Could the man really have lived so long after having received a wound ordinarily most speedily fatal? My friend’s opinion was that the stabbed man had fainted from the shock and remained inanimate long enough for a clot to have formed and closed the wound; that this effort at self-healing had lasted until consciousness returned and activity of circulation recommenced with force sufficient to displace the clot; death then ensuing.

Besides “managing” his patients, a family doctor has not seldom to manage their relations and friends as well; psychologic diplomacy comes in useful.

Under my official care was an elderly officer who professed to have very small regard for doctors. Hearing that he was not well, and knowing his peculiarity, I went to see him and explained that I did not come to offer my services but merely to watch the progress of his case if he would kindly allow me. I remarked that opportunities of seeing disease left entirely to its own course were so very few that it would be a piece of medical good fortune to embrace one. He listened grumpily but consented to my visiting
him. At our interviews I carefully refrained from conversation other than upon his symptoms and did not show the smallest interest in him personally. This moral regimen soon ceased to agree with his human nature, and we subsided into docile patient and friendly medical adviser. It rarely happens I think, that a sick person prefers his doctor to be absolutely indifferent to him as an individual and to regard him only as a case more or less interesting.

I have on occasions resorted to a simple method of disconcerting people of sourly critical disposition. It has been said to me by men intending to be disagreeable and being at the same time in good health: “Perhaps you think yourself infallible and therefore get angry if your advice is not followed.” I have replied: “When consulted professionally I consider most carefully all the circumstances of the case in order to be able to give the best opinion or advice at which I can arrive, it being an imperious medical duty to place one’s best at the service of the patient. But, secretly, it would please me equally whether the opinion or advice were acted upon or disregarded. If failure followed my counsel my experience would be enlarged and corrected; and if it succeeded my judgment would receive confirmation with resulting intellectual gratification.” “Oh, then you look upon patients as merely cases to be dealt with?” “Certainly, I could not think of obtruding sympathy or of displaying interest in the mere personality concerned.”

On occasions not quite infrequent I have had to “manage” refractory mothers inclined to be disobedient to “doctor’s orders.” One lady with charming little girls resented my injunctions to dress them in accordance with my ideas of prudence inspired by the local conditions of climate. The station was Himalayan, the range of noon and evening temperature considerable, the occurrence of cases of hill diarrhœa notably great and the treatment of them unsatisfactory. In the case of children it was indispensable so to dress them as to prevent abdominal chills in particular. My friend objected: “What a figure you would make the children.” I pointed out that preservation of health was of even more importance than pretty clothing. She would not agree, and at last losing patience with her unreasonable opposition I remarked: “I shall call in three days’ time, and if I do not find your children dressed as I desire I shall write to your husband (then in the plains) and tell him that you are neglecting his children. Moreover, if, when I call I am not admitted, I shall write to him all the same.” She was indignant and still perverse. However, when I did call
Recollections of General Practice

she presented the children clothed safely and really tastefully, so I complimented her warmly on their appearance, and said I would quote her to other mothers as a real expert in dressing children beautifully. She seemed appeased and perhaps did not bear me ill-will afterwards.

Some pages back I gave an instance of diplomacy in relation to a case of dentistry in a young lady. Another instance of diplomatic intervention was the following: I was asked to see in consultation a lady with dropsical accumulations consequent upon organic disease. Her condition was in fact one of internal drowning. Some abdominal enlargement was present but not prominently, but effusion into the pericardium and oedema of the lungs were acting so oppressively as to threaten life ominously. Tapping the abdomen did not appear to be sufficiently promising as to relief of the heart and lungs, but diminution of the serous effusions was urgently indicated by the symptoms. The kidneys clearly were incompetent to carry off the liquid and it was obvious that the bowels must be made at once the outlet, the state of the patient not admitting of any delay. The hostess friend of the patient was summoned and the state of affairs explained, that the only course was to induce looseness of the bowels. The words frightened the friend; she said that diarrhoea would kill the patient and consent she would not. It was pointed out to her that the dropsical water was steadily suffocating the invalid, and that unless the water could be got away she must die. Still the fright and opposition continued; plain English became necessary: “This patient is your guest and you are responsible for her safety. She being dangerously ill two doctors have consulted about her case; there your responsibility ends. They state as their professional opinion that a certain method of treatment affords the only chance of life. Are we to understand that you, who cannot realize the position of affairs, do deliberately deny to your friend this only chance of life?” The hostess was cowed and gave in. The treatment, by elaterium and brandy, was carried out and the threatening of death averted. The ultimate ending of the case I did not learn, but I know that the patient survived for some time.

An experience in nursery discipline may supply a useful hint to harassed parents. The mother of a quite young family asked my advice about her baby who would not go to sleep except in her arms, and resented so vehemently any suspension of the indulgence as to frighten her into compliance, with the result that she was feeling quite worn out. What was she to do? Neither she nor
her husband could get rest at nights. I examined the baby and found that he was in vigorous health. Accordingly I counselled as follows: When your bedtime comes, and you find baby awake, kiss and caress him, and then go away. If he begins to squall, as probably he will, go again to him, and see that his bedding is all right and his arms free, and then leave him. When he recommences his outcries, take no notice; he will then yell with such furious violence as to alarm you into believing that he will have a fit; nevertheless leave him alone to scream until he is tired or sleepy. Next day I called to ask the result of the experiment in nursery training. The mother said she had done as I directed, but the baby had screamed so loudly and so long as to frighten her seriously, and she would have gone to him had her husband not held her back in bed. I advised that as fears about a fit had been dispelled, she should treat master baby during the coming night as before. She did, and also during the third night, when the experiment ended satisfactorily. It was a revelation to the parents that a healthy infant could display such an outburst of temper.

During the years, twelve in all, that I was on the personal staff of Commanders-in-Chief in India, I was present at many camps of exercise and durbar assemblies. My custom was to preach to the members of the headquarters staff certain precautions for preservation of health. One general habit was to drink as earliest morning refreshment before taking to the saddle a cup of tea. I noticed that the tea as usually made was strong and hot, and that as soon as the stimulating effect of the warmth had passed off, the tannin caused heartburn or other stomach discomfort. Between this morning cup and breakfast there was often a long interval spent in riding about the camps, and headache ensued from want of food or from the heat of sun or glare of light. My suggestion was, that instead of the tea, either warm milk or plain warm water should be taken, and a couple or so of Huntley and Palmer’s ginger nuts. These “nuts” being dry and brittle, could not be eaten without much munching; the ginger acted as suitable stimulant to the stomach and the flour as food, both counteracting tendency to cerebral ache. The plan was widely adopted with excellent results.

Another recommendation was that every officer should provide himself with an india-rubber hot-water bag. There is no agent of external application more generally useful than dry warmth. For easing pain anywhere and for bodily comfort in tents in cold weather—as in Northern India—it is an extremely convenient way
of employing heat. I have myself relieved a valuable charger of severe colic by means of dry heat thus applied. The bag was large, the water very hot, the air expelled, and the resulting thin cushion kept in constant stroking motion on the lying down animal's belly. It was very reassuring to the owner to see his horse's body relax as the warmth pervaded its stomach—perhaps warding off inflammation. Recovery soon following and no medicine was required.

My only other experience in veterinary practice was when I acted as accoucheur to a cow! The after-birth did not come away, and the cowman being anxious about the animal's safety, appealed for commiseration to the bystanders, though hardly expecting help. I volunteered to do something for the poor beast, and proceeded with oiled hand and arm to detach and withdraw the placenta which was done without difficulty, the cow standing quite still as if conscious that assistance was being given to it.

A quaint interview which I had with a hen might be mentioned in this medley of recollections. I wonder if any reader of these pages has ever actually seen a hen lay an egg. Once and once only was I an eye witness of such parturition. In 1857 when lying one afternoon on my camp bed, a hen rushed suddenly into the tent, jumped upon me and settled herself in the hollow formed by my bent arm, quite regardless of her human host. Watching the bird I saw her eyes close, the lids turn pale and insensibility apparently set in. The egg was then expelled with soft shell which at once became hard. She revived, clucked and bolted, leaving the egg with me as a midwifery fee.

Three marching "tips" need not be omitted. The first is: when making halts on the line of march, the posture should be the prone, thus taking the body weight off the feet, a most restful relief. The second is: when about to march and in order to prevent footsoreness, two pairs of socks or stockings should be put on, a cotton pair next the skin and a stout worsted or woollen pair outside. The third is: when ascending a hill, to go slowly and to breathe in: with one step and breathe out with the next and so on; by this expedient stress upon the heart and lungs is minimized by proper oxygenation, and fatigue is lessened even when great heights have to be reached.

As the last of recollections, I must repeat a tale told me by a medical friend a great many years ago. He was in bed fast asleep, under a window through which bright moonlight was streaming, his slumbering little son lying by his side with face on the pillow and turned towards the window. Quite suddenly the father woke
up to full consciousness and instinctively looking at his boy, saw
an enormous centipede had crawled so near to the child's open
mouth as to be about to touch the lips! Had contact ensued the
lips would have closed and been clawed by the struggling insect;
the child startled out of sleep would have been frightened beyond
endurance and very probably sent into convulsions. Luckily for
him there was a father at hand and abundance of light. But what
was it that woke the father so suddenly and opportunely and to
such complete wakefulness? Perhaps the child's guardian angel
intervened. Or, there happened a miracle of coincidence. Or,
again, perhaps explanation can be surmised by enlightened folk
professing acquaintance with some of the more things in heaven
and earth than are dreamt of in philosophy!

With a tribute to the goodness on the whole of human nature
I make an end of this discursive relation of incidents in my practice
of the art of healing. A family doctor is of necessity much behind
the scenes of his patients' domestic life, and it has chanced that
my experience was gained among all social grades. Great is the
admiration with which I have observed the real kindness and active
sympathy displayed by relations and friends to those in bodily or
mental distress or diseased. As a rule the women in the house
have been devoted, patient, tactfully helpful and enduring; the
men have shown warmth of feeling and considerate tolerance of
weakness of purpose or waywardness of conduct. I think very
well of my fellow creatures!

Reviews

DISEASES OF THE RECTUM AND ANUS. By P. Lockhart Mummery,
102 illustrations. Price 7s. 6d. net.

This well-illustrated book is a practical guide to the treatment of
diseases of the rectum and anus, diseases from which, the author points
out, nearly 50 per cent. of the population suffer during some period of
their lives. The book is founded on the large experience of the author
and the practice at St. Mark's Hospital.

The descriptions are clear and practical and the various operations are
described in such a way that they can be easily followed, while the anti-
septic technique in the preparation of the patient before an operation is
a useful addition.