

Presentation to a Hero—Pte. T. H. Sage, V.C.—On the occasion of New Year's Eve, 1917, there was included in the proceedings in the recreation hall a pleasing little ceremony. We had in hospital Pte. Thomas Henry Sage, of the 8th Somerset Light Infantry, a native of Tiverton, who had been awarded the Victoria Cross for a deed of exceptional gallantry, and had lost his right eye in consequence. The patients in hospital had decided to make him a present, which took the form of a gold watch and chain and a framed photograph of himself. I was asked to make the presentation, which I gladly did. The perfect storm of cheers with which Sage was greeted from an audience, which must have numbered at least 2,000, comprising officers, men, nurses, and visitors, the men being in what the local press aptly expressed as "their very happy volatile mood," was one not likely ever to be forgotten.

Economy in Hospital.—Reference is made in the section on "Finance, etc.," to the efforts of the Director-General to secure every economy, consistent with efficiency, being practised in all military and war hospitals. In the section dealing with the work of the Pharmacist, I relate how this was effected in the case of drugs, dressings, and medical stores generally. Some indication will now be given of the efforts made in the same direction in other branches of hospital expenditure.

Sir E. Napier Burnett and Mr. R. H. P. Orde, of the Economy Committee of the War Office, visited the hospital on 6th June, 1916. The former gentleman spent most of his time in the various mess-rooms, where he made a spirited appeal to the assembled nurses to assist the Director-General in his crusade against waste of all forms. He pointed out the various ways they could help, and I have no doubt he found sympathetic audiences, for, both by my hospital orders and other written and spoken appeals, the matter was always kept prominently before their minds.

Asylum Economy.—To Mr. Orde I indicated the many steps we were taking to prevent waste. The asylum regulations governing such matters were still in force, and were being applied with increasing strictness. The system of daily issues according to daily requirements, and the scale of issues considered only as a maximum not to be exceeded,

appealed to him. Rationing in the army sense, at that time, was unknown here, and anything approaching it had been abolished for some years. Hoarding of issued stores was strictly forbidden, and any stores unconsumed during the period for which they were requisitioned were taken into account in estimating the next requisition or returned to the general stores. Meat, vegetables, etc., not consumed were returned to the kitchen after dinner, and always the bones and excess fat; cut up, stale, and other unsoiled bread was returned to the kitchen daily for further use in puddings, sausages, etc.; loaves which had not been touched were changed for new ones from the bakery, and the daily issue lessened accordingly; waste food from plates and otherwise soiled was put in special skips and removed daily to the pig-gery, and it was considered a grave offence if any of this was found in the skip reserved for ashes, dust, and other refuse, etc. Bones were never wasted. They were skilfully stripped in the kitchen to make minced diets, boiled for stock and fat, and then sent to the farm. Here they were broken up and further fat extracted, and finally used for manure. I was able to point out how bedding, clothing, boots and slippers, after condemning, were cut up or taken to pieces, and built up into new articles of various kinds, and how the rag and scrap heaps really justified their designation when they were sold as such, and the value credited to army funds.

No diets were issued for soldiers who were not present in hospital, and articles regarding which there was special need for economy were ordered on special requisition forms to ensure stricter supervision being exercised.

Later, when paper became short, newspapers and all clean waste paper were sent to the stores daily, where there was a special appliance for compressing and packing it for disposal. Dirty paper was collected from the refuse and sold locally. In places where large quantities of crockery were washed special appliances for collecting the fat were installed, but for good reasons this plan could not be adopted in the wards generally.

Salvage of soiled dressings, cotton wool, etc., was attempted. The arrangements made worked perfectly, but the contractors made trouble and nothing material came of it.

These are only a few instances of the way in which due economy was ensured, and sufficient to demonstrate that I was very much alive to the importance of the subject.

On 20th July, 1917, I was visited by Colonel D. J. Macintosh, C.B., M.V.O., LL.D. Glasgow, late A.D.M.S. Scotland, and Administrator of the Glasgow Western Infirmary. At the moment he was employed at the War Office investigating methods of securing economy in hospitals. He was particularly interested in the practical side of A.C.I. 928, of 1917, which established a maximum and minimum scale of dietary for patients in hospital. To all intents and purposes the army had abandoned the dietary and method of issues as set forth in the Regulations for the Army Medical Service. It made no difference here as regards method, but the scale of issues had to be revised in some directions. I was delighted to be able to spend a day with him, for the advice and help of a hospital administrator of his ripe experience was very valuable to me.

Military Government in Civilian Hospitals not Easy.—

Colonel Mackintosh could see my difficulties from both the military and civilian points of view. The efforts and intentions of the Army Medical Service were sincere, thorough, and beyond all praise, but the difficulty was that the orders were often framed in a way only suitable for the machinery of hospitals of a distinctly military character; and how to make the variation which would enable them to be put in force here was often a problem of some difficulty. The orders of the Army Council had to be carried out and could not be questioned, but in the form issued their practical applicability in hospitals administered on civilian lines was often damaging to one's reason. I argued this way: the War Office has gladly accepted the civilian methods of administration and said they must continue. It could not be contended that an A.C.I. on another subject repealed this. If the Army Council decided upon the latter course they would say so directly. I took it that an A.C.I. told me what the Army Council wanted doing. I looked for the spirit and intention, and carried them out the best way I could with the means I had at my command.

Dr. Andrew Messer was another War Office inspector as regards economy. He visited on 9th March, 1918. He

was particularly interested in the numbers of staff in all departments, the proportion of women staff in the administrative section, laundry economies, by-products and waste bread.

I was away when Mr. A. H. C. Radcliffe, from the same department, visited on 15th August, 1918.

I have felt it my duty to take up this matter pretty fully, for I have often heard it said that the War Office was wasteful, lacked business methods, and had no care for economy. From what I have written it is obvious that it was untrue as regards the Army Medical Service.

Changes in Medical Personnel.—I have recorded how the medical staff was completed by the arrival of a number of Australian medical officers. These officers remained with us until the autumn of 1916, the last leaving in December, the only changes being that Major Chisholm, on leaving in December, 1915, was replaced by Major J. J. Black, A.A.M.C., who only stayed a short time, and was in turn replaced by Major F. H. Makin, A.A.M.C. They did excellent work while here, the Australian divisional officers and Captains McGee and Owen being capable surgeons; while Captain Sutton was one of the best anaesthetists we ever had. Captain McMasters soon earned his majority on the field and received the D.S.O.

About the end of 1915, there began to be a great shortage of R.A.M.C. officers abroad, which gave Dr. G. A. MacFarland at last the opportunity he had so long desired of being commissioned in the R.A.M.C. He left for foreign service on 20th January, 1916. His death on 17th October, 1917, from wounds received during an air raid abroad was heard, with great regret, for he was a general favourite during both asylum and war hospital days, and highly respected.

O.C. and Divisional Officers apply for Foreign Service.

—The Registrar, Major Roberts, and two divisional officers, Major Riches and Major Peall, were of military age, and began to feel rather acutely staying in this country while there was such a dearth of doctors abroad, especially as it was known that older practitioners were volunteering for foreign service and being accepted. At the same time, they had no complaint as regards the importance of the work they were doing. I was in a similar position and in com-

plete sympathy with them, and, after a not very hopeful interview with the A.D.M.S., we decided to let the War Office know, in case there was any misunderstanding, that we were available for service abroad, subject, as regards those of us who were on the L.C.C. staff, to arrangements being made with the Civilian Authorities for the carrying out of our present duties. The applications were forwarded to the Eastern Command in January, 1916; the reply received intimated to us that there was no likelihood of our being spared for foreign service in the near future, and that we were employed to the best advantage in our present posts (C.R.E.C. 2/97074 (M), 11th January, 1916). With this we had to be satisfied. However, the ultimate outcome was that I was knocked out first round by a medical board which classified me as C1, which category stuck to me throughout. Majors Riches and Peall left for foreign service in 1917, the latter on 8th June, on a visit to his home in South Africa first, the former on 11th July; while the Registrar, in spite of repeated applications, never got his wish and had to remain at home.

Major H. Robinson and Major D. Barty King were appointed to fill the vacancies on the divisional staff thus created.

American Civilian Medical Staff.—The withdrawal of the Australian medical staff in the autumn of 1916 was a serious matter, and there was considerable difficulty in filling the vacancies. The supply of local practitioners was exhausted, every possible doctor being sent abroad. The result was that in January, 1917, there were posted here for six months six American civilian practitioners. I had already on the staff Dr. H. G. Thomas, from Denver, who was able to assist me in giving our American *confrères* a hearty welcome, and his good report made them at once at home. Their names were:—

Dr. E. H. Sharpe.	Dr. T. V. Cooper (Ogden).
" E. A. Cayo (Texas).	" R. S. Sutton.
" E. B. Jeffrey (Kansas).	" O. C. Page.

They were permitted to wear the uniform of the British Red Cross Society, which some of them did.

This enabled a few of the local practitioners to be free, for a time at any rate, to devote themselves to their civilian practices.

The newcomers were interesting men, some of them especially so, and I much appreciated their service. We made the best use of them we could. They were allotted wards, and those qualified to do so assisted in the operating theatres. I made several good personal friends among them, and learned a good deal about America and American affairs generally.

Reflections on People and Things American.—I soon appreciated that, strictly speaking, America could only be compared to a united Europe, so different were the laws and customs in the various states; and also how great was the pride of each state in its own individuality. Of course, all Americans worshipped the Stars and Stripes. But to say anything is American is hardly possible. It may be the practice in one state and repudiated in the next. I was astonished at their ignorance of our constitution and affairs generally, especially as regards municipal government, education, etc. They had the most "tinpot" ideas of England, and were surprised, when speaking of recent advances they had made, to find that often things identical had been the practice here for centuries. I confess my notions of America were just as poverty-stricken and mistaken as were my American friends' knowledge of England; so we were really in the same boat.

American Civil Doctors Depart.—All save one, who was given an honorary commission in the R.A.M.C., went back to America in July, where no doubt they will often call to mind their residence here. One event they will never forget, and that was the attempt made by the Inland Revenue to make them pay income tax. These men had left their homes and practices, and at nominal pay had come to assist England in a grave emergency; and to attempt to tax them was a brilliant idea. I reported the matter to the Army Authorities on 18th June, 1917, and this attempt was defeated. (24/America/10 F2, 29th June, 1917.)

Threatened Shortage of Medical Staff.—When it was intimated to me early in June that the American practitioners would be leaving by July, I foresaw great difficulty in filling the five or six vacancies which would be thus created. An appeal to the Board of Control and to the A.D.M.S. pro-

duced negative results, so I had quite definitely to lay the facts before the Army Authorities. To be brief, in my report I pointed out that at one time I was able to find doctors among those the War Office had rejected for general service. The War Office had not only absorbed this field by granting many of these doctors home service commissions and afterwards posting them to military hospitals and units in this country, but were proposing actually to recruit in the same way those practitioners unfit for foreign service who were already on our staff and remove them elsewhere. I already had experienced one shock earlier in the year, when in April, 1917, the whole of the civilian medical staff under a certain age were called up for military service. Three of the medical staff were now to receive home service commissions, presumably for service elsewhere. I was still expected to find doctors. I did my best, but failed to find any practitioners willing to come who were of reasonable age and sufficient physical capacity to be of service. A few very old and decrepit doctors volunteered, but it was obvious that they would soon require the skill of the physician themselves. I submitted three suggestions to meet my difficulty: (1) That the vacancies should be filled by the Command from those unfit for general service who had home service commissions only; or by posting officers from abroad who, for physical reasons, required a change; (2) American doctors, engaged direct by the hospital; (3) The posting of commissioned lady doctors. I made the last suggestion with some reluctance, for, though I admired their medical work, I had so few officers in disciplinary authority, the wards being staffed by women, it seemed more advisable that the hands of these officers should be strengthened by male doctors if possible. The result was that I was allowed to keep Drs. Burke, Peacock and St. John Brooks, all of whom had received home service commissions by July, 1917, and members of the United States Medical Corps, who were arriving in this country, were posted here.

Arrival of United States Army Medical Officers.—Thus it came about the civilian American doctors were mainly replaced by officers of the United States Medical Corps, who were picked men, and we became one of the centres where they were trained for service with British regiments and

hospitals abroad. They were reliable and efficient officers, who could be fully trusted with the charge of wards, and we made full use of those who were specialists. Some of them, in America, occupied important positions, and all found their surroundings and opportunities for work congenial. Without exception, they grew to like the hospital, and, after leaving, treated the hospital as their home in England when on leave from abroad. They were brave and gallant men, and we mourned the loss of some of them who gave their lives to the great cause. Three again sought work here and obtained it, when broken down by foreign service, and very welcome they were. The last to leave was Captain J. E. Rawlings, on August 20th, 1918.

NOMINAL ROLL OF MEMBERS OF THE MEDICAL CORPS OF THE UNITED STATES ARMY WHO SERVED IN THE HOSPITAL, 1917-1918.

Name.	Rank.	Date of Arrival.	Date of Departure.
Alexander, A. H....	Lieut.	Sept. 5th, 1917	Oct. 23rd, 1917
Allred, W. W. ...	Lieut.	Sept. 5th, 1917	Oct. 23rd, 1917
"	Lieut.	April 19th, 1918	July 6th, 1918
Arbuckle, M. F. (1)	Lieut.	Sept. 5th, 1917	Oct. 23rd, 1917
Bowers, F. M. S....	Lieut.	Sept. 5th, 1917	Oct. 23rd, 1917
Buchanan, D. J. ...	Lieut.	Sept. 5th, 1917	Oct. 23rd, 1917
Button, A. C. ..	Lieut.	Oct. 22nd, 1917	Jan. 3rd, 1918
Carr, J. G. ...	Lieut.	Oct. 30th, 1917	Dec. 14th, 1917
Castlebury, G. D. ...	Lieut.	Oct. 22nd, 1917	Jan. 3rd, 1918
Coffman, M. B. (2)	Lieut.	Oct. 22nd, 1917	Jan. 3rd, 1918
Conn, R. E. ...	Lieut.	Oct. 22nd, 1917	Jan. 3rd, 1918
Daly, W. J. ...	Lieut.	Oct. 22nd, 1917	Jan. 3rd, 1918
Davies, R. ...	Lieut.	Oct. 30th, 1917	Mar. 20th, 1918
Divine, D. G. ...	Lieut.	Oct. 29th, 1917	Mar. 23rd, 1918
Egan, W. V. ...	Lieut.	Oct. 22nd, 1917	Jan. 3rd, 1918
Elebach, C. C. ...	Lieut.	Oct. 22nd, 1917	Jan. 31st, 1918
Fulton, H. C. ...	Lieut.	Oct. 22nd, 1917	Jan. 31st, 1918
Moser, R. A. ...	Lieut.	July 2nd, 1917	Oct. 23rd, 1917
Rawlings, J. E. (3)	Lieut.	July 2nd, 1917	Oct. 23rd, 1917
"	Capt.	Mar. 26th, 1918	Aug. 20th, 1918
Wood, E. B. (4) ...	Lieut.	July 2nd, 1917	Oct. 23rd, 1917
"	Lieut.	April 9th, 1918	Aug. 14th, 1918

(1) Ear, Nose and Throat Specialist, Washington.

(2) Ear, Nose and Throat Specialist, Chicago.

(3) Service in Americo-Spanish War.

(4) Prof. of Therapeutics, Emory University.

R.A.M.C. Officers Posted.—When the commissioned American officers left, sufficient R.A.M.C. officers were, as necessity arose, posted by the Eastern Command. They invariably had broken down on foreign service and were in a low health category as a consequence. Among them were Captain C. E. W. Kidman, Captain F. E. Johnson and Captain A. E. Quine, F.R.C.S. Eng. Captain P. Ferguson, F.R.C.S., arrived on 9th February, 1918, as Ear, Nose and Throat Specialist, and his death in the officers' ward, on 27th January, 1919, from an acute septic throat, contracted when fighting the terrible influenza epidemic, was a great shock to the hospital, especially when his constant cheerfulness, unbounded energy, and devotion to duty were a source of much strength and encouragement to both staff and patients, during a time of gloom and anxiety.

Major A. Paling, the one remaining of the two chief resident surgeons originally appointed, left for health reasons, on 24th May, 1918. There were many expressions of regret at the step he felt it necessary to take, and we lost a fine surgeon and conscientious officer. I was at my wits end to replace him. Available surgeons were now scarce, and surgery had advanced so much that a surgeon inexperienced in the latest war-surgery was of little use. Major Robinson had to undertake the surgical supervision of both divisions, and he was assisted in the operative work by Dr. Thomas Rowan, F.R.C.S., who was with us from 17th May, 1918, to 27th July, 1918; while the vacant division was administered by Major E. G. Gowlland, D.S.O., R.A.M.C., who joined on 24th May, 1918, and afterwards became sub-administrator of the officers' clinique.

Subsequent changes in the medical staff are bound up with the creation of the officers' clinique, and are related elsewhere.

Nursing and Types of Cases.—As would be expected, the medical wards were busier in winter than summer, and the amount of surgical cases depended upon the degree of activity at the front. Occasionally we were asked to reserve temporarily beds for special cases until suitable accommodation could be increased or created elsewhere. Thus, the complexion of the hospital varied from time to time as different types of cases predominated. The nursing staff had to adapt itself to the ever-changing conditions. Nursing

zeal was abundant, and the medical staff very soon became aware that we had been very fortunate in the selection of the nursing staff. We undoubtedly had well qualified and able nurses of just the right kind, adaptable, keen and capable of undertaking any emergencies that might arise. They had the full confidence of the medical staff, which is a great consideration in a general hospital. For this reason, I never had a moment's hesitation in undertaking the treatment of any kind of case; the only protests I made were against venereal cases, carriers of cerebro-spinal meningitis, and too many mental cases. As regards the latter, the main building was now entirely unsuited to their proper care and treatment.

As illustrating how varied the medical work was, it is interesting to dip into the returns made from time to time when a census or stocktaking of cases had been ordered for some administrative purpose by the War Office. In May, of 1916, I note that warfare had led to the accumulation of head, face, and jaw cases, and also that a large number of nerve injuries were being treated. Shortly before this I had been asked to take an overflow of limbless cases from Roehampton, and in April no less than 67 of these cases were awaiting artificial limbs. During 1917, at one time the one-eyed soldier patients rose to over 100. They were mainly up and about and a prominent feature of the hospital.

As regards special branches of medicine, a census taken on 17th September, 1917, illustrates the wide area of work overtaken by the medical and nursing staff:—

Class of case.					Officers and "other ranks."
Orthopaedic	...	...	...	...	43
Neurasthenic	...	...	...	...	26
Mental	...	...	...	...	23
Infectious	...	...	...	...	20
Venereal	...	...	...	...	8
Heart (mainly gas cases)	...	...	...	...	41
Jaw	...	...	...	...	23
Ear, Nose and Throat	...	...	...	...	122
Phthisis	...	...	...	...	9
Limbless	...	...	...	...	106
Blind	...	...	...	...	4
Joint injuries	...	...	...	...	155
Nerve injuries	...	...	...	...	69
Eye	...	...	...	...	191
Carrel-Dakin drainage	...	...	...	...	40

Country Walks and Outdoor Exercise for Patients.—I have already, on page 50, indicated the arrangements I had made for patients to take outdoor exercise and recreation. They were proving quite satisfactory and meeting all necessary requirements at the moment, but I was rather uneasy as to what would happen during winter months, when, according to paragraph 10 of the Book of Instructions, issued with A.C.I. 1198, of 1916, patients were required to return to hospital by 4 p.m. This meant, of course, limiting their exercise to two hours, and the abolition of all chances of visits to local entertainments, tea-parties, etc., unless accompanied by some responsible person. A.C.I. 2164, of 1916, issued in November, did not improve matters. It certainly extended the time a patient could be out, but at the wrong end of the day to suit this hospital. It was impossible to allow patients out from 10 a.m. to 12 noon, for this was just the time when all the main medical and administrative work of the hospital was done. It necessarily had to be because of the part-time practitioners. When winter came I was in the awkward position—not for the first time—of having a military order to carry out without being able to accomplish it; and it offended my sense of fitness of things. So when Colonel E. S. Heard, who represented General Sir William Bayly, visited on 3rd February, 1917, I quite candidly laid the position before him. The outcome was a War Office letter ordering compliance with the A.C.I. 2164, of 1916.

I thereupon addressed a letter to the Army Authorities, pointing out the difficult situation this A.C.I. had created, and indicated the steps I had taken to conform with the spirit of it, and as far as absolutely possible with the letter of it. Morning leave was clearly impossible; it could only lead to hopeless confusion. The difficulty in checking the return of patients at any fixed hour of the day was mainly structural. Considering that the thirty-two wards have from three to four entrances each, and that the hospital has at least thirty-six necessary exterior doors, it would take an enormous staff and a reversion to asylum methods to keep men in hospital against their will or to ascertain their presence in the wards, at any time fixed, regardless of other happenings. Thus, only at meal times and at bedtime, the former fairly readily, the latter certainly, could it

be ascertained that all the patients were in hospital. To carry out in detail this A.C.I. it would be necessary to have tea at 4 o'clock and at the same time a roll call by the sister, or failing the latter, to allot every patient, as during asylum times, a seat and count the vacant chairs. Could it be wondered at that I hesitated to order these steps? The good spirits and mental health of the patients, which interest me a good deal as an alienist, were, I considered, of prime importance in securing their speedy return abroad; and much damage could be done by too long or too much hospital environment, and by undue restriction of the stimulating influence of outside existence.

However, there was no hope for it, an order is an order and must be obeyed, so the red pass was amended to "2 p.m. to 4 p.m., or dusk if later, but not later than 7.30 p.m." Cynics said this was rather cryptic and left much to the patient's imagination, but patients were warned that if caught breaking these orders they would be dealt with in a disciplinary fashion. I very much fear that in spite of my efforts the order for return at 4 p.m. was largely a dead letter.

Route Marches and Physical Drill Commenced.—A.C.I. 577, dated 5th April, 1917, was the first really serious attempt made to regularise the physical exercise of patients while in hospital. It ordered suitable physical exercises and short route marches, under warrant officers and N.C.O.'s who were also patients, so that the soldiers would be in a better position to commence the "hardening" process on discharge from hospital. After a meeting of the principal warrant officer and N.C.O. patients, at which the Registrar explained the provisions of the A.C.I., I drew up the "Standing Orders" for route marches. The physical exercises I left to the medical officers to arrange in suitable cases. The route marches which commenced early in the summer of 1917 were, on the whole, popular with the patients, who always presented a smart appearance and sustained the reputation of the hospital for good order and precision. We never had any trouble and the orders I had framed worked quite efficiently.

Problem of Leave from Hospital Settled.—Eastern Command Orders 2098, dated 28th August, 1917, and 2297,

dated 19th September, 1917, were much more business-like documents than paragraph 10 of the Book of General Instructions, as amended by A.C.I., 2164 of 1916, and practically all difficulties regarding the walking out of patients were overcome, and I had no further worries on this score. Ordinarily patients could be out until sunset, and provision was made for late passes until 9.30 p.m. under certain conditions. The issue of passes was regularised and put on a proper footing, and I framed a series of Standing Orders on "Hours of outdoor recreation and the granting of passes," which replaced all previous standing orders I had issued on these subjects.

Orderly Room Established.—It was decided to put into force A.C.I. 747, of 9th May, 1917, which gave the Officer Commanding central hospital power to punish summarily minor offences by infliction of fines and stoppage of pay. This A.C.I. I had taken to be optional, the word "may" being used and not "shall" or "should." I unfortunately omitted to note that the letter accompanying it from the Eastern Command ordered compliance, and a letter from the Major-General in charge of Administration, dated 10th October, 1917, kindly but firmly drew attention to the fact.

Major-General in charge of Administration.—I learnt a good deal of the essentials of things military from Major-General F. S. Robb, K.C.B., Major-General in charge of Administration, who inspected the hospital in June, 1916, on taking over his duties in the Eastern Command. I am grateful for the trouble he took, and the kindly way he put me right from time to time on important matters of principle.

For the information of those uninitiated in military matters, I may say that the Major-General in charge of the administration of a command is the Prime Minister and Chief Executive Officer of the G.O.C.-in-Chief, and holds a position of great responsibility.

Out-patient and Billeting Schemes and Extended Furloughs.—On 27th January, 1917, the late Lieut.-General S. W. Babbie, V.C., paid his second visit to the hospital. He wanted to know, if a sudden emergency arose, and an enormous number of beds for sick and wounded soldiers were required at once, how many patients could be

given leave of absence to their homes for a month or so without detriment to their ultimate recovery and fitness for service again. I suggested suitable types of cases, which he inspected and approved of. I estimated that at least 400 vacancies could be created in a few days in this way. In October, 1918, an emergency did arise, and this method of creating temporary accommodation was adopted, though perhaps as regards a more convalescent type of case.

In November, 1917, the pressure for beds became very acute, and it was decided that patients fit to attend hospital daily should be billeted out with subsistence in the vicinity of the hospital. This was notified me by wire on 16th November. I immediately set about preparing a working scheme. I arranged for each ward to keep a sleeping-out list of eight patients, who would report at the hospital for treatment and daily orders. By this means I could increase the number of patients under treatment by 240, making the total patients over 2,770. I also prepared an alternative scheme of undertaking the treatment of patients fit for military convalescent hospitals, which at the moment were full. Patients would in practice be considered as discharged from hospital, but on sick leave with pay and lodging allowance. They would be resident in Epsom and report daily, or as required, to a local orderly room for medical inspection. Such as needed massage and electrical treatment would attend the hospital. They would all be under my command, and, weather permitting, would parade daily in a field on the estate for physical drill and for route marches. I would need a few military police to assist me in maintaining discipline and obedience to military order. On 24th November, Colonel Rowe, the district President of the Quartering Committee, visited me, bringing with him a letter from the Epsom Urban District Council, which put an end even to a temporary increase in the soldier population of Epsom. The town sewage disposal work had arrived almost at the breaking point, and it was quite impossible to cope with any additional sewage.

I was disappointed that I was unable on this occasion to help the War Office at a moment of great difficulty, and I had hopes that the War Office would sanction my alternative scheme, the carrying out of which would have been an interesting feat of military medical administration.

Lady Drivers (Women's Legion).—The best of the drivers of our ambulances belonging to the A.S.C. (M.T.) had been sent abroad, and those who replaced them from time to time became poorer and poorer in quality. It was decided to replace them by enlisted lady drivers, the only difficulty being the want of a convenient mess and waiting room for them at the hospital. On 8th October, 1917, the first lady driver was posted, and all the men drivers were replaced by January, 1918. A convenient site for a mess-room, with sanitary annexe attached, was found near the garage, and a hut erected by the Asylums' Engineer at a cost of £122. We had every reason to be satisfied with the change of personnel effected. Though perhaps not so economical in the use of petrol as male drivers, the lady drivers were safe and skilful, and proved fully equal to the work, often strenuous and exhausting. They were delightful to work with, and keenly interested in their temporary occupation.

Colonial Elections.—I was Assistant Returning Officer at several colonial elections as regards this hospital and its auxiliaries. The colonial soldier did not lose his political rights as a voter when he enlisted. These elections were interesting events—the first occurring in October, 1916, when I collected the suffrages of the patients who belonged to the Province of Saskatchewan, Canada, in election of a member of the Legislative Assembly. The method of taking the votes was almost identical in all of them. The voter was required to sign his name to a declaration printed on an envelope, which was witnessed by an official-witness. An oath might or might not be required. Sometimes I had also to administer an oath to the official witnesses whom I appointed. A voting paper was then handed to the soldier, who voted in the usual way, folding the paper inwards and handing it to the returning officer or official witness, who placed it in the envelope, which was then sealed. The Australian military service referendum which occurred in December, 1917, excited considerable interest. I took a good number of the votes personally, and found much enthusiasm for conscription. I thought the British soldier rather scorned these elections, and I must say that we had the greatest difficulty in June, 1918, in inducing him to take any steps to secure his vote at the approaching general election.

The Soldier and Politics.—I have not met many trained soldiers, officers or men, who had any use for the politician, their idea being that they were badly treated whichever party was in power, and only reasonably tolerated when the country was in danger. Though grumbling is a fine art in every disciplined service, and not seriously meant—being rather of the nature of an intellectual pastime than otherwise—there was a good deal the soldier had reason to be dissatisfied with in the past. A political soldier is a menace to civil liberty, and a restriction of political rights when serving with the colours is a necessity. This is all the more reason why the soldiers' and equally the sailors' interests should be the first care of those whose political rights are unimpaired, for, without the armed forces of the Crown in the background, civil order, the administration of justice, the carrying out of the decrees of Parliament and the Defence of the Realm would be impossible.

Patients' Temptations.—The interests of the boy in blue were well cared for by the Metropolitan police stationed in Epsom. We were fortunate in having in Inspector C. Pawley a firm but kind and tactful officer, who could see things from the patients' point of view, and was fully aware of the many temptations put in their way. He was of great assistance to me in the maintenance of good order and discipline of the patients when out for walks, and the local military police also performed their trying duties judiciously and fairly. A sharp look-out was kept for attempts to establish houses of ill-fame, and a successful prosecution in February, 1916, made it plain that the police meant business. Although cases of drunkenness in the army sense, considering the large number of patients we had, were rare, yet it was obvious from time to time that some of the patients had opportunities in the neighbourhood of obtaining strong drink. Most of our "drunks" were due to spirits being taken raw, often the bottle being found in their possession. In July, 1916, the police took action regarding a local public house, and the publican was fined £10. Supplying intoxicating liquors to members of His Majesty's Forces undergoing hospital treatment was an offence against para. 40 (A) of the Defence of the Realm (Consolidated Regulations), and this was well known. I

believe, on the whole, the local publicans did their best to secure that patients were not served with drink, and when, during the winter of 1916 and spring of 1917, there was evidence of a good deal of alcohol about, I felt sure there was in the neighbourhood a private source of supply intentionally designed for patients. I said so to the police, who were already doing all they could to trace it. Success came in April, 1917, when one source of supply was unearthed. The woman who kept the private house where drink was sold was fined £30, and her daughter £5, a punishment they thoroughly deserved. It had the required effect, and we had but little trouble afterwards in this respect.

Distinguished Visitors during 1917.—On 22nd April, 1917, I had the pleasure of showing round the hospital Sir Robert Laird Borden, the distinguished and patriotic Prime Minister of Canada. At that time we had a large number of Canadian patients, most of them heroes of Vimy Ridge. I found him a serious and thoughtful man, broad-minded, large-hearted, with strong convictions and a charming personality, and obviously a great favourite with the Canadian soldier. I think he spoke to all of them confined to bed, and their keenness to have a word with him was so great that in several instances they actually managed to undress and pop into bed, much to the amazement of the Sister. I told Sir Robert my suspicions, which amused him greatly. The British soldiers, too, were warm in their welcome, and Canada's Prime Minister had a hearty welcome at a general assembly in the hall, where he gave a patriotic address. I thanked him in the name of the patients for his visit and the cheery words he had uttered, and expressed to him what a pleasure his visit had given to all of us.

The hospital was inspected by Lieut.-General Sir James Wolfe Murray, K.C.B., G.O.C.-in-Chief, Eastern Command, on 3rd April, 1917. This distinguished soldier visited carefully all the administrative departments and many of the wards. I had an opportunity of freely talking to him about many matters peculiar to the hospital, and the somewhat anomalous position I occupied. He was very sympathetic and gave me much helpful advice and encouragement. I was delighted with the good opinion he had formed of the hospital and its work.

Among other distinguished and interested visitors I met were the Marquess of Crewe, late Chairman of the London County Council, who made several valuable gifts of fruit and other comforts; Sir David Bruce, Officer Commanding Royal Army Medical College, who has done such splendid work in the prevention and cure of tetanus and famous as a bacteriologist; Mr. Lowther, brother to the Speaker of the House of Commons; Lieut.-Col. Sir Robert Armstrong Jones, Mental Specialist, London Command; and the Rev. R. J. D. Oliver, M.A., Assistant Chaplain-General, Eastern Command.

I was always pleased to conduct through the wards Brigadier-General R. J. Cooper, C.B., who was a member of the Sub-Committee. His advice, especially as regards the officer patients, was very helpful.

Concerts and Entertainments during 1917.—The hospital was very grateful to the members of the Soldiers' Entertainment Fund Party, who gave many first-class entertainments during the whole period of the war. They could always be relied upon also in an emergency. During the year 1917, the programme of indoor amusements was a very full one. The Alhambra and artistes from the principal music halls gave a talented concert through the kindness of Miss Simmons. Mr. Clay Smith and Miss Lee White, and other members of Harry Grattan's revue "Cheep," delighted huge audiences with their song and wit, the Police Minstrels made their second welcome visit, and fine performances were given by the London Operatic and Dramatic Society, Oscar Asche Dramatic Society, Warwick Repertory Club, and many others. The visit of the splendid band of the Salvation Army from Regent Hall, on 28th May, was much appreciated by all of us.

Gifts during 1917.—Valuable gifts continued to be made. A full-sized billiard table was presented by E. W. Martin, Esq., of Ewell. Wheeled chairs and spinal carriages were always very welcome, and added largely to the comfort and happiness of the patients. During 1917 the hospital was indebted for gifts of this kind to Mrs. Quinton, of Leatherhead, Mrs. Coleman, of Nork Park, Burgh Heath, Mrs. Leach, of Leatherhead, Mrs. Louth, of Wallington, the hospital chaplains, Mr. Mills, of Epsom, Mr. Wolley-

Dod, of Tadworth, and the "Farthing Fund" of Mrs. Harrison. Messrs. R. Dowsett, of Epsom, presented a large number of skates. Canadian appreciation was shown by the Shoal Lake Tennis Club, Manitoba, Canada, offering to found a cot permanently at the hospital, while \$53.52 was sent by Martin Whitehill & Co., Pittsburgh, P.A., the proceeds of a lecture given at their works by Trooper J. H. Clayton, of the Australian Machine Gun Section, an ex-patient, for the benefit of the Lady Almoner's Fund.

Chief Developments in 1917.—The principal hospital developments which occurred during 1917, were the increase in the officers' accommodation, the establishment of the non-expeditionary force mental department, the commencement of the manufacture of artificial eyes, re-organisation of the missing soldiers' enquiry department, and the development of Carrel-Dakin treatment.

Athletic Sports.—In the summer of 1917, it was decided to devote a day to athletic sports, and in this matter we experienced one of the advantages of having an officers' ward. With the indispensable aid of Mr. Jackson, Director of Outdoor Amusements, the officer patients practically ran the athletic sports meeting held on 1st August, 1917. They acted as judges, starters and stewards, and assisted generally in the organisation of the various events and competitions. The recreation grounds were prepared by the civilian staff, as in peace times. The immense field, beautifully level, lends itself to a large circular bicycle track, and a 100 yards flat-racing track, also a specially designed obstacle race track. Events not needing a special track took place in the ring. Rows of seats were placed on the terrace, from which a good view could be obtained of all parts of the field, and the area in front of the pavilion became a tea garden. By kind permission of Lt.-Col. L. E. W. Irving, D.S.O., the fine band of the Woodcote Convalescent Camp was in attendance. An invitation was extended to the residents of Epsom and neighbouring district, and quite early the field presented a very animated appearance. A profusion of bunting, the holiday attire of the crowd of visitors of all classes, which included hundreds of young people, even quite little mites who could scarcely walk, and the presence of Tommy in his most hospitable

mood and bent on enjoying himself as far as he was able, created a memorable scene. It was a general holiday for such of the staff that could be spared from duty. The wives and families of the orderlies and workmen had been specially invited, and the friendly admixture of every section of the community was an example of how class distinction disappeared during the Great War. The High Sheriff of the County of Surrey (Mr. A. W. Aston) and Mrs. Aston, and many of the local gentry and ladies who were doing so much for the hospital, assisted Mr. Greenwood, the Chairman, myself and other officers of the hospital in making the occasion a really happy gathering, and it was admitted that both visitors and patients hugely enjoyed themselves. As would be expected, the events were selected to suit the needs of the patients, who had to have medical permission before entering for any race or competition. There were several flat races, a Balaclava melee, a tortoise cycle race, blind squad-drill, wheeled-chair race, boxing competition for blind men, obstacle race, boat race, etc. Other events were more of a spectacular description, designed to create amusement, such as tilting the bucket and slippery pole pillow fight. The blind squad-drill, organised by the officers' ward, was the funniest thing I ever saw; and the boxing competition for blind men, for which a real blind man from St. Dunstan's had returned, was no doubt specially directed by Providence, and created much excitement. I was in fear lest some of the more terrific blows aimed in the dark would get squarely home. I was rather glad than otherwise when this event was concluded without any damage being done, for there were far more hits than one would have expected. The real blind man won. It is needless to say that all the events were carried through with military precision, and roused great enthusiasm. After tea there were speeches, and the Marchioness of Tweeddale distributed the prizes. I ought not to omit the tug-of-war. This neighbourhood is rather famous for its tug-of-war teams, and every year there is great rivalry between various teams of male nurses, police, workmen, etc. I have acted as starter and judge on many of these occasions, even trained teams myself, and have seen some remarkable competitions. This time the trial of strength was between the Epsom Police and a picked team of Machine-Gun Guardsmen.

They proved evenly matched, and the event was closely contested. In the long run the police proved just superior in the last pull of three.

We were indebted to Lady St. Helier, Lady Mountain, Lady Reid, Mrs. Aston, Mrs. Northey, Mrs. Jackson, Mrs. Buller, Mrs. Bradshaw, Mrs. Murray, Mrs. Rolle, and the officers' ward and the members of the Epsom Golf Club for the prizes.

Barnardo Boys' Sports.—Among the many institutions for which Epsom is famous is a Barnardo Boys' Home. Thousands of our soldiers from all parts of the Empire were ex-Barnardo boys, and it was a happy idea that their annual athletic sports should be held at the hospital. My approval was willingly given and our sports committee gladly gave their help. The Barnardo boys, wonderfully trained, and distinguished by a smartness, neatness, and sense of discipline, which reflected the greatest credit on Mr. E. Hitchcock, the superintendent, were proud that officers of the King's Army should act as starters and judges, and behaved like sportsmen with a reputation to sustain. Victory and defeat were accepted with stoic gravity, and their general bearing and workman-like style throughout favourably impressed the soldier patients and won the approval of all. The great Barnardo organisation was represented by the Hon. Director, Mr. Wm. Baker, M.A., LL.D., and the Governor of the London Homes, Mr. J. P. Manell.

The gathering proved so successful and popular that it was repeated next year, on 26th July, 1918, and indeed took the place of a Hospital Sports Day, which for unavoidable administrative reasons could not be held. On this occasion the residents of Epsom were invited, and the day made a festival similar to the sports day of 1917, the Barnardo boys being the entertainers and not our patients. The Woodcote Camp Band was in attendance on both these occasions.

Medical Statistics and Work of the Medical Research Committee generally.—Mention ought to be made of the important work being done by the Medical Research Committee and its Secretary, Dr. W. M. Fletcher. Besides collecting materials for the medical history of the war from all areas where military medical work was being done, they

had arranged early in 1916 that there should be an interchange of information regarding special groups of cases between medical officers abroad and those serving in hospitals at home. Not only was it necessary to have a complete record of every case, but it was of utmost importance to medical officers working in France that they should know the after-histories to guide them in their treatment of future cases. Much was done in this direction during the first year of the war, but the whole matter soon underwent revision and a complete system of records instituted. A new field medical-card was introduced, and issued to each soldier as he became a casualty, upon which were made the notes of his case. It was put in a waterproof bag and carried by the patient until his arrival at the hospital at home, when the information became of prime importance in his subsequent treatment. On final discharge from hospital it was attached to his clinical papers and forwarded to the Medical Research Committee.

In special cases interim reports were called for, and despatched through the Medical Research Committee to consultants and other approved officers in France, for guidance in the treatment of groups of important cases such as joint injuries, fractures, head, chest and abdominal wounds, amputations, spinal injuries and special conditions like nephritis, gas poisoning, etc. It was on these very practical lines that considerable progress in treatment was made, the result being published from time to time. It involved additional clerical work by the medical staff, but was well worth it in the long run.

Similarly, every patient in hospital at home had an index card, which contained full particulars of his casualty and a synopsis of treatment and the result. In serious cases a full case sheet was kept together with the necessary special reports and charts. This was quite apart from his medical history sheet, which was mainly of administrative importance and lodged with his other military documents and records. The index cards, field medical cards, case sheets, and clinical records generally, together with admission and discharge registers, operation registers, etc., were all ultimately sent to the Medical Research Committee, and from the information thus ascertained will be written the medical history of the war. The clinical records, which needed to be kept in

hospital, took up a good deal of the time of the medical officers and limited the number of patients they could effectively deal with. One to fifty was the ordinary standard, but here I rarely had more than one to 120 ; and at no time could we be charged with extravagance as regards the number of medical staff.

Hostel for Soldiers' Wives.—Reference is made in the account of the work of the Lady Almoner's department to the steps taken for the comfort and housing of the wives and relatives of the patients who, owing to the distance they had come, could not return home on the same day, or who wished to be within call of those dangerously ill in case the worst happened. The size of the hospital, the fact that the larger proportion of patients came direct from active seats of warfare, and the serious condition of many of them, were responsible for the great number of visitors, who came from all parts of the British Isles. The number of suitable lodgings in the neighbourhood proved quite inadequate to the needs of the situation, and hardships began to appear. Sleeping accommodation could sometimes be given in the hospital in cases where all efforts to find lodgings failed, but this was not a desirable practice. To meet these circumstances a committee of Epsom ladies established a hostel at Gibraltar House, in Epsom, which was opened in December, 1917. The furniture was given or bought, £100 being raised for the purpose, the Epsom Waste Paper Society assisting, and a very comfortable and convenient rest house was the result. A charge was made to cover working expenses, which were not great, and a matron appointed to supervise the voluntary helpers. Ten adults, in addition to children, for whom cots were established, could be accommodated at one time, and meals were provided if asked for. Mrs. and Miss Thornely, Mrs. Waterhouse, and Mrs. Scott-Tebb were the principal organisers. It was a great success and helped to satisfy a real want.

A similar institution was founded later by the British Red Cross Society for the officers' wives and relatives, and Lady St. Helier was appointed the Commandant.

The Year 1918.—The year 1918 was destined to be an eventful one in the history of the hospital. The main

events were of an important character, and are fully dealt with in the special sections of this account. This year saw the closing of half the hospital to "other ranks," and the establishment of the officers' clinique, the foundation of the education department, the commencement of the army cost accounting experiment, increasing difficulty in obtaining supplies from civilian sources, resulting in further aid being sought from the A.S.C., the commencement of the deadly influenza-pneumonia epidemic, and the reception of the news that the Armistice had been signed.

O.C.'s Work, Responsibility and Illness.—It almost had a tragic ending for me personally. Culminating at the end of nearly three years almost continuous work, during which the asylum had been emptied of its patients, the war hospital established, a new administration created, developed, and brought to a stage of considerable efficiency, the constant occurrence of unforeseen emergencies incidental to war times which had to be met and overcome, the daily task of supervising a huge and varied staff, and the bearing of the responsibility for the treatment, happiness and comfort of what by then amounted to nearly 35,000 patients, the additional changes and developments of 1918 proved a severe tax on my strength, and during the autumn the shadows began to close in on me. I think I should have proved equal to it all but for the occurrence of the influenza epidemic. After overcoming several mild attacks, a strain of infection in December proved too strong for me, and I came down to mother earth with a crash. Gone was the pride of rank and office, the enthusiasm for work, and the interest in the stirring events of the times, and I had at once to face a problem which comes to all of us sooner or later.

O.C.'s Tribute to the Nursing Profession.—I saw medicine and nursing, as it were, from the inside for the first time. I learned to appreciate in a manner impossible otherwise what trained nursing really means to a sick man. Blessed are they who founded and nurtured the skilled nursing of modern times, and rich their reward in the admiration and gratitude of those who have suffered and despaired, among whom is included my humble self. I think I could write pages on this subject, and the know-

ledge I gained will, I am sure, greatly increase any value I possess as a practitioner of medicine.

There are, however, a few other matters of interest which occurred during 1918, before the Armistice was signed, which I will now relate.

Garden and Agricultural Work for Patients.—Ever since the first summer the hospital was opened, batches of patients who were sufficiently fit had assisted the Farm Bailiff, during times of great pressure, in fruit picking in the large orchards attached to the hospital. I fear the patients did not take the work very seriously, and they could not resist the temptation to satisfy the longing gaze of children, who curiously seem to have a liking for the neighbourhood of orchards.

In the early summer of 1918 the national situation regarding food called for greater efforts in the direction of assisting agriculture. In response to a War Office letter (53/Gen. No./9871.XI, of May, 1918), an appeal I made to the medical staff to organise the assistance of patients in the care of the lawns and gardens and the growing of vegetables on spare ground near the wards, met with a ready response. A sufficiency of agricultural implements were loaned to the wards for this purpose and considerable relief given to the garden staff, who were thus enabled to undertake more important agricultural work. I did not attempt to introduce patients generally on the farm, for I am one of those who consider that amateur work of this kind, unless under skilled and strict control, frequently results in more harm than good, and I could not provide the supervision that was necessary. A successful Belgian-rabbit farm was commenced in one of the gardens by the American doctors.

Army Council Instruction 769, of 1918, issued on 8th July, provided that convalescent soldiers could be loaned on payment to local farmers for the harvest, but few were found suitable, and before these could be made use of they were discharged. However, considerable help was given by the patients during 1918 on the lines indicated.

Venereal Disease and its Prevention.—It speaks well, not only for the morality of the soldier but also for the vigilance of the police, that the occurrence of venereal

disease contracted by the patients while in hospital was almost negligible. They were transferred elsewhere for treatment on vacancies being found.

As early as May, 1916, the Army Authorities had appreciated the importance of reducing by all possible means the number of soldiers rendered non-effective by the contraction of venereal disease, and instructions were given for its prevention and early treatment. I need not detail these here; they are now well known. When I was in Naples, in 1912, I was impressed with the splendid results achieved by these methods as regards the British fleet, having obtained the information first hand from those naval surgeons with whom I became acquainted.

Thus it was not as an opponent to these measures that I successfully resisted any propaganda work of this description at this hospital. In May, 1918, it was proposed by the Command to give "lectures on moral subjects" to our patients here, but staffed as we were by women, I felt it was bound to give rise to conversation and discussions, the hearing of which could not be entirely out of hearing of the nurses, and the less said about sex matters under the special circumstances the better. Of course, the establishment of any provisions for prevention and early treatment here was clearly impossible. However, the reasonableness of my objection was at once appreciated and the lectures countermanded. Further, the occurrence of venereal disease was almost unknown, and the patients would soon either be back again in civil life or at their depots where such matters could be more seemly dealt with.

The Army Authorities are only concerned with venereal disease inasmuch as it affects the fighting efficiency of the soldier. The national safety and not the national health is their concern, but this question is now assuming a public importance it rightly demands.

Prevention and Morality.—I am one of those who fail to see the force of the arguments of those who so strongly oppose preventative means. The doctors, as a profession, are custodians of the nation's health and not of the nation's morals. It matters not to them how disease arises, except in so far as such knowledge is a guide to prevention. Speaking purely as a citizen, before I should oppose preventative

measures I should require to be satisfied on the following points :—

1. Is it to be assumed that before venereal disease was introduced into Europe, men and women were gravely immoral, and that the occurrence of venereal disease resulted in an improvement in this respect ?

2. Are we to contemplate that the establishment of sexual health and the cleansing of humanity from venereal disease will result in sexual excesses and greater immorality ? Shame be to mankind if this be so ! I, for one, do not believe it. Unsanctioned sex relationships there always were and always will be, but there is no call for race destruction to accompany it. The great bulk of modern harlotry is simply habit exploited by business methods, sex satisfaction being either purely imaginary or non-existent. Its survival or disappearance will be unaffected by the presence or absence of venereal disease ; other influences will have to make themselves felt. One great advantage to be gained at the moment, apart from the improvement of public health, by the adoption of methods of prevention is that it will make men think seriously about these matters for the first time. At present most of them never think, but once they commence there is a chance for good impulses, always more or less present in man, to win.

Adhesion of the Women's Land Army.—It is described in the section dealing with the House Steward's department how it became necessary in September, 1917, to take over the farm buildings attached to West Farm, belonging to the estate of the L.C.C. in Chessington, in order to increase the herd of cows and secure a greater supply of milk, considerable difficulties having arisen in obtaining supplementary milk from contractors. At the same time there was a great shortage of farm hands, so it was decided to employ land girls, and arrangements were made to give effect to this with the assistance of the District Secretary of the Women's Land Army at Guildford.

In February, 1918, food and lodging difficulties increased, so the West Farm house was furnished and fitted up as a hostel for the women helpers in the dairy and on the farm generally.

This departure was a complete success, and the land girls, by their enthusiasm, skill and energy, rendered the hospital valuable services and met adequately a great difficulty. Their confident demeanour, healthy appearance, cheerful ways, brightness, and smartness generally, and the obvious pleasure they took in their work earned the golden opinion of those responsible for the farm. No disciplinary measures were ever necessary and the hospital had reason to be proud of its detachment of the Women's Land Army.

District Land Army Competition.—The Land Army District Competitions were held here on 4th October, 1918, which brought together a large number of officials, organisers, and admirers of the fine patriotic work these women were doing. It was a truly rural scene at the tea afterwards, when speeches were made complimenting the girls on their skill and work generally. I was present, representing the hospital, and in the course of some remarks on the importance of the work they were doing, said that could the soldier at the front see and appreciate what the women at home were doing, it would strengthen him in battle and nerve him to still greater endeavour.

Death and Funeral of Head Land Girl.—Their happy lives received a rude shock when Miss Libby, the head girl, died on 8th November, 1918, a victim to influenzal pneumonia. The funeral a few days later was one of the most pathetic ceremonies I ever attended. The usual funeral hearse was dispensed with, and the remains were taken to the cemetery on a farm cart loaded with floral emblems, the bereaved land girls and other mourners following in procession.

The Soldier and the Representation of the People Act, 1918.—The Representation of the People Act, of 1918, gave every officer and man who were British subjects and who had attained the age of nineteen by 15th April, 1918, a parliamentary vote. This, of course, applied to soldiers in hospital, and we had to carry out A.C.I. 540, of 16th May, 1918, which provided the machinery for the registration of military voters. It entailed a good deal of work. The soldiers in the main took but little interest in the matter ; but by 2nd June every patient here and in the auxiliary

hospitals, who had wished to do so, had sent in his claim for registration, which, if accepted, would place his name on the registered absent voters' list for the constituency in which he would have been residing had he not been a serving soldier. In November the final preparations for recording votes at the approaching general election were made, and the steps taken, according to A.C.I. 1211, to apprise the Registration Officers of the many constituencies of any change in the location of the patients. On the 10th day after the Proclamation of the General Election ballot papers were to be despatched by the Returning Officer direct to the soldiers, who would record their vote in the same manner as the colonial patients did, which has already been described; and so it all happened in due course. We were glad when it was concluded. The general election excited very little interest among the soldiers, though I fancy in their innermost hearts they were pleased to have the vote, even if only to be on a level with the colonial soldier.

Hospital Marquee Destroyed by Fire.—On 20th June one of the hospital marquees caught fire and was destroyed in the course of a few minutes. Very little was salvaged, the destruction being so rapid, due largely, no doubt, to the dry weather and a favourable breeze. The cause of the fire was never definitely ascertained, though it most likely was caused by a match or lighted cigarette being thrown from one of the upper windows of a building near by. It was a mercy that no patient was in bed at the time, and it is dreadful to contemplate what would have occurred had it happened during the night.

Eastern Command Labour Centre.—During 1918 we did a good deal of work for the Eastern Command Labour Centre at Sutton, which was attached to us for indoor hospital and specialist treatment in November, 1917. We had to treat cases of old injuries and other physical conditions, the outcome of the war, which had become chronic, but which did not entirely incapacitate them from military service. Others had always been employed at home, not being fit for foreign service, and many had been only recently enlisted. All were in low categories, some so low as to be almost off the face of the earth entirely.

Most of the work was purely general surgery and medicine: hammer toes, flat feet, chronic rheumatism, chronic bronchitis, general debility, chronic skin diseases, etc. As regards civilian occupation, they presented a wonderful variety of pursuits; actors, painters, music-hall artists, musicians, preachers, small shopkeepers, barbers, publicans, and, as far as I could judge, only a small proportion of skilled artisans and labourers, banded together in a labour corps to be made the best use of by Colonel L. F. Beatson, who was in command. He was thus able to organise a really fine orchestra and band, also a real dramatic society and concert party. Through his kindness the band gave several capital concerts in the recreation hall, while the dramatic society reproduced plays which were splendidly staged and superbly acted. The dramatic society, in particular, gained a great reputation in the neighbourhood and could always attract a large audience. We were very grateful for these visits, which were popular with the patients, some of whom were labour corps men.

Distinguished Visitors during 1918.—Field Marshal Sir William R. Robertson, G.C.B., K.C.M.G., K.C.V.O., when G.O.C.-in-Chief, Eastern Command, inspected the hospital on 20th April, 1918. The news that this great soldier and military administrator would visit us reached me by wire early on the morning of the same day, giving time of arrival. I arranged to be at the centre with other officers to receive him with due ceremony, and went to my lunch. I had no sooner sat down than a telephone message came to say he had arrived, and I at once fled to the centre, only to find that he had gone, and but few particulars could be obtained from the quaking hall-porter; but I ascertained he had passed on to the Manor War Hospital and would return later. He did so and arrived almost punctual to the time originally fixed. I soon gathered that Sir William Robertson was the last person in the world it was wise to keep waiting, but, fortunately for me, I was able to produce the wire, which removed from me all blame for the irregularity of his first reception. This matter being settled he was kindness itself, and I am glad to say we passed muster and even earned words of commendation, which, coming from such a strict military source, made us justifiably proud.

Nothing escaped his eye, and his very presence seemed to make any faults or deficiencies stand out boldly and proclaim their existence. His remarkable knowledge of the geography of every sector of the front was striking, and the patients were delighted to see him, especially those seriously wounded, to whom he gave special attention.

The visits of Lieut.-General Sir William Goodman, K.C.C., Director-General Army Medical Service, members of the Army Medical Advisory Board, and Dr. C. Hubert Bond, are related in the section dealing with the officers' clinique.

The Earl of Rosebery called on 27th May to see Lady St. Helier, and I persuaded him to walk through some of the wards. He was not in good health and could not go far. He sat for some time at the entrance and saw a convoy arrive. I was very pleased to see him, and though in the past he had had a good deal to say about the Epsom asylums, this was the first time I believe he had visited one. The institution, when used as a war hospital, he very much approved of. It would be difficult to persuade not only him, but a good many others, that in the struggle for existence against disease, poverty, adverse circumstances, and all forms of physical and mental stress, there is a never ending battle in progress with its stricken and wounded, even its dead, and the conversion of an asylum, where those broken in mind and often in body seek refuge and relief from their suffering, into a war hospital, is after all a change in character rather than in substance; both are founded on the same great principles.

On 27th September, 1918, Major-General Sir E. Northey, K.C.M.G., C.B., Governor and Commander-in-Chief, East Africa Protectorate, who was on a visit to his ancestral home in Epsom, visited the hospital. He was very interested in the administration, which he vividly contrasted with the meagre hospital accommodation in East Africa during the late campaigns. Unfortunately I could not let him visit the wards to which his mother, Mrs. Northey, was official visitor, owing to an outbreak of virulent influenza. The patients there had looked forward to seeing him and were keenly disappointed.

Concerts and Entertainments.—The fourth year of the hospital saw no abatement of the efforts to provide indoor

amusements for the patients. Tommy had taken seriously to cards, and whist drives in the wards were now frequent occurrences. In the hall were heard Miss Alice Lilley, Miss Carrie Herwin, and Messrs. Nelson, Jackson, Tom Wells, Barrie, and Courtenay, and many other theatre favourites, and various dramatic societies continued to give enjoyable performances, including that from Eastern Command Labour Centre, Sutton. Artists from the Guildhall School of Music, and recitals by Master Solomon, a young and gifted pianist, and Miss Yvonne Yorke, a young violinist of great promise, among others, were much appreciated.

American Soldiers Admitted.—On 9th October, we admitted a number of soldiers belonging to the army of the United States of America. They could readily be located in the wards, for in most cases their cots were decorated with their national flag. They were given a hearty welcome and were immensely pleased with the kind reception they received. They were visited by a representative of the American Red Cross and soon felt entirely at home. I was very interested in these American patients and personally attended to their regimental requirements. I was struck with the rapid manner in which they had absorbed American traditions and adopted a typical American style and demeanour, for most of them could not have been in the country of their adoption very long. Scarcely one of them had a name which would indicate English descent and most of them could hardly write. Many of them were Russians and some obviously Teutons, but all were very much American.

With the exception of Indian troops, we had now admitted, treated and administered for almost every type of the Empire's defenders. Indian patients arrived in 1919, and their advent will be narrated in the next chapter. Sailors, soldiers, and airmen from the United Kingdom, Newfoundland, Australia, New Zealand, Canada, Africa, East and West Indies, had been, or were, in hospital, and the advent of our cousins from America completed a unique gathering of the English speaking races which was only rendered possible by the Great War. Let us hope that this drawing together of the units of the greatest civilising force the world has ever known, whether in our cities, our hospitals,

our military establishments, or on the field of battle, will result in a still greater unity of purpose, so that, during the years of peace before us, the basic principles of democracy, freedom and progress will be established in the world more firmly than ever.

Armistice.—I was, unfortunately, too ill to leave my quarters when the news arrived on 11th November, 1918, that the Armistice had been signed. The patients at first took the news very quietly, hardly believing it, but excitement began to rise as the day progressed. Some outlet for the feelings of joy, gladness, and relief, became imperative, and a reception in the hall to be followed by a dance was hurriedly arranged. I published and circulated the following Special Order of the Day :—



HORTON (COUNTY OF LONDON) WAR HOSPITAL, EPSOM.

SPECIAL ORDER, 11th November, 1918.

By Lieut.-Col. J. R. LORD, R.A.M.C., Officer Commanding.

Armistice.

It is announced that the Representatives of the German people have signed the Allies' Armistice terms.

Thus an era of Peace, with Victory for the great principles of human freedom and self-government, for which the Allies have fought since August, 1914, is assured.

It is not for me to say more than that, with every British soldier, I am proud of the uniform I wear.

Victory will not be completed until homes are rejoined, and, sad to say in many cases, reconstructed. The greatest asset in the meantime will be the continued steadfastness and devotion to duty of the British Army while the country's affairs are being adjusted.

I am with you in your joyful celebrations of to-day—a day of all days—and I feel sure that on this occasion, as on all similar occasions, you will bear in mind the hospital character of your surroundings.

(Signed) JOHN R. LORD, Lt.-Col., R.A.M.C.

O.C. Horton (Co. of London) War Hospital.

11.11.18, Epsom.

Armistice Night.—The recreation hall was crowded to its uttermost capacity on Armistice night. Every patient who was at all fit put in an appearance, and for the most part everybody from outside who was in any way identified with the work of the hospital joined us, also every member of the staff who could be spared from duty—patients, doctors, administrative officers, almoners, nurses, masseuses, motor drivers, orderlies, artisans, united in mutual congratulations and rejoicings; many brought their wives and families, and the scene will be an unforgettable memory to those who took part in it. My message and the terms of the Armistice were read by Major Roberts, the Registrar, who represented me, and the greatest enthusiasm prevailed. Dancing, in spite of the crowded condition of the hall, was kept up until midnight, when the singing of the National Anthem closed the proceedings, everybody agreeing that the great occasion had been worthily and enjoyably commemorated.

Hospital becomes a Dispersal Hospital.—In December I was notified that we had been selected as one of the "Dispersal Hospital Centres" of the Eastern Command, which meant that patients from other hospitals would be sent here to be boarded and dispersed to their homes on ceasing to need active hospital treatment. Later we became a demobilisation hospital for officers and men, which entailed a vast amount of special organisation and work for which was posted a special staff. This continued during the early months of 1919, when it was discontinued and our cases sent to special demobilisation centres. No less than 2,181 other ranks were dispersed from here during the time the hospital was a dispersal hospital.

Donors of Blood.—The public have often heard in civil life of men allowing a quantity of their blood to be withdrawn in order that it might be transfused into a person who, for some reason or other, was *in extremis* from loss of blood. These cases were by no means uncommon abroad, and many a life was saved by this act of brotherly love. They were known as donors of blood, and the effects in many cases were serious enough to incapacitate them for duty for some time and necessitated their admission to hospital and return to this country to recuperate.

Gifts during 1918.—Fruit, flowers, magazines, books, etc., continued to be supplied by the many good friends of the hospital, but by now our needs as regards games, spinal carriages, wheeled chairs, etc., had been largely satisfied. However, a splendid spinal carriage, the gift of the Epsom Postwomen, in February, 1918, was very much appreciated and made full use of. The inauguration of the officers' clinique was materially assisted by contributions of sleeping suits, bed jackets, nightingales, etc., by Queen Mary's Needlework Fund and Lady Sclater's workrooms. Cushions, gramophones, books, and other articles to make the wards cheery and comfortable were supplied by Lady St. Helier herself or obtained through her kind agency.

Lady Almoner's Comforts Fund.—By the close of 1918 the receipts of the Comforts Fund had amounted to over £4,500. Among the generous subscribers were Lord Ashton, £450; National Sunday League, £375; Somerset Beaumont, Esq., £240; New Zealand War Fund, Hong Kong Charities, £200 each; Sir Ernest Cassel, £150; Broderers' Company, £105; Sir Thomas MacKenzie, Fishmongers' Company, Lord Mount Stephen, Douglas Fletcher, Esq., £100 each; Lord Glenconner, Prudential Assurance Company, £75 each; Mr. Phillipson, £70; Mr. and Mrs. Hampton, £67 5s.; Colonel Bersey, Viscount Iveagh, £60 each; Lord Cowdray, Mr. Samuelson, Sir George and Lady Cooper, R. Aitkins, Esq., £50 each; Mr. and Mrs. Swainston, £45. Many business firms in the City and elsewhere gave donations of £50 and upwards, over £750 being collected from these sources by Messrs. Lloyds. A children's party, through the kindness of Lady Mountain, contributed £84 16s., etc.

Christmas, 1918.—The eventful year of 1918 was brought to a close by the festivities associated with the first Peace Christmas and New Year. Although many of the patients were taking advantage of the special leave which the Army Council had been able to grant generally to spend Christmas at home, there still remained a large number of officers and men in hospital. This Christmas was free from any haunting shadow of warfare. Peace, though not officially declared, reigned, and once more, without let or hindrance, the glad season could be kept as before with a real spirit of

thankfulness, gladness and goodwill. The time-honoured celebrations were more precious still, and a real happy time was spent. Instead of a concert on New Year's Eve, a fancy dress ball was held, a most successful function, when once again patients, staff, friends, and helpers in the good work of the hospital co-mingled in a happy gathering and gave a hearty welcome to the New Year which was to see the termination of our labours for the sick and wounded soldiers.

IV

GENERAL HISTORY OF THE HOSPITAL (*contd.*)—1919 AND
DEMobilISATION

As related in the preceding chapter, the hospital was a dispersal centre during the early months of 1919. This gave considerable extra work to the medical board and registrar's department.

I had fallen a victim to influenza just before Christmas and was unable to do any active work for some months, and to recuperate left the hospital on January 20th.

For some weeks Major Roberts had a trying time, there being no officer to relieve him of his duties as Registrar while acting for me. It became necessary for him to take a complete rest, and the Chief Resident Physician, Major Barty King, R.A.M.C., took charge from 17th February until 20th March, when it became possible, owing to the closing of the Manor War Hospital, to transfer here for temporary duty as Officer Commanding, Lt.-Col. S. C. Elgee, R.A.M.C. He remained in charge until 5th September when I resumed command. Captain V. Vesselovsky was posted as Registrar late in January and stayed until July, when Major Roberts, although not very robust, was able to resume duty.

Thus much I have to relate regarding 1919 occurred in my absence until the demobilisation of the hospital, for which I returned in good time to commence and complete.

Convoys from all areas of warfare continued to be received until late summer, and surgical and medical work continued plentiful at home as the hospitals abroad were cleared. A large number of repatriated prisoners of war were dealt with, many of them having suffered terribly from the conditions of their confinement and work in the enemy countries.

With the termination of actual warfare the *raison d'être* for the officers' clinique ceased, and the special staff was demobilised late in March. Part of "A" Division continued as an officers' hospital, and two of the wards became the education department lecture rooms and workshops.

The education department, the product of the enthusiasm and energy of Captain G. M. Lloyd, the Education Officer, became one of the chief centres of army education in the Eastern Command and the Command training school for trainers and instructors.

A virulent form of influenza continued to be rampant until the end of March, affecting chiefly the nursing and domestic staff, with disastrous results, as related in the section on the medical work.

Peace Celebrations.—Peace day was the occasion of another fancy dress ball, but the main rejoicing took place on 9th August, when the Peace Sports were held. These were organised very largely by the Education Department and blessed with exceptionally favourable weather.

From the press reports and a wonderful collection of photographs taken by the education department, I gather that the Peace Sports were highly successful. Many of the patients and staff were in fancy dress; there was a full attendance of local celebrities, friends and neighbours; a great tea, a fine band, processions, races, games, concluding with speeches and a prize giving, and afterwards dancing in the recreation hall until midnight. The Barnardo boys were to the fore, and the staff events were exciting and amusing. Captain Lloyd well earned the generous words of thanks and appreciation spoken by Mr. Greenwood, the Chairman of the Hospital Sub-Committee. The Peace Sports were still the topic of the day on my return, and in reality the grand *finale* which practically concluded the active life of the hospital, though there was much to be done before "good-bye" could be said and the ordinary purpose of the institution resumed.

Barnardo Boys' Sports.—On 27th August the Barnardo Boys' Annual Athletics Sports were again held at the hospital, and, as on previous occasions, were a great success.

Soldiers of the Indian Army Admitted.—The contingent representing the various arms of the Army of India, which came to this country to take part in the ceremonies attendant on the Declaration of Peace, were located in a special camp which had been pitched for them at Hampton Court. Although there was a field hospital and medical detachment, they were not able to cope with all the medical work owing to an outbreak of influenza. Arrangements were therefore made in July to receive here the more serious cases of sickness, and two wards were allotted for this purpose. The camp supplied the cooks and any special food, also a number of native orderlies, and a medical attendant who acted as house physician. Dr. Coltart, one of the medical officers who had a knowledge of Hindoostanee, was put in medical charge under the divisional officers. The first Indian patient from Hampton Court was admitted on 26th July, and from that time until 22nd September a total of six officers and thirty other ranks were treated; of these six died. The majority of the cases from Hampton Court suffered from influenza and pneumonia. We also undertook any specialists' work. In addition, four Indian prisoners of war were admitted from France. They were all advanced cases of phthisis pulmonalis, and much wasted. All the Hampton Court patients had returned by 11th September, and the Indian prisoners of war were returned to France *en route* for India on 22nd September.

I visited Hampton Court Camp on 11th September, as guest of Lieut.-Col. F. D. S. Fayrer, the Principal Medical Officer, and at the request of Brig.-Gen. E. W. Costello, V.C., C.M.G., D.S.O., sat on a medical board to determine the fitness of an Indian officer, suffering from mental disease, to return with the contingent to India. It was a fine camp and the medical arrangements admirable, and well repaid the visit.

The Indian patients were very pleased with their treatment, and afterwards I received the following letter from the General Officer Commanding:—

"India Office,
" 26th Sept., 1919.

"To the Medical Officer in charge of
Horton War Hospital.

"I am writing on behalf of the Indian Contingent to thank

you and your staff for the care and kindness you showed to our men, and for the comfortable quarters you gave them.

"The patients appreciated your kindness greatly and we all wish to thank you for it.

"(Signed) E. W. COSTELLO, Brig.-Gen.
Commanding Indian Contingent."

Notification by War Office of Intention to close the Hospital.—Notification was received on the day I resumed duty, 5th September, 1919, that it had been decided to close the hospital as soon as arrangements could be made for the disposal of the patients (1179/19/B. A.D.M.S.W.D., 4th September, 1919). The first step was to classify the patients into convenient groups for disposal and to forecast what the position would be in this respect by the end of September. All admissions were stopped except local cases of great urgency.

Classification of Patients on 12th September.—The classification referred to was completed by 12th September, and revealed the following facts:—

On or before 30th September, 1919.							
<i>Fit for Discharge.</i>				<i>Fit for Transfer.</i>			
		Duty and Dispersal.	Invalided.	Conv. Hospital.	Royal Herbert Hospital.	Special Hospitals.	Total.
Officers ...	...	6	—	58	30	8	102
Other ranks	...	269	127	108	180	172	856

On 17th September the Eastern Command approved of the proposals for the discharge and transfer of patients (C.R.E.C. 7/81046 (M)a, 16th September, 1919), and I at once commenced to clear the hospital of patients.

Railway Strike Intervenes.—Good progress was being made, when on 27th September we were largely held up by the strike of railway employees, and demobilisation of soldiers became generally suspended. As regards transfer of patients, we did all we could by road, and I managed to organise a motor service to reach the tramways at Merton. In this way some of the men who had been invalided were able to proceed to their homes where these were in or near London. The strike lasted until 5th October, and in a few days there were sufficient travelling facilities available to recommence the removal of patients on a large scale.

Hospital Declared Closed.—The hospital was declared closed on 10th October (A.D.M.S.W.D. 305/19/C) and on 17th October there remained in hospital only: officers, 35; other ranks, 60; women patients, 6. Great difficulty occurred in finding vacancies for the mental cases which needed further observation, especially as regards the women.

All Patients Leave.—All other ranks had left hospital by 21st October, and the last officer patient went on 26th October. It was not, however, until 5th November that the one remaining female mental patient since 24th October (a pensioner nurse) could be provided for elsewhere.

Dispersal of Staff.—On receipt of the notification that it was the intention of the War Office to close the hospital, a warning notice was sent out to all the doctors and temporary employees of the hospital that their services would very soon be no longer required, and I put in hand a form of certificate detailing their rank and services in the hospital, so that each member of the staff would have some suitable record as to the part they took in the Great War.

As wards closed the doctors left, stocks were taken and the temporary nursing staff demobilised, the last leaving on 29th October. Specially engaged staff employed in the special and administrative departments were reduced in number as the work became less, and on closing discharged. By 31st October only the permanent nursing staff remained, and such temporary employees as were necessary for the final stock-taking, disposal of war office property, completion and despatch of clinical records and registers, and the closing of accounts.

Asylums Committee Resume Entire Authority.—During October I busied myself in preparing an interim administration for the period during which the institution would be re-adapted to its former purpose as a mental hospital. This was complete and issued on 1st November, and is still in force. October 31st was the date fixed for the cessation of the War Office occupation, and on 1st November, 1919, the Asylums and Mental Deficiency Committee of the London County Council resumed its entire authority over the hospital and its employees.

Cleansing and Re-adaptation Commenced.—In consultation with the Asylums' Engineer, a detailed scheme was prepared of the additions and alterations which it was desirable to retain or replace as formerly. It was decided to retain both theatres, one intact and the other as a lecture room. The various alterations in most cases would need replacement, the main exceptions being the cubicles for nurses and most of the additional fittings in general kitchen and laundry.

Command Valuer Inspects.—The structure generally was thoroughly inspected by the Command Valuers and the Asylums Engineer and the necessary repainting, papering and cleansing generally decided upon. The valuers were agreeably surprised at the good state of repair in which they found the building.

The condition of the hot and cold water services, sanitary services, and heating apparatus was enquired into. In these respects it was found that the hospital had closed its doors none too soon, which fully bore out the adverse opinion expressed by the Engineer when it was proposed in 1916 to very considerably increase the accommodation. Certainly we could not have survived another winter without disaster as regards the hot water, heating and sanitary service.

General Stock-taking.—The stock-taking of army medical stores on military accountancy was commenced by the dispenser. It was a large undertaking, but successfully launched without a hitch and completed by the middle of February, 1920, the dispensary being restocked as formerly. The hospital retained a large quantity of surgical instruments, theatre fittings, etc., for future use, also one instalment of X-ray apparatus.

The Quartermaster and House Steward commenced the general stock-taking as ordered by the "Instructions for the Demobilisation of Asylum War Hospitals."

Two Detached Hospitals Prepared for Mental Patients.—In order to have the assistance of a few working patients in the laundry, workroom, and workshops, it was decided to push on with the stock-taking, cleansing and re-adaptation of A and B hospitals for early occupation. These preparations

were completed on 28th January, 1920, and on 18th February the first batch of mental patients returned. Batches succeeded each other every few days until approaching 100 were again in residence.

Thus the career of Horton (County of London) War Hospital was brought to an end. Strictly speaking, my narrative only amounts to a mere sketch of its history, but I trust it is sufficient to convey a good general idea as to what measure of success the hospital attained in its endeavours to carry out the purposes for which it came into existence. I could have written much more, especially as regards food problems and how they were solved, the many questions regarding the applicability to the trained staff of various Army Orders and Army Council Instructions dealing with the military nursing services, and the pay and conditions of service of the staff generally, but time and space will not permit of it, and I am not sure but that the remainder of our worries and troubles, although always successfully overcome, may best be forgotten. In any case they are not now of general interest.

Commanding Officer's Appreciation of the Services of the Staff Generally.—My tribute to the temporary war staff, and to all voluntary helpers and friends, will be found on many pages throughout this book. The work they did and the assistance they gave was constantly reported by me to the Sub-Committee.

I took an early opportunity after demobilisation of specially reporting to the Sub-Committee my appreciation of the services the permanent staff of the hospital had rendered in connection with the war hospital. Some abstracts are here reproduced :—

"The Sub-Committee may think that the time has come for an expression of thanks for the loyal and devoted services rendered by the permanent staff during the period the hospital has been a war hospital.

"I cannot speak too highly of the way the permanent nursing staff settled down to the new conditions and the value of their work during this period. They have been loyal to the best traditions of the hospital, unselfish and kindly in their attitude to the temporary staff, and devoted whole-heartedly to the nursing of the patients and the general administration of the hospital wards.

"It would have been impossible to so successfully administer the wards on the civilian lines adopted without their knowledge of the mental hospital general rules and regulations, which, as far as they were applicable, remained unaltered

"The male uniformed staff were scattered, with few exceptions, over the administrative departments (many of them new departures) and have given valuable services.

"All the chief and subordinate civilian officers, without exception, cheerfully adapted themselves with ease to the new conditions and ungrudgingly have given their best services. In many cases they undertook work of a highly responsible nature and in every case proved fully equal to the occasion.

"I have been supported throughout by the steady loyalty and zeal of the Registrar, Major Roberts. I may say, as officer in charge of the discipline of the hospital, and Chief of Medical Staff, he has relieved me of duties of a most trying nature.

"No Officer Commanding has been better served by his staff than I have been during the last 4½ years. I thoroughly appreciate it and desire to record my heart-felt gratitude."

The Asylums Committee's Thanks to the Staff.—This was duly referred to the Asylums and Mental Deficiency Committee, who directed that an official letter of thanks and appreciation should be sent to all grades of staff, both temporary and permanent, and to prominent voluntary helpers in the good work now completed.

Army Council's Appreciation of the Work of the Hospital.—I reproduce also the following letter of appreciation of the work of the hospital from the Army Council :—

"War Office,

"London, S.W.

"24/Gen. No./6850 (C.1).

"12th December, 1919.

"Sir,

"*Horton (County of London) War Hospital, Epsom.*

"Now that this hospital has been closed down, I am commanded by the Army Council to request that you will be good enough to convey the grateful thanks of the Army Council to the Asylums and Mental Deficiency Committee of the London County Council for the loan of the Horton Asylum, and also to the Chairman and other Members of the Visiting Committee of the hospital for the valuable assistance they have rendered in the administration of the Institution as the Horton (County of London) War Hospital.

"The Council are mindful of the magnitude of the work that has been successfully undertaken at this hospital, through which

over 44,000 sick and wounded soldiers, including some 1,800 officers, have passed. They also recognise the value of the special departments which have been developed at the hospital, and the excellent services rendered by the medical, administrative, nursing and domestic staff.

"I am therefore further to request that you will intimate to the hospital staff who remain, and, as far as possible, to those who have left, the thanks of the Army Council for the whole-hearted attention and devotion which have been given on behalf of the patients.

"I am, Sir,

"Your obedient Servant,

"(Signed) B. B. CUBITT.

"H. F. Keene Esq.,

"Clerk to the Visiting Committee of the Horton (County of London) War Hospital,

"Fitzalan House,

"13, Arundel Street,

"Strand, W.C. 2."

The Genesis of Tommy Atkins of the Great War.—

Who was Tommy Atkins of the Great War? Whence came he? Whither has he gone? Was he the soldier as we knew him in the flesh, or was he merely an ideal, a war fantasy, the creation of a nation's hope in its manhood, a symptom of its peril, and a consolation for its fears?

Tommy was an emblem of a nation when thinking and doing its best. He rose when great principles, our freedom, our homes, and those near and dear to us were imperilled. Now a precious memory, he will come again if the occasion demands it. In reality we only saw him in glimpses; singing as he marched through our towns and country lanes, patient as he bore his trials and sufferings, calm and confident in the last chapter of life. But his was a real presence nevertheless; he was something more than the trained and mechanical man at arms; he could not be found in any one individual, but by some attribute or other he embraced all who at the nation's call left mansion and cottage, office, workshop and countryside to defend and render secure for all time man's most precious possessions—Freedom, Liberty, and the Reign of Peace and Democracy.

END OF PART I.