

Reviews.

WILLIAM HOWARD LISTER. By Walter Seton, with a foreword by Lieutenant-General Sir Ivor Maxse, K.C.B., C.V.O., D.S.O. Privately printed for the author by the Medical Society. Copies, 10s. 6d. post free, can be obtained from the Senior Clerk, University College, London, Gower Street, W.C.

Dr. Seaton's Memoir of the late Captain William Howard Lister, D.S.O., M.C., R.A.M.C. (T.), is a biography of an able and distinguished member of our profession, who was killed in action in his 31st year on the Italian front on August 9th, 1918.

In the foreword Sir Ivor Maxse describes Lister's character and gives an account of his gallantry and devotion to duty, and shows how invaluable Lister's reliable temperament and immovable standard of duty were to the troops whenever there was fighting. Lister served in a field ambulance under Sir Ivor, who commanded the 18th Division.

Chapter I (1887-1905) is a short account of Lister's early years until he entered University College, London, as a medical student in 1905. The following chapter describes the prominent part that the deceased took in connexion with the celebrated "Brown Dog" affair at Battersea and how Lister's efforts were the means of provoking a vigorous controversy in the *Times*. Eventually the bronze statue of the dog with the offending inscription was removed. In Chapter III (at University College and Hospital, 1908-1912) we find a record of Lister's activities in connexion with the public life of his college and how he took a leading part in every fresh undertaking that affected the interest of the students; as an example of his initiative and energy we quote the following: "He set himself the task of making the University of London worthy of the pride and affection of the citizens of the capital of the Empire and was responsible in his undergraduate days, and in a sense almost single-handed, for drawing the students of the University together to a degree which those who were trying to guide its destinies from official positions scarcely dreamed of."

Chapter IV (The Balkan War and the "Cobequid," 1912-1914). The author describes how Lister went out in October, 1912, as a dresser with a detachment of the British Red Cross Society to Greece. At first he worked in a hospital in Athens, then in a hospital ship in the harbour of Volo until the Greeks captured Salonica. He and his detachment were then transferred to Salonica where they took over the Municipal Hospital of about 200 beds. Subsequently, he worked among some of the 40,000 Turkish refugees from Macedonia. The condition of these refugees was pitiable and was aggravated by "almost every known disease." Lister made one excursion alone into the interior of the country, and was lost for several days in the Macedonian hills. After exciting experiences he succeeded in making his way back to Salonica. Lister was awarded the Balkan War Medal and Distinguished Service Decoration of the Greek Army and received a letter of thanks from King Constantine in recognition of his services. Lister qualified in October, 1913 (M.R.C.S. Eng., and L.R.C.P. Lond.). His untimely death prevented him from taking the degree of the London University.

The remainder of this chapter is a narrative of the voyage of the Royal Mail Steam Packet "Cobequid" written by the third officer. Lister sailed in this vessel as ship's surgeon in November, 1913. The "Cobequid" was destined to open up a service between Canada, Bermuda, the West Indies and South America. The vessel was wrecked off the Nova Scotia coast in January, 1914. A photograph of the wrecked vessel covered with snow and icicles gives the reader some

idea of the exposure and dangerous privations which the passengers and crew underwent. An instance of Lister's splendid behaviour is shown by his refusing to leave the ship until all the passengers had been taken off.

In the latter part of the memoir, which is the most interesting, the author gives an account of Lister's experiences on service and how he was one of the first to take a temporary commission in the Royal Army Medical Corps. He was sent out to France in August, 1914, and served with a field ambulance and as a regimental M.O., and was severely wounded in the right elbow joint by machine-gun fire while gallantly rescuing a wounded officer. As an example of this officer's high sense of duty he refused to accept an appointment at home when convalescent, but succeeded in getting back to France in March, 1916, from a Mediterranean base and in a short time was back again with a field ambulance. One or two of his many acts of individual bravery are described in detail, when he was in charge of a bearer division during the Somme offensive. The chapter includes accounts of many heroic incidents in which Lister played a most prominent part.

In June, 1918, Lister left England for the Italian Front, and on August 9 was killed instantaneously by the concussion of a trench mortar bomb.

Sir Ivor's remarks cannot help being a great source of consolation to Lister's bereaved relatives and many friends, and we feel that we voice the feelings of the whole profession when we deplore the irremediable loss of this gallant officer.

H. W. G.

TRENCH FEVER: REPORT OF COMMISSION OF AMERICAN RED CROSS COMMITTEE, 1918. Oxford University Press.

The inception, plan of campaign, and actual carrying out of this investigation, will rank as one of the most remarkable researches, completed against time, and under the adverse conditions of active service.

The Report, which comes from the pen of Major Strong, is exceptionally well arranged, terse and graphic.

To one who was not behind the scenes it is difficult to understand why a definite plan of campaign was not formulated at a much earlier date by the Medical Department of the British Expeditionary Force, for as early as the end of 1915 and the beginning of 1916 the occurrence of a disease characterized by febrile relapses and subsequently named Trench Fever had been recognized. The plea of paucity of medical officers and volunteers for the investigation of a disease which was causing a very high casualty rate in the actual fighting forces is suggestive of a want of driving power and initiative.

The investigation by the American Committee with reference to the possible association of the typhoid group of diseases with trench fever proves conclusively by the evidence in this report that there is no connexion, and supports the results obtained by McNee, Brunt and Renshaw.

It is noted that the American Committee varied the process elaborated by Dreyer for the titration of the agglutinin content, with the result that they have produced curves in many instances widely different from those obtained by Dreyer and his fellow-workers. It is suggested, therefore, that this portion of the work should be repeated if opportunity should offer.

It is commonly held that the virus is transmitted by reason of lice faeces being rubbed into abrasions or biteholes in the skin of the hosts. In Chapters X and XI of this Report, cases of infection are described as caused by pure biting experiments. But as the Report points out, "in the absence of exact knowledge of the morphology of the virus, and its location in the louse, and the difficulty of devising a type of experiment in which it is certain that the only factors operating are the stabbing and infection of saliva, it is impossible to do anything but merely state that this seems possible."

For the same reason it is impossible to be precise as to the infectivity of the dejecta of trench fever cases. A few rough experiments produced negative results as regards fæces, one positive case only from sputum, but more positive results from urinary sediment. The Report concludes that trench fever "is a disease entity: when it assumes certain forms it is quite characteristic; when it assumes others it can only be diagnosed by taking all its positive features into consideration and by ruling out other diseases. Apart from pain and tenderness the special features of the disease were referable to the eye, skin, spleen and circulatory system."

PHYSICAL AND OCCUPATIONAL RE-EDUCATION OF THE MAIMED. By Jean Camus and W. F. Castle. London: Baillière, Tindall and Cox, 1918. Pp. xi + 195. Price 5s.

This book presents in an admirably condensed form the principles for re-educating the disabled; and the subject falls under two distinct headings: physical re-education and occupational re-education; the latter concerned with men who have lost sight or a limb or who, short of that, are still unable to follow their former occupation. The author deals with this class in a practical way, and evidently has made a study of the subject apart from its medical aspects; and there are so many considerations to be taken into account in deciding what occupation a man can be fitted for, quite apart from surgical ones, that the question is not one on which the majority of medical men are able to give an opinion. A medical man cannot have the requisite knowledge of the various crafts and trades and branches thereof with all the technicalities concerned, to enable him to know what a man can do, either with or without any artificial aid, in any particular trade. The condition of the labour market, the demand for skilled or unskilled workmen, trade union regulations, the willingness of employers to engage maimed men, are all considerations which are outside any medical aspects. The author's keynote as regards artificial appliances is simplicity combined with efficiency for the purpose demanded, and he utters a word of warning against "apparent miracles" performed by some apparatus. A man may be fitted with a limb enabling him to pick up a pin and make a cigarette and form an interesting exhibition to visitors to the establishment, when the man really wants aid to enable him to use a hammer, a drill, or a plough. The author brings out the point that an ingenious workman will invent an aid for himself superior to anything made by a surgeon or surgical instrument maker, and this is clearly due to the fact that the workman knows and feels what he wants, which the others cannot do.

One principle noted by Dr. Camus is well worth emphasis; make the man's sound limbs take on the function of the maimed one, and avoid the delusion that an artificial hand, however complicated, can in any degree be a substitute for the lost one; and that "An apparatus to take the place of an arm or hand" bears as often as not no resemblance to the natural organ, but is a special adaptation for the work to be done." In physical as apart from occupational re-education, the author's keynote is—volition, which indeed he applies also to occupational re-education. The first page of the book might well be written large in red letters in every hospital in this country, because the principle therein enunciated is ignored to a lamentable extent. We must allow that the method of putting the principle into practice is subject to modifications according to facilities and perhaps racial characteristics. Dr. Camus would employ farm labour as a means of physical re-education to fit a man for return to duty. Such a method is not practicable in this country, nor is it necessary; nor would it be, in many cases, the quickest way in which the function of a disabled limb would be recovered. It has been proved that class work in an ordinary equipped gymnasium in which the

"simplest voluntary movements which call for some of the most complicated syndromes known to physiologists" are performed under a competent instructor is the quickest way to re-educate a man's will-power. It is the quickest way owing to the fact that such variety can be introduced into the work, the whole body exercised at the same time as the disabled limb, and in such ways that no group of muscles become fatigued and constantly varying degrees of will-power are called upon. This forms the best possible preliminary re-education to qualify the man for occupational re-education. Dr. Camus draws attention to the disability of a man being set to productive work, and instances the difference between a man turning a wheel and a pump handle; of course in a well-conducted gymnasium no man would be kept "turning a wheel" in such a way as to bore him; and we think Dr. Camus perhaps under-estimates the psychic effect, which we have often seen, of a man being able to perform an exercise in a gymnasium which he thought he would never be able to do. The trite teaching of this book may well be taken to heart by those responsible for the men now on our pension list who are suffering from want of some one to set them to "simplest voluntary movements," and whose volition is being allowed to dry-rot for want of a stimulus to start their motor areas again.

FIELD SANITATION. By Major R. St. J. Macdonald, M.D., C.A.M.C. Oxford University Press. 1918.

These lectures were delivered at the Canadian Sanitary School to officers, non-commissioned officers and men engaged in sanitary work. They are concise, clear, and form a most useful practical epitome of Field Sanitation. Much of the new matter might be with advantage incorporated into the next edition of the Manual of Military Hygiene. The illustrations of improvised appliances are particularly clear, and the means and materials for construction are usually within the reach of a field army.

There are a few omissions which might be with advantage made good. For instance, with regard to watering horses, where mounted troops, such as cavalry and artillery, are present in large numbers, sanitary control of watering places is absolutely essential, and the longer the period spent in one area the greater the necessity for supervision and the improvisation of such arrangements as circumstances permit.

The next point is surface drainage. As the book deals with rear as well as advanced areas, and frequent reference is made to camps, it appears within the scope of the work. Detailed improvements in the flooring, and immediate adjuncts of cookhouses, huts, latrines, ablution places, and water-cart stands, are largely discounted if measures are not taken to deal with surface drainage.

Some minor points arise. Reference to them is probably omitted owing to necessity of limiting length of lectures.

Pages 26, 27.—Petrol tins: If left tainted with petrol are a source of constant complaint. As these are filled well behind it is often possible to utilize steam from Foden lorry "Thresh" by holding opening of tin on suitable sized exhaust cock for a few seconds.

Page 35.—Striking of tents to expose ground. Provision of trench round.

Pages 45, 46.—Food: Cool storage can be improvised by walls of turves or sandbags with air space between walls of store.

Page 89.—In addition to Divisional baths, improvised baths are in great request.

The illustrations of sanitary appliances might be extended as regards field cookery. A heater (p. 150) is the only one shown. Excellent ovens for small detachments can be made from tins encased in clay. Sketches of improvised bathing arrangements would be useful.

GUNSHOT INJURIES TO THE BLOOD-VESSELS. By Sir George H. Makins, G.C.M.G., C.B. Bristol: John Wright and Sons, Ltd. Pp. xii+251. Price 21s. net.

The author of this volume, who has had almost unparalleled opportunity of studying his subject while acting as Senior Consulting Surgeon to the British Expeditionary Force in France, here sets forth his own experiences of gunshot injuries of the vessels. In the first half of the book the subject is treated in general, while in the latter half the reader will find details of the clinical material from which the expressed views of the author have been deduced.

Though the war can scarcely be said to have made any startling additions to the surgery of vessel injuries, it has yielded much accurate information, some of which will undoubtedly prove of value in civil surgery.

The vast majority of vessel wounds produced during the recent war have been of the contused and lacerated variety. Indeed, careful examination has shown that contusion of the arterial wall has been more extensive than was previously supposed. It has been amply demonstrated that contusion and non-penetrating laceration of arteries frequently play an important part in the causation of thrombosis, secondary hæmorrhage and aneurysm.

The value of auscultation, both local and over the præcordial region, as an aid in diagnosis of injuries to vessels has been emphasized.

The effects of occlusion of various arteries on the parts supplied by the peripheral branches have been carefully studied. It is of interest to note that the author adduces evidence to prove that the vitality of the distal parts is not so likely to suffer if the companion vein is likewise obliterated. He strongly recommends that, should the popliteal artery have to be ligatured, it is wise also to tie the popliteal vein. He would, on the same principle, ligature the internal jugular vein when it is necessary to occlude the common or internal carotid arteries. In wounds of the main vessels of the extremities, Tuffier's tube has in many cases tided the patient over a critical period.

Proximal ligation of a main artery at the seat of election for primary or secondary hæmorrhage is condemned. One exception, however, is made. In hæmorrhage from one of the vessels of the buttock close to the point at which they emerge from the pelvis, practical experience teaches that it is justifiable to ligate the internal iliac artery or its posterior division.

Unfortunately the prevalence of sepsis has largely precluded the repair of vessels by suture. Nevertheless, in the later complications of vessel injuries, arterial reconstruction has had considerable success and those cases recorded in the chapter dealing with the vessels of the neck are specially noteworthy.

The author deems it unnecessary to use the very fine silk recommended by Crile, and has found Japanese silk 0000 and corresponding needles efficient and much easier to manipulate.

This contribution contains a wealth of clinical material and the opinions expressed, coming from so eminent a source, are of great value. Indeed, the volume is a "war classic" and will be read now and in years to come with the greatest interest.