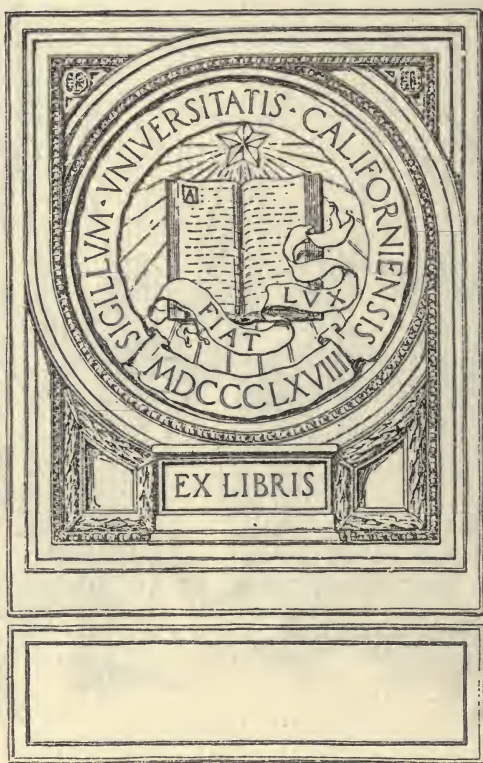


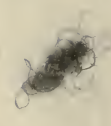
V. R. 76  
A FRENCH MILITARY  
HOSPITAL

HAROLD J. RECKITT









V.R. 76

A FRENCH MILITARY HOSPITAL



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TO THE  
ARTIST



*Frontispiece*

HÔPITAL MILITAIRE, V.R. 76.



# V.R. 76

## A FRENCH MILITARY HOSPITAL

BY  
HAROLD J. RECKITT

*A History of the Fondation Johnstone-Reckitt*  
*Arranged and Edited*  
*by*  
*Margaret Storrs Turner*



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LONDON: WILLIAM HEINEMANN

Office of  
California

55 R. V.

1629  
U8F8

London: William Heinemann, 1921

TO  
MY WIFE,  
WHO INSPIRED ME TO THIS SERVICE,  
WHOSE UNDERSTANDING AND APT CRITICISM  
MADE POSSIBLE  
THE SUCCESS OF OUR HOSPITAL

*Little Green,*  
*January 1921.*

479575



DEAR MR. RECKITT,

When you put the material for this book into my hands, you left me great freedom in the matter of editing it. You yourself, you averred, were no penman, and the contributors with one voice refused to contribute till you had exercised all your powers of persuasion. You, who made Ris Hospital, all appeared to think that any one was better qualified than yourselves to write its history.

As I read the manuscript, I soon decided to confine my editorial duties to arranging the narrative in chapters and cutting out repetitions. When one writes about a war hospital it seems to me that simplicity and candour are the essentials, and these I found in the sheets you gave me as well as in the papers collected from many sources.

We have Ris and its work presented here from many points of view. We see it through the eyes of the matron, hiding the tender heart of a mother behind the cool dignity of her office; the scientist, to whom the horrors of the operating-room mean precious opportunity; of the man of affairs and the man who thinks in terms of gears and cylinders; of Martha, gay amidst her much serving in kitchen and linen-room, and Mary crying at night over the stumps of a poor little *mutilé* in the dimly lit ward.

The purpose of your book is to recall and perpetuate for your fellow-workers, inside the hospital and out, the memory of three years of service for the wounded soldiers of France.

In offering the story to a wider public, you court the criticism of strangers, but the strangers who came to Ris between 1915 and 1918, from west, east, north and south, always left as friends, and I think that your unknown readers will, as they turn the pages of "V.R. 76," become your friends too.

Sincerely yours,

MARGARET STORRS TURNER.

February, 1921.



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PART I  
THE STORY  
OF  
RIS HOSPITAL



Ris orange le 20/2. 1917  
Hopital Anglais V.R. 26

*Gaynard*

Bleni le 28 juillet  
au Rastin L. Valel 1916  
Lomme

NO. 1000  
ANNALS



THE  
ANNALS  
OF  
THE  
ROYAL  
SOCIETY  
OF  
LONDON

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ABSON, L. A. D.



1944  
L. A. D.

## CHAPTER I

### THE PROJECT

IT is always difficult to trace the impulse that carries one to a decision. The outbreak of war in 1914 gave me, when the first shock of surprise had passed, the feeling of being lost in a great forest, unable to find a pathway.

I had been brought up as a Quaker, but there was never any doubt in my mind as to the righteousness of the cause for which my country was fighting. The doubt and hesitation were as to the direction in which the path of duty lay.

For the young men the road was clearly marked. At the first village recruiting meeting I took the chair and saw the lads and young men from Little Green and Compton get up from their seats shyly and awkwardly when the call for men was made and come forward to give their names as volunteers for military service. After that appeal to others to go, after the fine response to the call, remained the reflection that if one was too old for the army, somehow, somewhere, one might offer personal service. We had no son to send, but we were well off and we could give; giving without working, however, seemed to my wife and myself an empty thing—we had to find out what we could do ourselves.

I think it was at this village gathering that the first idea of a hospital came to us—a personally organised hospital in which we should work ourselves, helped by men too old for army service, from the village in which we lived. Perhaps this local beginning inspired the family feeling which persisted during the existence of Ris Hospital and prevented it from being an institution. Certainly no tribute could please its founders more than the repeated assurance, "It was such a happy home."

Our first intimation that we, in our quiet corner of Sussex, were involved in the war came in the guise of a forlorn little band of American women, travel-worn, exhausted, shaken completely out of their native self-possession by the suddenness of the catastrophe and the misery of their long-drawn-out

journey from Paris in one of the last trains which left the threatened city. They came at the beginning of September 1914 from the American Art Students' Club in the Latin Quarter in response to a wire sent a few days before by my wife, to Mrs. Shield, the head of the club, inviting her to send to us any students who might be stranded in Europe.

They were indeed refugees. Their property was reduced to what they had been able to carry in their hands from the club-house to the Gare du Nord. One of them, in the excitement of the hurried departure, had packed the bulk of her personal belongings in the green baize cover of the parrot's cage. Their letters of credit from America on Paris could not be cashed and, until things became more normal, they were entirely dependent upon their friends. Their first days were spent mostly in bed, recovering from the very trying experiences of their journey.

It was at the suggestion of these ladies that a refugees' concert was given. The concert was a great success and laid the foundation of a small Red Cross centre in the village, which continued its work throughout the war, and never was there an appeal from the hospital at Ris or from Mrs. Reckitt's canteen, for shirts, socks or handkerchiefs, that was not at once met by this small village society. Nearly every child in the schools became an indefatigable knitter and the quality of the work was always excellent. A fact worth adding is that they were the only society that ever sent socks to us ready washed.

Mrs. Morris was the efficient Secretary of the Compton Red Cross Society, and had the support and help of Mrs. Sanderson, Mrs. Langdale, the Misses Langdale and every woman in the parish who had a son, or a husband at the front, and in Compton we take a great pride in the fact that every unmarried man, as well as every married man under thirty-five years of age, joined up before the Derby scheme.

The early summer of 1915 dragged slowly on with no decision as to the future of our hospital movements. It was during these hot months that the lawn behind the house at Little Green was dotted with working-parties, some making handkerchiefs and others the bags of horizon blue for the soldiers' personal belongings, to hang by the side of the beds and give a touch of colour to the wards. How well these workers toiled can be now put on record, for those bags survived to the last days of the hospital.

Slowly during these months the scheme made progress and took shape. I communicated with Dr. Lewis A. Conner of



New York, Professor of Medicine at Cornell University, as to the possibility of getting together a hospital staff in New York. He replied that he had offers of service from Dr. Foster Kennedy, a young Irishman of brilliant reputation as a physician. Dr. Kennedy was ready to give six months' work without pay, and his wife, who had made a study of domestic economy, was anxious to come with him if she could help as cook, storekeeper, or in any other capacity.

Dr. Conner was also making arrangements with the American Red Cross and other authorities and getting together medical and surgical supplies, but all progress was hampered by uncertainty as to the character and destination of the projected hospital.

Italy was thought of, as we believed that country was bound to leave the Triple Alliance and throw in her lot with France and England, but surgeons were unwilling to bind themselves to go to Italy when it was not certain that she would enter the war. There was an idea too that Italy might start a campaign in Serbia, and American doctors did not relish the prospect of being side-tracked somewhere in the Balkans with only typhus and cholera cases to treat.

During the month of April 1915 we made constant inquiries at the Italian Embassy to find out if we could be told something or given even a hint as to the future. Not unnaturally no such information was given us. A friend of mine, Mr. Serena, an Englishman of Italian ancestry, offered to despatch to Italy our whole hospital equipment should we eventually go there.

Meanwhile, Dr. Foster Kennedy, who had been appointed Commandant and executive head of the unit in process of formation, arrived in England to find everything in a state of irksome uncertainty. How little he or I knew that our patience was to be strained almost to breaking-point and that we had still several months to wait before we should even see the building which was to be our habitat. The hospital was offered to Belgium; acceptance seemed likely and hope ran high that we should soon be at work, but disappointment was the end of that project.

In June Dr. Kennedy went over to France and got into touch with the French general commanding near Dunkirk, with a view to our placing there a fifty-bed mobile tent hospital. The general, with the politeness always found among French officials, looked upon it favourably. Our hopes soared, but, as the weeks went by and no particular locality was named or date fixed, we felt that our problem

was still unsolved. Dr. Foster Kennedy went again to northern France and visited La Panne, the hospital under the management of the distinguished Belgian, Dr. du Page, whose devoted wife lost her life in the sinking of the *Lusitania* on returning from a visit to America where she had been collecting funds for the Belgian wounded. We found that should we join this hospital our identity would be lost and that we should become only a part of a larger unit. What a long way we all had yet to go to discover that the identity of a unit or the importance of the hospital to which we might be attached or the special service for which we thought we were most fit, were all of absolutely no account compared to the work itself which we were eventually to undertake.

On Dr. Foster Kennedy's return from this visit to northern France it looked as if our hospital project would never be carried out. We found that a small unit of fifty beds was not wanted, that those in charge of hospitals, whether in England or in France, had realised that such a unit was uneconomical to work and difficult to control, that the military necessity of never losing sight of a soldier was made more difficult when the men were scattered in a number of small hospitals rather than gathered together in large organisations. It was at this juncture that a brilliant idea suddenly struck Dr. Foster Kennedy: "I wonder if Lady Johnstone is being any more successful than we are?" he said. "I will go and see her."

Lady Johnstone, the wife of Sir Alan Johnstone, the British Minister at the Hague, was, he knew, anxious to place a tent hospital of fifty beds at the disposal of the British or French army authorities.

It was found that her scheme had been no more successful than ours. Within a few days Dr. Kennedy brought Lady Johnstone and myself together and the foundation was laid of a partnership which lasted for more than three years. We both felt that the time for small hospitals had passed, and that by putting our resources into one pool we should be in a position to make a more substantial and practicable offer, to either the English or French military authorities, than we had been able to do separately.

Lady Johnstone undertook the negotiations with the French authorities relating to the establishment of our hospital at Ris. She had hoped and planned to take her full share of the management, but was obliged to return to the Hague at the end of 1915.

Her interest in the hospital, however, never slackened.

On several occasions when I was in America Lady Johnstone was at Ris and took charge of the administration in my absence. In 1917, when the financial position of the hospital became difficult and Dr. Blake resigned the position of Médecin-Chef, it was very largely due to the personal efforts and influence of Lady Johnstone that the American committee was founded, of which Mr. Herbert Satterlee, one of her close personal friends, became chairman. Lady Johnstone, while she was in Paris, undertook the work of interesting the various charitable societies in our hospital, and the societies in London and Paris, thus brought into touch with Ris, supplied us in the most generous manner with bandages, clothing and other requisites. Never did her practical sympathy flag for a moment. As a partner I found her resourceful and helpful in connection with all the troubles and annoyances incidental to the work of such an institution, and kindness itself when there was occasion for rejoicing or congratulation.

The last business interview that I had with Lady Johnstone in Paris stands out in my mind because of two remarks she made, very characteristic of her tact and humour.

She said, "Mr. Reckitt, I have not always agreed with you in what you did at the hospital, but I always remembered that you were on the spot and I wasn't." And then, "I think our hospital is unique in the history of the war. We finish our three years' work together with a balance in hand and are still on speaking terms. . . ."

The amalgamation of our separate schemes once decided on, we renewed our efforts to secure that opportunity to serve the wounded on which we had both set our hearts.

Lady Johnstone had an American Red Cross hospital tent unit of thirty-six beds, with the necessary tents for the medical and nursing services and all surgical dressings and medical supplies. I, on my part, undertook to supply the ambulances and motor traction for this flying field unit. We decided that we were in a position to finance a hospital of a hundred beds. We offered this to the British Government for northern France, but found that no privately managed hospitals were to be henceforth accepted. I then approached Sir George Newman, M.D., head of the Friends' Ambulance, which was working near Dunkirk, with the object of supplying a surgical unit to work side by side with their medical unit. We should much have liked to have joined forces with the Friends, for, even within that first nine months of the war, they had established a very high reputation for self-denial and efficiency, but the bombardment

of Dunkirk and the whole of the littoral, from there to the last remaining point held by the Belgians, made it very unlikely that serious surgical cases would be allowed to remain at any hospital in that locality. Well do I remember my interview with Sir George Newman at the Board of Education when the whole matter was discussed and I told him that Miss Dorothy Conner and Dr. Howard Fisher had both been in the *Lusitania* on May 7th, 1915. He was standing by his table with the sun shining full on his face and, as I finished telling him how these two, who were to be part of our hospital unit, had been saved, his eyes closed, his head bent and I knew that he and I stood there in silent prayer.

With the abandonment of the Dunkirk project, Dr. Foster Kennedy again went to France—this time to Paris—and the offer of our unit was accepted in principle by M. Millerand, the Minister of War, and M. de Piessac, who, in the Bureau of the Service de Santé, dealt with all matters affecting *les Étrangers*.

As a final attempt to serve the British wounded we tried Malta and Alexandria and undertook, in the event of being accepted, that the Médecin-Chef and Matron should be appointed by the military authorities. A telegram was sent to Malta, at our expense, containing this offer. The authorities declined our services as they were amply provided with medical and surgical units.

Subsequent events, the Gallipoli campaign and the much longer campaign at Salonika, demonstrated how shortsighted the military authorities were with regard to what was required for the proper surgical treatment of the English wounded.

Dr. Kennedy made various excursions to look at positions offered for a hospital, amongst others one at St. Pol, and Lady Johnstone went over to Paris to assist him in trying to find a suitable building. We were now in the desperate position of being ready to accept anything to get to work. Our nurses and doctors had all arrived from America and were living in London doing nothing. Lady Johnstone succeeded in waking up the Service de Santé to such an extent that they suggested two or three buildings in northern France, and put a Government motor car at our disposal for a visit of inspection. One was a hotel at a seaside place a little south of Étaples, on a small branch line starting from nowhere in particular. One wondered where the wounded were to come from and, if we were ever established there, whether we should have any patients beyond some old territorial who had sprained his ankle.

On returning to Paris Lady Johnstone went down to Auxerre and found there, fourteen miles from a railway station a half-ruined château which had been suggested for a hospital.

Early in July, as things were again getting desperate, I went over to Paris myself to consult with Lady Johnstone and Dr. Kennedy. Madame Bimont, an old Washington friend of ours, had come over to France in the hour of her nation's distress to give her services as a humble citizen. I shall never forget her kindness, her sympathy and her help in the matter of establishing the hospital. With her I first made the acquaintance of M. de Piessac and paid my respects to the Minister of War, M. Millerand. At these interviews we laid great stress on the necessity of getting a habitat as soon as possible as the expense of maintaining a hospital staff that was not at work was cutting into the resources dedicated to the wounded. I am strongly of the opinion that this long delay in getting a suitable place in which to establish the hospital was not altogether unintentional. At this time the French Government was very anxious as to the strict neutrality of any Americans coming to work in France, and my own belief is that they took up the references of every single American in our unit. My instructions to Dr. Lewis Conner of New York had always been that he should send no doctor or nurse over to Europe who had any German connections whatsoever, whether in name or parentage.

Three places were now offered us, a cinematograph theatre in Paris, a public school building in one of the artisan quarters of the city and a college of the Marist Fathers at Ris-Orangis, Seine-et-Oise. All three places were visited by us separately. When Lady Johnstone and I compared notes on the visit to Ris we both felt exactly the same about the place: it was perfectly wonderful for a hospital, but we were appalled at its size and the magnitude of the work that would be required to make it habitable. It was certainly by far the most suitable place that we had seen, although it was not as near the English lines as Lady Johnstone had hoped that the hospital might be. The building had these satisfactory features: the roof was sound, the floors and walls were solid and the windows and doors were in good order. The grounds were a wilderness after the accumulated neglect of ten years.

It was decided to offer to take the college over as a hundred-bed hospital and to get to work as speedily as possible. Madame Bimont was indefatigable in procuring the necessary Government permits and the work was started.

## CHAPTER II

### MAKING THE HOSPITAL

THE village of Ris-Orangis is about twenty-five kilometres from Paris on the main road to Fontainebleau, Route Nationale No. 7. It lies on the banks of the Seine, on the flat gravel bed of the old river, and on either side the hills rise sharply from this plain. On the Ris side they are somewhat further away than on that of Champrosay. The building which was to house the Johnstone-Reckitt Foundation stands on the hillside overlooking the Seine on its left bank. It is a comparatively modern building of brick and stone, built about forty years ago as a college by the Marist Fathers and surrounded by a beautiful wooded park of about thirty acres. At the entrance gate, on the main road from Paris to Fontainebleau, is an older building, usually called the Gate-House, which was most probably the original foundation.

At the time of the disestablishment of the Church in France, all the properties of the religious societies were sold by the state and this college was bought by a Madame Brunswick. Little or no use had been made of the building during a period of over ten years. The grounds were very much overgrown and only the main road to the back door was in use. After we had been at the hospital for five weeks we discovered another road which had entirely disappeared under grass and weeds. This we remade at very considerable expense in order to get access to the east entrance, which was used for the reception of the *blessés*.

On the south front, which was up the hillside, the undergrowth was gradually cleared away and we found a high brick wall and concrete paving which must have served the monks either as a greenhouse or a winter garden. This was afterwards used as a place for sun-baths for the wounded and also for hand-ball exercise for the officers.

The village of Ris itself consisted practically of two streets—one the main road from Paris to Fontainebleau and the other the Rue du Pont, which led down to the railway station



To face p. 10]

THE HOSPITAL.—SOUTH FRONT.

TO VINE  
ARIZONA



and the bridge across the Seine. Before the war Ris boasted a small casino and was one of the suburban watering-places frequented by Parisians.

When we took over the building a certain amount of work had been commenced in order to establish a convalescent home for Alsatian soldiers and a considerable sum of money had been collected for this purpose. Beds of various sizes had been given and a beginning made with the electric light and heating; some apparatus had been put up and shelves and wooden tables made. The gentleman to whose initiative this scheme was due had, after the first battle of the Marne, become considerably suspect and blown upon. Stories of all kinds floated round. The one which received the greatest credence was that the Alsatian was no Alsatian, but a German and that the convalescent home was intended for a German hospital during the next siege of Paris. None of the people who had been employed by M. Kuentzmann had been paid, and I believe that for the rest of the war that gentleman was carefully taken care of.

The question arose as to what we could and what we could not use. But we were in too great a hurry to debate long over this. We had waited for a building for many months and, having got one, we did not want the war to be over before we got our hospital into being, so, having collected all the chairs and beds and bedding into two rooms, these were carefully locked. Wood being very difficult to come by, we made no bones about appropriating all there was on the premises. We cut the tables to our own requirements and, after much difficulty, persuaded the electricians to proceed with their wiring.

The work began about the 14th August, 1915, and in the course of a few days the building became an intricate mass of material and men doing various kinds of jobs at the same time. Notices were hung up in the village of Ris asking for plumbers, joiners, glaziers, but there were few civilians left to undertake such employment; the bulk of the work had to be done by the soldiers of the 22nd Reserve Regiment, men of military age mobilised for the war, who were not fit for active service.

M. Ganier, one of the best-known architects of Paris, kindly put his services at our disposal and was of the greatest assistance in planning the modern sanitary work which it was necessary to instal. He gave his expert guidance in all matters and, when the final accounts of the reconstruction had to be settled, he exercised a powerful but

scrupulously fair red pencil in checking the erratic charges which were sometimes rendered by the local contractors.

Dr. Foster Kennedy had drawn out a plan for each floor, allocating to each room its particular purpose, so that all sanitary and water arrangements could be got on with at once.

Captain Honnorat, who represented the Service de Santé, was given the supervision of the work of transforming the monastic building at Ris into a hospital. It was through his exertions that Captain Morel, our first Gestionnaire, with a sergeant, a corporal and seventy *poilus* of the 22nd Regiment, were sent to carry out the necessary alterations. He obtained for us the services of M. Ganier as architect and gave the orders necessary to get plumbers, carpenters and electricians, issuing military instructions to the various firms to do our work to the exclusion of any other.

Captain Honnorat drew up the first contract between the hospital administration and the French Government. At his request the hospital was enlarged from one hundred to two hundred beds, the French Government making this possible by giving 50,000 francs with the proviso that we on our part should, at the completion of our work, leave behind two hundred beds with mattresses, pillows, three blankets and five sheets to each bed. We were to receive 3 francs a day for each wounded man in the hospital; the usual tariff was frs. 2.50 and a higher rate for officers. We were to be a military, not a *bénévole* hospital. This privilege entitled us to the French soldiers who were employed in the heavy manual work about the building; we had to feed and house them but they were paid by the Government. This contingent supplied the following class of work: the barber, the engineer in charge of the electric light plant and heating, the man in charge of the wine cellar, the chef and his assistant, the whole kitchen staff, the men in charge of the *vestiaire* where the clothes and belongings of the French soldiers were stored, several ward orderlies, the staff of the Gestionnaire's office, odd men for keeping the grounds clean and tidy, two motor drivers, electricians and painters.

While the rebuilding was going on this contingent numbered about seventy, being reduced to twenty-five or thirty when the hospital was in running order. Captain Honnorat was indefatigable in his driving force while the work of reconstruction was being carried out, and stormy as only a Frenchman could make them were the occasions upon which the sergeant and corporal were called to attention.

Shortly after we received our first wounded Captain

Honorat returned to his civil employment as Chief of the Police of the 3rd Arrondissement of Paris. Although his official connection with the hospital was so short, he was always willing to help us at any time and in any way that lay in his power. Should someone be suddenly called to England and want assistance at the Hôtel de Ville or at the Prefecture of Police, he had only to tell Captain Honorat that he was at Ris Hospital and the way was made easy.

In Captain Honorat's district was the market of *les Halles*, and, when he knew that we were making arrangements to buy the bulk of our perishable provisions there, he gave us a list of the best and most trustworthy merchants to deal with. He was in every way a good friend to the hospital, and all who came into contact with him liked him for his force of character, his kindness and thoughtfulness.

I recall with something like remorse an incident in which he fared badly at our hands. During the reconstruction period the weather was glorious and at times terribly hot. One evening Captain Honorat came to us later than usual, between nine and nine-thirty. He had been working all day and had had no dinner. But oh, how he would like a glass of beer!

There were no lights in the kitchen and the doors were locked, but somehow Dr. Kennedy succeeded in getting in and returned with a bottle of beer. He poured it out. It struck me as being a little flat and I said so, but Captain Honorat remarked, "Flat or not flat, it's wet."

One long satisfying gulp and then an explosion in which he emitted from his mouth the contents of the glass.

"What have you given me?" he said.

We did our best to console him and told him we were no wiser than he. He said, "It is awful!"

The mystery was not explained until next morning, when the chef explained that he had been doctoring one of the bottles of beer in order to catch a thief.

Captain Honorat had distinct views on the decoration of the wards. He believed that patients did much better in bright surroundings and therefore insisted on vivid bands of colour at the top of the dado, while the dado itself would be either pale yellow or green, never white. This idea of brightness we further carried out by having bedspreads of comparatively strong colours instead of the usual white.

During the six weeks from August 14th to September 26th, 1915, when the hospital was officially opened, the work of preparation went on at a breakneck pace.

The operating theatre had to be arranged for first, as it is around this room that a surgical hospital revolves. It was while this room was being perfected that a tragedy nearly took place. The only two soldiers in the contingent who were competent to do this special kind of painting, recommenced a quarrel of the night before while still suffering from the effects of their potions. Knives were drawn but bloodshed was averted. They were reported to the Gestionnaire, who at once condemned them to *huit jours de prison*. This necessitated nearly a fortnight's delay in completing the operating-room, which was wanted immediately. The fact was put before Captain Morel, who suspended their imprisonment pending the completion of the painting. It is doubtful whether, with the prison sentence in front of them on the completion of their task, it materially expedited matters.

In the early period of the reconstruction work, great inconvenience was caused by some of the soldiers returning the worse for wear night after night and disturbing the rest of the doctors, who were camping in the uncompleted hospital. Their condition also retarded the work next morning. Dr. Kennedy at last made up his mind to deal with the matter drastically, but sending the men to prison merely deprived us of workers and appeared to have no effect upon the culprits. So one night on the return of two delinquents, he medically examined them and pronounced the necessity for the stomach-pump. This he used without too much care for their feelings. It was such a lesson that for over three weeks peace reigned.

Captain Honnorat's suggestion that the hot water for the baths should be supplied by gas geysers turned out to be unfortunate. As the war proceeded there was not sufficient pressure to enable us to use the gas-rings, much less the heating apparatus for the baths. Gas was also used as a second luminant in the operating theatre. Both the main kitchen and the diet kitchen were provided with gas-stoves. The electric light plant was driven by producer gas, but for a short run of one hour, or an hour and a half for the X-ray room in the afternoon, it was found too expensive to use the producer gas-plant, so that a special main had to be put in for the gas-engine.

Two new water mains had to be laid, one to each end of the building, for the baths and sanitary purposes and for the fire hydrants that were fixed upon each floor. The only use, fortunately, that these fire hydrants were ever put to was for watering the garden with the hose-pipe.



*To face p. 14]*

THE OPERATING THEATRE AND THE ANÆSTHETIC ROOM.

TO THE  
MEMBERS OF THE

The septic tanks had to be entirely renewed and enlarged. This work, while very efficiently and well done at the time, proved eventually to be entirely inadequate, and a year and a half afterwards an entirely new system of drainage had to be installed.

The work of the ambulance drivers now became pretty constant. Wood had to be fetched from Corbeil and Juvisy, loads of paint from Paris, and we were much handicapped by the back axle of our motor lorry having been cracked when she was unloaded on the quay at Havre. This breakdown necessitated Christie returning to England to bring out the Dennis car.

Every room in the building had to be painted, and there were very nearly eighty of them.

As the work of painting and decorating proceeded a new anxiety faced us. Would our material ever arrive from England?

The Purchasing Department of the British Red Cross had kindly undertaken to supply us with our beds, mattresses, blankets, sheets, etc., and the despatch of this equipment for a hundred-bed hospital was arranged for me by Mr. Goff, that most courteous, energetic and efficient of Red Cross officials. Every single article for household and hospital use was included in the list. Two truck-loads were sent off from England early in August. Week after week went by and all we knew was that they had arrived at Boulogne and that the French army had arranged that they should come in, duty free, and with free transport on the railway. It was not until somewhere about September 15th that our trucks arrived. We learnt afterwards that the offensive on the British front had caused the delay.

The difficulties of getting Red Cross goods for a new institution free into France were very great, the matter having to be taken up by two different departments. The War Office and the Service de Santé gave us every facility and used their best endeavours, but all the papers had to go before the Ministry of Finance, as it was the custom of that ministry to charge the full duty as against the War Office, and our difficulty was to establish our identity with the Minister of Finance. Once this was done, we had no further trouble over hospital stores with either department. I may say here that the French departments were always slow in accepting anybody, but, once you had gained their confidence, there was hardly anything that they would not do for you. I can only speak with the highest praise and gratitude of the treat-

ment which I received from every French department with which I came in contact throughout my three years' service in France. Through the kindness of Madame Bimont, who instructed me in some of the methods of French official life, I was able to get into close personal touch with many of the officials, and I found that by adopting the ceremonious etiquette considered proper I induced the wheels of business to run smoothly.

Among those who helped me in the early days of the hospital work I must not forget to mention Professor and Madame Weiss, whom I met at the military hospital in the Rue d'Ulm near the Panthéon. They were always ready with advice and counsel.

During the whole of this period we were supplementing in France the orders for stores and equipment which we had given in London. One of the most difficult things to procure was anything in the nature of enamel ware which, before the war, had come almost entirely from Austria.

I remember upon one occasion a "Wants List," which had been authorised by me and was sent into Paris for execution, came back quite inadequately filled. The housekeeper remarked, "Mr. Reckitt, I don't believe these buyers try. I can assure you if I had gone into Belfast I could have got these things in any sixpenny-halfpenny bazaar."

At last, by the 22nd September, the bulk of the work on the ground floor and the first floor was complete. All these rooms had been painted, ceilings white-washed and the floors scrubbed and scrubbed again. Later all these wood floors throughout the building were waxed and polished.

I had to go to London on hospital business on September 25th, and the very next night the first train-load of wounded was brought in from Juvisy junction. It became a byword in the hospital when the beds were empty: "Don't you think, Mr. Reckitt, it is time you went over to England again?" and invariably, as soon as I left, the hospital was filled up.







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NURSING STAFF, 1916, WITH LADY JOHNSTONE AND LADY CONGREVE; MISS ROBERTSON, MATRON.

## CHAPTER III

### PERSONNEL: OUR ORIGINAL STAFF

OUR patients at Ris were drawn from the four quarters of the globe, our personnel was almost as varied in nationality. The staff was, naturally, for the most part British and American, but the list of nationalities represented comprised :

French,	Norwegian,
Italian,	Luxembourgais,
Russian,	Filipino,
Dutch,	

and one of the earliest recruits, Zelliacus, a Russian subject, was a Finn by race. The various elements owing allegiance to the Union Jack were from :

England,	Canada,
Scotland,	Australia,
Ireland,	New Zealand.
Wales,	

During the early months of 1915 I attended classes at the Red Cross Institute in Vere Street. I felt it was necessary to try and learn something about other people's jobs if I was going to be administrator of a hospital. In addition to the ordinary courses of first aid, hygiene and bandaging, I joined the stretcher-bearers' class and learnt the proper handling of the wounded. After this course of ambulance work, we started classes at Little Green for the men on the estate who had volunteered to go with me to France. Christie and Spiers, my two chauffeurs, Leggett and Simpson, woodmen, Levitt, a gardener, and Cresswell, a keeper, made up the little company. The news of our efforts spread and came to the ears of Mr. Moray Williams of Petersfield, who later on conducted our ambulance drill on the lawn in front of the house.

One evening a pupil of his, Zelliacus, a young Finn, arrived about eight o'clock on a push-bike, with no hat and sneakers,

very hot and tired after a nine-mile ride. He wanted to go out to France as an orderly, the butler did not know where to put him and I discovered him in the housekeeper's room meditating on his fate. I asked him what his qualifications were. He said frankly that he had not any. In some respects this was the best qualification of all, because he had no preconceived ideas as to an orderly's duties and had nothing to unlearn. The futility of holding a Red Cross certificate obtained by six weeks' study, can only be gauged by those who have had the trouble of re-education.

I told Zelliacus that the best thing he could do was to get some training, and he went to one of the schools at Cambridge and took a four-months' course. Eventually he came out to us at Ris and was with us for a year and a half as a volunteer orderly. He left our hospital when he was twenty-one to take out his naturalisation papers as an Englishman, in order to go into the army. He was rejected because he had lost two toes as a boy but, since he could run his hundred in eleven and climb like a cat, the reason did not seem adequate. However, he was used as a linguist in the Foreign Office for the rest of the war.

During these months we were gradually recruiting the other orderlies. Only men (of military age) holding exemption certificates were accepted and these were not easy to find. The British Red Cross was unable to give me any promises in this direction and suggested that I might get help from the Order of St. John of Jerusalem. The courteous reception that I received in the ancient gate-house where the order is established will be always a pleasant memory but, unfortunately, the Order of St. John was no more able to supply me with men than the Red Cross Society.

Towards the end of June the recruiting of orderlies for the hospital was put into the hands of Dr. Mohan. I sent him to 3, Vere Street and there he had the kind assistance of Sir James Cantlie, who enthusiastically entered into the work of getting us suitable men. Dr. Mohan also had to see that each member of the staff had been vaccinated at a recent date and inoculated against enteric. Dr. Giles and Dr. Holbrook were engaged at this time in unpacking and making a complete inventory of the hospital stores, the gift of Lady Johnstone, which were temporarily placed in the warehouse at 125, Queen Victoria Street, London, lent us by Mr. A. L. Reckitt of Reckitt & Sons, Ltd.

Mr. Gage also joined our staff at this time and remained with the unit throughout the whole period of its effective-

ness. Larcher, who spoke perfect French, as he was born in Mauritius, was appointed Head Orderly.

Soon after Dr. Foster Kennedy's arrival in England it had been thought advisable that Dr. Howard Fisher of Washington should come over to help us in the work of organising the hospital. My wife's sister, Miss Dorothy Conner, took the opportunity of coming over with her brother-in-law. The dangers of ocean traffic as it approached English waters were beginning to be felt and we on this side wired to suggest that the *Lusitania* would be the safest vessel to choose. Happily we were spared the sorrow and anguish which fell to the lot of many who had relatives on that ill-fated ship. Both Miss Conner and Dr. Fisher were saved, but the anxious hours after the first press messages came through that the *Lusitania* had been torpedoed, until at eleven o'clock next day in Liverpool we learned that our relatives were safe, are something that cannot be written about.

Their personal experiences were pieced together gradually. The torpedo struck the vessel just as those who were having late lunch were leaving the table. Dr. Fisher, having seen the ladies at his table go up on deck, went below to get life-belts and found the water streaming in through the portholes of his cabin. It was only at the last that Miss Conner jumped from the sinking ship. An hour and a half later she came to consciousness on a raft in the bright sunshine after artificial respiration had been applied to her by a young American engineer and a Canadian nurse. She owed her life to the latter.

As her apparently lifeless body floated past the raft, the nurse said, "I believe I see the pulse in her neck beating." She was taken from the water, both her hands clasped tightly behind her head in the manner so often used by experienced swimmers, and after twenty minutes of strenuous exertion consciousness returned. Her last recollection, as she was sucked down by the sinking ship, was being entangled in ropes and cordage.

Dr. Howard Fisher also jumped and as he went down he said to himself, "It is just a question of how long you can hold your breath."

On coming to the surface, being an excellent swimmer, he rested on his back and then swam to an upturned lifeboat, to which he hung for three and a half hours before being picked up by a Greek ship. One lady was saved about the same time, as she sat quietly in a deck-chair, floating on the

surface of the water. Of the five people at the table where Miss Conner and Dr. Fisher sat each one was picked up in a different boat, and it was not till ten or eleven the next morning that they were able to get into communication with each other.

Early in June the doctors and nurses who had been enlisted in New York by Dr. Lewis Conner arrived in England—Dr. Mohan, Dr. Yeates, Dr. Giles, Dr. Holbrook and Nurses Morris, Archer, Beatty, Moffat, Powell and Gallagher. Dr. Mohan joined the British army in April 1916 and Dr. Yeates the Canadian force later on.

Other members of the staff were being gradually collected. Lady Congreve (then Mrs. Congreve), a personal friend of Lady Johnstone's, who had already been in the retreat from Antwerp and served in northern France, joined us as a V.A.D., Miss Julia Colby of Boston as Housekeeper, Mrs. Excell and Miss Barugh. We were all new to the hospital business and very few of the people who were enrolled for a particular post held that post for long. For instance, Mrs. Excell started in the linen room and eventually became a nurse, while Miss Colby later took charge of the linen department.

I would like to here put on record the good-natured adaptability of all the original staff. They seemed to be imbued with the idea that they were there to make themselves useful and not to stand on their dignity.

Lady Congreve was associated with Lady Johnstone and myself from the beginning of the amalgamation of our respective efforts. Though it can hardly be said that we had a committee in those early days, so seldom could those responsible for the hospital organisation meet together, yet whenever a nebulous committee did sit, Lady Congreve was a member of it. While Lady Johnstone was in England, Lady Congreve acted as her representative and in my absence was Treasurer Substitute.

During the months of August and September 1915 Lady Congreve worked manfully in imparting the rudiments of the French language to the nurses and doctors. When the hospital opened she had charge of the non-commissioned officers' ward on the first floor. Her position was always a difficult one, that of a V.A.D. in the ward and a member of the committee in the office, but she made this almost impossible position easy for everybody. Should I be visiting the first floor and go into her ward to find out whether or not cupboards or shelves were wanted, never did

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**DR. BLAKE WITH HIS ORIGINAL MEDICAL STAFF.**

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she give a decision in the matter without calling Miss Ricketts, the Charge Nurse of the floor, to give her approval. I always had her support on any question of economy. She would say, "Well, this is war-time and surely we can do without that kind of luxury." How much I owe to her tact and goodwill in smoothing out the little daily difficulties in the nursing department I shall most probably never know. She brought with her her youngest boy, John, aged fourteen, a boy scout, who acted as messenger-boy.

After a year of devoted work, hearing that many of the French hospitals were in urgent need of skilled nurses, Lady Congreve left us to go to Revigny. Afterwards she went out to Palestine with her husband, General Congreve, who was in command there.

Our first Gestionnaire was Lieut. Morel, who, a few months after he came to us, got his third *galon* and promotion to Captain.

The Gestionnaire in a French hospital is the official military representative of the army, appointed by the Service de Santé. His duties are to maintain order and discipline among the military patients of the hospital, to control the work of the French military contingent, to keep an official record of all the military patients who enter and leave the hospital, to communicate with their relatives and friends, to pay all the military patients while in the hospital, and to control the military postmen. To him also fell the pleasant duty, when any of the *blessés* were decorated, to read the citation and to make all the necessary arrangements for the functions. As an officer, the Gestionnaire was always a member of our mess.

Captain Morel was a large, heavy, jolly Frenchman, *bon vivant* and *bon garçon*. He was a good disciplinarian, very anxious to do all in his power to help us and to expedite matters, but his vivacity of spirit was somewhat handicapped by excessive *avoirdufois*. He made great efforts to learn the English language and I believe understood much more than his conversational powers would lead one to suppose. He was very regular in some of his self-appointed duties, and you could set your watch with perfect accuracy to eleven o'clock when he went to the village for his daily *apéritif*.

For the first two months before the internal arrangements for the hospital were in working order, Captain Morel undertook all the catering for the doctors and nurses at a fixed sum per head, and in those days, before eggs, chickens and

butter had begun to soar in price, he was able to do us very well at frs. 5 per day per person.

Captain Morel left the hospital while I was in America in the spring of 1916, and I was very sorry to miss his kind and jovial face on my return. I think if I had been in France he would not have gone. There was some misunderstanding with regard to commissions, which were perfectly regular from a French point of view, while from an English standpoint they were difficult to understand. Captain Morel's accounts were most admirably kept and produced during his term of office. The system of commission is a French institution, and during Captain Morel's office our marketing, I am assured, suffered nothing from it. The whole time that he was with us the discipline both in the hospital and in the French contingent was admirable.

The English orderlies enlisted for the hospital service were all men over forty years of age or men who had in their possession their medical rejection papers from the army. This rule was insisted upon throughout the whole period of the hospital's existence. At one time the French *blessés* began to call some of our English orderlies *embusqués*, and ask why they were not in the army. We at once issued notices in French, which were posted throughout the hospital and also at the Mairie in the town, explaining the case.

The point of view of the French soldier is not to be wondered at, since, in France, every man of military age has to join the army. At that period there were Frenchmen up to forty-eight years of age in the fighting line. We had in England certain employments which gave exemption from army service on account of their national importance. In France there were no such exemptions. If the French Government made a demand for engineers, coal-miners, or any other particular class of artisan to carry on an industry, these were released from their regiment, but remained soldiers and were paid as soldiers. There was no Class C3, as in England, but in France there were special reserve regiments which were used behind the lines for sanitary, hospital and other service to which this class of man was relegated.

When the food lifts were put into the hospital, the manufacturer obtained three men from the front to make the lifts, as they were required for a military hospital, and on the completion of their work they returned to the firing line. In my judgment this scheme is eminently equitable and democratic. Men were not left at home drawing huge wages on work of national importance, while men not engaged

in those particular selected employments were doing the fighting at the front. But every system has its drawbacks and the French plan certainly caused enormous dislocation of business at the beginning of the war. In Paris all the postmen were at the front, while the business of delivering letters was undertaken by territorials, leading to needless confusion and delays. That there were men who were able to escape the duties of a soldier in the firing line is undoubtedly true, yet these exceptions must not be set against the simplicity of the system. After the first two years of the war the French Government found it necessary to release from the army a considerable number of commercial men in order to maintain their foreign trade with the United States and South America.

Amongst the French contingent who worked with us there were men of almost every grade of life. Our postman, M. Wolfe, was attached to the Paris Opera House. Another man had been librarian to the Chamber of Commerce in Paris, and his particular duty was to keep the grounds clean and tidy. Our barber stayed with us for the whole three years. In private life he was a fashionable ladies' hairdresser in Paris, and in his off-duty hours an enthusiastic fisherman.

I believe there is one thing that no Englishman, however good a French scholar he may be, has ever been able to make a Frenchman thoroughly understand, and that is the status of a conscientious objector in England. The only category in which a Frenchman could possibly place him would be that of an epileptic or a lunatic.

On the 27th July, 1915, we brought over the doctors, nurses and orderlies from England. For a few days they stayed in Paris, but the expense of keeping such a large number of people at the Grand Hotel was appalling. We were able to get rooms for the nurses at the village inns of Ris and Juvisy, and as soon as the tent equipment provided by Lady Johnstone arrived from England, the male staff and the orderlies camped in rooms in the hospital.

The inconveniences and discomforts of that period can be easily imagined, but everyone took them in good part and the beautiful weather made matters very much easier for everybody. We found the cots, bedding, furniture and cooking utensils comprised in the tent equipment of the greatest use. Shortly after we moved into the hospital building, Lady Congreve made the suggestion that the mattresses belonging to these cots should be permanently filled with wool and hair and used for staff. This was done and the cots thus

equipped were used by the nurses during the whole three years of the life of the hospital.

The transport of staff was not accomplished without many difficulties. The papers necessary for admission to France had to be procured and here we met the first check. Could, or could not, the British Red Cross Society issue certificates to American citizens? We finally persuaded the authorities to grant all our Americans Anglo-French certificates, but this was the first and last time it was ever done.

It was just at this time that the Anglo-French Committee had got the necessary authorisation from the British and the French Governments for a special Red Cross uniform for their male staff and, when the volunteer motor-drivers arrived at Havre, they were threatened with arrest by the British military authorities for wearing an unauthorised uniform. Mr. Herbert B. Grotrian, the distinguished Recorder of Scarborough, was equal to the occasion, as he had a printed copy of the regulations in his pocket, and pointed out that the particular piece of officer's braid to which exception had been taken, was specially mentioned in the official description of the uniform. Our unit was the first to land in France wearing this uniform.

The organisation of the Passport Department had not yet become perfect, and the packed rooms at the French Consulate in Bedford Square, where one could wait hours without apparently making any progress, were a perfect nightmare to the faint-hearted. Those who had slightly more cheek or push or those who traded upon the beauty of their new uniform were successful in getting the necessary visé in a comparatively short period by going up the back stairs, instead of through the official entrance.

My wife and I wished to take Miss Dorothy Conner across with us and here fresh trouble arose. We chose the route by way of Folkestone and Boulogne and at the last moment discovered that only allies and British citizens were allowed to go that way, an American subject, as a neutral, having to go to Dieppe. I was fortunate enough to find Dr. Edward Hedley, who had attended Miss Conner when she first landed after the sinking of the *Lusitania*, and he gave her a certificate stating that after such a disastrous experience, the shorter sea voyage would be the best for her health. Armed with this document I was able to get permission for her to go viâ Boulogne, but we met with fresh difficulty, as it was essential for Miss Conner, as a neutral, to have a French Internal Passport

in addition to all her other papers. This necessitated more photographs and at one time it looked as if our departure might be postponed for another week, but at last we got off and arrived in Paris in time to make arrangements at the Grand Hotel for the rest of our party.

## CHAPTER IV

### IN FULL SWING

IT seemed as though Dr. Foster Kennedy, the first Médecin-Chef of the Hôpital Militaire V.R. 76, might have to return to America without treating a single *blessé* at Ris. He had come over to Europe for six months, with Mrs. Kennedy, giving his services voluntarily, and five months had elapsed before we were fairly installed.

If a great part of his time with the Johnstone-Reckitt Unit was spent in spade-work, often of an uncongenial description, it was he who was, in great measure, responsible for laying, well and truly, the foundations of our work at Ris-Orangis.

To him fell the important task of mapping out and allotting the rooms of the hospital. So successfully was this accomplished that the changes made by his successors were very small. He ordered all the medical and surgical requisites and showed the greatest care and judgment in their selection. It was he too who successfully protested against an order of the Service de Santé, changing the designation of the hospital from "Hôpital Militaire V.R. 76" to "Hôpital Bénévole No. 7 bis." Some official of the Service de Santé, not knowing that the privileges of a military hospital had been conferred upon an organisation which was supported voluntarily, desired to place us in our appropriate *Bénévole* class. No doubt he was technically right, as the status of the Ris Hospital as a French military hospital was very unusual. Naturally we were very tenacious of our rights, and of the exceptional honour that had been conferred upon us, and we were fortunate enough, through Captain Honnorat's good offices, to have the title of Military Hospital once and for all determined in our favour. This was a very important concession, as it carried with it the right to buy meat and dried vegetables, coffee, sugar and like commodities, at a military depot, on the terms of reimbursement, and to draw supplies of drugs and medicines from the military stores in Paris under similar conditions.







Also it entitled us to an officer as Gestionnaire with a full complement of *sous-officiers* and men of the 22nd Regiment.

In the autumn of 1915 Captain Honnorat asked us if we should like to be present at the reception of returned French wounded from Germany. It was a lovely autumn morning when we caught the 7.30 train to Paris. When we arrived at La Chapelle the men were just sitting down to breakfast; their wives and children and mothers were there too, come to welcome home these wrecks of humanity who, according to the eye of a German doctor, would not again be fit to take part in the war. Everything had been done for their reception as honoured guests, tables gaily decorated with flowers and champagne provided for every man. A charming one-storey hospital with wards and receiving-rooms, all spotlessly white, had been erected inside a huge goods-shed; the proportions between the two suggested a dolls' house set up in a big room.

One of the returned prisoners of war came up to Dr. Kennedy and said: "Are you an English officer? If so will you do something for me?"

He produced a letter which he had brought out from Germany, from an English soldier who had been in the next bed to him in hospital. He said, "The Englishman did not know whether his people knew that he was alive." I remember that the letter was addressed to Manchester and the *poilu* asked Dr. Kennedy to post it. He had risked being sent back to Germany if the letter were found when the final search was made before he crossed the frontier.

He said, "Oh, this is nothing. It was so easy to do. I took out the stiff lining of the collar of my tunic and put the letter there instead and sewed it up again."

One of these returned prisoners of war, who, I should judge, might have been a mechanic's foreman in civil life, an intelligent man and educated above the average, said to me: "I want to tell you because you are an Englishman. You must hear. I want everyone to know it. The Englishmen in the hospitals in Germany are treated horribly. For myself and for the French I have no complaint to make. If it had been once, it might have been an accident. It was not once, it was four, five, six, seven times. Every time that an Englishman was taken to the operating theatre he came back to the ward without a leg or an arm, however trivial a wound might be. It was done on purpose."

The intensity with which the man spoke leaves no doubt in my mind that he believed everything he said, and I

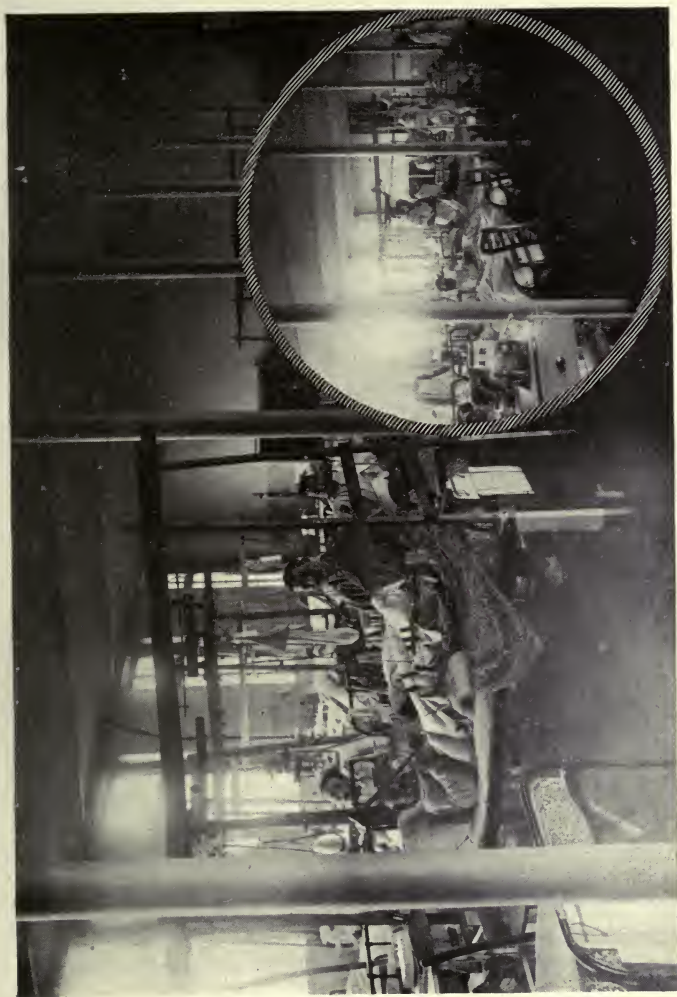
am compelled to believe, too, that what he said was the truth.

Happily Dr. Kennedy was able to start the work for which he had come over, the care of the French wounded, for on the night of Sunday September 26th, the first convoy arrived, from Juvisy Junction, to the number of seventy.

Juvisy was a particularly awkward station for the stretcher-bearers' work, as the big shed where the wounded were unloaded was in the middle of a network of railway lines, the only access to which was over a very long bridge, spanning eight lines of track with two very awkward turns at the staircases at each end. The hospital orderlies made several special visits to the station to accustom themselves to the work, as very often this had to be performed at night. Dr. Kennedy volunteered to be the dummy patient and, after one journey over the bridge and past two bad corners, insisted that two broad linen straps should be fitted to hold the wounded on to the stretcher as, in turning the corners, half the stretcher was over the railway line.

Owing to some change in the Military Department we ceased to receive wounded at Juvisy and for a time ceased to receive wounded at all. Although we daily telephoned to Headquarters in Paris, giving the number of vacant beds in the hospital, it was found necessary to make constant official calls on the heads of the departments in Paris and there make arrangements to keep the hospital full. We pointed out to M. de Piessac and to General Février that it was uneconomical to keep a hospital fully staffed doing only a small amount of work. We offered to send our ambulances to La Chapelle, a little to the north of the Gare du Nord, for wounded. Colonel Lang, Chief of Staff to General Février, said that he would be glad to make this arrangement if the roads were suitable for such a journey and the ambulances were of the highest class. He personally made the whole journey to Ris in an ambulance over the road we were to travel, and inspected all our cars. He then gave permission for our hospital to be attached to the La Chapelle service.

At one time we anticipated that we might have to keep two ambulances in Paris constantly attached to this station, but arrangements were finally made that we were to be summoned by telephone. During the day this proved to be quite practicable, but after a time we found that we had been summoned for night service on many occasions and were reprimanded for not having sent ambulances.



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SALLE O, ON THE THIRD FLOOR.



After eight o'clock at night, when the public service ceased at the post office, instructions were given to the Ris post-mistress to permanently put the Ris telephone on the trunk line to Paris. We found, on investigation, that she, instead of connecting our hospital with Paris, connected the summer villa of the son of the Deputy of the Department with the young man's lady love in Paris. Our Gestionnaire threatened to take possession of the post office after eight o'clock at night and put in one of his own soldiers to take charge. This had the desired effect and the night service between the hospital and Paris became effective.

One or two small hospital trains were despatched to Ris station, but the accommodation there was not very good, and in 1916 Villeneuve St. Georges, about nine kilometres distant, became the centre to which the wounded were despatched for the district which we were called upon to serve.

It may be of interest here to sketch the career of a *blessé*, from the time of his reception to his evacuation.

On the arrival of the train the senior French doctor would go through compartment after compartment accompanied by the other French Médecins-Chefs and decide to which hospital each of the wounded should go. There were sometimes, I believe, rather acrimonious discussions over particularly interesting cases. Out of a train of a hundred and twenty-six wounded Ris usually took seventy to eighty.

As soon as the wounded were labelled, they were carried out in stretchers and laid in long rows in the big covered goods-shed which was used for their reception. Then began the work of the canteen nurses, who went round offering coffee, hot milk, lemonade and bread, to be followed shortly afterwards by a distribution of cigarettes. This duty often fell to my lot and it was with scrupulous care that I avoided lighting three cigarettes with one match, and I have over and over again noticed on the faces of the soldiers a look of intense appreciation of my knowledge of their superstition. I think that the explanation for this belief can be found in the fact that the three candles in Roman Catholic countries which are placed at the head of the dead must be lit with one match to give a figurative expression to the Christian dogma of the Trinity.

As soon as the first batch had had their coffee and cigarettes, the Motor Captain and the doctor of the day in charge proceeded to pick out the most seriously wounded for despatch to the various hospitals. The process lasted four or five

hours, because over eighty per cent. of the cases were stretcher and only four such could be taken in an ambulance at a time. Very serious cases were always accompanied by a doctor, nurse or orderly.

The things that one remembers most were not the prescribed routine of the service, but the little uncalled-for touches of devotion and care which were given to this mangled collection of humanity.

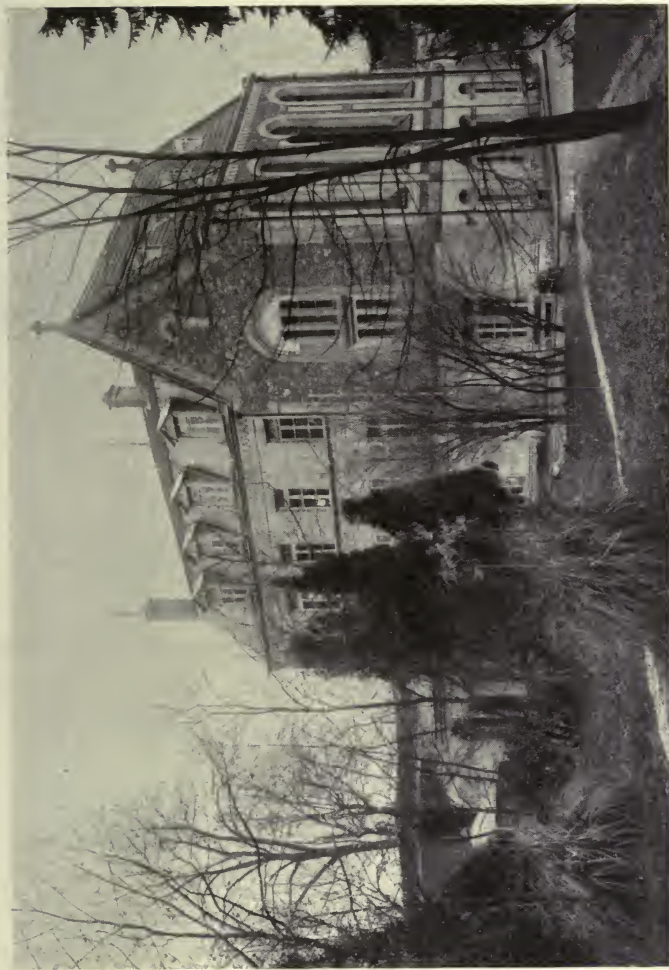
The staff of the Gestionnaire's office had to be present at the station to verify the official number and regiment of each man who was going to the Ris Hospital. It was found much more convenient to get this information from their tags while they were on stretchers in the great shed, than to stop the ambulance at the Gate-House to get it there; it also prevented much unnecessary pain and discomfort to the wounded.

The canteen service at Ris was originally organised by Mrs. Blake, and eventually taken over by the hospital and directed by Miss Robertson, the Matron. Mr. Lindsay Bury specially contrived two large wooden boxes to contain the cups, coffee, bread and biscuits.

The motor ambulances would take about half an hour to get to Ris, instructions being given to travel very slowly. One of our good friends in the village was the woman in charge of the gates at the level crossing and no ambulance was ever kept waiting by her. An enemy to be feared on nights like these was a white impenetrable fog which made the journey not only longer, but full of difficulty.

When the wounded arrived at the hospital from the railway station, it was the duty of the French contingent to act as *brancardiers* and carry the stretchers to the several wards. This duty they continued the next day when the patients had to be taken to the X-ray department. If a large number of wounded were received who had not come straight from the front, they were at once put to bed, given hot soup, and tucked up for the night. But should the wounded have arrived almost directly from the firing line, it was necessary to wash them and redress their wounds, before despatching them to the wards. A swab was taken from the wound of each and sent to the laboratory for examination. Only the very worst cases or those requiring emergency treatment were X-rayed and operated upon on their arrival.

On arrival in the reception ward on the ground floor the men were stripped and washed, their wounds re-dressed, their clothing was sorted, their uniform and boots, which



To [see p. 30]

THE GATE HOUSE.





were not washable, were put into a sack marked with their number and despatched to an outside shed to be eventually sent to Versailles to be fumigated. Personal belongings were always placed in a blue linen bag and deposited by each man's side on the stretcher. These said blue bags were all made by our American refugees at Little Green in the summer of 1914. Next day the contents of each sack were sorted, all things that could be washed and boiled, such as underlinen and socks, were sent to the laundry; the uniforms, puttees, etc., were then made up into bundles and were sent to Versailles to be fumigated by steam heat. At first we had a formalin plant for disinfecting, but after the lamp blew up, this local disinfecting was abandoned and the ambulance made the journey with the "livestock" to Versailles after each reception of wounded. All the underclothing, after being laundered, was mended, but not much of it was ever used again. The uniforms were mended and patched by the devoted ladies of the village of Ris, helped by a regimental tailor, whose place later in the war was taken by a woman. As soon as the kit had been dealt with, the serious cases were taken to the X-ray room on the first floor and then across the corridor to the operating theatre if the case was urgent.

The next day was taken up with re-dressing wounds and X-ray observations, the Médecin-Chef deciding, on the receipt of the reports, as to the necessity of operating.

As we became more expert in war surgery the one thing that orderlies and nurses were on the look out for was the presence of gas gangrene. This germ developed very rapidly and if its presence was detected on first entry a speedy operation was necessary. One of the reasons for X-ray observation on the first entry to the hospital was, that Mr. Gage made the discovery that it was often possible to make an immediate diagnosis of gas gangrene by an X-ray plate.

Of course during the reception of wounded the routine of the hospital had still to go on. Nurses had to come on day duty at the usual time, and the night nurses and orderlies had to do their best to get the morning washing done before the arrival of the day staff. Volunteers from the day staff who had been at work all night with the incoming patients would have to take up their ordinary round of duties. Many of the English orderlies voluntarily gave up their night's sleep to attend the new arrivals. Many of the staff not directly connected with the medical service

found that they could usefully help in undressing and washing.

It was necessary to keep the receiving-room warm, and with a large number of people working in a confined space the atmosphere often became fetid and hot and the smell of ether overpowering. I remember one night, after working there for two hours, being caught by Major Penhallow as I was slipping quietly to the floor in the corridor. The Major was not in much better form than myself, but after a few minutes in the fresh air we adjourned to the diet kitchen, which on these nights was always open, presided over by Marie, who always had hot coffee ready for the weary.

I remember amongst the *blessés* whom I saw on their first arrival a man who seemed to be just one mass of wounds. Fifty-seven individual wounds were individually dressed, while there were patches which were not counted. Happily for him they were nearly all superficial and in the course of a month he was almost convalescent.

The method which we adopted in Ris in calculating the amount of work done by the hospital was not based upon the number of individual patients received and evacuated, but upon "Patient Days." The figures are arrived at by counting the number of beds occupied each day, so that the number of Patient Days for a given month would be the total number of patients each day, added together for the whole month. This method of reckoning is by far the fairest, as some patients stayed in the hospital for six or seven months, while, on the other hand, the lighter cases were often evacuated within two or three days. The average length of stay of patients in the Ris Hospital was forty-eight and a half days, the reason for this being the large number of fracture cases. A record of our Patient Days appears in the Appendix and from this it will be seen that August 1918 was the month in which the hospital did most work. During the three years' work of the hospital the total number of Patient Days was 141,852.

Ward routine began with the morning wash by the night staff. This staff consisted of a Night Superintendent, a floor nurse, a Frenchwoman trained as an assistant, and two night orderlies, later, as the scarcity of men increased, reduced to one. The Medical Officer of the day always slept in the hospital; in fact all the medical staff was accommodated in the main hospital buildings as far as possible, including Mr. Gage, who, in addition to being the X-ray operator, had charge of the dispensary.

Breakfast was served to the patients at 7 o'clock. At 8.30 the doctors started their rounds. There was usually a doctor in charge of each of the four floors, with two to the big ward of a hundred beds at the top of the building. Each floor was under a charge nurse, who was assisted by other certificated nurses and V.A.D.s. The Médecin-Chef made it his rule to see every case in the hospital every other day.

Dinner was at 11.30. Some member of the management staff put in a periodic appearance at dinner-time to see that the quality of each meal was good and the quantity sufficient.

Complaints from any of the patients were very rare. I remember one such occasion, when I at once went to interview the man. His chief grievance was that there were no potatoes, that he was being constantly served with carrots and turnips which were only fit for donkeys and rabbits, that they always had potatoes in the trenches. Mr. Fraser and I pointed out to him that there was a great shortage of potatoes and that our *déjeuner* at the Officers' Mess would be precisely the same as his own dinner. We added that, of course, he knew the army regulations, that he could send in his complaint to the proper authorities and that we should welcome an investigation. This man was something of an anarchist and was certainly a disturbing element in the ward. We told him that if he was not comfortable there was no necessity for him to stay and that if he wished it we would arrange for his transfer to a French military hospital which was noted for its strict discipline and short commons. At *déjeuner* we told Colonel Keller, who was then Médecin-Chef, of the incident. Now Colonel Keller, being an American citizen, had no powers of discipline over French soldiers, but he was not without his resources. In the afternoon he made a thorough medical examination of the man and came to the conclusion that he was in a highly nervous condition and required quiet. He had him removed to a small single-bed ward and instructions were given that he should rest there for a week and not take exercise in the park although he was a walking case. The man knew, and the whole ward knew, that Colonel Keller had been able to get round the French military regulations and had given the man a week's solitary confinement as a punishment. Nothing gains the respect of a Frenchman more than to see regulations successfully circumvented.

There was a large dining-room on the ground floor that

would accommodate forty or fifty men, where the walking cases were served. Here is a specimen *ménu* :

Bouillon.  
Ragoût de Mouton.  
Haricots verts—Pommes anglaises  
Salade.  
Pain—Fromage.

The menu of the week was drawn up by the *Gestionnaire* and passed by the *Médecin-Chef* and the *Administrator*, signed copies being posted each week in the dining-rooms. The *Service de Santé* issued a book which showed the amount of food to be served to each patient according to his rank, even fixing the quantity of salt and pepper to which each man was entitled. In the first year of the hospital, when food was fairly cheap and plentiful, we considerably exceeded these allotments and we received from the *Service de Santé* a broad hint that we were treating the men too liberally and that the difference between our régime and that of other hospitals was so marked as to cause dissatisfaction amongst the French soldiers who were sent elsewhere. After this intimation, instructions were given that the increase was not to exceed twenty-five to thirty per cent. The French Government was very tactful in the matter, thanking us for our generosity to the men.

After the 11.30 dinner in the wards, all the men who could be got into the open air on their beds were carried out, bed and apparatus complete, from the ground floor and over the bridges from the first floor. It was a great thing for a man with a broken thigh to be able to see the green of the trees and get the advantage of the warm sunshine. In summer the whole park would be dotted with men who were able to walk or hobble out on their crutches and you would see many a card-party grouped under the trees. Nurses very often provided big straw sun-hats and Japanese umbrellas for the men who were carried out on their beds.

The patients' supper was at 5.0 and after that the preparations for the night. The staff dinner was at 6.0 and 7.0. As far as possible, every nurse during her hours of duty had two hours' exercise, wet or fine. This was possible while we were fully staffed but, during the last six months, when we were short of nurses, I am afraid that this excellent rule was not always carried out.

Once a patient has been established in his ward, each day



THE HOSPITAL PERSONNEL, 1916.

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in a hospital is alike, broken perhaps on Sunday by the visit of relatives and friends. Even to some, who spent months with us, an X-ray inspection or a visit to the theatre for a small assisting operation may have broken the monotony.

As far as possible the most serious cases requiring the heaviest nursing were allocated to Salle A., while the lighter and walking cases were sent to the big ward on the third floor. During the summer months, when the work of the hospital was the heaviest, every effort was made to evacuate the slightly wounded as soon as possible. These were despatched to the various sub-hospitals and convalescent homes attached to the hospital. One of the most important of these, admirably managed, scrupulously clean, with about two hundred beds, was at Corbeil, under the superintendence of a devoted Frenchwoman. She had come from California to give her services to her country at the outbreak of war, leaving her husband behind. Those in charge of this hospital spared no effort to make the men happy.

Our first knowledge of Corbeil arose through an amusing escapade of Dr. Giles. Being a man full of energy, one afternoon in the late summer he decided to go for a bicycle ride. Having hired a machine from the village, he removed his tunic, belt and officer's cap and bare-headed, with his longish hair streaming in the wind, he dashed out into the country. Arrived at Corbeil he was put under arrest and, but for the fact that the stationmaster there spoke some English, he might have been marched off to the barrack square. The stationmaster telephoned to the hospital, and an ambulance was despatched with another of the doctors to identify him and give the necessary explanations. His tunic, belt and cap were sent so that he could make a proper military return to the hospital.

Dr. Giles was not the only person who made unpleasant acquaintance with Corbeil. The last train from Paris reached Ris about 11.30 p.m., and as there were no lights at the stations they all looked more or less alike and on more than one occasion members of the staff found themselves at Corbeil instead of at Ris. There was no train back from Corbeil till six o'clock the next morning. Some essayed a seven-mile walk back to the hospital, while others took a night's rest in an armchair in the stationmaster's office.

After men had been in the hospital for three or four months the final evacuation was rather hard both for *blessés* and

nurses. But the time had to come. All the military papers were prepared, the medical history of the case written out in French by Mlle. Le Paulmier, the X-ray report and pictures added to the dossier. The patient's old uniform and military belongings were handed to him by the Gestionnaire. On evacuation, no soldier ever left the hospital without being provided with proper underclothing, socks and flannel shirt and handkerchief, given by the hospital. Miss Caroline Duer, of New York, gave the proceeds of some of her literary work for a special fund for this purpose.

The last good-byes were said, a double handshake with everybody all round and an "Au revoir, I'll come and see you on my first leave," and many of them did. One of the hardest last things to do was to have to firmly insist that crutches and sticks to which they had become accustomed should be left behind. It seems somewhat paradoxical to say that I came to the conclusion that the happiest place to be in during the war was a hospital. Were we not there to repair, to give new life and hope? Often we had the satisfaction of knowing that the material we were dealing with had bravely borne a share in the conflict and would not be again called to enter the trenches.

While Dr. Kennedy inaugurated the hospital at Ris as an effective unit, Mrs. Kennedy took charge of the diet kitchen. In fact it is more truthful to say that Mrs. Kennedy was the mother of the diet kitchen. She was the source from which the idea first came and its success was due to the thorough manner in which she organised and prepared for this work.

The night that the first wounded arrived was the first and perhaps the greatest justification of Mrs. Kennedy's diet kitchen. The *blessés* arrived late and our French chef, who had his own ideas as to arduous work, having provided dinner for six officers, closed the kitchen and went to bed. No provision had been made for feeding the seventy-six *poilus*; for all that Mrs. Kennedy, with the assistance of some willing workers, saw that every one of these men had his substantial supper.

This reveals a situation very difficult to be understood by English people who know that no British officer worth his salt, wounded or unwounded, would himself be fed and go to bed without first seeing that all his men were properly housed, fed and taken care of. But we, having once learnt the attitude of the chef towards the *poilus*, never allowed this again. Peremptory orders were given, accompanied by





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SALLE C, WITH BALKAN FRAMES IN USE FOR THE TREATMENT OF FRACTURES.



detailed instructions, as to the preparation of a proper meal on the nights when *blessés* arrived.

Mrs. Kennedy was indefatigable in looking after all the details of the kitchen and was most resourceful in the matter of soft drinks for the men in the wards and would sometimes surprise the Officers' Mess with an apple tart or a custard made with her own hands.

In October 1915 Dr. Kennedy resigned his office as Médecin-Chef as he was obliged to take up his duties in America again. Besides very pleasant memories, both personal and official, Dr. and Mrs. Kennedy left behind them at Ris a practical memorial, the Foster Kennedy Arms and Legs Fund. The farewell presentation which was to have been given them was, at Mrs. Kennedy's request, used for the purchase of artificial limbs and made the beginning of the fund which, throughout the history of the hospital, was always kept as a separate account. Any money gifts sent to us with the request that they should not be used for the hospital running expenses and not otherwise allocated, were used for the Foster Kennedy Fund.

## CHAPTER V

JOSEPH BLAKE, SURGEON

WHEN Dr. Foster Kennedy found that it was impossible for him to continue his stay in France, it was very much on his mind to secure for the hospital a first-class operating surgeon. He made many efforts in this direction, amongst others with Dr. Carrel of the Rockefeller Institute, but Dr. Carrel came to the conclusion that Ris was not sufficiently near the fighting line as, for the purpose of his researches, he needed to make observations on cases from the earliest period. Dr. Carrel was one of the many distinguished men whom the hospital was proud to count among its friends. He was always most courteous in allowing our doctors from Ris to visit his hospitals in order to make themselves personally acquainted with the technique of his irrigation system.

The fortunate co-operation of Lady Johnstone and Dr. Kennedy, which had brought about the amalgamation of our hospitals and the foundation of Ris, still held good as it was through their personal knowledge of Dr. Joseph A. Blake of New York that our difficulty with regard to a Médecin-Chef was solved. Dr. Blake was an old friend of Lady Johnstone, which made negotiations easy and pleasant. I remember that when Lady Johnstone told me that she had secured the promise of Dr. Blake to come to Ris she said: "I feel it is our duty to give these French soldiers the very best that we can get for them and if I had anyone who was near and dear to me who required the aid of a surgeon, it would be Joe Blake that I would send for."

I have always felt that it was particularly appropriate that Dr. Blake should have been the first operating surgeon at Ris, as Lady Johnstone's share of its foundation was her memorial to her mother, to whom Dr. Blake had been medical adviser.

At the beginning of the war Dr. Blake gave his services, as a volunteer, to the American Ambulance at Neuilly and his devotion to the French soldiers had won for him the admiration of the French Government and of all who came in contact with his work. Many an English Tommy was



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JOSEPH A. BLAKE, M.D., OF NEW YORK, WHO MADE RIS HOSPITAL  
KNOWN THROUGHOUT FRANCE.



fortunate enough during the retreat from Mons and the first battle of the Marne, to be picked up by the flying squad of ambulances despatched from Neuilly to bring in the wounded to the hospital there. The Neuilly Ambulance was one of the first great volunteer hospitals to come into existence in Paris and the contribution of its surgeons to the knowledge of war surgery was great and conspicuous. The generosity of the Paris Americans made this work possible and assured its continuance but, while giving the credit to the donors and to the surgeons who so generously placed their services at the disposal of the suffering, a band of devoted workers should not be forgotten, the English professional nurses and V.A.D.s who gave their services without pay during the first year of the war, until it was possible for the American committee to recruit their nursing forces from the other side of the Atlantic.

Dr. Blake's acceptance of the position of Médecin-Chef at Ris was, in my judgment, one of the most fortunate events in the history of our hospital. At the time I was not personally acquainted either with Dr. Blake or with his professional record but accepted from Lady Johnstone and Dr. Kennedy their assurances and personal knowledge of his great capacity and skill.

From the first the relations that were established between Dr. Blake and myself were of the most pleasant character. Even a layman soon became aware of his extraordinary ability and the strength of his personality was felt not only in the operating theatre but in every ward in the hospital. Not unnaturally during a co-operation of eighteen months differences of opinion arose on details of organisation and management, but I always felt that he was willing to give ample time and attention to the discussion of any question which might arise and he had a charming way of seeing my point of view as well as his own.

Gradually from the mystery of the operating theatre emerged stories of the quick decision and delicate skill which marked his operations. It was undoubtedly his impetuosity of judgment and almost uncanny genius of anticipation which enabled him to perform operations which most men would not have dared to attempt.

It was not long before he had won the confidence of every *poilu* in the hospital and many a man who was nervous as to his operation or had refused to be operated on, would go like a lamb to the theatre, once he was assured that he was to be the personal patient of the great man. If Dr. Blake had given

a verdict that an operation would produce no benefit, that verdict would be treasured by a soldier for years and quoted to any other surgeon to whom he might come for treatment.

The whole organisation of the surgical work at Ris was the inspiration of Dr. Blake. As we were specialising in fractures of the femur, one of the first things to which he gave his attention was the suspension apparatus to be attached to the beds. He personally superintended the making of the first set, by two of the woodmen from Little Green, in the attic at the top of the hospital. The Blake splints, designed by himself, were manufactured under his direction by the local blacksmith. Dr. Blake did not trust other people to make the models for his apparatus. In his Paris home he had fitted up an effective plant. Here it was that he made and experimented with surgical appliances and he found this mechanical work a recreation after the nerve strain of his surgical duties.

The suspension apparatus for the treatment of fracture cases, while not the invention of Dr. Blake, owes to him most important developments. Speaking of his early experience in the war, he said :

“ I believe the most distressing and disheartening of our early experiences was our inability to treat gunshot fractures with any semblance of success. We were handicapped by the old and prevalent ideas as to the treatment of fractures, first and paramount of which was the necessity for fixation not only of the fracture but of the adjacent articulations. As I have stated before in other communications, I believe that the greatest and most valuable advance made in surgery during the war was in the treatment of fractures. Hedged in and stultified by the old precepts, we attempted to fix these fractures in plaster and splints, only to find that the limbs would rot in the casts or that the casts would become so loose as to afford no immobilisation. I used traction at first and then began to hang up or suspend fractured limbs so as to overcome swelling and permit access to the wounds. Gradually the present system, that was used by our army and extensively adopted by the French army and by the municipal hospitals of Paris, was evolved. Ideas and details were procured from many sources, notably British; and at the present time, or at least last winter, the further we departed from the old principles of immobilisation the better were our results. It will suffice to say that in our later cases every joint was in motion throughout treatment, even in fractures of the femur, and the patients retained complete





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SUSPENSION AND EXTENSION AS APPLIED TO A FRACTURE IN THE  
MIDDLE OF THE THIGH.



function of their limbs and could use them normally as soon as their fractures were consolidated.”—[“*Early Experience in the War*,” by Colonel Joseph A. Blake. Read at the stated meeting of the Academy of Medicine of Northern New Jersey, October 15th, 1919.]

Something went wrong one day with the gas engine that made our electric light and Dr. Blake and Mr. Joshua Bower both descended into the underground darkness of the basement, clothed in overalls, and spent three hours of unalloyed enjoyment with machinery and oil. Mr. Bower avers that this was Dr. Blake’s happiest day at Ris.

Dr. Blake was a wonderful and daring driver and rejoiced in a car of 100 horse-power, which someone christened “Juggernaut.” In this he would come from Paris in well under the half-hour and would take the curves of the drive up to the hospital at a speed which eventually wore deep holes at the corners, much to the anxiety of Mr. Fraser, who was worried as to the increase in the cost of repairing the road. With this car came one constant visitor to the hospital, Dr. Blake’s beautiful Belgian police dog, Prince, who would remain on guard for hours by the motor car. He was stolen in Paris and I think his loss was felt nearly as much by the hospital staff as it was by Dr. Blake.

During the summer Dr. and Mrs. Blake moved to a château nearer to Fontainebleau and it was while coming from there to the hospital that an incident occurred which, if put into a romance, would be looked upon as somewhat far-fetched. Dr. Blake was coming along the Fontainebleau road one morning when, about four kilometres from the hospital, he witnessed a motor accident. A high-powered French Government car, coming from Paris, attempted to pass a farm cart and too late saw a private limousine approaching in the other direction. The brakes were applied, the inevitable skid followed and the private car was launched into the side of the Government automobile. Glass flew in all directions and one of the ladies was seriously cut about the face. Dr. Blake came up at the very moment and offered to take on the injured passenger for treatment at the hospital when, to his surprise, he found that the lady was a cousin of his wife whom they had seen nothing of for ten years. She was taken with her maid to Ris Hospital, where it was found that the tip of her nose was nearly cut off. When this was explained to her she remarked, “Joe, you always told me that my nose was too long. Isn’t this the right time to rectify the defect?”

The winter of 1915 was comparatively quiet as far as our work was concerned but, with the coming of spring and the renewal of the offensive on the front, the hospital began to be more used. The authorities who regulated the distribution of the wounded had by this time become acquainted with the great skill and ability of Dr. Blake as an operating surgeon, with the result that the cases which were sent to the hospital were of the gravest nature and required the greatest skill and attention. I have always noticed in connection with work in France that the officials are somewhat slow in recognising and appreciating what may be offered to them, but that once they have satisfied themselves, either as to the trustworthiness of the individual or to the excellence of the institution, they will give both their enthusiastic support.

Early in 1916 Dr. Blake made arrangements for several young doctors who had just finished their courses at the New York hospitals to come over to work under him. Many of these young surgeons afterwards won distinction in the U.S. army.

About this time Dr. Blake called my attention to the fact that the place occupied by the nurses on night duty for their much-needed rest was not sufficiently far from the inevitable noises of the work of the hospital during the day. I made inquiries for a suitable villa and was able to secure Rose Cottage, near the railway station. Here we had accommodation for seven nurses, with a bathroom, sitting-room, small kitchen and a large old-fashioned garden.

Miss Hunt came over to act as matron of the new Night Nurses' Home and to make herself generally useful. She was housekeeper at the hospital; she looked after the diet kitchen, had charge of the dry stores department, took the place of any nurse who was sick and generally volunteered for duty on nights when there was a heavy consignment of *blessés*.

A very welcome decision was made in February by the Service de Santé. Ris-Orangis, so admirably suited for the purpose, was to be made a surgical centre with the following auxiliary hospitals attached to it :

Champrosay . . .	No. 9
Corbeil . . . . .	No. 245
Villiers-sur-Marne . . .	No. 97
Viry-Châtillon . . .	V.R. 75 (Auxiliary Hospital for Aviation Camps).

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In May the ambulance work was enlarged by our undertaking transport of wounded for the hospitals of the neighbourhood.

The hospital at Brunoy was one of these. I visited this hospital one summer afternoon and was taken over the entire building. It had been built and was maintained by a very wealthy Brazilian lady, who lived in the district, as a hospital in the oldest sense of the term, for it was intended as a home for the small tradesmen of Paris who had fallen on evil days in their old age. Here, in a well-equipped building standing in a beautiful garden which they cultivated, these old men, broken in the hard fight of the world, found a refuge in their old age. In addition to accommodation for these pensioners there were hospital wards and operating theatres, where the *petite bourgeoisie* of Paris could be brought for operation when they were unable to afford skilled surgical service and yet dreaded appealing to public charity. There were two operating theatres, one for internal operations of an aseptic character and another for septic cases, both so excellently managed that some of the leading surgeons of Paris would ask to be allowed to bring their private patients to the aseptic theatre for operation. During the war thirty beds were allotted to French soldiers, under the care of a resident surgeon and four white-capped nuns. I think that this is one of the most charming private charities with which I am acquainted. It gave help and comfort to a class of people who are nearly always inarticulate in their troubles.

In January of 1916 I went to New York, partly for a holiday after the labours of organising and starting the hospital and also for the purpose of organising support for the hospital in America. I did a certain amount of personal canvassing in New York, Pittsburg and Washington, but I found it was becoming increasingly hard to raise funds by any general appeal. I still possess, however, as a memento of my canvassing work in Pittsburg, a dollar note sent through the post in a pencil-addressed envelope by a working man who had read an account of my appeal in an evening paper.

During my absence the management of the hospital was left in the hands of Dr. Blake and Mr. Marsden.

I have gathered from many sources that the mixture of nationalities in war-work institutions was apt to lead to many difficulties and I cannot pretend that our experience at Ris did not confirm this. My own observations suggest that Americans and French or English and French often worked better together than Americans and English, because the very

dissimilarity of ideals and language made the pitfalls more apparent and therefore more easily avoidable. The pre-conceived idea that Americans and English speak a common language was responsible for a certain amount of friction. Anyone who knows both countries will recognise that there are different meanings attached to many phrases in constant use and, unless these are understood, misunderstandings and a shade of coolness are likely to arise.

We, at Ris, had our share of storm and stress. There were disciplinary measures that called forth resentment from the hotheads; social points over which ebullient spirits split into fierce factions; everyone who has lived in a war hospital knows how suddenly a local squall blows up out of the blue and how effectually these miniature disturbances often clear the air, leaving no permanent ill-feeling behind.

In respect of discipline we laboured under peculiar disadvantages. Ris-Orangis Hospital was a French military hospital with a non-medical administration. In a military hospital the Médecin-Chef has full and absolute authority over every person in that institution; in a civil hospital the committee exercises control through its financial power and has the appointment of all heads of departments. Neither of these two plans could be adopted in its entirety for Ris. Dr. Blake was appointed by the Managers but, not being a French officer, could not be recognised by the French Government as being solely responsible for the institution. Dr. Blake was giving his services voluntarily and was, moreover, a most distinguished surgeon, so that it was only right and proper that he should have a great latitude in management and control.

Efforts were made to clearly define the departments which should be controlled by the non-medical staff. The kitchen, stores, linen-room and motor department came under this head but, even so, it was somewhat difficult to get uniformity of action. Suppose that a trained nurse were, for the time being, in charge of the stores, was it for the Médecin-Chef, who controlled all the trained nurses, or for the Managers to make a change?

Another difficulty arose out of the necessity for making rules to govern the social conduct of the staff. It was hard for those who were used to civil hospitals to realise that, when they came to work in a military hospital in a foreign country, they could not enjoy the same liberty when they were off duty as they had been able to do at home. Who was the proper authority to make the rules? Here was





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A SPECIAL SPLINT DESIGNED TO MEET THE NEEDS OF A CASE PRESENTING PECULIAR FEATURES.



another problem. If the Médecin-Chef made them, should they apply to those who were not attached to the medical staff? Dr. Blake was further hampered in this matter by not living in the hospital and therefore not seeing the staff in its hours of relaxation. Eventually a set of essential rules was drawn up by Lady Johnstone, Dr. Blake and myself. The basis of them was the order that no member of the male staff should go outside the hospital grounds with any member of the female staff. The object of this was to prevent unfavourable criticism from the French population who might misunderstand the frank friendship between men and women which is accepted in Anglo-Saxon society.

I distinctly remember the black looks of some of the young doctors after these rules were promulgated. I had a talk with one young man who informed me with some heat that he considered them unjust and uncalled for.

I said to him, "I am going to ask you to obey the letter of this law in Ris."

I went on to explain that, if either Dr. Blake or I saw him having tea or dinner with any of the nurses in Paris, we should be perfectly blind but that he must not walk down to the station or back from the station with her. Of course no objection could be taken to a mixed party of four or five going out together if they did not break up into obvious couples. This explanation seemed to make the matter easier and, by degrees, the rules worked smoothly enough.

In one way or another our staff managed to squeeze a considerable variety of diversions into their hours off duty.

Thanks to friends in the town they had the loan of a tennis court which was made great use of; in warm weather there was bathing in the river and the forest of Sénart was a place of resort whose charms never palled. In the spring there was a profusion of wild flowers and the nurses used to make pilgrimages to the green glades and come back laden with primroses, daffodils or lilies of the valley with which they made the wards gay and beautiful to please the *blessés*.

"The Hermitage," with its little green tables in the garden, shaded by cut trees and boughs, was a favourite bourne when the days grew warm and the evenings long and many a small social function and little dinner were given here. The walk back in the evening through the forest, a brilliant moon turning the landscape into silver and changing the foliage of the trees into a delicate network of lace, was by no means the least pleasant portion of the outing. Paris, with its shops and *pâtisseries* and the opera, was naturally a great attraction.

Later in our history the coming of the American flying men to Orly brought a wave of gaiety to enliven the nurses and doctors in the hospital. The officers there very soon instituted weekly hops and were excessively kind in sending their cars to take out any of our staff who wished to attend the dances. On one occasion one of the cars took fire half-way between Ris and Orly and was burnt up. Happily all the occupants got out without a singe, but I think it cost the officer in charge of that car a lot of deep thought how to wiggle-waggle his returns to account for a burnt car on the Paris road the wrong side of Orly Camp.

During the summer of 1916 Dr. Blake was very ill and at one time we feared that he might have to undergo a serious operation but, fortunately, the worst symptoms subsided although the hospital was deprived of his services for a considerable time. During this period Dr. Kenneth Taylor undertook the work of Médecin-Chef and Dr. Graves was in charge of the operating theatre. We all much regretted that Dr. Graves had to return to America in November of that year, as his attractive personality and his technical ability made him *persona grata* in the hospital.

Dr. Blake's illness had undoubtedly been brought about by his strenuous work since the outbreak of war; only those who were with him during that period really know how much of himself he gave to each case under his charge.

About this time there were long negotiations with the French Government for the enlargement of the hospital. On this matter Dr. Blake and myself took rather divergent views. I felt that it was essential that the future of the hospital on the two-hundred-bed basis should be assured before any extensions were sanctioned. Dr. Blake, on the other hand, not unnaturally felt that he could do the surgical work of a five-hundred-bed hospital just as easily as a smaller one, as he had a sufficiently strong staff of assistant surgeons to cope with the work. He used the argument that it is easier to raise money for an institution in debt than for one in affluent circumstances. Personally I did not care to put this dictum to the test. The French Government made inquiries with a view to buying a considerable area of agricultural land just outside our park walls and erecting there a large hut hospital. They also had the idea, if this project went through, of permanently acquiring Ris for a military hospital after the war. Many of the French surgeons had become convinced that patients recovered more quickly in country surroundings than in the city. However, the price

THE  
HISTORICAL  
RECORD  
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THE  
AMERICAN  
MEDICAL  
ASSOCIATION  
1900-1910



To [see p. 46]

PREPARING FOR AN OPERATION BY DR. BLAKE.



that was asked for the land was so high that the scheme was abandoned. It was with regret that I received the news of this decision as I should have been pleased had it been possible for more of the French wounded to receive the exceptionally skilled services of Dr. Blake.

On my return from America to take over the management I was anxious to make a sharply defined line of demarcation between the medical and non-medical sides. With this object a committee was formed for the interchange of views and to prevent the overlapping of various departments. Dr. Blake and Dr. Kenneth Taylor represented the medical side; Mr. Fraser, Mr. Bower, Mr. Cobb and myself the other departments. Later, the Gestionnaire was added to the committee, which worked satisfactorily throughout the summer and autumn.

At the beginning of October 1916, I gave a dinner at the inn to the oldest inhabitants of the hospital, those who had originally come over with the unit or who had joined in 1915. We regretted the absence of Dr. Blake, whose place was taken by his wife. Much amusement was added to the evening by an ingenious device. The guest who replied to one toast delivered the speech which was intended to be made by the proposer of the next, thus leaving the last comer in embarrassing possession of a speech which had already been delivered. Corporal Wolfe of the French contingent gave a magnificent performance on the violin.

We often had concerts in Salle O. M. Aribert was most energetic in arranging programmes and there was no lack of talent. Artists came out from Paris on many occasions, affording solace and amusement to our *blessés* and, I am sure, sensibly improving their mental condition.

Those who were too ill to be moved to the great ward were touchingly appreciative of the playing of a musician-patient whose *marraine*, as it happened, was one of our nurses.

In October, with the assistance of Mr. Fraser, a careful calculation was made as to the expenses of running the hospital and the funds available. By March 1917 the monies guaranteed by Lady Johnstone and myself would be exhausted and we were under contract to the French Government to continue our work for the duration of the war. Our relatives and personal friends had been generous donors to the hospital, but the growing needs of every war institution at home made it difficult to make further appeals there. To America we could look, we believed, for substantial financial support.

The whole matter was discussed with Dr. Blake and I asked him if he knew of some American who would like to take over the hospital and shoulder the financial responsibilities.

Negotiations were entered into with this object during my second visit to America, and by the time I reached England on the return journey to Ris they had consolidated in the proposition that the American Red Cross should accept Ris Hospital and raise funds for it, Dr. Blake remaining at his post as Médecin-Chef.

This was a practicable scheme and had much to recommend it but, on my arrival in France, Mr. Fraser showed me a letter from the Service de Santé to Lady Johnstone which, while noting the proposed change, expressed a wish that the present management should continue and offered us a new financial contract to enable us to meet the growing increase of costs. It ran as follows :

“ MINISTÈRE DE LA GUERRE,  
Sous-Secrétariat du Service de  
Santé Militaire.  
1<sup>ère</sup> Division technique.  
No. 1941 3/7.

RÉPUBLIQUE FRANÇAISE.

*Paris, le 23 janvier, 1917.*

“ MADAME,

“ Le Docteur et Madame Blake et Monsieur Oscar Beatty, Directeur Général de l'American Relief Clearing House, m'ont saisi de propositions en vue d'une transformation de l'Hôpital JOHNSTONE-RECKITT et du renouvellement jusqu'à là fin de la guerre des fonds nécessaires à son fonctionnement.

“ Ces propositions résident essentiellement dans la substitution à vous et à Monsieur RECKITT, de la Croix-Rouge Américaine, ayant comme représentant et mandataire le Docteur BLAKE. Elles ne seraient d'ailleurs réalisables que moyennant l'acceptation par le Service de Santé d'une notable partie des charges que vous avez généreusement supportées jusqu'à ce jour solidairement avec Monsieur RECKITT.

“ J'attacherai du prix à connaître de vous-même, préalablement à tout examen de la question, votre sentiment et vos décisions personnelles.

“ Si, en effet, l'hôpital pouvait continuer de fonctionner avec votre concours et sous sa désignation actuelle, moyennant les mêmes sacrifices que je serais amené à consentir pour sa continuation sous l'égide de la Croix-Rouge Américaine, je considérerai comme strictement équitable et il me serait



agréable de préférer la première solution à la seconde et de conserver ainsi au Service de Santé la co-opération personnelle que vous lui avez donnée d'une façon si dévouée.

“ Veuillez agréer, Madame, mes respectueux hommages.  
“ GODART.”

After an interview at the office of the American Clearing House in Paris with Dr. Blake, Mr. Beatty and Mr. Harjes as representative of the American Red Cross, Mr. Fraser and I had a long conference in which we took stock of the situation in all its bearings. The upshot of our consultation was the decision to make every effort to carry on the hospital.

We at once communicated with Lady Johnstone, and she and I cabled to friends in New York and received in reply the encouraging news that a committee was being formed to raise funds for the continuance of our work at Ris. The New York committee worked with a will and the donations and subscriptions sent through this channel were a prop to our finances till the closing of the hospital on September 30th, 1918.

A few days after the interview in Paris Mr. Fraser, Mr. Bower and I talked things over with Dr. Blake at the hospital. We made every effort to get him to reconsider his resignation, sent in after we had decided to keep the hospital under the old management. Dr. Blake was much moved by the personal confidence and affection shown by those who pressed him to remain. He said he regretted that matters had gone too far for him to reconsider his decision, as his friends in Paris had already acquired a large hospital in the Rue Piccini which was to be opened as an American Red Cross hospital with himself as Médecin-Chef.

As the change was now inevitable, it was agreed that Dr. Blake should continue in charge at Ris until March 31st, to give the committee time to secure another first-class surgeon. In order to show our appreciation of Dr. Blake's services to the hospital we asked him not to sever his connection with us altogether but to accept the position of Hon. Consulting Surgeon. This he was very pleased to do and he retained the position as long as the hospital was in existence.

In a letter to me he wrote in April 1919 :

“ Now that the war is over I want to tell you with what pleasure and I may say satisfaction, I look back to the life at Ris-Orangis and our labours together.

“ I feel that the little hospital played a great part in the War particularly in regard to the Medical Corps of the American army. It was largely responsible through Colonel Church and Colonel Keller for the treatment that became more or less standardised when the army came over.

“ I also wish to express my personal thanks to you for your kind and thoughtful collaboration and aid during the time I was there.”

On Dr. Blake's resignation, Miss Robertson, our very efficient Matron, sent in hers as a matter of hospital etiquette. Dr. Blake had sent for Miss Robertson from New York to take the position of Matron at the Ris Hospital, which was another reason for her action. We were fortunate enough to persuade her to withdraw it, pending the arrival of a new Médecin-Chef, and to accept a new appointment from him when he should arrive.

Miss Robertson's loyalty to the hospital was unbounded. After Dr. Blake, I feel that the success of this institution was very largely due to her personality. Kind, considerate, efficient, her heart went out in love to every one of the suffering *poilus*. She was a strict directress in all matters of ward-work and hospital discipline and a loving friend to every nurse and orderly in time of sickness or trouble.

Before Dr. Blake finally severed his connection with the hospital as Médecin-Chef we had the opportunity of entertaining him at a function in the big ward at the top of the hospital. Among those present were General Sieur, the Mayors of Ris and Grigny, and the Médecins-Chefs and doctors of all the hospitals in the locality with which Ris had been officially connected. On behalf of the committee and the staff of the hospital, Dr. Blake was presented with a piece of silver subscribed to by the founders and the whole of the staff. We much regretted that Mrs. Blake was prevented at the last moment from being present as we should have liked to have tendered to her our thanks for her work in the hospital for the French wounded.

Mrs. Blake was indefatigable in helping the *poilus* with their letters, writing many of them herself. She had also undertaken the organisation and provision of coffee, hot milk and lemonade, bread and cigarettes, at the railway station at Villeneuve St. Georges on the arrival of the hospital train.

The *blessés* gave Dr. Blake a souvenir on their own account. Knowing his shyness of ceremony, they inveigled him into a ward on some pretext or other and, after expressing their gratitude in characteristic fashion, handed him a silver



*To face p. 50]*

OUR CHIEF.—1915-1917.

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*Chantecler*, emblem of France, a present to which they had all subscribed.

In an article contributed to *The Military Surgeon* for December 1919, Dr. Blake describes briefly his period of work at Ris and, with his permission, the following extract is given :

“ In the fall of 1915 I was called to take charge of the hospital at Ris-Orangis founded by Lady Johnstone and Mr. Reckitt. This hospital was organised under the Anglo-French Department of the British Red Cross. The lay staff and orderlies were British; the physicians and trained nurses chiefly American. There were several English ladies serving as V.A.D.s and I cannot speak too highly of their devotion and willingness to comply with the American ideas of the professional staff. My service there was in many ways ideal. The hospital, a converted monastery, was admirably arranged and supplied with water, gas and electricity. It contained a little over two hundred beds and had its own ambulance service. Shortly after I went there, the Service de Santé designated the hospital a surgical centre (Centre Chirurgicale) and a number of outlying hospitals in the region were attached to it as secondary hospitals, to which we could evacuate our wounded as soon as they were convalescent and where we could follow them and bring them back to Ris-Orangis in case they needed later operations. The wounded were brought in the hospital trains to Villeneuve St. Georges, fourteen kilometres away, where our ambulances met them and distributed them to all the hospitals of the region. The fracture and severe cases were brought to Ris-Orangis, so that we always had an active, interesting service, except in the winter months, when warfare was practically at a standstill.

“ Our X-ray plant at Ris-Orangis was the best and most stimulating that I have ever known. We were extremely fortunate in that we had Mr. Gage in charge. He was an Englishman, rejected on account of his health by the army, but who did, I believe, as valuable and as much work as any one in the R.A.M.C. He was a born investigator and an excellent physicist, always inventing and improving upon current methods. His method of localisation is, I think, the most accurate, simple and practical of any that I have known. His work was so appreciated by the consulting staff of the British army that they did their best to further his endeavor to be accepted by the army, but without

success. But if he had been accepted, such is the glorious efficiency of all armies, he probably would have been assigned to a labor battalion instead of the position of consulting radiologist which they desired for him.

“During my service in Ris-Orangis I made an attempt to introduce the half Thomas leg-splint as a transport splint for the evacuation of the wounded from the battlefield. I had one hundred made and sent up to the front to be used in the Postes de Secours. Some favorable reports came back to the Service de Santé, but owing to lack of personal demonstration they were not received with universal favor. Later the splint, improved by Colonel Keller so that the half-ring could be folded, thus making it adaptable to either right or left extremity and more easily transportable, was of valuable aid in transporting our wounded from where they actually fell on the battlefield.

“Eighteen more interesting and satisfactory months were spent at Ris-Orangis, during which progress was made in the methods of treatment of fractures and a great deal of experience in the treatment of bone sinuses obtained. In regard to the latter, I found that it was perfectly possible to cure them at a single operation. However, to be successful it was imperative to remove all the dead fragments of bone. This can be readily done by first localising them by means of stereoscopic X-ray plates. They should be removed with care not to injure the growing bone more than absolutely necessary and to leave the cavities so that they can become obliterated. We never curetted sinuses blindly and, in fact, did not disturb the granulations more than we could help.

“I left Ris-Orangis just before we entered the war to organise the American Red Cross Hospital of Paris, which at first was devoted to French wounded but later became attached to our army as the American Red Cross Military Hospital No. 2.”

Of Dr. Taylor's work in the Laboratory, more fully described in Chapter VI, Dr. Blake says :

“The Robert Goelet Research Laboratory, which Dr. Kenneth Taylor and I organised at the American Ambulance, naturally followed us to Ris-Orangis. Dr. Taylor continued his work on gas gangrene and made a number of interesting and valuable observations on the anærobic infections, one of which was the persistence of bacteria in the interior of dead fragments of bone. Sequestra, as they are generally called, could be soaked for hours in the strongest antiseptics, after

which cultures of tetanus and other bacteria could be obtained from their interior. This observation throws some light on the occurrence of late tetanus. We also carried out an extensive series of comparisons between the different methods of wound treatment, chiefly putting the Carrel-Dakin against other methods. The results of our investigations led us to the conclusion that no one treatment was a panacea, but that a judicious selection or combination was the more successful. In fact, I am convinced that the only treatment for wounds that can be said to approach a panacea is direct sunlight.

“The notable event of that year was the discovery by Dr. Kenneth Taylor, then pathologist and director of the laboratory of the American Ambulance, of the pathogenesis of gas gangrene. Although elaborated later, his theory and description of the disease was the first which enabled us to develop a rational treatment of the disease, namely, the excision of devitalised and infected muscle tissue.”

## CHAPTER VI

### ENEMIES WITHIN OUR GATES

WHEN Dr. Blake came to us from the American Ambulance at Neuilly, there came with him the Robert Walton Goelet Research Laboratory, founded by a gift from Mr. Robert Walton Goelet to Dr. Blake and dedicated to the study of wound infections.

The laboratory was installed at Ris on the second floor in three rooms facing south, well equipped for bacteriological and pathological work. Major Kenneth Taylor, the pathologist, was in charge, Miss Mary Davies was bacteriologist; Miss Carver, secretary, and there was an orderly, Stanton, whose duty it was to clean the tubes, etc., and prepare the post-mortems. Later the staff was joined by a chemist, Mr. Magee, from Queen's University, Belfast, Dr. B. H. Buxton, who very kindly took a house at Ris in order to help us with his great experience in bacteriology and, finally, in 1917, Dr. Holman came over from America in order to do some special research work. The work was twofold. In the first place, the surgeons were assisted in diagnosing the cases by the ordinary laboratory routine methods; and secondly, a number of original experiments were embarked on, chiefly directed towards obtaining knowledge of the action of anti-septics upon the different bacteria infecting the wounds. These researches were published upon completion; usually in the *Lancet*, the *British Medical Journal* or the *Journal for Bacteriology*.

War surgery differed from civil practice in that there was hardly a case in which extraneous matter in the form of dirt and bacteria had not been introduced into the wound. Take a fractured leg for an example. In the majority of such accidents in civil life the bone alone would be broken and in most cases the skin would not even have been grazed. But in war most fractures have been caused by some projectile entering from outside, causing, in addition to the fracture of the bone, terrible laceration of the flesh. What the piece of



shrapnel or shell fragment had introduced with it could only be known later by careful investigation and here the Goelet Laboratory had scope for much valuable work.

The great dangers from wound infection are tetanus, gas gangrene, osteomyelitis and septicæmia.

Tetanus cases were comparatively rare, owing to the routine practice of giving antitoxin injections to each case as a precautionary measure. Gas gangrene, if it occurred, usually declared itself during the first few days after arrival in men deeply wounded in the fleshy parts of the body and, unless detected and checked in time, carried them off very quickly. We were perpetually on the look-out for it. Recent wounds almost invariably contain the organisms that give rise to this disease and it was often a question whether to sacrifice a limb in order to avoid danger to life as, once the disease was established, it spread with extraordinary rapidity. Yet, in many cases, it was possible to save both life and limb by a thorough cleansing of the wound. The cases suffering from streptococcal infection were more insidious, though equally dangerous. I believe we lost more men from this cause than from any other, but the specific bacteria which caused the various symptoms were found in the great majority of examinations. In every case the bacteriological report is an important contribution to the mass of information which has to be considered by the surgeon as a basis for his decision.

Dr. Taylor made a systematic study of the action of various types of antiseptics in relation to the bacteria of wound infections, which was carried over a long period of time—six months, I think. He wanted to find out whether any particular form of infection disappeared more rapidly under one treatment than under another. A number of beds were devoted to each kind of antiseptic and the examinations were taken weekly and compared with one another. These results were published in full.

Dr. Taylor went to America in the winter of 1915 and Miss Davies was in charge until the spring of the next year. It was in those days that she began experimenting with a view to finding out whether it would be possible to impregnate the uniforms and underclothing of soldiers with an antiseptic substance which would retain its properties in spite of exposure to weather, as she thought it might at any rate retard the growth of bacteria when, as was so often the case, pieces of stuff covered with mud were driven into the wounds. The experiments were completely successful. The *Lancet*

published the results on September 15th, 1916, and they appeared also in *Les Archives Médicales*, together with a paper by Dr. Carnot, who had had exactly the same idea, only he carried it out somewhat differently. Miss Davies was in great hopes that a system would be introduced into the army whereby the men's clothing could be impregnated with antiseptic, believing that it might greatly reduce the incidence and the severity of wound infections; but, although such medical authorities as she was able to consult supported her opinion, the government refused to adopt it on various pretexts—so that it came to nothing. I believe that one of the contributory causes to this failure was the fact that the antiseptic that she had found most suitable for this purpose was a patented article in private hands. In war-time every government department is afraid of playing into the hands of private corporations. To anyone who knew Miss Davies the absurdity of the suggestion that her recommendation of this particular antiseptic could have been influenced by commercialism would be patent without a moment's hesitation.

As the war went on and surgeons became more experienced they usually operated upon the wounds as soon as they could deal with them, before infection had established itself, and by this means were frequently able to get them to heal by first intention. Experience taught them that the best results were to be obtained by immediate operation for the removal of dirt and devitalised tissue. In this way infection could be considerably reduced and frequently obviated, the wounds healing without complications.

To digress a moment, the beautiful white rabbit of the laboratory department, which survived many inoculations and experiments, was deemed to have earned his freedom and was turned loose in the park. Sad to relate he was killed by an ambulance within two or three days of gaining his liberty.

An advanced case of gas gangrene is a sight of horror never to be effaced from one's memory, and difficult it is to conceive that it is due to an organism of microscopic dimensions of which only a few need to be carried into the flesh by a piece of shell, the latter devitalising the muscle and providing an ideal condition for this terrible assassin to grow and multiply and kill its host. In reality it poisons him by the toxins it produces.

This organism is present in the soil and, if introduced into the depths of a wound, away from the air and oxygen, it thrives and multiplies sometimes with amazing rapidity and

as it develops its presence can be detected by a very distinct odour of its own and it will eventually cause an inflation and ballooning with discoloration of the injured limb which is typical. The method of treatment was usually to open up the injured limb by cutting deep down into the tissue and thus allowing the oxygen of the atmosphere to come in contact with the tissue. In cases of dire emergency, amputation was the only remedy.

During the whole course of the war medical scientists devoted their attention to an attempt to discover an anti-toxin which should be as effective as that in the case of tetanus. Dr. Kenneth Taylor and Miss Mary Davies were well known throughout France for their persistent efforts in this research. They did find a serum which, in the case of guinea-pigs, was successful, but in the case of human beings, unfortunately, was less rapid in its development than the enemy which it had to attack.

Miss Mary Davies will always stand out as one of the heroines of the laboratory in connection with this research. Believing that the antidote for gas gangrene had been found, she injected the germs of gas gangrene into herself and then telephoned for Dr. Taylor so that the efficacy of the antidote could be tested in the human subject. Science demands the exact reproduction of a typical war injury before incontrovertible conclusions can be drawn. It was consequently said that the mere injection of gas bacillus into a limb that was not lacerated and bruised did not produce the conditions suitable for the quick development of infection. Such criticism is no doubt accurate, but it in no way detracts from the courage of Miss Davies, who infected herself with this organism of gas gangrene in the belief that by so doing she could carry a step further investigation which might save the lives of thousands of English and French soldiers who were dying day by day in the hospitals of France.

It is interesting to note in this connection that gas gangrene may develop remote from the first local seat of infection. Several such cases occurred in the hospital and were investigated by Dr. Taylor and reported at length.

The problem of combating infection was of pre-eminent importance and the laboratory investigations contributed in no small measure to the success with which they were able to be combated. In a published booklet are the details of much patient and productive work of a search to find antiseptics which have a specially lethal effect on different bacteria,

for the conclusion was early come to that one antiseptic is not equally deadly to all kinds of infecting organisms. By this means it was possible to select the most effective antiseptic for the kind of infection present in any particular wound and to this end thousands of examinations of the pus contained in wounds were made and the most suitable treatment chosen.

Special attention is due to two particularly successful applications of the principle. One, fortunately effective in the treatment of gas gangrene, was the use of a solution of hydrochloride of quinine and the other of an acetic acid solution which acted like a charm against pyocyanus infection. In some instances these solutions would be used by the method advocated by Dr. Carrel, substituting them for Dakin solution, which is so closely associated with the Carrel method, where the nature of the infection gave scope for specific antiseptics.

Mr. Magee's special contribution was unique and was published in the *Edinburgh Medical Journal* of Feb. 1917, under the title of "A Comparison of some Antiseptics in respect to their Diffusibility, Action on Leucocytes, and Action on Ferment Activity." This work of research was an important contribution to our knowledge of the action of antiseptic when applied to wounds, and proved conclusively that many ideas previously current as to the value of some popular antiseptics and their lethal effect on bacteria were not so effective in a septic wound as in the test-tube experiments upon which their value had been previously estimated. Objections were proved against many of them, some having their properties destroyed by their action on the tissues of the wound itself, while others had a detrimental effect upon the emigration of the special cells of the blood that are concerned in the destruction of bacteria and wound repair, these latter therefore hindering Nature's own protective and reparative process.

Formidable enemies were the flies. They are a difficult problem and were blamed for the appearance in our wards of erysipelas conveyed to us, we believe, from some cases that were known of in the village. An eternal war was waged against them during the summer months by all the doctors. Systematic inspections were made of the grounds and we took pains to cover and remove all refuse and bury in trenches tin cans and broken earthenware. Colonel Keller invented ingenious traps, but our war on the flies was never entirely successful.

Mention has been made of the terrible fracture cases we had to deal with. At the invitation of Dr. Blake, Dr. Frank Albee of New York paid us a visit in 1916 and we had the honour of entertaining him, as during his stay in France he made his headquarters at Ris.

Dr. Albee, eminent in his profession, specialised in ortho-pædic surgery, notably in bone-grafting, for which he had developed special technique and designed the double-circular electric saw which bears his name. The Albee bone-saw found tremendous scope in the casualties of the war, and on his arrival its inventor was able to see in our wards Dr. Blake's successful results with the instrument.

While in France he visited many other important centres for the purpose of demonstrating the technique of the operation. He himself performed a good many operations at the Ris Hospital. The extended practice of bone-grafting made it difficult to meet the increasing demand for the saw. Fortunately, we possessed one, a gift from New York.

Dr. Albee brought with him from America cinematograph films of three typical bone-grafting operations and he arranged, for the benefit of the Staff of our hospital, an exposition of these films at the cinematograph theatre at Juvisy. On that night every available ambulance and motor-car was pressed into the service and practically the whole of the staff attended to see the pictures. Invitations were also sent to the doctors of all the French hospitals in the district.

It was very interesting to look round and notice the effect of the pictures on the screen on the various members of the staff. I noticed that many of the V.A.D.s, and even some of the nurses, were studiously studying the contour of their own boots. Mrs. Blake frankly covered her face with her two hands. After it was all over Dr. Blake said to me: "I've performed thousands of operations myself, but I have never felt so near an operation as with watching these pictures, and at present I could very well do with a stiff brandy and soda." Next day the orderly in charge of the operating theatre was off duty with a severe sick headache.

The series of pictures which were shown had been specially prepared for demonstration before medical students and showed every detail of the operation and the full technique in a wonderful manner. The first was a bone-graft in a leg below the knee, the second a bone-graft in the spinal column of a tuberculous child, and the third a bone-peg to fix the fractured neck of the femur.

The object of bone-grafting is to join, often to bridge, the

gaps between the fractured ends of a bone, somewhat similarly to the earlier process of plating. The latter primarily performs two functions, it holds the bones in the position in which the surgeon desires them and immobilises them by an internal splint, as it were. Plating consists of screwing a metal bar so as to hold the bone ends together and in line. The method is still in use where immobilisation to maintain alignment only is desired. This process has its inherent disadvantages in that it sometimes brings its own sequel of troubles, and may have to be removed by a subsequent operation.

Dr. Albee asserted that a large part of his practice was the removal of someone else's metal work and substitution of a bone-graft. The special application of bone-grafting in war theatres is in such cases when the trauma and disease has caused loss of bone substance and the graft is used between two ends of the fractured bone, producing continuity by the insertion of a piece of live bone taken from another part of the patient's body. This is done rather on the lines of a cabinet-maker's inlay, little grooves being cut in each end of the bone and a strip of bone taken from the other leg of exactly the right length and sutured into place. The wound is then completely closed and sewn up and, should everything be favourable and the patient be healthy, and no old septic trouble start again, the inserted strip of bone will become entirely adherent in the grooves at each end where it is inserted and will gradually grow in the bridged space so that a completely whole structure will be re-formed.

The Albee saw is essentially a double-circular saw with a small space between the two saws and considerably facilitates the cutting out of the strip of bone from the other leg of the requisite length and breadth and the grooves for its insertion. The desire is that this piece of live bone shall retain its vitality and by virtue of its living cells and blood-vessels make a bridge that shall contribute to the repair and by its growth fill in the gap with solid bone.

Among the most successful cases of bone-grafting was "Cheerful Charlie," who, in spite of the fact that at one time he had a gap of over three inches in the bone of his left leg below the knee, left the hospital able to walk perfectly on his bone-grafted leg. It was our practice at Ris to send the patients who required bone-grafts to one of our convalescent homes for three or four months and bring them back to be operated on in the winter months when the ordinary work of the hospital was at its slackest time.

One of the discoveries that was made in war surgery was that germs of infection, including tetanus, often remain

dormant for a long time in the tissues that have suffered invasion. The original wound may have become perfectly healed and remain so, and for this reason a period of four months must elapse before the operation of bone-grafting can be attempted, and even then there is always the uncertainty as to whether or not a septic condition would not again develop and jeopardise the ultimate success. The longer the war went on, the longer time did surgeons feel it was necessary to postpone the operation of bone-grafting in order that the risk of recurrent infection by these quiescent bacteria should be reduced.

Quite early in the history of Ris Hospital it had become the practice in all cases of secondary operations to give a precautionary injection of anti-tetanic serum, which is so effective against this particular organism. Would there were such specific means of combating all types of infection. That day may yet come.

War wounds are invariably septic and are a constant drain upon the constitution of the patient, and from this arose many discussions on the question of amputation and the difference of treatment practised in some special cases by French doctors on the one hand, and American and English doctors on the other. To amputate the limb well above the line of infection at an early stage was apparently the approved practice of the French surgeons. Their line of argument was, that the recovery of the patient would be assured, that his system would not be thoroughly poisoned, and a heavy toll upon his constitution obviated, thus saving months and years of convalescence, and that if he was a manual worker the loss of a leg would not interfere with his earning capacity. On the other hand, English and American doctors made every effort to save a limb. I always remember one particular case of an Algerian. I have often been at his bedside while his leg was dressed. The flesh was laid back in great folds, eight or nine inches above and below the knee, the whole of it suppurating. With every care and consideration the daily suffering of that man for three months is hard to imagine. Constitutionally he was slipping back the whole time and, in the end, after three months of suffering, the leg had to be amputated in order to save his life. It was only just done in time. The man recovered from the amputation and, from the time he got over the shock of the operation, one could watch the return of colour and health to his face. Within five weeks he left his bed on crutches.

To a layman it would seem that the English and American

surgeons attached too much importance to the saving of the limb while, on the other hand, the French doctors may have been somewhat too ready to amputate. On the whole, I think the first consideration should be the constitutional recovery of the patient rather than the demonstration of surgical skill.

Night duty had its peculiar anxiety in that nurses and orderlies had always to be on the watch for the breaking down of a blood-vessel, not necessarily only after an operation. The danger of this was infinitely greater in a war hospital than in a civil ward and was due to the sloughing off of tissue owing to sepsis.

Thinking over the surgical work of the hospital I have come to the conclusion that no war hospital of any size which deals with serious surgical cases should be without a highly-trained medical man on its staff, as distinct from a surgeon. The complications of war wounds have such an effect upon the constitution of the patient that this side requires the most careful watching in addition to the surgical treatment of the wound itself.



THE  
CAMPBELL

THE  
MUSEUM  
OF  
THE  
ARMY



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LIEUTENANT-COLONEL W. L. KELLER, MÉDECIN-CHEF.

## CHAPTER VII

### AMERICA COMES IN : COLONEL KELLER AS MÉDECIN-CHEF

ON Dr. Blake's resignation I at once wired to Dr. Lewis Conner, of New York, to ask him to find a first-class operating surgeon to act as Médecin-Chef and also two or three assistant surgeons. Dr. Conner himself was suggested, but his duties at Cornell University and the fact that he was also a Reserve Officer in the American Army Medical Service made this impossible.

Dr. Blake left us on March 31st, 1917, and during the interregnum Dr. Evans of Youngstown, Ohio, undertook the duties of Médecin-Chef. Dr. Evans was very kind and courteous, a most agreeable man to work with. It was with much regret that I heard that, shortly after his return to America, he fell a victim to the influenza scourge.

At Easter 1917 we had a visit from Bishop Bury, the Bishop of Central Europe, who gave us a very interesting address, describing to us his experiences in Germany, he having been allowed to visit the British prisoners of war at Ruhleben. We greatly enjoyed this. He told us how cheerful the men were and gave us the message they had given to him. "Tell the people," they said, "we are all right, we are not downhearted; tell them to carry on." The Bishop inspected the whole of the hospital, expressed himself delighted with all he saw. It was most heartening and encouraging to all to know how favourably impressed he was.

During the months of February and March 1917, events were hurrying America towards the declaration of war with Germany. Dr. Conner found it increasingly difficult to find anyone sufficiently at liberty to give his whole services for any lengthy period in the capacity we needed. Many first-class American surgeons were willing to come over to France for three or four months, but there is nothing so demoralising to an institution as a constantly changing head of the medical service. After three or four failures, Dr. Conner got in touch with the U.S. Surgeon-General's Office through Mr. Baker, U.S. Minister of War. The Surgeon-General suggested for us Major W. L. Keller, who had the reputation of being the

best surgeon in the American army and he offered to send with him Captain Card and Captain Edwards. As America was not at war, these three gentlemen were to be given long leave and come to Europe as private citizens in mufti.

The reason why the American army authorities were desirous of sending over three of the best men of their permanent personnel was that, should America eventually enter the war, some of their own surgeons acquainted with war surgery under the new conditions would be already on the spot and be able to impart the fruit of their experience to their colleagues as they arrived in France. In this connection I always remember a remark of Dr. Blake's, "I don't care how good a man may be as a surgeon in private practice, he is useless in war surgery until he has had at least six months' experience."

When Major Keller received his appointment to Ris, he was in Texas, on the Mexican border and he travelled to Europe by the Spanish line from Cuba. His descriptions of this journey are much better omitted than detailed. The food was shocking and the three officers arrived in France half starved. The cost of the passage was out of all proportion to the comfort. The new Médecin-Chef reached Ris on May 7th, 1917, and at once took up his duties. America had entered the war on April 6th, so that the three doctors had ceased to be private citizens and used their army rank and uniforms.

Major Keller arrived in what, in war hospital terms, is called the busy season. Up to the end of March the numbers in the hospital were usually on the down-grade, as men recovered and were evacuated as convalescent. Unless there was a very early spring, which allowed big operations to take place on the front, fresh wounded did not begin to reach us until the middle of April.

In addition to the heavy surgical work that had to be undertaken, Major Keller was faced with the necessity of tuning up the whole of the discipline and tone of the hospital. One of the difficulties of the previous régime had been that Dr. Blake was a non-resident and that a great deal of the enforcement of discipline had fallen upon the Médecin-Chef Assistant, often a comparatively young man. From February, when Dr. Blake's resignation was known, until the arrival of Major Keller, Miss Robertson, the Matron and Mr. Fraser and I, were faced with many small difficulties. It was therefore with a feeling of relief that we found that Major Keller was a very strong discipli-

narian and took the line that everyone had to toe the mark or go. He was always fair and just; he never insisted upon the mere letter of the law, but did insist that all work should be properly done to time and that authority should be respected.

Soon after his arrival I was witness to a characteristic incident. One of the surgeons was dressing a bad wound. Major Keller, passing by, asked why a particular instrument was not being used for that particular dressing. The answer was, "I thought this would do and besides it saves time."

That man got it straight from the shoulder.

"It saves your time but it doesn't save the patient pain. You're not here to save your time. Go now and get that instrument. I shall stay to see that you do get it and use it properly when you've got it. Never let this happen again or you won't stay here twenty-four hours. I will not have any man in this hospital given unnecessary pain."

An incident like this soon came to be known to every patient in the hospital and confidence in the skill and kindness of Major Keller was established among all the *blessés*. For any foreign surgeon, working in a French hospital, when the medium of communication by conversation is lacking, this is one of the first essentials of success.

Among the early ordeals Major Keller had to pass through were the visits of the French surgeons on operation days. While Dr. Blake was our Médecin-Chef, all the surgeons from the neighbouring hospitals used to come in to watch his operations and his successor extended the same privileges to them. It was the praise from these visiting surgeons that established the Major's reputation with the French Government, so that the Service de Santé continued to send to the hospital the class of serious injury requiring the most experienced surgery, such cases as we were privileged to treat during Dr. Blake's régime.

During the three years of the Ris Hospital a large amount of work was done by our doctors for the civil population in the village. Both the local doctors had joined the army. One had been called up for military service and the other, a man over age, had volunteered. Every class of case was attended to, cut fingers, broken collar-bones and all the maladies of childhood and old age. These cases were attended to in the *salle de pansements*, over which Miss Niven presided.

After M. Aribert became Gestionnaire, a great deal of the work of the out-patients' department, especially visiting the people in their own homes, fell to his lot. We never

kept any record of the number of daily visits at the out-patients' department, but I should not be far wrong in saying that over eight hundred cases were treated by us, many of them coming day after day for a long period to have their dressings attended to.

The Service de Santé was always well informed as to the character of the work which was done in any hospital staffed by surgeons of the Allied countries. Our hospital was inspected at least once a month by a Colonel of the Medical Service and on many occasions when I accompanied him officially on these inspections he would say, "Monsieur, it is not necessary for me to go into every ward, but I must mount to every storey. We are always so satisfied with your surgical work here that it would be a presumption on my part to scrutinise it closely."

Through what particular channels it was that the Service de Santé was kept informed as to the surgical work of the hospital, it is not easy to tell, but we always had the feeling that there was some member of the French staff whose business it was to make confidential reports.

In July of 1917, on the occasion of the official visit of M. Godart to the hospital for the purpose of decorating members of the staff, Lady Johnstone and I gave a garden fête in the grounds. We were fortunate in having a glorious day and Mr. Burdon-Muller had unearthed from somewhere a local band that added to the festive character of the entertainment. Tea was served on flower-decked tables and M. Godart, after having inspected the hospital, took up a position in the grounds under the long wall, the guests grouping themselves in a large semi-circle around him. After an address, delivered with the fire and eloquence for which he was famed, he proceeded to present the decorations and medals to various members of the staff.

The first to be decorated was Lady Johnstone, who received the Médaille d'Or, Reconnaissance Française. Others to be decorated were Mr. Fraser, Mr. Gage, Miss Davison, Mrs. Excell, Messrs. Beer, Levitt, Simpson, Christie and Spiers.

From the time that Major Keller took charge, all the difficulties of providing assistant surgeons was taken out of our hands, he himself arranging this with the American army authorities.

Early in June Major Keller was promoted to Lieut.-Colonel and Captains Card and Edwards to Major.

We were not long to have their services as, soon after their promotion, they were detailed to work with other units,



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A DECORATION. M. GODART PRESENTS MEDALS TO THE STAFF.





Major Edwards going to the Johns Hopkins Hospital and Major Card taking charge of the Medical Purchasing Department in Paris.

As the forward units of the American army began to arrive in France, the scope of Colonel Keller's work was enlarged. He was appointed chairman of several important boards in Paris and arranged that the post-graduate classes in war surgery and X-ray instituted for the U.S. Army doctors should visit Ris.

The Committee on Fractures particularly interested the Ris Hospital, as this class of case was one which had received special study and attention in the institution under the inspiring guidance of Dr. Blake. Mention has been made elsewhere of the irrigation treatment of the large wounds which accompany almost all fractures in a war hospital. When Colonel Keller came to Ris he adopted in its entirety the method he found installed and in full working order.

The system of wound irrigation had been perfected by Dr. Carrel of the Rockefeller Institute and most of the medical staff at Ris were sent down to Compiègne to study under Dr. Carrel the improved technique of this particular treatment.

During the summer and autumn of 1917 we arranged, at the suggestion of Colonel Keller, to entertain for a period of ten days three doctors and four nurses from the American Army Medical unit as they arrived in France. They were attached to us at the request of General Ireland of the United States Army for the purpose of studying fracture cases at first hand.

As the post-graduate classes for American army doctors in Paris developed, arrangements were made for them to visit Ris to see the cases that had been referred to in the oral lectures. Mr. Gage, our Radiographer, also gave X-ray demonstrations to these classes. Unfortunately, I have no record of the names of the various units that came to the hospital for short periods of instruction or of the numbers in the post-graduate classes, though I remember that on one occasion we entertained a class of over thirty majors.

When discussing with Colonel Keller the question of social intercourse, he said, "Let us have as few rules as possible and try asking the individuals as the occasions arise to see matters from our point of view."

I had many interesting conversations with him on war hospital management. He was kind enough to say that he considered the system we had evolved at Ris admirable for a short-period hospital. Under the military system,

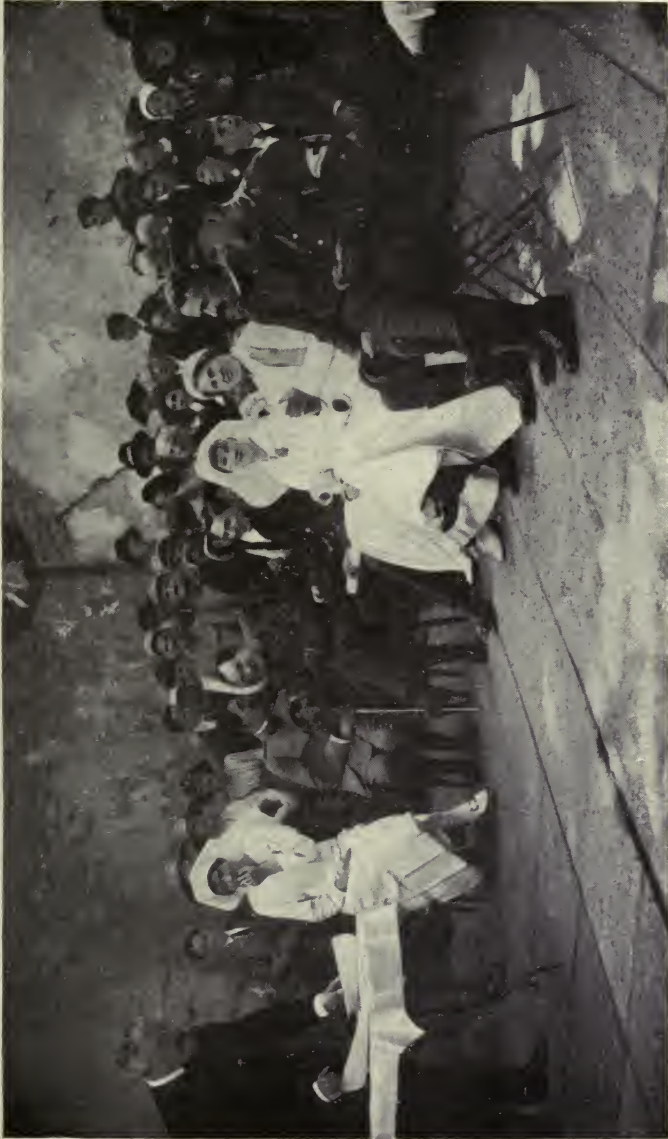
where the head of the hospital was both surgeon and administrator, too much of his time was consumed in looking after the daily routine which took him away from his patients in the wards. Under war conditions, when a hospital might in the morning have a hundred vacant beds and before night not have a single cot empty, it was essential that the chief operating surgeon should be relieved from administrative affairs and free to attend to a sudden influx of serious cases.

Colonel Keller was a great admirer of the work of the V.A.D. and saw to it that all those who showed any true aptitude for surgical nursing were given full opportunity in this direction. In this he had the whole-hearted support of Miss Robertson, the Matron. Throughout the history of the hospital all the floor-washing, window-cleaning and hard domestic work was done by *femmes de chambre* who were recruited from the village. Many of these became ward-maids and some who were with us for two or three years were used as assistants to the nurses. Some also were used in the wards on night duty.

For the first year and a half we had about seventeen English orderlies, who assisted the nurses in each ward with the heavier cases and with many of the more unpleasant duties. Gradually this number was reduced so that there was only one to each floor and their places were taken by Frenchwomen who had been attached to the hospital for a considerable time and had become proficient in ward-work. As far as possible these women were all wives of French soldiers serving at the front. Their wages were two and a half to three francs a day without food to begin with, but, as the war continued and prices rose, they got six and seven francs a day. Under the second contract that we had with the French Government nearly all these women were militarised and their wages paid by the French Government, which also provided them with holland overalls and mob caps.

Several of the French contingent of soldiers worked as orderlies. Zimmerman, a gardener, was one of the best ward orderlies we had. There was also a French soldier called Bousquet, who was with us for three years as barber. Each *blessé* was entitled to a shave every other day but, for a consideration, many of them had his services daily. In his off time, when he was not fishing in the Seine, Bousquet made a considerable income by his artistic treatment of the nurses' tresses.

Our staff routine has been partly described.



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**M. JUSTIN GODART READS THE CITATIONS.**



Breakfast for the day nurses was at 7.0; the first dinner for the staff was at 12 o'clock and the second one at 1.0. The dining-room was arranged like a Quakers' meeting with division of the sexes. The largest table was allocated to the nurses, V.A.D.s and other female members of the staff, the second table to the doctors and X-ray department, while I, supported by the office staff, presided over the small third table, tucked away in a corner. The one social meal of the day was afternoon tea at 4 o'clock where all grades and sexes were allowed to mix. There was also an unrecognised tea that was served in the nurses' sitting-room at 10.30 in the morning. How this was contrived I never inquired, but I believe that Miss Hunt in some way managed to have a surplus of tea and sugar from what was daily allocated for the afternoon tea. We always tried to serve either bread and butter or biscuits in the afternoon, as long as the latter could be got from England. During the last two years the whole hospital was on rations, one lump of sugar being placed in each cup and no more to be got, a pat of butter on each plate at breakfast and every other detail in the same way. Those who did not take sugar usually made a collection of it for the station canteen, which was run by Miss Robertson.

Dr. Blake instituted a hot dinner for the nurses and orderlies on night duty. This was prepared in the diet kitchen by the Frenchwoman in charge and those who had the benefit of this wise suggestion much appreciated this departure from the custom, usual in hospitals, of giving the night nurses a cold supper.

From four to seven on summer afternoons many of the nurses and doctors were able to get tennis on two courts that were kindly lent us by French friends in the village. Those who had half a day off once a week were able to catch the 1.14 train into Paris and be back in time for dinner at seven and go on duty. It was usually arranged that each nurse had at least one full day off in the month and, of course, when they were changing from day and night duty and vice versâ, they usually got a day off.

Sunday afternoon was usually the time when leave was given to the English orderlies to go to Paris. Every member of the staff, nurses and orderlies, leaving the hospital had to have a paper signed by the Matron and the Administrator. This was necessary as they were liable to be challenged both by the English and French authorities at the railway station in Paris; it also enabled them to get military rates on the

railway. This system was introduced as, on one occasion, when we received notice that a hospital train was arriving after the 1.14 train had gone, it was found that two-thirds of our orderlies were in Paris. Happily the train was late and most of them returned by the 7 o'clock train in time for duty.

One of the criticisms levelled against the hospital management has been that we were always over-staffed. As a matter of fact this was so, when we could get the personnel. It must be remembered that the Ris Hospital was in a different position from the average war hospital, in that our cases nearly all required special surgical service. Ninety per cent. of them were *grands blessés*, many needed the closest individual attention and this could only be given where it was possible, in the graver cases, to allocate a nurse to two or three special beds. The average of illness amongst the staff was extraordinarily small and throughout the whole period hardly exceeded 1 per cent., while I have known hospitals where the percentage has been as high as ten. With a fully adequate staff, such as we possessed, it was always possible to give a week's leave to a nurse who was beginning to show signs of weariness or nerve fag and thus forestall those complete breakdowns which were far too numerous under the stress of adverse circumstances. During the last six months, when our staff was considerably depleted, we suffered much more in this respect than at any other period. On the medical side, the overstaffing of doctors enabled the keeping of the most accurate returns and reports and left time for special study and research.

Throughout the rest of the year 1917 the work of the hospital was normal and satisfactory, the general feeling and tone happy and contented. Colonel Keller's strict military discipline left no room for intrigues or pettiness.

In January 1918 we were visited by Lord Dawson of Penn, then Surgeon-General Sir Bertram Dawson. As he drove me out from Paris in his car, Lord Dawson told me that he was sick and tired of inspecting hospitals, but that he would much like to meet Colonel Keller and discuss with him the medical aspect of a certain class of surgical cases. I left the two together, anticipating that a half-hour or so to see three or four special cases would be enough. The inspection took over three hours and I think nearly every bed was visited. We were gratified that Ris Hospital should contain so much of interest to a man like Lord Dawson, with such a large and particular knowledge of war surgery. He

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POST-GRADUATE VISITORS TO COLONEL KELLER'S CLINIC.





was most flattering in his praise of the work exhibited in the X-ray department. Some of Mr. Gage's lung radiographs attracted his special attention.

In February 1918 we knew that Colonel Keller would soon have to leave us. He had originally come for a period of six months and he stayed, to our great satisfaction, for nearly a year. He very kindly exercised his influence with General Pershing at U.S. Headquarters and secured the appointment of Major Penhallow of the American army, who had been for three years Médecin-Chef of the American Women's Hospital at Paignton in England. Before Colonel Keller left we had a gathering of the whole staff of the hospital in the top ward, where a presentation was made him of a bronze figure of a French soldier. The same day an official intimation was received from the Service de Santé that the French Government, in recognition of his valuable service to France, had presented him with the Légion d'Honneur.

## CHAPTER VIII

### THE LAST PHASE UNDER MAJOR PENHALLOW

MAJOR PENHALLOW reached the hospital early in April 1918. Soon after his arrival we heard from Colonel Keller that it was becoming more and more difficult for the American army to supply us with a suitable staff of surgeons. Nearly all those who had been with us were desirous of joining the United States regular army. Mr. Fraser and I had several conferences on the subject and came to the conclusion that it would be impossible to continue the hospital at its high standard, as all the medical men of any marked ability were already in the service of their respective Allied forces.

About this time it came to my knowledge that Major Carrel had evacuated his hospital at Soissons on account of the German bombardment, and it appeared to me an appropriate thing to offer the Ris Hospital to Dr. Carrel. He had done distinguished work in war surgery, we had been in close touch with him in the treatment of fractures and we felt we should be doing a service to the French Government by helping him to find a habitat.

I saw Dr. Carrel in Paris, and put the offer before him. After considering the proposal he accepted it in principle. He sent his Gestionnaire, an architect, to visit Ris and then matters came to a standstill and nothing was done. Eventually we were informed by the Service de Santé that Dr. Carrel had been ordered to take over another hospital and the only explanation I could get was, that the doctor was a French soldier and had to obey orders.

I had several interesting talks with Dr. Carrel in which he told me that, in his judgment, war surgery as a whole had made distinct advances, with the exception of abdominal wounds, and the only advance in this department of surgery, shown by a lessened mortality, was that in this war the hospitals had been brought nearer to the firing line, thus enabling this class of injury to be operated on more promptly. One of the matters to which he was then giving his special attention was the treatment of septic wounds that refused to heal. He told me of two French doctors in the South who had been

most successful in the treatment of this class of case. He said that there was nothing particular or novel in their method of treatment, but that it was a matter of technique which had to be rigorously followed and studied on the spot. It was a great regret to me that I was unable to visit this hospital before it was closed. At Ris we had many cases of this kind and their treatment was, in the summer exposure to the air and sun-rays and in the winter the Simpson S-ray apparatus.

Dr. Carrel was to have taken over the hospital on June 1st, 1918. On May 25th Major Penhallow received notice from the Service de Santé to evacuate the hospital as it was to be handed over to the Union Nationale des Cheminots de France. I at once took the matter up, as this came upon me as a complete surprise.

At this time things were moving very fast. While we were protesting and negotiating with the Service de Santé and sending a direct appeal to M. Clemenceau, military affairs at the front precipitated another change. The Germans broke through the Chemin des Dames on Monday, May 27th, with a loss to the French of 20,000 hospital beds.

On May 30th, the day before we were to evacuate the hospital, we received a telephone communication asking us to continue to receive wounded. I at once called together the whole of the staff and asked them to volunteer to remain at Ris. I had a most loyal response to this appeal, every nurse, doctor and orderly undertaking to do so if it were possible. Many already had received appointments in other hospitals and it was necessary at once to find out whether these hospitals would relieve them of their engagements.

I had the kindest support from almost all the institutions and societies to which our personnel had been drafted. The Matron at the Hôpital 222, Mentone, met me in the kindest way and allowed me to keep six out of the eight who were going to her. Miss Stimpson, the Head Matron of the American Red Cross in Paris, liberated all the nurses she had engaged and helped us to fill vacancies; Captain Burlingame, head of the Medical Department, put several doctors at our disposal; the Matron at the Paris office of the Comité Britannique was most helpful in getting us nurses.

It was early in the month of May that I had announced to the staff that the work of the hospital, under Lady Johnstone and myself, was to end on June 1st. It was one of the most difficult speeches I ever had to make and my emotion was shared by every one in the room. We all regretted keenly

the coming to an end of a work well done, of pleasant associations and close friendships, the breaking-up of an organisation which had grown into a solid unity, in which each had earned the respect of the others.

I can still remember how cheerfully the announcement was received on May 30th that we were to continue and the feeling of satisfaction that our work was not to be interrupted and that our services were still required. There seemed all the difference in the world between closing a hospital in the early summer when the country is at the height of its beauty and in the late autumn with winter before us, and winter in France is by no means a pleasant time. The summer months meant a full hospital where everyone was busy and therefore contented and happy. The winter was a time of an emptying hospital, less and less work to do in the wards and, to the Managers and Matron, the most difficult period to control the staff.

Throughout June, July and August, we were extraordinarily busy and the record of patients shows that more cases were treated in these three months than during any other period in the hospital's history. In fact the month of August, the last full working month of the hospital, made a record of Patient Days.

By night and day a constant stream of fresh wounded came in and everyone volunteered to undertake all and every class of work which the emergency demanded. At this time I was constantly in the receiving-room, where the wounded were washed and had their first field dressings removed. In spite of the greatest care and tenderness the pain caused by removing a clotted bandage which had been on a wound for forty-eight hours was sometimes horrible. After seeing one man go through this torture I made up my mind that it should never happen again. I was fortunate in getting from my friend, Dr. Hally Smith of Paris, a dental gas apparatus which was afterwards used in all such cases, not only in the receiving-room but for bad cases in the wards on the removal of dressings after an operation. It was also found of great use in the operating theatre by Dr. Emma Buckley, the anæsthetist. Indeed I am at a loss to understand why this simple apparatus was not provided at the very beginning.

It is very difficult to convey the feeling of nervousness and trouble through which those who were in charge of a big institution passed, during those summer months of 1918. When the Germans had advanced as far as Château-Thierry, they were within forty miles of the hospital and should they



*To face p. 74]*

TENT HOSPITAL IN THE GROUNDS, AFTERWARDS USED IN THE INFLUENZA EPIDEMIC AT GRIGNY CAMP.

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proceed further in their attack on Paris their line of approach would, we knew, be through Meaux and the south rather than from the north. This would bring Ris and Juvisy in the direct line of their course. We became aware that official instructions had been given as to the evacuation of the *Retraite des Artistes Lyriques*, the home for old Paris artistes, and also for the Champrosay Tubercular Hospital, but no official order ever reached Ris.

There were in all nearly 350 people connected with the hospital and the motor ambulances which we had at our disposal would not have sufficed for all our cot cases. Not unnaturally I received advice from many quarters. One suggestion made was that I should apply for three or four empty coaches to be stationed at Ris railway station for any emergency. In the end I felt that the best course was to do nothing, because any overt action on my part might precipitate a panic amongst the civil population of the district as they would interpret anything that I might do as being based on official information as to the seriousness of the military situation. I remember one night in July when every window in the hospital shook with the vibration of the gun-fire at the front and many of the nurses came down in the middle of the night to ask if the Germans were coming.

From time to time various members of the staff were attacked with what we always described as "front line fever": a feeling that they were too comfortable, that the real work was being done nearer the front and that they were not making sufficient personal sacrifices. This frame of mind was always difficult to argue with. One could only point out that the work we were doing had to be done and the only true criterion of service was whether we were doing our work as well as we could. It was a feeling which I could thoroughly understand and sympathise with. The quietness and unspoilt beauty of our surroundings made us feel that the horrors of war about which we had heard could not be going on fifty or sixty miles away. I think this longing to be nearer the front took strongest hold upon those who had lost men who were near and dear to them in the war and to those it was impossible to put forward any argument to keep them at Ris.

In looking back with later knowledge of the private history of nurses and V.A.D.s in the hospital, I marvel at the courage and the quietude which they displayed when the news of death of husband, brother or son, was brought to them. There was no slacking of effort, no giving way; on the

contrary, a greater determination and devotion inspired their efforts for the wounded.

Meanwhile negotiations were proceeding with the *Cheminots*, as to whether or not they would allow the hospital to continue. They had in July purchased the property from Madame Brunswick at public auction. I made them an offer of a rental which would have assured them a high rate of interest on their purchase money, but this offer was declined and the final date for the evacuation of the hospital was fixed for September 30th.

The staff was thus again faced with the prospect of having to look for further war work under other organisations. I entered into negotiations with the American Red Cross in Paris with a hope that if they were able to take over the hospital and keep our unit as a nucleus, they might influence the French Government to delay possession being taken by the *Cheminots*. They were unable to entertain this idea and a new suggestion was made that the Ris unit should be taken over by the American Red Cross, lock, stock and barrel, and removed to another hospital. This proposition was accepted. At first we thought we should be sent to Beauvais or possibly Châlons but it was decided that we should go to Juilly-sur-Marne, near Meaux, about forty kilometres north-east of Paris.

Juilly Hospital was founded in 1914 by Mrs. Paine Whitney of New York and had been administered till 1918 by a committee associated with the American Hospital at Neuilly. During the heavy fighting at Château-Thierry, Villers Cotterets and Soissons the college building, in which the Paine Whitney Hospital occupied one wing, was taken over by the U.S. army and a 1500-bed hospital was established there. The American army was evacuating the building on October 1st and the suggestion was that the Ris unit should go to Juilly and amalgamate with the American Red Cross personnel of the old foundation.

During the whole course of the negotiations with the Service de Santé as to the transfer of Ris Hospital to the *Cheminots* I received the most cordial support from General Février in Paris. I feel, on reflection, that if the negotiations had been conducted direct with the War Office through General Février, a different decision might have been come to and that the Ris Hospital would have continued its work until the Armistice.

Subsequent events have shown that there was really no reason for the evacuation. The argument put forward at the



time was the necessity of getting possession of the building in order to make the necessary alterations, as there were so many tubercular railwaymen invalided out of the army who required treatment. I visited the hospital in May 1920. The work of reconstruction was complete, but there was not then a single patient in the building. I feel that the special advantages which the Ris Hospital offered to the wounded soldiers were absolutely wasted and thrown away through this unnecessary hurry.

Major Penhallow was our Médecin-Chef throughout the last period of the hospital work. He was faced with many difficulties: the difficulty of getting an adequate staff of doctors and the loss on May 30th of some of the most experienced certificated nurses, but in spite of all these setbacks he maintained a very effective service in the hospital. This although for several months he was far from well and was suffering from septic poisoning. During the time that he was unable to take charge of the operating theatre himself, he was fortunate to have the assistance of Dr. Smith of Utica, lent to us by the American Red Cross.

I have a sincere admiration for Dr. Smith's courage as an operator. I remember one particular case, an American, who had a terrible wound in the back and a large piece of shell in his right lung. Ours was the fifth hospital to which the lad had been sent. I think that the surgeons at the other hospitals had thought more of their reputations than of giving him a chance for his life. Soon after he came to us it was a case of either operating or letting the boy die and Dr. Smith said to me, "I think my reputation as a surgeon is sufficiently good to have the boy die on the operating-table if I cannot save him. At any rate I am going to give him a chance for his life." The operation was entirely successful, the patient made a wonderful recovery and was walking about again in five weeks. There was an amusing case in Dr. Smith's ward of a man with a piece of shrapnel in the region of the heart. On three separate occasions the decision was made to operate and on each occasion, directly the order had been given to prepare the patient for this particularly dangerous ordeal, all the bad symptoms at once disappeared and the operation was postponed. In the end he entirely recovered. In the same ward there was a fine soldier of the Chasseurs Alpains, shot through the back in the fifth or sixth vertebra and paralysed from there downwards. The piece of *éclat* was removed from the vertebra, thus relieving the pressure on the spinal cord and then came the time of waiting to see if any change took

place in his nervous activity. After about ten days the man showed me with great glee that he was able to move the toes on both his feet. Before he was evacuated he had regained the use of all his limbs and nearly all his functional powers.

During these last months we had some cases of totally paralysed men for whom nothing could be done. I remember one man with a wonderful physique who was in the charge of our senior orderly, and as we passed his cot the orderly said to me: "Why won't he die? why won't he die?"

One afternoon I was called somewhat hurriedly from my office. One of these men was fast slipping away over the edge. His wife and father were with him and that afternoon his *Médaille Militaire* and *Croix de Guerre* had arrived. We could not wait till the next day while we sent for a French officer to confer the decorations, so the ceremony was performed at once in the small room containing his solitary cot. The matron, the surgeon for the day, nurses and orderlies on the floor, M. Aribert, the *Gestionnaire*, and myself filled the small room to its capacity to do honour to a brave soldier of France and to leave in the minds of his relatives the impression that we, of other nationalities, were glad to do honour to their man. M. Aribert read the citation and I pinned the two medals to his pyjama jacket. We all saluted. The smile of satisfaction on the man's face was his thanks to us for this little ceremony.

During the last three months of the hospital's work we had a larger admixture of nationalities than during any other period. This was accounted for by the fact that, in addition to taking a trainload of wounded at a time from Villeneuve St. Georges, we undertook the emergency work from Juvisy Junction. Here, the hospital trains going south, having passed round Paris by the *Ceinture*, made their first stop. They were inspected by French doctors and those cases that could not travel farther were removed to a small hospital within the station. Ris Hospital was then rung up on the telephone and the cases given over to our care. I think that we got a larger number of Americans than their medical condition may have warranted, as the French doctors, knowing that Ris was an Anglo-American hospital, would send the U.S. soldiers to us in preference to despatching them further south to purely French hospitals.

I have received from Major Penhallow a letter which refers to his service with us. He says:

"My first impression of the hospital at Ris was in February

1917, when I visited it with Dr. Blake and, at that time, I felt that it was a hospital which presented great opportunities for the study of certain of the major problems of war surgery, and especially in the primary hospitalisation of the more severe fractures caused by the various implements of warfare and which were associated with large open wounds and the various forms and degrees of infection which usually accompanied such wounds. It was a hospital for major fractures and this impression was strengthened as one stood at the entrance to one of the large wards and noticed the veritable forest of Balkan frames which filled the ward, each with an arm or a leg suspended and held in proper position by a clever arrangement of pulleys which allowed of a certain amount of movement of the patient without disturbing the position of the fracture. I little thought at that time that a year later I would be on duty at that same hospital as Médecin-Chef and have myself the opportunity of studying the various problems presented in the treatment of a large number of the most severe types of fractures caused by shell and bullets, and be able to follow such cases from within a few hours of the inception of the wound to such time as the cases were either returned to duty, transferred to other hospital centres or invalided out of the service.

“As regards my own personal service at Ris, after I became the Médecin-Chef, I feel that I gained much valuable knowledge concerning the treatment of fractures by suspension and extension and each day new problems were constantly arising, as such cases as we had in the hospital could not be treated by arbitrary methods, but each case was a problem unto itself and, as a consequence, had to be treated individually. This was especially true of the more severe fractures which were associated with large wounds of the soft parts. Other types of cases which were of extreme interest were the cases in which there was evidence of gas infection, either incipient or else well-marked and such types presented an extremely interesting study, as their treatment, either conservative or radical, depended upon the early recognition of this type of infection. Occasionally also, but fortunately very rarely, tetanus would develop in one of the cases in the wards and thus add complications to a condition already complex.

“I personally regard my experience at Ris as one of the most valuable periods of time which I spent during the whole war, not only from the professional point of view, but also for the many pleasant associations with, and the earnest co-operation of, all concerned in the welfare of the hospital.”

With the 1st of September we began the process of final evacuation and on the 15th we were reduced to half-a-dozen cases on the first floor. One of these was in a highly dangerous condition and we were sadly afraid that our last evacuation would be to the cemetery. The other cases were kept, as they were due for decoration and the medals had not arrived. When they did come a forlorn little ceremony was performed by General Dieudonné in the only ward then open. He very kindly came from Grigny to officiate on more than one occasion. He himself possessed all the French war decorations and it was therefore appropriate for him to bestow the like honours on the men. It was on this last occasion that I received the Reconnaissance Française of the second class. Our good friend the General omitted to kiss me on both cheeks, knowing the prejudice of the English against these salutations.

Two days later the final evacuations were made and we ceased to be a hospital.

## CHAPTER IX

### OUR PATIENTS

To write about our patients is not easy. I am sure my pen could never find the right words in which to express my admiration for the soldiers of France whom we were allowed to serve at Ris. All I shall attempt is to set down one or two stories which occur to me as I put together the history of Hôpital Militaire V.R. 76.

Very common are stories of strange coincidences that have occurred during the war and some that have come to my personal knowledge are remarkable. A French non-commissioned officer was brought in and Lady Congreve was struck by his very good English.

"Ah yes, Madam, I speak good English. But is it not extraordinary that I should be brought into an English hospital in this war when I was fighting with the Boers in my last? But after all," he said, "the English were not such a bad lot. They caught me and tried me as a spy by court-martial, but here I am. They did not shoot me. The Captain was a nice man."

Lady Congreve asked if he remembered the officer's name.

"Oh yes, Captain Congreve."

It was her husband.

My eldest sister had a small convalescent home in England for soldiers who were sent to her without any choice on her part. She was much surprised on talking to one of the boys and asking him where he worked before the war, to hear: "I was liftman at Reckitt's starch works in Hull."

A man I know was one of three who joined the army from a small village up on the Yorkshire moors above Pickering. All went into different regiments and one night, in Alexandria, all three found themselves in the same tent as sleeping companions.

One June Sunday my wife and I went to a fête and sale of work at a hospital run by Grandpapa at the Railway Works Depot at Juvisy. Part of the canteen department

of the railway workers of the junction had been made into the hospital; it stood between two main lines and seemed to be the home of perpetual flies. Grandpapa was an Englishman by birth, who had lived so long in France that he had forgotten his own language. He had a flowing white beard and was a charming, kindly man. He was a great expert on stumps and re-amputations and one of our ambulance drivers made an evacuation from his hospital of eight men who possessed only seven legs and twelve arms between them. On this particular Sunday he asked me to inspect the hospital and said that I might like to talk to some English and American wounded in one of his wards. I gathered round me the Englishmen while my wife sat on the bed of one of the Americans in the centre of a group of her own countrymen.

My crowd were quite ready to talk; a chance visit from outside always breaks the monotony of a hospital ward. I was soon greeted by one boy who remarked :

“ Are you a Mr. Reckitt of Hull ? ”

I said, “ Yes.”

Then he said, “ You’ll know Dansay Lane.”

I said, “ Yes, I do.”

“ That’s where I live. I was a horseman at Bays before the war.”

Bays, by the way, has done the carting for Reckitt’s of Hull for the last forty years. He showed me his wrist and asked me if I thought it was a Blighty wound. He had been out since 1915 in the 4th East Yorks and this was his fourth wound. We had a long talk about his officers, nearly all of whom were personally known to me, quite a number of them being connected with our firm at Hull; in fact two companies of this regiment with their officers were recruited from the office staff of Reckitt’s.

In the German attack on the Chemin des Dames at the end of May, there was fierce fighting in the region of Rheims, where part of the 5th Army, that had suffered in the March advance of the Germans towards Amiens, had been sent to rest. My friend of the 4th East Yorks formed part of this English contingent. About the second day of the attack, the English hospital in which were three of the men I was talking to was almost surrounded and the order was given that those of the wounded who could get out were to make their escape. Over 2000 cot cases were taken prisoners by the Germans. My three friends started out when the Germans were about nine hundred yards from the hospital. One of them was shot

through the knee, the other two through the arms. They stuck together and walked seven kilometres before they got their first lift in a camion. They appeared to think nothing of having got the man wounded in the knee such a long distance, acting as his human crutches. They reached railhead and were despatched to the nearest hospital. At this period it was quite impossible to sort out nationalities to their various hospitals, as English, French and Americans were fighting side by side in the same sectors. So it was they chanced to be forwarded to Grandpapa's hospital.

Three Englishmen drifted into our hospital in this way and Mr. Fraser had an interesting experience with the British military authorities in Paris, with whom we thought it best to communicate at once.

Having furnished the Officer in Charge with the names, numbers, regiments and nature of wounds, Mr. Fraser was met with the remark, "What do you mean by having English wounded in your hospital? You've no right to have them. You are to send them at once to the English hospital in Paris."

Mr. Fraser quietly pointed out that before such an arrangement could be carried out, many papers would have to be filled in and even then the cases would not be moved unless the Médecin-Chef considered it advisable, as we were a military hospital and he advised the official to communicate with the French Service de Santé. Mr. Fraser added that we knew officially what to do in the case of Americans and Portuguese, but that the English Government had not yet issued an official circular dealing with the presence of wounded soldiers in a hospital of another nationality. He further explained that his visit to the British authorities was one of courtesy and that, while he was an Englishman himself by nationality, he happened for the moment to be a French officer and was only taking orders from his own superior.

One corner of the big ward at the top was given over to five American boys and at this period of the war I found the American soldier by no means a cheerful person. He usually carried a very large chip on his shoulder and indulged in a considerable amount of grouching. I eventually found out that the reason for this was that he was disgusted at being knocked out before the show had fairly started and thought he was not going to see the real thing at all.

One morning I went to visit this group and found a boy from Washington D.C. down in the depths. I asked him what he'd got to grouse about this morning and he remarked :

“How can I go back to Washington and be a hero when I’ve been shot through the belly?”

A few days afterwards an energetic Y.M.C.A. man came to visit him, as the boy had been under his charge at the Sunday school in Washington. Our visitor asked me if Mrs. Reckitt of Braisne was any relation of mine. I told him she was my wife, and he said, “I hope she got out all right. Do tell her, please, that I went back again at half-past five and found she had gone. I couldn’t get back at the time that I promised, as I had been held up on the road by the retreat.” The man had been stationed at Braisne railway station, and had promised to take Mrs. Reckitt and her party of American ladies, who were in charge of a canteen for French soldiers, out of Braisne on May 28th when the Germans broke through the Chemin des Dames.

The first Anglo-Saxons who came to us as patients were two Australian soldiers put off at Corbeil and despatched to Ris Hospital as being the nearest English institution. Their condition was diagnosed as mumps, complicated by whisky. They had at once to be isolated, but the notice on the door forbidding anyone to enter was, I am afraid, more honoured in the breach than in the observance. The French rule is that no infectious case can be kept in a military hospital and they were speedily evacuated.

On another occasion, about dinner-time, a weary English soldier put in his appearance, having missed his troop train at Corbeil and wisely made his way to the nearest English institution. He was put to bed and given a good dinner, but his clothes and boots were carefully removed as this was the only method we had of making anyone a prisoner. Next day he was sent into Paris to report to the military authorities. The best we could do for him was to give him a letter from the hospital, officially stamped, to say that he was perfectly sober when he arrived and that his conduct while in the institution was exemplary.

From time to time we had stray French soldiers, Arabs and Moroccans, who thought that a hospital was a good place in which to get a night’s rest. Most of these had to be refused admittance as they could produce no papers and were probably absent without leave.

The chance comer who made herself the most welcome was Jeanne the dog. Where she came from we never knew, but she refused to leave us. She was always happy with the French *poilus* and would accompany any of them in uniform wherever they went, but she would take no notice of civilians.



She was a big, brown dog, and raised many families in the institution. Her puppies locally were in great demand. In winter she usually slept with the man who was in charge of the electric light and heating apparatus. On one occasion she was grossly libelled, being accused of disturbing the early morning slumbers of the wounded by her barking, and the highest authority in the hospital gave orders that she was to go. No one had the heart to put her out of the way, so she was taken in a closed ambulance on the road to Versailles and was abandoned in the forest, eighteen kilometres from the hospital. Within three days she was back again in the village and remained with us till the final closing. Her future was a matter for grave consideration and she was eventually adopted by the nuns of the Champrosay Hospital and went there to be the companion of her beloved *poilus* in blue.

Another pensioner who had to be provided for when we left Ris was a poor old woman, nearly blind, who lived in a little two-roomed cottage close by, trying to exist on five francs a week. How she first happened to become a pensioner of the hospital, I do not know. When my attention was first drawn to her she had become an institution and came daily to fetch bread and hot coffee. In September, when we closed, a sum of money was left in the hands of M. le Maire to assist her through the cold weather.

During our three years at Ris, the Rev. Stanley Blunt, Chaplain to the British Embassy in Paris, or his curate, held a service for the staff in the dining-room every alternate Sunday afternoon.

One of our English patients was very ill, and on the Sunday of Mr. Blunt's service he visited this man, who was a Roman Catholic. Mr. Blunt sat down by his bed and said, "We can have a talk if I'm not a padre of your own creed. Tell me what you want and as soon as I get back to Paris I will telephone to one of the English Fathers and he will come out and see you to-morrow."

It was from members of the Foreign Legion that we got the greatest diversity of nationalities among our patients, Swiss, Austrians, Luxemburgers, Italians, Bohemians. One officer of the Foreign Legion was the most decorated man we ever had in the hospital. He had fourteen decorations, including the Légion d'Honneur, which he had gained while still a private. He had lost his right arm and nothing would induce him to have his wife informed of the fact. I saw him in the streets of Strasburg in 1919, but the crowd prevented me from speaking to him.

A few wounded Germans drifted in from the hospital trains. These were always difficult cases to handle. I remember one boy of nineteen carried into the reception-room. He looked round like a rat caught in a corner. Gradually this fear left him as he watched how the other wounded were dealt with, and, when his own turn came and he found no difference of treatment was meted out to him, his whole expression changed.

We always had to lock up our German wounded, not that we were afraid they would escape, but because we were responsible for them and could not tolerate that they should be interfered with. Our usual procedure was, as soon as possible, to evacuate them to the special prison hospital. One we had unfortunately to keep for a comparatively long time, as his was rather a desperate case. I always, in my mind, compare this German, whose life we were able to save, and who never appeared grateful for anything that was done for him, with a splendid American boy who was brought in from the same train, for whom nothing could be done from the first. He had lain out on the battle-field for two days before he was found and by the time he reached us gas gangrene had developed to such an extent that operating was out of the question. He remained conscious nearly to the end. Mrs. Clapp, our Matron, sat with him for those last eight hours and he said to her piteously, "The world is so beautiful. There is so much I want to do; why should I have to die?" I think the death of this American lad went more to the hearts of the staff than any other of those we lost. He was the only one of our own people who passed away at Ris and he was so beautiful. A company of soldiers was sent from the Orly Aviation Camp to give him a military funeral.

Our officer patients were not numerous. Those we had were apt to be problems, not always easy of solution.

In dealing with their diet we were faced with innumerable difficulties as, after the rank of captain, the officers according to regulations were entitled to an extra *plat*, and for dessert a difference in the number of plums had to be observed. So, not unnaturally, if we found that a major or a colonel had been allocated to us we knew that we were in for trouble. You could not place a private and a non-commissioned officer in the same ward, nor an officer and a non-commissioned officer. Captains and lieutenants had to be kept apart and a commandant or a colonel was entitled to a room to himself. We were licensed for seven

officers, but at one period had twenty-five. I remember one night when a big contingent of French wounded were arriving, two charming young lieutenants were in a fourteen-bed ward and we wanted the other twelve beds. I went and asked them if, for one night, they would object if I filled those beds with *poilus*.

One of them, a bright, blue-eyed Norman, said, "Why not? We are all comrades," and the difficulties of the regulations disappeared.

There was a full colonel on the same floor who, even in midsummer, insisted upon having his windows shut and wearing a night-cap. He was somewhat of a trouble, sending his chicken down to be made warm and insisting on his dignity in and out of season.

"Cheerful Charlie" was a lieutenant who stayed with us for a year and a half. When he first came he was a physical wreck and, naturally, every allowance was made for the constant gloom which earned for him his nickname. Our first surprise was when he received the Croix de Guerre, and a further surprise came when he was decorated with the Légion d'Honneur. For weeks the future of his left leg was in doubt, but Dr. Blake had made up his mind that he would save it. Four inches of the main bone below the knee had gone and his foot and ankle were also terribly wounded. Very gradually the process of healing and drawing together pursued its lengthy course. When a complete scar had formed it was necessary to wait four or five months before a bone-graft could be attempted. After his first convalescence, he left us for a few weeks for change of air. On his return he asked:

"Who is now the Matron?"

He was told, "Still Miss Robertson."

"Is she here?"

"No, she is away on a week's leave."

"Then whom do I make my complaints to?"

The bone-graft effected by Dr. Blake was entirely successful. Cheerful Charlie seemed entirely contented and satisfied with his home and surroundings at Ris and had succeeded in getting an order that he was not to be evacuated from the hospital until he was completely cured. When Colonel Keller came he took steps generally to clear the hospital of pensioners. Cheerful Charlie had no desire to go to an officers' convalescent home, and his favourite boarding-house at Aix-les-Bains had not yet opened. He felt secure as his leg was not quite healed. But trouble was not far off.

M. le Lieutenant was occupying a four-bed ward when an emergency case arrived from the aerodrome near Juvisy. The patient was brought in wrapped in a blanket and informed us that he was an officer. We had no means of verifying this fact as his *galons* were not tattooed on his arm. He was placed in the same ward as Cheerful Charlie. It was several days before we could find out whether any bones were broken, as he was just one bruise. Fortunately for him, that was the extent of his injuries, beyond a few cuts on his head and arms. All went well in the ward for a few days until a violent discussion arose between the two patients over the eternal question of a *courant d'air*, and it transpired that the new inmate was not an officer at all. Then Cheerful Charlie, remembering the army regulations, and now being a captain, demanded as his right a room to himself. Colonel Keller was equal to the occasion and gave him a tent in the garden which he said was a perfectly constituted single ward. Captain Charlie's first night there was not of the happiest, as the mosquitoes discovered an entirely fresh victim. Within a week he took his own discharge and left us, after being our patient for a year and a half, without any farewell to the Administration.

Among the souvenirs that the nurses collected, none were more prized than the autograph albums in which their patients recorded their grateful sentiments, with the Frenchman's inborn gift for expression.

A young Zouave, who had lived some years in England, and mastered the language, wrote as follows in Mrs. Excell's album :

" Wounded at Verdun on the 4th of May 1916 I had my first dressing in the fort of Soulte after that placed in an old-fashioned Ambulance we were taken or rather bumped to the Motor Ambulance of the White House. Taken to Peigny I met an English officer and gentleman who took care of me and was good enough to share his meal with me, chicken and a glass of champagne, it was corn in Egypt after no food or drink for three days. Taken on to Revigny we passed a rough night on boards, the next day we embarked for the interior. Arriving at Ris-Orangis I saw an English uniform in the train, so pleased was I, I asked to be taken to this English Hospital my wish was granted. On arriving at the Hospital I received and have been receiving ever since, the best and utmost care one could wish for. The doctors excellent men all of them and the nurses heros. All watching over you with the kindness of a mother. None of them

shall I ever forget and to dear Mrs. E. I offer the gratitude and the thanks of only a French lad a *poilu* who tried to do his duty like his comrades. Gentlemen and ladies who admire pluck and heroism do not forget at any time to raise your hats and bow to the Ladies of the Red Cross who helped your *poilus* back to health and made the Hospital a home from home.

“ L. GENDRE,  
“ 4<sup>ème</sup> Zouaves,  
“ Rosigny-sous-bois,  
“ Seine.”

## CHAPTER X

### THE IMMORTAL DEAD

VERY sad were the evacuations that slipped through our fingers when surgical and nursing care had failed. These were laid to rest in Ris cemetery in a plot of ground specially set aside for the soldiers of the war. Whenever I was at the hospital it was my duty to attend these funerals officially and to act as one of the pall-bearers. There were always flowers and wreaths, the nurses never forgetting the men who had been in their charge. Always also there was a little company of the *jeunes filles* of the village who had formed a society to care for the graves of the brave, and half-a-dozen or more of them attended every funeral, bringing with them a floral offering. These young girls are still carrying on their good work and see that all the soldiers' graves in the cemetery are cared for.

A file of French soldiers was always sent from the depot at Juvisy and acted as a guard to the dead. Before entering the cemetery their rifles were stacked and no volley was fired over the grave. On one or two occasions at the graveside of some officer, funeral orations were delivered by some comrade and by the mayor of the commune.

All Souls' Day, which falls on the 2nd November, is observed by the French with great solemnity, and on the *Jour des Morts* those who had fallen in the war were specially revered. It mattered not where the isolated grave of a fallen soldier might be situated, some Frenchwoman would find her way from the village to place a few flowers there for remembrance.

French, English or American, the fallen were all *nos chers morts*. With a simplicity that touched me, M. le Curé said once, after reciting the prayers for the dead in the Catholic cemetery, "Monsieur, I will say the same prayers in the American Protestant cemetery as here. It will not hurt them, will it?"

I think it worth while to describe le *Jour des Morts* of 1918 at Juilly (Seine-et-Marne). Here I was asked more or less

to take charge of the ceremony by the *curé* of the parish as there were two hundred and forty-nine American graves in the cemetery. We were able to arrange for a half-company of American soldiers to attend, with a guard for the American flag. Behind them came the American doctors, headed by Major Farmer, then the nurses and orderlies and all the wounded who were able to walk. We waited in the courtyard of the hospital until the ecclesiastical procession left the church, followed by two hundred boys from Juilly College and then fell in behind them. Arrived at the cemetery, the *curé* of the parish read the prayers for the dead in that part of the burying-ground which had been set aside for the interment of French soldiers. The Mayor of Juilly followed with an appropriate oration. Each French grave was decorated with the *tricolore* and a bouquet of flowers tied with the French national colours, the gift of the nurses in the hospital. We then proceeded to the American burial-ground and in the centre, facing a trophy of American flags, the *curé* of the parish again read the prayers for the dead. Major Farmer spoke eloquently of his fallen comrades and M. l'abbé Dedieu, the Vice-Principal of the College, delivered an eloquent oration :

“ Quand les premiers Américains tués pour la France furent ensevelis en ce champ de mort, M. le pasteur Saint-Clair fit inscrire au coin de ce mur :

“ ‘ Ici reposent les braves Alliés morts pour la cause de la Justice.’

“ Le temps a déjà effacé ces lettres noires, tracées par un noble ami. Mais notre présence ici, aujourd'hui atteste que le souvenir ne meurt pas. Anciens et tout petits, vétérans de la guerre et générations nouvellement arrivées à la vie d'homme, nous venons poussés par le sentiment de la reconnaissance.

“ Nous nous souvenons qu'aux jours sombres des mois de mai et de juillet 1918, à deux reprises effroyables et tandis que l'angoisse oppressait nos cœurs, à la vue des lugubres convois de réfugiés accourus de la région voisine, et des interminables colonnes de soldats Américains, se dirigeant à toute vitesse, sur cette route de Juilly à Meaux vers des destinations inconnues—vers la mort. . . . Nous nous souvenons quand ces jours notre foi patriotique tenait presque toute entière en ces mots : ‘ Voilà les Américains, ils sauveront la France. . . .’ Et les fils de l'Amérique ont, en effet, sauvé la France.

“ Mais cette rédemption a nécessité d’innombrables holocaustes. Oh, les superbes soldats que nous vîmes à la bataille. Et les magnifiques blessés que nous vîmes revenir de la fournaise. Ils passèrent dans notre chère ambulance, milliers par milliers, affreusement mutilés et sanglants, mais radieux et fiers, parce que, vers le bois Bellau, et vers Château-Thierry et vers Soissons, ils avaient offert victorieusement leur poitrine aux coups de l’ennemi, afin de nous sauver, nous qui vivions ici, à l’abri de ce rempart. . . .

“ Et maintenant, ils sont là, plus d’une centaine, qui ne reverront plus jamais la libre Amérique ni leur famille lointaine—qui ne sentiront jamais, sur leurs pierres tombales se poser les genoux de leur mère en deuil, et dont les quatre pieds de terre, où ils dorment leur dernier sommeil, ne s’humecteront jamais des larmes bénies de leurs petits enfants. . . .

“ Mais nous ne vous laisserons pas dans ce triste isolement de la mort, ô frères, ô héros, ô rédempteurs de notre chère France. . . . Enfouis dans les entrailles maternelles de ce noble pays pour l’amour duquel vous avez choisi de mourir, vous nous verrez, chaque année, à pareil jour, renouveler sur vos tombes la fraîcheur de vos couleurs nationales et l’amitié de nos couronnes funéraires. Nous serons pour vous vos pères, vos mères, vos frères et vos fils. . . . Vous êtes devenus, véritablement incorporés au sol français, une parcelle de notre patrie, puisque c’est la cendre des morts qui fait les patries. . . .

“ Ah, notre reconnaissance pour votre sacrifice sublime n’a d’égale que nos invincibles espérances. . . .

“ Tout près de toucher au port, et d’amarrer l’ancre au havre de la victoire, nous tournons nos regards vers vous, grands ouvriers de la bataille, et nous crions : ‘ Entendez-vous, amis, nos fanfares victorieuses ? Voyez-vous vos drapeaux, enlacés aux oriflammes alliées claquer au vent, s’élever sur un horizon de lumière et couvrir un monde nouveau qu’ils abriteront sous leurs plis vainqueurs ? Nous voyez-vous, ici présents pour reconnaître que par votre sang est à jamais scellé le pacte de fraternité entre le peuple de l’Amérique et la race française.’

“ Oui, c’est notre espérance, notre certitude, que vous voyez ces spectacles grandioses et entendez nos serments de fidèle gratitude. Vous n’êtes point morts. . . . Vous vivez. . . . Vous vivez éternellement. . . . Durant votre passage ici-bas, vous avez lu ces paroles de l’Écriture, qui nous est commune : *‘ Justorum animæ in manu Dei sunt ; visi sunt oculis insipientium mori ; illi autem sunt in pace . . . ’*



‘Les âmes des justes sont entre les mains de Dieu; les insensés les croient mortes; mais elles vivent dans la paix.’ Et ces autres de l’Évangile: ‘*Beati qui persecutionem patientur propter justitiam. . .*’ ‘Heureux, ceux qui souffrent persécution, pour la cause de la justice. . .’

“La justice. . . Vous en fûtes les champions, les héros et les victimes. Et parce que la justice a des droits imperissables, parce que la justice peut sembler défaillir à certains moments, mais l’emporte à la fin sur la force, parce que la cause de la France fut, en vérité, la cause même de la justice, vous qui l’avez embrassée, défendue et sauvée, ô fils de l’Amérique, vous resterez dans la mémoire des peuples, comme vous l’êtes devant le tribunal de Dieu, les justes par excellence, les justes ayant mérite de jouir de la paix éternelle. . .”

Each grave was decorated with the national emblem of the United States and a bunch of chrysanthemums tied with American ribbon. Here the ceremony was concluded by the sounding of the “Last Post” and the firing of a volley over the graves. All those present silently saluted the American flag as they passed out.

One afternoon a telephone message came through from a certain hospital that they had just received an English soldier who had been put off a troop train, on its way from Marseilles to England. I motored over with Dr. Rhodes to see the man. He was in a terrible condition, suffering from pneumonia, and from the first it was obvious that nothing could be done to save him. An American girl, in charge of a Red Cross dispensary in the town, gave all the time she could spare to sit with him, so that if he had anything to say there should be someone who understood. He only lived about forty-eight hours after he arrived at the hospital. The French lady in charge at once communicated with us, as she wanted the poor Englishman buried as his own people would do it. We communicated with Paris and an English officer and one of the curates from the Embassy Church were sent down to officiate at the funeral. When we arrived at the hospital, it transpired that the town hearse was being used for another funeral, so it was decided to use one of the hospital ambulances, and the procession took up its way to the cemetery, orderlies acting as pall-bearers. I think everyone from Ris felt the intense loneliness of burying that English boy in the great foreign cemetery. The French who were present were impressed

by the individual farewell after the religious service was finished, when every Englishman present came to attention at the foot of the grave and saluted. Madame took charge of the man's personal effects and forwarded them to the British military authorities in Paris and promised to send a photograph of the grave to the mother. To me fell the duty of writing to the bereaved parents, who expressed in a touching letter their gratification that everything possible had been done for their boy in life and in death.

## CHAPTER XI

### OUR NEIGHBOURS

DURING our three years' stay we made many friends among the people of Ris-Orangis and the locality. M. Barreau, the Mayor of Ris, was a very good friend to the hospital and Madame no less so. His advice was always at our service to help us out of any difficulty and he lent his official support on all occasions of ceremony. M. Lemoine, the Mayor of Grigny, and Madame Lemoine were constant visitors to the *blessés*, to whom they brought gifts of cigarettes, little Japanese fans, words of consolation and a delicate personal friendship. I must not forget the Station Master, ever courteous and ever hopeful about lost or strayed packages, taking as keen an interest as ourselves in the arrival of a consignment from London which had been several months on the way.

The health and recreation of the staff were much helped by the kind loan of a tennis court; gifts of flowers, fruit and wine came constantly for the wounded, and the Administration and staff were the recipients of so many acts of kindness from our French neighbours, that I cannot chronicle them here. To make a list of friends at Ris would involve something like a directory of the town and vicinity.

I have left to the last the mention of the devoted body of Ris ladies who, two days a week, the year through, worked in the Bandage-Room at the preparation of *pansements* and bandages. The organisation of this volunteer working-party was the inspiration of Miss Caroline Duer. Some of these ladies also helped in the linen-room with the ordinary mending, while Madame G. took home to her own house many of the torn and weather-worn uniforms to be mended. I cannot speak too highly of the continued devotion of these Frenchwomen throughout the years of their tedious and exacting labour.

The longer one lived in France and worked with the French the more one appreciated the marked differences

that exist between the Anglo-Saxon and the Latin conceptions of society. It is in the home and the family that the social life of France centres. The grandparents to the end of their lives control the destinies of their descendants; they are the real heads in all matters of family property and are treated as such by their grandchildren, so much so that the family council under French law is enabled to control the extravagance of a younger member of the family in order to protect the family fortune. Club life, as it is known in England and America, is an imported exotic in France, not a native growth.

I have often heard Frenchwomen criticised because they did not undertake war work in the same way and to the same extent as was done by English and American women. One often forgets that the freedom and liberty of the young unmarried woman is, even in England and America, of comparatively recent growth and reached its fullest development during the war. In France, little of this individual liberty had developed. Under such circumstances it is not surprising that mothers would not be easily persuaded to allow their daughters to become V.A.D.s and canteen workers under conditions over which they themselves would have no control.

At Ris we had the services of several French ladies living in the place, but none of these offered to work with us until the reputation of the hospital as a serious institution had become well established. At the beginning of the war, in 1914, when help in the military hospitals was a crying necessity, many of the *demi-mondaines* in Paris did really good work. A circumstance such as this made it impossible for the better classes of Frenchwomen to offer their services in a similar way.

On my personal observation is founded my great admiration for the self-denial and hard work which the women of France offered to their country's cause. In England it was not until a year or a year and a half after the commencement of the war that the women began as a body to undertake war work, but in France from the 3rd of August, 1914, the women of the *bourgeoisie*, the agricultural and artisan classes had to take upon their shoulders the commercial work of France. Every man of military age up to forty-five was at once called to the colours and if the work in the shop, farm or workshop was to go on, it was left to the women of the house to organise its continuance and this they did throughout the five years of the war.

Later, hundreds of thousands of women donned overalls and became munition workers. I remember visiting the great factory in Paris of M. Citoyenne, who made the shells for the famous '75 gun, where out of 16,000 or 17,000 employees over 80 per cent. were women.

Many other classes of work were undertaken by Frenchwomen without ostentation or parade. I passed almost daily throughout my time in France a large room at the Gare de Lyons, which I noticed was always ready with clean white tablecloths, the tables decked with flowers, and all arrangements made for a meal for the refugees who were constantly arriving *viâ* Geneva from their imprisonment in Germany. This work was organised and carried on by Frenchwomen, many of whom made daily collections on the trains in a quiet, unobtrusive way, a work which must have been most distasteful to many of them and yet it was done because the necessary funds to feed the children had to be found.

Many organisations for dealing with the orphans of the war were organised by Frenchwomen. No great public appeals were made; there were no Flag Days, but the work went on; the money was raised, the workers gave their voluntary effort and the children were cared for. It was not the work, whether manual, commercial or charitable, which was their greatest and most supreme effort. I think that their most vital contribution was their spiritual enthusiasm, their quiet determination, their proud belief in the valour of their men. The blacker the moment, the brighter shone this offering of faith in France. Who shall say it was not the beacon which lighted the way to victory? I offer the women of France the homage of my admiration.

Soon after M. Aribert became Gestionnaire, the French contingent of soldiers was very largely reduced to meet the incessant call for man-power at the front. This call was also reducing the number of our English orderlies so that it became more and more difficult to supply the requisite number of men for the *brancardier* service. M. Aribert organised amongst the men of Ris the first Volunteer *Brancardiers* Corps formed in France. The men were all doing hard work throughout the day but, at whatever hour the call might come for their services, they cheerfully responded and often, after having been on duty to assist receiving a trainload of wounded, they would have to start their own work at 5 o'clock in the morning. They were provided with a suitable blouse uniform and a semi-military cap, and

looked very smart and well-turned-out when they were inspected by M. Godart. The last time that I saw them in uniform, in their official capacity, was as they stood in a solemn row behind the chair of M. le Maire, in the Hôtel de Ville of Ris when Lady Johnstone and I took our farewell of the town at the municipal reception we were given upon that occasion.

Our opportunities to make return for all the friendliness shown to our staff were few, but there were times when we were able to include outside friends in our small rejoicings, notably at the Christmas season, which we tried to make a festive one.

Christmas during the three years of the Ris Hospital was a *jour de fête*, both for the staff and the wounded. It was felt that something should be done for the nurses and orderlies who were all so far away from their own home circle and we could not well have a party and leave out our French soldiers, who always rejoiced upon any occasion which offered the slightest excuse for merrymaking.

Our first Christmas, in 1915, was presided over by Mrs. Blake, who provided gifts for each *blessé*, every member of the staff and the French *femmes de ménage*. A great Christmas tree was erected in the big ward on the third floor and here all gathered to receive their gifts, to eat little cakes frosted white and pink and to drink a glass of champagne. My present to the *blessés* took the form of bright red cumerbunds of flannel, two metres in length, and Lady Johnstone sent gifts for the nurses. Mrs. Blake and her assistants personally distributed the gifts and the whole fête was an immense success.

In 1916, we had a very welcome guest, the wife of the Norwegian Minister, Baroness de Wedel-Jarlsberg, an American lady who was interested in the hospital through her friendship with Lady Johnstone. Again we had gifts and cakes and wine, enjoyed in an atmosphere of Christmas peace, enhanced by the kindness and understanding of a sympathetic woman who had a word of cheer and joy for each *blessé*. Towards the end of the fête His Excellency Baron de Wedel-Jarlsberg said he would like to make a short address to the men and asked me if there were any reporters present and if we were going to send any account of our doings to the newspapers. Being assured that he was entirely unobserved by the fourth estate, he delivered a touching message of encouragement and admiration from his democratic nation in the north to her sister in the

throes of war, represented by the French soldiers who listened to him.

This year we had a second fête held in the chapel at the Gate-House, with another Christmas tree for the children of the *femmes de ménage* who worked in the hospital. This was entirely arranged by the nurses and I think was the inspiration of Mrs. Clapp, Miss Porter and Miss Niven. There was steaming chocolate and buns, a useful warm gift, muffler, mittens or socks, accompanied by some game or toy. It was a very happy and intensely sticky party and was enjoyed as much by the grown-ups as by the children.

The Christmas of 1917 was on very much the same lines as previous occasions but, this time, we had a *Père Noël*, the secret of whose identity was never revealed, in long red gown, white beard and flowing locks, copiously covered with snowflakes. He caused intense merriment as he went from one to the other presenting his gifts. I received a very beautiful tortoiseshell cigarette-box, given me by all the members of the Staff. I gave each nurse a silver identity bracelet with her name on one side of the disc and "Hôpital Militaire Ris-Orangis" on the other; clasp-knives to the *blessés* and cigarette-holders and fountain pens to the male staff. Each *femme de ménage* had a five-franc note and a Christmas card. After the distribution there was a concert and grand tombola, which was arranged by M. Aribert.

The children's fête was repeated but this time it was extended to all the elementary schoolchildren in Ris. They came in charge of the schoolmistress and schoolmaster and their assistants, the parents being rigorously confined to the gallery. This time there were no cakes, as the making of them was now prohibited in France, but they had bread and jam, which made them stickier than the year before. The children sang their songs and a tot of seven was lifted on to the table to deliver her piece, a charming little speech of thanks. Clothing and toys were given by the nurses, who had again organised this fête quite by themselves.

This children's party at Ris has survived the closing of the hospital. It was repeated in 1918 and 1919 under a committee largely composed of the Ris ladies who gave their assistance in the bandage-room and I am told that they now have regular working-parties to provide the warm clothing for the Christmas presents, while M. Aribert is still one of the moving spirits in connection with this charming *fête de Noël*.

## CHAPTER XII

### GOOD-BYE TO RIS

EARLY in September 1918 I went to Juilly in order to find out how much of the Ris equipment it would be advisable to move there. The Juilly Hospital had been running for nearly four years, and in that time, with the best handling, hospital material begins to show signs of wear and tear. I believe it is a rule of every army never to leave behind anything it may conceivably want and two American units had swept through the building since 1916, so that Juilly had twice suffered from the process of supplying the evacuating Medical Corps with what they considered necessary, and the U.S. Major told me that he thought anything I could bring would be of use.

We therefore decided to take practically the whole of the Ris equipment to Juilly. Having come to this decision, the next question was how to get it there. I made application to the American Red Cross Headquarters in Paris for the loan of camions for this purpose and was told that it was out of the question. I confess to having been somewhat chagrined that the onus of the removal should be thrown upon us, seeing that the whole of this equipment was a gift by Lady Johnstone and myself to the American Red Cross. However, I gathered later that the reason for the refusal was their shortage of transport owing to the immense demands of the American army for the offensive in the Argonne.

I was eventually so fortunate as to get the loan of two small camions from the French Government—our own heavy camion was out of commission—and we were then able to organise a transport system which made a daily journey to Juilly and back. We supplemented these two camions with our own ambulances, which took the lighter materials.

As ward after ward was emptied the furniture and utensils were gathered together, and those that were not more than fifty per cent. worn were stacked in Salle A. ready for dispatch to Juilly. Under the contract with the French Government the beds and bedding had to be left at Ris, but all the surplus linen which we had, as well as all



extra beds, was sent to Juilly, with enamel-ware, glass, crockery, knives, forks, furniture, dressing-gowns, socks and other garments, also operating-tables, surgical instruments, the Dakin apparatus, and all the ward surgical and medical supplies. We also took down many of the wood partitions and all the long board shelving, also the fittings of the Dispensary, as there were a good many alterations to be made at Juilly and timber was now almost unprocurable in France.

We had previously entered into an arrangement with the *Cheminots* by which we had sold them all the fittings in the hospital, such as baths, washhand basins and radiators, as well as the invaluable Jumbo. We felt that it was hard that we should receive no compensation from the new owners of the property for all the improvements which we had made to the building, such as the water and gas mains, the electric-light wiring and the internal painting, to say nothing of the complete renewal of the sanitary system. They frankly told me that they had paid for these improvements in the purchase price to Madame Brunswick, and that Madame Brunswick received no compensation from the French Government for having her property commandeered, as the French Government considered that she was sufficiently compensated by this increase in price, brought about by the improvements made by Lady Johnstone and myself.

Before the final settlement with the *Cheminots* took place, we had a long conference with their secretary and vice-chairman, who brought with them their architect. The presence of this gentleman took me somewhat by surprise, as it had not been foreshadowed in the correspondence leading up to the interview. I pointed out that I thought that I was not being fairly treated in that they had with them a professional adviser and had given me no opportunity to bring M. Ford of Corbeil, our French lawyer, although they knew all the technicalities of the French law, of which I was entirely ignorant. I then had to listen for about half-an-hour while the French architect belittled the value of everything that it was suggested they should take over. However, towards the end I was able to point out to him that, while all these articles were certainly second-hand, the value of second-hand articles had gone up a hundred per cent., and that we were only asking the price we had paid for them three years ago and that the things gained in value since they were there on the spot.

Eventually, after a somewhat heated discussion, which

seemed to be thoroughly enjoyed by the three Frenchmen, and which Mr. Middleweek told me I must accept as being the usual method employed in these transactions, we began to get down to business, and the interview ended in harmony, with the bottle of sweet champagne and biscuits so dear to the heart of a *bon bourgeois*.

It was now necessary to allocate various rooms for the property belonging to different owners. On the top floor were the beds and bedding belonging to the French Government; on the second floor the property of the *Cheminots* and on the first floor we kept a room sacred to the remains of the quasi-Alsatian's property.

When we first came to the hospital, several of the wards were already partially provided with beds and there was a miscellaneous collection of other articles, scattered about the building. My first decision was that all these things should be collected into one room and not used. But gradually when we were without a certain thing which was known to be in the Kuentzmann heap, Matron, nurses and others, with the plea that they were for the service of the wounded, gradually took many of these articles into use and, now that the hospital was coming to an end, the Gestionnaire produced from some unknown place a Kuentzmann inventory. Happily I had never signed it, and I declined all responsibility for it. I pointed out that this inventory had always been in the keeping of the Gestionnaire, that the bulk of the goods had been stored at the Gate-House in a locked room, the key of which was under the guardianship of the Gestionnaire. M. Aribert accepted this position, and proceeded to make voluminous notes against china, glass, lamps and hot-water bottles, to the effect that they were worn out in use and had ceased to exist. I was thankful that his ingenuity relieved me of a great deal of trouble.

Towards the end of September, arrangements had to be made for moving the personnel to JUILLY. The American army nurses were still there, so that the bedroom accommodation was a problem. This was in the end solved by Miss Palmer arranging for the Little Sisters of the Poor to take in many of our nurses in their convent at JUILLY.

I had definitely arranged to take over JUILLY Hospital on October 1st, but the American Major, who was then in charge there, suddenly wired that he was leaving on the 27th of September and wished me to take over then. I was able to send over Dr. Garretson and Dr. Smith, thus guaranteeing that JUILLY Hospital would have some doctors. By

October 2nd all our staff were at Juilly, with the exception of three orderlies, left at Ris to complete the dispatch of our belongings and six nurses at Rose Cottage, who were working in our emergency influenza hospital at the 57th U.S. Engineers' Camp at Grigny.

One morning early in September, when we were hard at work dismantling the hospital, Captain Lawrence of the 57th Engineers, who had always been a very good friend to us, came in to ask if we could help him in any way with the influenza epidemic which had broken out in his camp. He told me that for the last two or three days he had been telephoning to Paris for help, without success; he had one doctor and only one orderly not down with the grippe. In July and August Captain Lawrence had lent us all his hospital orderlies to help at Ris. He was very anxious that they should be doing hospital work rather than loafing round the camp doing nothing and we were very glad of their assistance: now it was our turn.

I told him that we should be only too pleased to do anything in our power to help him, and asked if he wanted hospital tents.

He said, "Have you got such things?"

I said, "Four. You can have them."

"They will be a Godsend," he exclaimed.

It was arranged that his camions were to be at the hospital in an hour to take down all that was wanted to establish a small emergency tent hospital. We sent four tents, sixteen cots, blankets, sheets, pillows, hot-water bottles and all other small requisites. Dr. Garretson and Dr. Case at once volunteered to go down and at lunch-time I asked for volunteers from the nurses, preference being given to members of the American Staff. The nurses who eventually went were: Miss Metcalfe, Miss Spence, Miss Cowan, Miss McFadden, Miss Lyall, Miss Currie, Miss Threlkeld, Miss Dewar, Miss Lyons and Mrs. Cross.

The condition of that camp was perfectly deplorable. There were about six hundred men housed in wooden *baraquas* with double-tiered bunks on each side, the top bunk coming comparatively close to the pitch of the roof; they were far too low for proper ventilation. These bad conditions materially added to the spread of the infection. Captain Lawrence and his officers had, each day, got the men who were not too ill to take their bedding and blankets out into the open air and sunshine, and had done all that non-medical men could do.

By the evening the tent hospital was established, the sixteen worse cases had been taken there, washed and put between sheets and the nurses had begun to get some semblance of order in the wooden *barraques* where, for some days, many of the men had been able to receive little or no attention. It is no exaggeration to say that, when the Ris staff went to Grigny, panic stalked through the camp. There had been a number of deaths and the men felt helpless.

The following little incident speaks for itself. Early one morning an American soldier called from his bunk to his neighbours, "What time is it?" He was told six o'clock. "Hell!" was his remark, "it's two hours before the angels come."

Happily both Dr. Garretson and Dr. Case were senior in rank to the American Medical Officer who was attached to the camp, so that within a short time order and comfort were brought to the sick men. When our doctors first went, there were between sixty and seventy cases and very nearly two hundred passed through their hands during the two months or more that this emergency hospital was in existence. A little rest-house was erected for the nurses, furnished with every comfort that can be got from army supplies.

Towards the end of October the nurses at Rose Cottage were surprised to receive a visit from Captain Lawrence and his brother officers. They came on a formal errand to make a presentation to each nurse of a gold wrist watch, blue enamelled and engraved with the nurse's name and the grateful thanks of the men of the 57th River Engineers. They brought cigarette cases for the two doctors. These had been subscribed for by the men themselves and it was their own thought, the officers only having the pleasant duty of presenting the gifts.

A few days after our tent hospital was erected, Grigny Camp was inspected by an American Medical Officer from Paris and, seeing that the whole tent equipment was U.S. army pattern and that doctors and nurses were all American, he took it for granted that the needs of Grigny had been supplied from some American army unit. As a matter of fact our tent equipment had been bought by Lady Johnstone in Washington in 1915 and was of the standard American army type and bore the army mark. Of all the pieces of work we did, I feel that none more fully returned the kindness and generosity of our friends in New York than the assistance we were able to give to American soldiers in this emergency.

Another unexpected appreciation of members of our staff was a presentation which took place shortly after the closing of Ris Hospital when, at the Mairie, souvenir plaques were offered in affectionate gratitude by the inhabitants of Ris-Orangis to Miss Porter, Miss Niven, Miss M. Dewar, Mrs. Excell, Mrs. Clapp, Mlle. Douane and Mr. H. C. Gage.

After we had evacuated our last patient and ceased to be a hospital, we were no longer under the strict rules of a French military hospital which prohibited dancing and, now that the large ward on the top floor was empty, we felt that it would be nice to have a farewell dance, so that we could return some of the hospitality that had been extended to our staff by the American officers at the Orly Aviation Camp and by some of the Engineers. We also invited our French friends in Ris and Grigny and doctors and nurses from Dr. Blake's hospital in Paris. The entertainment was a great success.

Early in September I received an intimation that the Municipality of Ris desired to tender thanks to Lady Johnstone and myself for our work at the hospital and to take leave of us formally.

In the afternoon of Sunday, September 22nd, we all assembled in the Town Hall and were ushered into the Council Chamber, where were seated M. Barreau, the Mayor, the members of the Municipality at his right and left, the *Brancardiers* of Ris standing behind them. The Mayor delivered an eloquent and touching address and presented Lady Johnstone and myself each with a beautifully designed bronze plaque. Then he announced that the Municipality had decided to change the name of the Rue Pont to Rue Johnstone-Reckitt, so as to perpetuate the name of the hospital. Lady Johnstone made a graceful reply in French and I delivered a speech in English, a French translation being read by M. Aribert. The whole ceremony was full of real feeling. I do not think that any of us had quite realised, till that moment, how much we had become a part of Ris and how much our work had been really understood by the people among whom we had lived for three years.

*Facsimile of letter of thanks from General Pershing, Commander-in-Chief of the American Expeditionary Force, to the Doctors and Nurses of Ris Hospital who worked at Grigny Camp during the Influenza Epidemic.*

AMERICAN EXPEDITIONARY FORCES  
OFFICE OF THE COMMANDER IN CHIEF

Washington, D. C.,  
April 1st 1920.

Dear Sir:

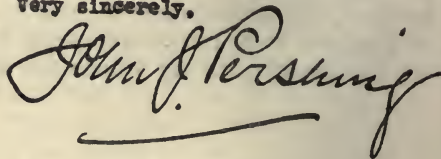
I wish to express to you my appreciation of the excellent services rendered by the nurses and the doctors of "Ris Orangis" hospital under your able directorate, during the epidemic of Spanish Influenza among the members of the 57th Regiment of Engineers at Camp Grancis, Seine et Oise, in the month of September, 1918. The efficient, untiring and devoted efforts of the medical personnel during that trying period curtailed the ravages of the disease and undoubtedly saved many lives.

Please convey to the medical staff my appreciation of their valuable aid, and also that of the members of the A.E.F. whom they so devotedly attended during the severe epidemic.

I regret that, before I left France for America, I was unable to personally thank you and your medical staff for your commendable services to the members of the American Expeditionary Forces.

Believe me,

Very sincerely,



Mr. H. J. Reckitt,  
C/o Reckitt & Sons, Ltd.,  
London, England.

THE UNIVERSITY OF CHICAGO  
PRESS



*To face p. 107]*

ADMINISTRATEUR-GÉNÉRAL.



## CHAPTER XIII

### FIGURES, FACTS AND SOME APPRECIATIONS

No account of Ris Hospital would be complete without some reference to the Administration Département.

As I have elsewhere pointed out, the organisation of a war hospital, whose finances are controlled by private donors while its status is that of a military institution, could not conform to any existing standard; it had to be improvised to meet the peculiar circumstances. The Médecin-Chef, not being a French officer, could not take the control which is the rule in the military hospitals, so that, in fact, there were in the hospital three heads of equal authority whose work in the several departments had to be brought into alignment, viz. the Médecin-Chef as head of the surgical and medical staff, the Gestionnaire as representing the French Government, and the Administrator, who had charge of the finances both as regards the raising of money to maintain the hospital and its expenditure.

The French Government presented me with a Card of Identity in which I was given the grandiloquent title of Administrateur-Général, and this description I had to attach after my signature to every official document. I confess that the spelling of this designation was a stumbling-block. Through the whole period of the hospital's work I acted as Treasurer. Lady Johnstone was Administratrice-Générale.

The finances of the hospital were provided for by Lady Johnstone and myself out of the sums that we equally subscribed. The alteration of the building and its equipment were paid for and the running expenses of the hospital for eighteen months came from this source. Lady Johnstone also gave a field hospital outfit with a quantity of stores and a portable X-ray apparatus, while I supplied the hospital with three Bianchi motor ambulances, a Bianchi lorry and a light Dennis truck.

Under the contract which we had with the French Government two and a half francs a day were paid for the maintenance of each soldier, with a higher rate for officers. We also received a lump sum of 50,000 francs when we enlarged

the hospital from one hundred to two hundred beds; the French Government to have the two hundred beds complete with mattress, pillow, sheets, blankets and pillow-case at the completion of the hospital's work in consideration of this grant.

In 1917 the French Government gave us a new contract of a more advantageous character, increasing the grant to three francs a day for each soldier and paying the wages of the female kitchen staff and an agreed number of *femmes de ménage* and women ward orderlies.

In the summer of 1916 our motor service was militarised, and consequently a French non-commissioned officer was put in charge of the service and issued to us from the French Government stock tyres, oil and petrol, for which we made no payment, the consideration being the extra motor service which was undertaken by our cars for the French hospitals in the surrounding districts. No car could leave the hospital without a written order from him, if using Government petrol. We were very fortunate in the French officers in charge of this department, all charming, helpful men, and M. Margot, tall, large, with always a merry twinkle in his eye, was ever our very good friend.

From May 1917 it was very largely due to the energetic kindness and liberality of our New York Committee that the work of the hospital was continued. In May 1918 it was anticipated that the hospital would be closed at the end of that month and all financial arrangements were being made to that end, but when we were appealed to by the French Government in their dire necessity to carry on the hospital for a further period, although I did not know where the money was coming from, I undertook to continue. The New York Committee, through the generosity of Mrs. Morton Plant, continued their support and we also received a loan of 54,000 francs from the Comité Britannique in London through the kindness of my friend Mr. Dudley Illingworth.

This committee, which had done so much for the French hospitals and other charities during the war, had always been most kind in giving us assistance. They had for over two years bought for us in London and had bought well, and it was through this committee that we were often enabled to replace vacancies on our Staff.

When the hospital was wound up in September 1918 we were able to produce a final balance sheet which I feel is eminently satisfactory. We returned the loan of 54,000

francs to the Comité Britannique with our sincere thanks for having come to our rescue when our bank balance was *non est*. By returning this balance to a society which was continuing to work for France I felt that I was carrying out the wishes of those I was not able to consult individually.

The final balance sheet, after having charged the expenses of liquidation, left us with the net sum of 14,278 francs, 36 centimes.

In the Appendix will be found a consolidated balance sheet of the three years and also a balance sheet of the liquidation.

My thanks are due for the many generous gifts which I received. Sums large and small were given, always with the one desire, to alleviate suffering and to bring some comfort to the stricken French nation. With this knowledge of the motive of all those who subscribed, I give in the list of donors which appears in the Appendix only the individual names, as it seems to me invidious, when the object of all was the same, to measure their generosity by any figure.

In addition to gifts of money, we received from individuals, as well as from societies, a constant stream of every kind of hospital necessity: gauze and cotton in bulk, prepared bandages and dressings of every size and material required, dressing-gowns, shirts, socks, handkerchiefs, underwear and many games and books. If, by any chance, I have omitted from the list in this book the name of any society which helped Ris Hospital, let me assure them that it is due to my carelessness in preserving documentary evidence and not to any want of appreciation of their kindness.

In the autumn of 1916 the hospital received a very handsome gift of additional X-ray apparatus from the inhabitants of Ris, as a mark of their appreciation of our work for the French soldiers, and the services of the Out-patients' Department to the inhabitants of the town.

There is one feature of the financial side which I should like to bring out and that is the constant help which I received from all members of the staff towards the expenses of the hospital. Many of our voluntary workers, month by month, gave a cheque to the Treasurer to cover their board and lodging, while, to my own personal knowledge, the sacrifice made by some who appeared upon the salary list was as great in its way, in that the pay they received bore no comparison to their civilian salaries.

In October of 1915 Mr. Sydney Ball came from the Hyde Park Hotel in London to act as Secretary in the Adminis-

tration Department. He was a man with considerable experience of hotel management and having been rejected by the army he gave up his position in London in order to do war work. The position of a hospital secretary is no sinecure. He is at the beck and call of everyone for every trivial detail that goes wrong. He will find on his table a chit telling him that a window is broken on the second floor, a water-tap is dripping on the third and there is a smell of gas on the first and he then will have to make a tour of the hospital to discover in which particular ward the damage has been done.

Mr. Ball took over petty cash and a certain amount of the book-keeping and began and organised the system of direct purchase of the hospital food supplies in *les Halles* in Paris.

As the hospital expanded, the work of the Administration naturally became heavier and we had to retain the services of a clerk-accountant, Mr. F. E. S. Davis, who came to us as ward orderly, and was drafted into the office about August 1916. Mr. Ball was called up by the army in March 1917 and had to return to London, but was never drafted for service and went back to the Hyde Park Hotel as food controller, now that the rationing system was in full operation in England. His experience at Ris Hospital in the matter of rationing stood him in good stead. I cannot speak too highly of the thoughtful assistance Mr. Ball always gave me; the efficiency of his work was such that very little change was made by his successors.

Mr. Dunstan came to us in 1915 to assist in the office, but unfortunately his health broke down soon after his arrival and he died in the hospital. This was the only death at Ris among the members of the staff.

While I was in America in 1916 my friend Mr. H. J. E. Marsden of Scalby, Scarborough, volunteered to come to Ris to take charge of the Administration. He remained for about five months, when, unfortunately, he had to return to England on account of ill-health. My deepest thanks are due to him for the care and thought he devoted to the hospital during this period.

In looking through correspondence and letters from members of the old staff I find but one feeling pervading them all with regard to Mr. Marsden's administration. His unflinching fairness and courtesy and studious consideration for the welfare of the personnel is remarked on by all and one of the younger V.A.D.s described him as "a dear."

On my return from America early in July of 1916 I was met in Paris by Mr. Fraser, who had temporarily joined the staff of the hospital with his own car as a motor driver. He came to us for five or six weeks until a unit with which he had been connected should be again placed and, like so many other temporary appointments, his became permanent and he stayed at Ris for very nearly two years.

I soon became aware of the business and organising ability of Mr. Fraser and was very glad of his assistance and advice in reorganising the administrative side of the hospital. We were both struck with the fact that in the motor department we had five or six volunteer drivers whose time was only partially occupied, as the full number of ambulances was only used on the arrival of hospital trains two or three times a month. The rest of the time hung heavy on their hands. We therefore tried to use the abilities of these men in other departments of the hospital. Thus Mr. Burdon Muller took charge of the Paris buying, and Mr. Lindsay Bury devoted himself to carpenter's work. He attended to the constantly needed little repairs of bedside tables and bed feeding-tables and enriched the hospital with many home-made deck-chairs. His habitat in the winter was the top attic and in the summer a tent in the grounds. Genial and kindly, always on the look-out to do any little service that lay in his power in any department, he was much missed when he had to return to England.

Mr. Harold Cobb undertook the duty of communicating with the Gestionnaire about any work that was required by the Administration from the French contingent. When he left us he went to Paris to take charge of the Headquarters there of the Comité Britannique of London.

Mr. Joshua Bower as Motor Captain had his time fully occupied in attending to the overhauling and repairing of the cars and did much of this work himself. A more devotedly loyal friend no man could ask for. He and I were at school together and it is a great thing in life to be able to maintain and keep friendships thus early begun. While superintending the repairs of one of the ambulances Mr. Bower was seriously burnt on the face and hands by the sudden ignition of petrol vapour in the inspection chamber. He left us in March 1917 and was succeeded as head of the Motor Department by Mr. Fraser. Although well over military age, Mr. Bower obtained a commission in the British army and served for over a year in Mesopotamia.

Mr. Peyton-Jones and Mr. A. H. Phillips rendered good

service in the Motor Department and my thanks are deeply due to Mr. F. Grotrian and Mr. H. B. Grotrian for their work during the establishment of the hospital and the organisation of the ambulance service.

Mr. Vaughan Wilkes of Eastbourne gave us his services during his summer holidays in 1915 at a time when we were very short of motor cars and I must not forget Miss Nora Morrogh and Miss Biddles, who came to us in 1918, when it was very difficult to get chauffeurs.

With the formation of the Committee in July 1916 Mr. Fraser was appointed Chairman and in that capacity undertook the reorganisation of the kitchen and the *économé*. He found that there was a considerable amount of leakage and waste, and instituted a system by which the French lady in charge of the *économé* knew what was the total effective of the hospital for each day, as well as the number of ordinary and special *régimes*, and issued to the kitchens the precise quantities that were required for each meal. A much stricter supervision was introduced as to the odd meals which the French *femmes de ménage* were always attempting to obtain.

While I was in America in the autumn of 1916 Mr. Joshua Bower undertook the duties of Administrator. On my return in January 1917, when the question of the future of the hospital was at stake, I found in Mr. Fraser a wise counsellor and an enthusiastic supporter of the proposition put forward by the Service de Santé, to continue the hospital under its old management.

An agreement was entered into between Lady Johnstone, Mr. Fraser and myself by which I guaranteed the maintenance of the hospital from the end of January to the end of April (the end of our financial year) and for the year beginning May 1st the signatories to the new arrangement guaranteed £10,000 in shares according to their ability. Any subscriptions that might come in before the 1st of May were to be carried over to the new financial year.

The creation of the New York Committee, under the chairmanship of Mr. H. L. Satterlee, provided further security. We launched our appeals in America in the name of "The Hospital under Three Flags" (England, France and America), as the New York Committee considered that a hospital so designated was more likely to receive public support than if it were known by its original name, "Johnstone-Reckitt Foundation."

It may seem invidious to pick out from the hospital's

many friends in America any particular names, but I cannot refrain from mentioning the generosity of Mrs. Morton Plant, whose large monthly contribution was one of the mainstays of the hospital finance, and Mrs. William Decker, who, from the first, helped us by her efforts for the nursing fund and by her many gifts of clothing and hospital necessities. My friend, Miss Caroline Duer, after her return to New York, did much by her individuality and energy to enlarge the circle of Ris sympathisers. Mr. Horace Andrews, Mrs. Decker's brother, was the head of the New York Executive Committee and was one of the most active workers for the hospital on the other side. From the first he was wholeheartedly with France and England, and as chairman of the American Clearing House did incalculable service to the war hospitals of Europe. Weakened by years of overwork, he fell a victim to the influenza scourge of 1918.

Another large circle of friends, not connected with the New York Committee, supplied the hospital with gifts of clothing and hospital requirements from the start and continued their help till we closed.

Mrs. McFadden of Greenwich was a constant contributor to the comfort of the French soldiers and through her we received many gifts of money to be expended in artificial limbs for the amputation cases.

Now that Mr. Fraser had become so much a part of the foundation, it naturally followed that he took a more active part in the Administration and, from February 1917 to May 1918, he acted as Assistant Administrator and relieved me of much of the office work. When he returned to England he was put in charge of Dutch propaganda in London.

Mr. Herbert J. Middleweek, who came to us towards the end of 1916 and had charge of the accountancy in the office, succeeded Mr. Ball as Secretary in March 1917 and when Mr. Davis, who assisted with the balance sheets, as he was a qualified chartered accountant, left the hospital to become accountant to Dr. Blake's hospital in Paris, Alfred Atkins, a ward orderly, who was also a chartered accountant, came into the office to prepare the monthly statement and the annual balance sheet. I want to put on record my appreciation of the skill and ability of Mr. Davis and Mr. Atkins in the professional accountancy that they gave to the hospital. Mr. Davis afterwards held a high appointment in the Accountancy Department of the American Red Cross, and Alfred Atkins, after the closing of the Juilly Hospital in February 1919, became Financial Secretary to the

International Red Cross Conference at Cannes and is now permanently attached to the International Headquarters of the Red Cross at Geneva.

My friend Mr. Middleweek was a distinct personality in the hospital and had the unenviable task of dealing with all the trivialities of the daily administration. He was very clever in handling the small French shopkeepers and the women of the district who held the milk contracts. When Mr. Fraser left the hospital, Mr. Middleweek was appointed Administrateur-Délégué.

My thanks are due to him for his unfailing help and consideration during a period when his health was not of the best and the work that fell upon his shoulders was constantly increasing.

Our office staff was completed by Mademoiselle Le Paulmier, who came to us first as Dr. Blake's private secretary and remained as secretary to the Médecin-Chef. She was always willing to do any shorthand and typewriting for the Administration and was one of the most popular members of the staff. Her duties required quite exceptional ability, as she had to translate all the official French documents for the Médecin-Chef and to take down in English and afterwards translate into French all the official replies. Her heaviest work always came with an evacuation. The medical history of each case was written in English by the doctors in charge of the wards and each *blessé*, on his evacuation, had to be provided with a complete translation in French of his medical record. The preparation of this was the duty of Mademoiselle Le Paulmier. She also took the notes in the operating theatre for the Médecin-Chef and accompanied him as interpreter on his daily rounds. Efficient and competent, she never allowed personal suffering to interfere with her work.

Mr. Burdon-Muller came to the hospital in its very early days and from the beginning took charge of the miscellaneous purchases and renewals which were wanted in every department. He became thoroughly acquainted with all the shops in Paris, large and small. It was the duty of the dry store department to prepare a list to be submitted to the Administrator and it was with this list in his possession, covered with many tags of samples, buttons, pins, wool, cotton, that he would set off for Paris twice a week on his thankless task, seldom without an additional list to be attended to for members of the staff. This work he undertook winter and summer in all weathers, going and returning in his open car. After Mr. Ball left he also undertook the



marketing at *les Halles*, which entailed a start at five o'clock in the morning. To a superficial observer this may seem a small job, but the efficient carrying out of these commissions was something round which the whole hospital revolved. We were all very fond of Roland and we have many personal kindnesses to thank him for. In January of 1918 he left us to join the British army and was attached to the Central Bureau at Boulogne and Paris.

As Treasurer to the hospital, all financial questions came under my authority. It seems a thousand pities that nearly £2000 of our original fund had to be expended in getting together the personnel and keeping them together for three months until the hospital was ready for occupation. A very large portion of our funds was expended, and I think as a whole well spent, on putting the building at Ris into proper condition to be a hospital and buying equipment of the best quality. We never tried to do anything cheaply. While these first costs were at the time considerably criticised by our friends, the fact stands out that, even at the end of three years' hospital work, we were not faced with the need for renewal of material and the beds and bedding were bought from the French Government by the Union Nationale des Cheminots de France and are starting a new lease of life in their hospital at Ris.

My work as Administrator brought me closely in touch with the French Gestionnaires. Captain Morel, who first held the post, was helpful and thoughtful and took a keen interest in the development of our work. I was truly sorry when he left us to take charge, in a similar capacity, of a large and important military hospital.

Lieut. Augendre was only at the hospital for a short time, almost coincident with my absence in America and personally I scarcely came in contact with him.

Lieut. Aribert, who succeeded Lieut. Augendre, came in 1916 and stayed with us till the hospital closed. My relations with him were most pleasant. He was competent, keenly interested in his work and of the kindest disposition in all his dealings with the wounded. Early impressions of a man are often the right ones. I have a mental picture of Lieut. Aribert in the big goods' warehouse at Juvisy Junction on the arrival of the first ambulance train after he took office. I saw him kneeling on the dirty floor, raising the head of a seriously wounded *poilu* as gently as a woman to give him a drink, and that first impression was never afterwards altered.

Socially he was a great acquisition and many a long night has he helped us to kill the tedium of waiting for a *blessé* train or sitting up on duty during an air raid by playing a very excellent hand at bridge.

Our two previous Gestionnaires lived in Paris, so that they were often absent from the hospital on Saturdays and Sundays. With the coming of Lieut. Aribert we wished to change this inconvenient arrangement, so the hospital authorities made it possible for him to take a house in Ris for himself and his family.

Lieut. Aribert arranged many concerts for the soldiers and took charge of the arrangement of the Christmas festivities in the hospital. He was always ready to lend a hand in the many little unofficial things that go towards making a hospital a success and in the very pleasant recollections we all have of his service with us Madame Aribert takes her full share.

There is one *bon mot* of his which must not be lost. I was explaining that my wife had decided to do canteen work with the French army and was not coming to work in the hospital and he replied: "Bien! It would be impossible for Monsieur ever to give a command to Madame."

Although the Matrons do not come directly in line with the work of the Administration Department there was hardly a day when some matter did not arise that necessitated our meeting. The happy internal working of a hospital as far as the staff is concerned is directly dependent on the personality of the Matron and I was very fortunate, as Administrator, in having to deal with women of individuality and character.

Our first Matron was Miss Brouse, who came to the hospital soon after Dr. Blake became Médecin-Chef. Her position was one of considerable difficulty. The staff was entirely new and had not yet settled down into the grooves of regular work after a long period of inaction due to the delay in establishing the hospital. Before she left us in March 1916 she had laid the foundations of that discipline which was so very necessary for the success of our work for the wounded.

Dr. Blake had sent to America for one of his old nurses as Night Superintendent and Miss Robertson arrived at Ris in February 1916 and, on the resignation of Miss Brouse, was appointed Matron and held this post until June 1917, when she left to be married. I think everybody in the hospital loved Miss Robertson; the *blessés* worshipped her





To [see p. 117]

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THE NURSING STAFF, 1918; MRS. CLAPP, MATRON.

and she had the respect of every doctor. A strict disciplinarian, with the eye of a hawk for any negligence on the part of the French *femmes de ménage*, she saw to it that the hospital was kept as clean as a new pin. She was an admirable Matron in every way and her administration was the making of our hospital at Ris.

Mrs. Clapp, a graduate of the New York Post-Graduate Medical School and Hospital, succeeded Miss Robertson in June 1917 and was Matron for fifteen months, until the hospital closed, when she joined the American army. In her own way Mrs. Clapp was as successful a Matron as Miss Robertson. She took over an admirably run and organised hospital and staff and she never allowed them to deteriorate, but her methods of administration and control were on different lines to those of Miss Robertson. Mrs. Clapp carried on all the old traditions of the canteen at the railway station, the care for and interest in the *blessés* and was one of the prime movers in the Christmas festivities for the children of Ris. I found her at all times easy and pleasant to work with and as the difficulties of administration increased with the high cost of supplies, I received her help and support in the necessary economies which had to be practised.

One of the old stagers of the hospital, Miss Hunt filled many posts and might be described without disrespect as being the general stop-gap and as such she deserves her own paragraph and thanks. Her official position was Matron of the Night Nurses' Home, but she undertook the dry stores department, the diet kitchen and nursing in the wards when any of the nurses were away on holiday or absent through illness. I doubt if she ever missed a *blessé* night and on those occasions she took her full share of undressing and washing the new arrivals, a work of very distinct personal devotion to the suffering.

Amongst those who were with the hospital from its beginning to the finish was Mr. H. C. Gage of the X-ray Department, who did unique service at Ris. He organised one of the best X-ray plants any hospital in France possessed and he also had charge of the dispensary and the electrical massage apparatus. Under Dr. Blake he acted as Hospital Superintendent and the names of Ris and Gage became inseparably connected. The X-ray room was the one department of the hospital about which I never had a moment's worry and it was run in a most economical manner. In April 1917 Mr. Gage took on the additional work of radiographer to Dr. Blake's hospital in Paris and

divided his time between the two hospitals. He never entirely severed his connection with the hospital in the Rue Piccini, where he remained to the end as consultant radiographer. On going to Juilly Hospital, he was given the honorary rank of Captain in the American Red Cross. Quite beyond praise was his devotion to his work; he never rested in his efforts to do more and still more for the wounded.

Mr. F. T. Beer, Mr. Gage's first assistant, stayed with us till 1918. He became an expert radiographer and the Administration were pleased to make him an officer as some recognition of his valuable work.

Miss Slater of Newnham College, Cambridge, succeeded Mr. Beer and brought to the X-ray Department a change from its monastic severity. Although only with us for a short time, she firmly established herself as a personality in the hospital, a successful worker and an addition to our society.

Applegarth and Frost worked hard and well as orderlies in this department. The former eventually left us to take charge of the Dispensary Stores Department of the American Red Cross.

Frost was an interesting development. In private life he was a Yorkshire coal-miner and he became an expert in the development of the X-ray plates. One thing that hospital life taught him was the charm of living above ground and, despite the attraction of high wages, he has given up mining and become a gardener.

The English orderlies in the hospital came under the Administration. Most of them were allocated to the wards, two being attached to the Motor Department and, while we had a sufficient number, two or three were used for outside work about the building and grounds.

Our first Head Orderly was Larcher, who had had previous experience in a war hospital in France and spoke French well. In addition to being Head Orderly he was for over a year in charge of the operating theatre, afterwards joining the staff of Dr. Kenneth Taylor in the Laboratory and, in March 1917, going to Dr. Blake's hospital in Paris. He now holds a responsible post in the British Chamber of Commerce in Paris. I have a very real regard for Larcher; efficient, willing and always courteous. He was succeeded by Bruce, whose knowledge of French enabled him to assist the English and American nurses in their communications with their patients. He left us towards the end of 1917 to become an interpreter in the American army.

Levitt of Compton, Sussex, then became Head Orderly and held that post till the end. He was in every way qualified for this position, as he had been a sick-bay orderly in the Navy and had, by this time, acquired a working knowledge of the French language.

It was of Levitt that Mr. Fraser said, "He is the champion grouser of the hospital and as such will be our best bulwark against the complaints of the orderlies under him."

I think this appearance of grouching was more superficial than real, for I never knew a more genial person when there was work to be done. I remember Levitt's complaining that a certain orderly was neglectful of his duties. On making inquiries I discovered that the man was in the habit of going to sleep in the afternoon behind a screen in his ward, but he was so careless about his slumbers that he persistently left his feet in full view. I think it must have been Levitt's naval training which made him so strongly object to such a slovenly method of neglecting duty. It was to him that we owed the flower-beds round the hospital and he made many of the window-boxes that were filled with flowers during the winter.

While I am speaking of Levitt and putting on record my appreciation of his services I would wish to include all the little band of volunteers from Compton, six in number, who worked at Ris. Three of them remained throughout the whole period of the hospital's existence. Simpson, with his varying occupations, Christie and Spiers in the Motor Department, rendered devoted service. Leggett and Creswell were at Ris only a short time and returned to England to fill vacancies on the Little Green estate caused by the heavy enlistments for the army.

During the whole three years we were excessively fortunate with our orderlies. Some failures were only to be expected, seeing that the work was entirely new to all of them, but steady, intelligent work was the rule. If any are to be singled out, the services of the following call for particular mention: C. and M. Fordham, Towse and Zelliacus, who were voluntary orderlies; Applegarth, Atkins, Beer, who afterwards became an officer, Bennett, Dahm, Davis, Dyke, Frost, Kaye, Mairet, Marchant, Moore and Porter.

Our nurses and V.A.D.s, brought together from many countries, were a splendid body of women. Where all were devoted, a few stand out specially. Among these are—Nurses: Miss Baker (Masseuse), Miss Beatty, Miss Carson,

Miss F. Dewar and Miss M. Dewar, Miss Eadie, Mrs. Excell, Miss den Hartigh, Miss Hunt, Miss MacDonal, Miss Morris (Masseuse), Miss Niven, Miss O'Toole, Miss Porter, Miss Powell, Miss Selby, Miss Spence, Miss Thompson (Anæsthetist), Miss Winning and Miss Wood; V.A.D.s: Lady Congreve and her son John, the Boy Scout, Miss Lyall, Miss Lyons, Miss MacFadden and Lady Frances Ryder, also the Demoiselles Lebedt and Mlle. Germaine Hervieu; Volunteer workers in the Administrative Department: Madame Bimont, Miss Mary Davies, Miss Davison, Miss Caroline Duer, Mrs. Greenham and Mademoiselle Douane, who filled a difficult position (she was the only Frenchwoman among twenty or thirty Anglo-Saxons) with a grace and loyalty which won her the regard of every individual in the hospital.



## CHAPTER XIV

### THE MOVE TO JUILLY

THE taking over of Juilly Hospital and its reorganisation was not an easy task. Nothing is more difficult than to augment a hospital staff by the addition of a complete unit which has been working for three years. Two distinct cliques were formed from the very beginning and, to add to one's problems, the nursing staff had at once to be reduced, which became a matter of delicate negotiation with Miss Bickell, who was Matron at Juilly before and after our arrival. In the end an equal number of nurses were dispensed with from each staff, those who had served the shortest time being transferred to the American Headquarters in Paris.

When I arrived, the previous Administrator was away on his holiday and on his return could only spare twenty-four hours of his valuable time to make me acquainted with his method of work.

Juilly Hospital was founded by Mrs. Paine Whitney of New York towards the end of 1914 and received its first *blessés* about the middle of January 1915. The hospital was situated in one wing of the Collège de Juilly, one of the oldest and best known secular colleges in France. Among the many distinguished past students was Lafayette, the leader of the French contingent who helped the Americans in their War of Independence in 1773.

Those who had charge of the alterations had indeed done marvels with the old building. An excellent system of hot-water circulation and electric lighting had been installed and there was a very complete laundry down in the huge old cellars. In the main building there were three long wards on the first, second and third floors, while in the grounds there was a detached ward called the theatre. This was very cold and damp and only suitable for use in the summer and during my administration was closed as a ward after the evacuation of the American soldiers who were suffering from influenza.

In June of 1918, with the advance of the Germans to

Château-Thierry, the college was evacuated and the pupils sent to their homes. It was then that the United States army took possession of the building and made it into a base hospital of 1500 beds. The original Paine Whitney Foundation provided 300 beds for French soldiers.

Two different American Army Medical Units had been quartered here. They had entirely changed the original plan of the building, so that it was necessary to rearrange the various wards, corridors, etc., to suit the conveniences and uses of a smaller unit. There was a mass of unsorted material—tents filled with beds, blankets, hospital requisites, some belonging to the American army, some to the American Red Cross, some to the college authorities and the rest to the Mrs. Paine Whitney Foundation and, on top of this, were deposited the Ris Hospital belongings.

It was fortunate that I had four or five English orderlies and they at once set to work to sort into various tents the American Red Cross and army belongings. A large room with a concrete floor, which had been fitted up as a receiving ward but never used, was divided into sections as a store-room and here the linen, blankets and clothing, furniture, glass and china, were deposited, while the smaller articles were put in a room to themselves which was used as office by the storekeeper, Kaye. There were enormous stores of bandages and dressings in the place which we eventually sorted and I was able to despatch to Paris many cases of such necessities, which were at that time urgently needed at the front.

A new X-ray room was built by cutting off a portion of the first floor ward, but this was not yet fitted up when the Armistice was declared on November 11th. In these alterations the wood that we had brought from Ris was extensively used.

The old shower bath and washroom on the ground floor were reinstalled. Here almost daily, American, French and Portuguese soldiers were brought to have the luxury of a hot shower.

On the ground floor at the end of the stores department we established an out-patients' clinic. This was very necessary in a locality which had been so near to the fighting line. Not only Juilly, but the villages for miles round, were full of refugees and the only local doctor in the district was an old man of nearly eighty. Here a very good work was done by Dr. Wiseman and Dr. House, assisted by Miss Palmer and Miss Clark. The reorganisation of this department was very largely due to the inspiration of Miss Palmer, who



*To face p. 122]*

MAJOR FARMER AND MEMBERS OF THE JULLY HOSPITAL STAFF.



had been at Juilly when it was started and had taken the greatest interest in the welfare of the neighbourhood.

Having succeeded in getting our stores inventoried and sorted, the next business was with the material in the wards and we proceeded to weed out all the broken beds, soiled mattresses, thin pillows, worn sheets and blankets and brought the crockery, metal cups, knives and forks up to a proper standard.

By the time the task of reorganisation was finished, the whole aspect of the hospital was changed and, from being a lost child whom nobody loved, it had become a well-equipped, clean, tidy and self-respecting institution. The two staffs had come to an amicable working arrangement and, as I became personally known to the nurses, I was able to gain their full co-operation and support. No one was kinder to me at this period than Miss Handley, operating-theatre nurse, and Miss Palmer.

Major Farmer of the United States Army was appointed Médecin-Chef and in the work of reorganisation he gave me every help and assistance. Through his offices we had the loan of joiners from the American Anti-Aircraft Camp situated about three miles from Juilly.

Shortly after the Armistice, orders were received from Paris that a complete inventory of everything in the hospital was to be furnished. I was unable to find any documents of a later date than the beginning of 1916, so the fulfilment of the order was no sinecure. I had for my guidance the old ward inventories for Ris and we made our draft sheets for each ward and for the bedrooms of the personnel and the work was eventually completed, the final gathering together of the figures being done by an American stenographer from Headquarters. Having nearly completed her task, she was interviewed one afternoon by two American Red Cross officers from Paris, who gave her minute instructions that their department required the inventory to be prepared in a certain way, entirely different from the method upon which she was working, so that she had to start practically over again. Not till she had nearly finished this second task did I find out, quite by accident, that these two officers had lost their way and arrived at the wrong hospital and the instructions were not for us at all. When they were leaving Juilly they expressed a doubt to Major Farmer as to whether they were at the right place, but did not communicate this doubt either to myself or to the young lady who was engaged on the inventory.

While I was superintending these arrangements I had also the ordinary routine of the hospital to attend to. Mr. Middleweek and Mr. Gage were absent in England on leave, so that I was not only buyer, but had to supervise the market lists, and control the kitchen and the *économe*.

If it had not been for the very able assistance of M. Mauternach I should never have become acquainted with the details of the administration or been able to cope with the work. He was always somewhat diffident about his own abilities, but I formed a very high opinion of his character and judgment and he was a very loyal assistant in the administrative department.

Soon after our arrival I was faced with a threatened strike of the laundrywomen and the *femmes de ménage* in the hospital. These were being paid at the rate of two francs fifty to three francs a day, without food, and their pay had not been increased since 1915. I drew up a new list of salaries, based upon the pay sanctioned by the French army for the women employed in the military hospitals; some allowance was made for the difference between Paris and the country, but the increase was very considerable, in many cases more than double. I put this revised pay-sheet before my Commanding Officer, Major Farmer, and he at once signed it. I am glad to think that this is one of the things I got away with, without a scrutiny of the auditing department of the American Red Cross.

A formidable proposition was the chef. I was told he was utterly impossible and would have to go, that in the evening after many libations his language was so shocking that the Frenchwomen could not work in the kitchen. On making inquiries I found that he had been reprimanded and ordered about in a way no self-respecting chef could tolerate in his own kitchen, so I determined to try another method. I did not wish to make a change as it was excessively difficult to get anyone to replace him. I summoned him to my office and had a long talk as to the management of his kitchen. I asked what he required in the way of renewals, whether his staff was satisfactory, arranged the method by which he was to give me the daily menu and then told him that I should hold him responsible for his own department and that I was certain that I could count on his loyal co-operation. After dinner, if it had been well served, I sent my compliments to the chef or personally congratulated him upon his success and from that time complaints seemed to become far less frequent and while

I cannot say that he became a teetotaller I never had any occasion to complain that he was anything but sober. He stayed with us until the hospital was closed.

In Mademoiselle Grisel of the *économé* department I had a most valuable ally and helper. She was economical and thorough and was most helpful in her advice and counsel with regard to the whole of the French personnel, especially the linen-room and laundry staffs.

Our office accommodation was excessively limited and it was the general meeting-place of everyone not on duty. To obviate this overcrowding I instituted an officers' sitting-room on the first floor.

The portion of the college building which we occupied was L-shaped, the main block being the three big wards. The ground floor contained the staff dining-room, the kitchens and *économé*, with a wide vaulted corridor, one end of which was used as a dining-room for the French staff. The offices and linen-room were situated in a boarded-in annexe running parallel to the corridor. The other portion of the L was taken up on the first, second and third floors with the sleeping quarters of the staff. On the third floor was a very nice nurses' sitting-room. Here we instituted morning tea, a Ris tradition.

One of the first things that I undertook on getting to Juilly was to try to fill the hospital with *blessés*. I called on my friend Commandant Kléber, at the Service de Santé, and he inquired in surprise if we were really ready for patients yet. I assured him we were and that we had the same excellent surgical staff that we had had at Ris. A few days afterwards we received about thirty cases and a week later a trainload of one hundred and eighteen.

Juilly had for some time been more of a convalescent home than a hospital, but the cases we received were interesting and serious. Major Farmer further filled our beds by having transferred to us eighteen American soldiers whom he found in a French hospital at Meaux. Neither he nor the Médecin-Chef on this occasion troubled about papers. We sent our ambulances to fetch the men and the French officer was only too pleased that the Americans should come amongst their own people.

The College authorities were always excessively kind and courteous to me and M. l'Abbé Sabatier and the Vice-Principal, M. l'Abbé Dedieu, very kindly put at my disposal a charming suite of rooms in the old part of the building overlooking the central forecourt. On several occasions I lunched with

M. l'Abbé Sabatier in the wonderful refectory, panelled in mellowed chestnut, with charming pictures of the old college park and *la chasse* let into the panelling. The college has been offered a high price for this room and the carved side-tables but, to its everlasting credit, will not sell, although the institution is far from wealthy.

M. Sabatier was taken very seriously ill with malarial fever followed by an attack of Spanish grippe and it was only after his recovery that I made his acquaintance. He was much beloved by all connected with Juilly and the nurses and doctors vied with each other to do him service. He was justly proud of his many war decorations, all of them earned by his devotion to the French *poilu*. He joined the army as a *brancardier*, served throughout the operations in Salonica and eventually became Chaplain-General to the French forces—a man of great depth of mind and wide culture whom it was a privilege to know.

The winter of 1918 was marked by a severe epidemic of Spanish grippe in all the villages surrounding Juilly and the doctors were kept very busy visiting cases among the out-patients. The conditions of poverty were appalling and the mortality high.

During my absence in November, Mr. Gage took charge of the Administration and he kept for me the very interesting official telegram to the Mayor of Juilly which announced the Armistice :

*“Faites prévenir immédiatement de la part de M. le Préfet, le Maire de votre localité et ceux des communes desservies par votre bureau d'avoir à faire sonner à toute volée à 4h½ du soir les cloches de toutes les églises, de faire pavoiser et illuminer aux couleurs alliées et s'entendre avec l'autorité militaire pour faire tirer les salves d'artillerie au maximum.”*

We celebrated the Armistice in the hospital with champagne, in the proper French fashion; this did not appear in the Red Cross accounts.

Thanksgiving Day was also suitably remembered on the last Thursday in November.

The Christmas of 1918 I tried to make a real Christmas for everybody, as it was to be our last hospital Noël in France. The wards were charmingly decorated; everybody entered into the work. There were gifts for all, jack-knives and



pipes for the *blessés*, identity discs for the nurses and special gifts to my own department as some recognition for the assistance they had given me during a very difficult time. The event of the day was the entertainment to the children of Juilly and the refugee children from the surrounding district. There was hot chocolate, bread and jam for everyone; there were mufflers, frocks, mittens, woolly caps and underclothing for a happy crowd of boys and girls, with many toys and games to amuse them and the children had the greatest difficulty in making up their minds which of the gifts they would choose.

M. Bonneau, the French pharmacist, was a host in himself and when the cinematograph, which followed the distribution of gifts, was displayed by the Italian motor mechanic, M. Bonneau gave a running commentary on the pictures to a delighted and interested audience.

The nurses decorated a gorgeous Christmas tree and were willing workers at this fête. The little orphans from the Convent of the Dames de St. Louis were crowded together in a group on the right of the platform and were presented jointly with the largest and best dressed of the dolls.

The day after Christmas Day I received an invitation from the Mother Superior of the Convent to attend an entertainment given by the children in their school. The room was crowded to its utmost capacity. Mr. Gage and I were placed, to our distinct embarrassment, in the front row, and we were overwhelmed with thanks for our presence and apologies for the entertainment we were about to witness.

Across one end of the room hung a dark curtain which was opened and closed by one of the scholars. The first part of the programme was a charming little play founded on the story of a lace-worker in Bruges, the only support of a blind mother and an infant child. The opening scene showed the lady of fashion insisting upon her lace being delivered unreasonably early and the poor lace-worker overborne by her family troubles and the difficulty of performing her task.

The second scene was the same room at night. A weary wanderer appeared begging food and shelter from the storm without and finding succour and warmth from the poorest in the town. The lace-worker falls asleep over her pillow and bobbins and the wandering beggar becomes the patron saint of lace-workers and summons a bevy of angels who complete the lace while the poor woman sleeps.

We were entirely charmed by the sincerity of the acting. The stage and its surroundings were naïve and artistic. All

the costumes were home-made and between the acts the little actors grouped themselves round the harmonium and sang charmingly.

The second part was the Adoration of the Infant Christ in the manger. The setting of this was admirable, the sides and back of the little stage being hung with old brocades and tapestries, while the angels in their white gowns, wings and golden crowns, made the prettiest of pictures and the Wise Men from the East gave to the solemn scene a human and homely touch. The whole picture is something which I shall always remember and associate with Christmas.

The Dames de St. Louis are dependent upon gifts and the sale in Paris of their embroideries and lingerie made by the children. The war had cut off very largely this source of income and how poor they were can be gathered from the following incident.

A few days after their performance I saw one of the Sisters and three of the children who had been angels, carefully picking over the ash-heap of the hospital for pieces of coal. When the hospital closed at the end of January I found that some anthracite was still left and this found its way to the convent as my thanks to the children for the charming entertainment they had given me. A letter of thanks from the Mother Superior is sweet in its simplicity:

“MONSIEUR,

“*Vraiment vous nous avez comblées. Le bon Dieu vous dira le merci que je ne sais pas exprimer. Nous le lui demanderons dans une prière bien fervente, enfants et religieuses, et le bon Dieu exaucera la prière de la reconnaissance.*

“SR. NATHALIE,  
“Sup.”

The hospital at Juilly was styled *Hôpital Bénévole*, so that the Gestionnaire was a *sous-officier* and his contingent limited in numbers. In this contingent we had five Annamites. It was hard to teach them anything new, but once they had learnt, they would repeat it with painstaking accuracy. We used them only in the wards, and on the whole they were a success.

A new departure was the ward for women in-patients. We also took male civilian cases in the general wards, and a baby clinic was established in Ward 2, in the charge of Miss Lyons.

Major Farmer himself undertook the serious operations in civil cases, while Dr. Garretson, a throat specialist, performed in his own branch alone more than seventy operations in three months.

The administration of a hospital under the American Red Cross was somewhat difficult for me, after having for three years run a hospital where there was no final appeal from my decision. I found the system of financing the institution distinctly difficult. It was run by means of a floating fund of 25,000 francs, which was renewable on the presentation of accounts. As our expenditure was over 70,000 francs monthly it necessitated the presentation of detailed accounts three or four times a month; it took all day to go to Paris and return, and there was an interval of two days between the presentation of accounts and the receipt of a cheque. I felt that far too much time was taken up with these formalities. I suggested a floating account of 50,000 francs, which would have meant a bi-monthly statement, but I was unable to persuade the powers that be, who probably did not realise that Juilly was forty kilometres from Paris. Another difficulty which I encountered was that I found I was constantly breaking the rules governing the management of Red Cross hospitals. As I was never able to get a printed copy of the said rules, I fear I am as ignorant now as I was then as to what rules were still left for me to break.

In spite of these minor troubles I have the pleasantest recollections of Colonel Burlingame, the head of the American Red Cross in Paris on the medical side, and Major Roulston, the head of the North-Eastern Zone, in which Juilly Hospital was located. Here it was that I met again an old Ris man in Mr. Davis the accountant, who was very helpful to me in my new work.

We were now fortunately situated with regard to our supplies. We could draw by indent on the American Red Cross stores, while Major Farmer made it possible for us to do the same thing on the American Army Depot and I was able to supplement these advantages by buying through the Comité Britannique in Paris.

We had long contracts for milk with two farms in the locality, and when the supply of milk exceeded our consumption we had butter for tea on Sundays. I entered into a contract with a local butcher for the meat supply and found by comparison that he was able to supply us with better quality at a cheaper rate than if we had bought for ourselves in the Paris market. I now tried the system

of buying the best quality instead of looking primarily for the lowest price and I am inclined to think that, while the outlay was considerably greater, there was far less waste and the general standard of nutriment for the Staff and patients was distinctly superior.

Early in 1919 we began to make arrangements for the closing of Juilly Hospital and the final evacuation of the wounded took place on the 24th January. I was able, through the courtesy of the French General in command of the Paris District Medical Service, to arrange for a special sanitary train to be sent to Demartin station, three kilometres from Juilly. Six American motor ambulances were sent down by the French and the evacuation of our eighty *blessés* was accomplished amidst the tears and lamentations of the patients and the *femmes de ménage*. It was a bitterly cold day, the ground white with snow.

An officer of the American Salvage Department was sent down to take over the charge of all hospital material and then check the inventory. He took an understanding view of the situation, and refused to accept mattresses, beds and enamel-ware that had distinctly seen their best days. Finding that Miss Palmer had personally satisfied herself as to the needs of many poor refugees in Juilly and district, he assisted in the distribution of a few household necessaries to bare and desolate homes.

One of the courtesies shown me by the American Red Cross I much appreciated. They gave me the honorary rank of Captain, while serving under them, and the three strips of braid on my cuff gave me the necessary authority over the American motor-car drivers, who up to that time had been somewhat unruly.

Our last night at Juilly was commemorated by some of us, a coterie of kindred spirits, by a midnight supper in the big vaulted kitchen. As we were honoured with the presence of ladies a rat hunt took place before their arrival. Mr. Gage was chief cook and turned out poached eggs with rapidity and precision. Other details of the feast were salmon mayonnaise sandwiches, hot coffee, a *crème renversée* and Scotch short-cake. Miss Handley and Miss Palmer were the guests of honour and members of the male staff, French and English, were only too pleased to act as waiters.

In the winding-up of every hospital, the finding of new places for the staff or making arrangements for their return home is always a lengthy and difficult process. This was not my duty, but I was glad to do what I could in this direction

for the nursing staff as well as for the men and I was well repaid for my efforts by being able, through the consideration of Colonel Burlingame, to set to rights many inequalities which fell outside the regular rules.

My whole experience at Juilly, working as I did under a fresh system, threw for me a new light on hospital administration. The kindness of my Commanding Officer, Major Farmer and the American doctors at Juilly and the cordial comradeship of the American Red Cross officials in Paris, remain a very pleasant and valued memory.

There stands to-day on my writing-table at Little Green a reproduction in bronze of "On ne passe pas!" a *poilu*, bayonet firmly grasped, on the defensive. In this gift from my brother officers at Ris and Juilly the remembrance of my work at both hospitals is inseparably linked.

There are little incidents in the war, vivid pictures that one has seen, that are still impressed on the memory. Amongst these I remember an early summer evening in 1917 when at dinner Fraser said to me: "Have you ever seen the big guns go through the station? Let's walk down there and watch them pass."

The station at Ris stretched east and west and the setting sun threw long shadows of trees, telegraph-poles and bridges pointing towards the fighting front. The platform was thronged with all the inhabitants of the town, the mayor, station-master and the local gendarme; no loud voices, groups talking together quietly and then we heard in the distance the rumble of the heavy train coming from the west.

As the engine drew in to the station, it slowed down, so that a little girl could hand her bouquet of flowers to one of the soldiers standing beside the big gun—the great long naval gun, black and terrible, but bedecked and garlanded with flowers, the base heaped with bouquets, the offering of the children at each station through which it had passed. As the guns went by, the slow murmur of the voices could be heard "*À Verdun; à Verdun.*"

At the rear of the train came passenger coaches filled with the gun crews who were to serve these defenders of France. The men leaning out of the windows, waving their hats and cheering, received an answering response from all on the platform.

Of all the great battles of the war, Verdun, ghastly in its carnage, stands out as the most heroic victory ever attained by France in arms. Will the day come (let us hope it

never will) when the world will forget the sublime spirit of the French soldier who made true the phrase "They shall not pass!"?

Those who were there have told me that they saw men in the regiments marching up to the defence of that front with the tears rolling down their faces and with one word on their lips: "*A la boucherie—à la boucherie.*" And yet they went, with the full knowledge of all that it meant, sinking their own small personalities in the individuality of their country.

To serve such men when, weak, broken and distressed, they were entrusted to our care, was a high honour.

PART II  
A HOSPITAL GARLAND



## CONTRIBUTORS

S. J. BALL  
JOSHUA BOWER  
LENA DAVISON  
CAROLINE K. DUER  
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AGNES LYALL  
H. J. RECKITT  
CHRISTINA ROBERTSON  
J. M. W. SLATER







*To face p. 135]*

MISS CHRISTINA ROBERTSON, INFIRMIÈRE-MAJOR.

## THE MATRON'S MEMORIES

ON February 2nd, 1916, I arrived at Ris-Orangis from New York, to find a very comfortable and well-equipped improvised hospital.

A fortnight later I was asked to fill the post of Infirmière-Major, which I did reluctantly, because my knowledge of French was very limited and running a war hospital was a new experience for me.

There were then about fifty-six patients in the hospital, mostly convalescent, but in ten days' time our work began in earnest. Train after train arrived until every bed was filled and we were compelled to use some of the beds of the nursing staff which were voluntarily handed over.

We had five other hospitals attached to ours (V.R. 76 being the operating centre), and the minor cases were passed on, after they had been carefully examined, X-rayed and dressed, to one of these smaller hospitals. The convalescent patients were also passed on as soon as they could be moved, to make room for fresh arrivals.

When a convoy of *blessés* arrived, they were divided between the four different floors. A large mackintosh was spread over the sheet and pillows, then two bathing blankets; in between these blankets were two or three hot water-bottles, so as to ensure a warm, comfortable bed for our poor sick men. After they had been placed in bed, their temperature, pulse and respirations were taken; then they received warm nourishment, soup, coffee, etc. By this time they were beginning to feel happier, and as the old patients gathered round their beds and told them how well they had been cared for, their spirits rose in a remarkably short time.

After they had finished their nourishment, they had a bed-bath and clean clothes, and it would have been impossible for a stranger coming into the wards an hour or two later to have distinguished the new from the old patients, had it not been for their fresh wounds.

After this their wounds were cleaned up, and some of them needed it badly. Many had only had a field dressing

and had not been touched for days, with the result that granulations had grown through the meshes of the gauze. In cases like this where the dressing would be very painful, gas was administered. Then every patient was X-rayed and his history taken before the Médecin-Chef made his examination.

To me the receiving of the patients was the most harrowing part of the work. To see those poor bruised, shattered bodies, covered with the mud of the trenches, in many cases adhering to their stretchers by their own blood, was almost more than human flesh could stand. The look of utter misery and dejection on their faces was pitiable to behold. I have seen them patting the mattress when they were laid on it, for sheer joy at once more being able to lie on a comfortable bed. In one case a boy, who had just been admitted and was lying between the bathing blankets, was weeping quietly to himself. When asked what was wrong he said, "I thought I would lie between white sheets again." When the bathing blankets were turned down, and he really found himself between the white sheets, the smile of pleasure that broke over his face was good to see.

I found the French soldier much more sentimental than our British Tommy; he was more easily amused and just as easily depressed. All the same he was a splendid patient, bearing pain with as much fortitude and grit as any Allied soldier. I was much struck by their courtesy and gratitude. Even after a very painful dressing, they would thank the doctor and nurses in such an admirable way.

We were very fortunate in having the famous New York surgeon, Dr. Joseph Blake, who did most wonderful work, which the French Government recognised by conferring on him the Legion of Honour. The doctors under him, inspired by his zeal and keenness, gave their very best work.

The spirit among the nurses and orderlies was splendid. Day and night they worked when necessary, with a cheerfulness that would have done credit to the Scottish character, but in this instance we have to give credit to English, Scotch, Irish, Canadian, American, Dutch and last, but not least, French.

Here I would just like to pay a small tribute to the devotion to duty of some of our brave Allies whom we were privileged to have at Ris. Mademoiselle Douane is a very splendid example of French devotion and patriotism. She was in full charge of the Bandage-Room, all the complicated bandages and binders were made by her and all dressings passed through her hands.

She kept an alphabetical card system which she worked to perfection. Every article she received in the way of dressings, bandages, splints, etc., was checked and entered on her cards, then she handed a copy of same to the director's office, when the donor was duly thanked and courteously asked for more. When they were handed out to the different wards she again entered them as passed out, so that at a glance we could see what we had in stock and also what had to be ordered. Mademoiselle worked all the time until the hospital closed, without a single day, or even half-day off. When urged to take a holiday her answer was always the same, "This is not the time for the women of France to rest, when their men are facing death to make them free." The whole of her services were voluntary.

When the rush came in March 1916 we were found poorly staffed. One of the big wards of ninety beds had not been opened, and getting more nurses quickly was rather a hard business. As we were nursing French soldiers, the War Office in London would not allow their trained nurses to come to us, owing to the great need at home. In writing to Miss C. Fraser, Superintendent of the home I nursed in in New York, I told her of our difficulty and she kindly told Mrs. Decker, who proved such a friend to the hospital afterwards. They consulted together, and at once set about sending nurses over to help.

I can remember well the first three nurses who arrived. We had been working almost night and day, we were unable to have one convoy of patients fixed up before another train arrived, and the pressure was beginning to tell on the nurses and orderlies. I had done my very best to get help from Paris, England and Scotland, but I had only managed to get two fever-trained nurses, and they were held up in London for two weeks awaiting passports, etc. I was at my wits' end and felt very despondent, when one day three American nurses arrived quite unexpectedly.

Miss Fraser and Mrs. Decker, knowing how hard pressed we were, took upon themselves to send on the nurses by the first steamer, hence the reason of the happy surprise.

The next steamer brought other five nurses, all expenses paid and salaries paid for six months. Miss Fraser knew the standard of nurse that would suit our requirements and her good judgment did not fail in this instance.

This was the hardest pinch we had regarding staff, as, after a hospital is fully staffed, it is quite easy to keep it going.

Mrs. Decker of New York deserves great credit for all the work she did in connection with the raising of money for the nurses' salaries and also interviewing candidates. We were also greatly indebted to Mrs. Percy Rockefeller for the splendid gift of money, dressings, clothes, etc., she so kindly sent.

The Tommy Atkins Club in New York did not forget us, although they had many calls from our gallant Tommies, both at the Front and in Germany. Many of the French peasant families thanked me with tears running down their cheeks, because the Tommy Atkins Club, along with other private friends in New York, made it possible for me to bring them to the bedside of their dear dying ones.

Many of the relations of the patients had been in the invaded country and had lost everything and were unable to come and see the last of their boys. When I got to know this, I tried to interest as many as I could in helping in this work and got a splendid response. If a patient was very ill and the doctor considered his case grave, we found out at once the circumstances of the family, and, if they were unable to pay their fare, we gave them the money for it and kept them at a small inn in the village until their loved one was laid to rest.

I often wished that those who so kindly sent me money for this work had had the joy of seeing how much it meant to those poor mothers, fathers and children seeing again their dear boys in this life.

Quite a number of friends in New York supplied artificial legs and arms to the wounded who had the misfortune to lose their limbs in fighting for their country. It was with great pride that they stood once again on two legs. They were very grateful indeed to the donors and in many cases opened up a correspondence with their American friends, that was still going on when they left the hospital.

The food was good both for patients and staff. Although we were rationed by Government, we were never allowed to be conscious of it, thanks to the founders of the hospital; Lady Johnstone and Mr. Harold J. Reckitt, who did everything in such a liberal and considerate way. The comfort of the patients and staff was their first consideration. Mr. Reckitt's name was constantly being mentioned in connection with some kind act. He interested himself in everybody's welfare, and anyone who needed a helping hand always found a real and true friend in him. Lady Johnstone's kind help and encouraging words did much to lighten the

burden of those in the thick of the fray. Her sympathy and kindness, I know, were much appreciated by the patients and their relations.

Any civil hospital would have been proud of our linen-room, which was arranged and conducted admirably by Miss Colby and later by Miss Davison. We were blessed with having any number of linen, blankets and clothing for the men, independent of what we received from the Government. When the patients left the hospital they were sent away with warm underclothing, socks, etc., all supplied voluntarily by different work parties in England, Scotland and America.

Home circumstances made it impossible for me to stay until the hospital closed, and it was with very great regret indeed that I said good-bye to all the friends who had treated me with such kindness and consideration during my stay among them. The handsome gift the directors and friends gave me I will cherish as long as I live, and the kind thoughts that prompted them to think of it I value more than I can express in words.

I was also very proud to be the recipient of the gold medal conferred on me by the French Government. I felt so unworthy of it all when I compared the little I had done with what those poor boys had passed through and sacrificed for us.

*The gratitude of France, delicately expressed in the following Diploma, was tendered to Miss Christina Robertson in the name of the President of the Republic:—*

RÉPUBLIQUE FRANÇAISE

MINISTÈRE DE LA GUERRE

Récompense pour Belles Actions

Médaille d'Honneur.

Au nom du Président de la République.

Le Ministre de la Guerre a décerné une Médaille d'honneur en Vermeil à Miss Christina Robertson, Infirmière-Major à l'Hôpital Militaire Johnstone Reckitt à Versailles.

A fait preuve d'un inlassable dévouement auprès des blessés français.

Miss Christina Robertson est autorisée à porter cette Médaille suspendue à la boutonnière par un ruban tricolore également divisé.

Ce diplôme lui a été délivré afin de perpétuer dans sa famille et au milieu de ses concitoyens le souvenir de son honorable et courageuse conduite.

*Paris, le 22 juin 1917.*

P. Le Ministre de la Guerre.

Le Sous Secrétaire d'Etat,

JUSTIN GODART.

*The more intimate thanks of the Frenchmen who worked with her at Ris were expressed, when she left the hospital, in a few words whose military stiffness cannot conceal a deep tenderness:—*

The Officer of Administration of the Military Hospital V.R. 76, Mr. Aribert. The sergeant Pavie, the corporal, and the soldiers of the French orderlies detachment

are glad to express

to

MISS CHRISTINA ROBERTSON,

Infirmière-Major,

their regrets for her departure, and their respectful admiration for her untiring devotion, and for the mother's care which she has given for months to their comrades, the wounded soldiers of the French Armies.



## SOME MOVING PICTURES

A FEW days after my arrival in France I went down to the hospital at Ris-Orangis in which I had come out to work. It was an old clerical school, long abandoned, and excellent for its new purpose.

With Orangis you are not very intimate. Ris you know from end to end: its little walled-in houses with flowers in all the gardens; its little dark shops with shelves of wares in all the windows; its inn divided in two by an alley which tunnels under the best bedroom and opens into a bosquet at the back, where you sit on green benches and eat your excellent dinner off green tables with screens of green shrubs about you—until the cold weather sets in; its church with the clock that always sounds the hours ahead of the railway time and causes you to hurry off to the station in a fever and chill yourself to the bone waiting for the train after you get there—these things soon become familiar to you.

Why the "hour of the country" should be so much in advance of the "hour of Paris," it is hard to tell. Apparently each village is a law unto itself. Champrosay across the river, for instance, is ahead of Ris. They say the Mother Superior of the Convalescent Soldiers' Home there likes everyone to be early for service and sets her chapel clock accordingly. It has happened to me to return to Ris and find, by its time, that I had not yet left Champrosay. Which is disconcerting, to say the least of it!

Before the daylight-saving law came into effect the Mayor, good man, tried putting on the church clock an hour just to see how things would work. He had not, however, given his plan sufficient publicity and those bewildered persons who got up by the clock found themselves at a great disadvantage. The school was not open for the children. The factory doors were still shut. The trains were not yet due. No worm, in fact, was ready for any early bird. So indignant groups met at corners, and indignant French conversation (which sounds angrier than any other) went off like bunches of fireworks in the morning air. The next day the clock was put back again and so remained until changed by national order.

I suppose the village is ugly but, after you have seen it under all aspects for a year, you grow sentimentally fond of it. The sunset and the moonrise from the bridge over the Seine you never forget—such opal lights on the smooth stretches of the water; such long, dusky fields and lovely lines of trees. Nowhere but in France would such a river-bank be left unused and unspoiled by what we call progress.

The place does not lack dramatic happenings though it is outside the war-zone. Once or twice the streets have been full of Zouaves marching through to Paris or to entrain at Juvisy and there is great excitement when they are quartered at Ris for the night. Madame B., the great lady of the village, whose seven sons are all now serving in France, and whose son-in-law has been missing since the early days of the war, will take the officers into her empty rooms. The factory sheds, the carpenters' shops, the workrooms in the vicinity will take the men. The whole population thrills to the bright flags of their advance guard in the morning, the wonderful double-quick step of the companies that follow, the smoke and flame of their little fires here and there as they cook their food at midday, the brassy sound of their retreat bugles in the evening. Groups of superb young blond and brown giants fill the doorways and courtyards and the eyes of the women—girls, mothers and grandmothers, are never tired of gazing at them.

Outside the inn, where I lived, I heard soldiers singing one morning as they tramped along, and I jumped up to see them go by. These were not very young men; not splendid, large, lusty creatures like the Zouaves. They were travel-stained and dusty, but bronzed and fit and cheerful enough and they swung down the street to the sound of their own singing. At the corner opposite my window two great white oxen, in charge of a small, pale-faced boy, stood waiting for them to pass. The patient eyes of the beasts and the wondering eyes of the child stared placidly at the soldiers. Peace could not go about its business until war had passed.

That is not an easy picture to forget, nor the picture of the great grey guns that used to pass the station of an evening. Sent to the front from the works down the line, each on its two or three trucks, all decorated with garlands and bunches of flowers, the monsters would come puffing slowly along, to the admiration of the whole village collected on the platform. The four sentries guarding the gun never moved, but the other soldiers and the train-crew always leaned out of the carriages to accept new floral tributes

and shake hands and return patriotic salutations. It seemed a strangely intimate and companionable departure for such an engine of destruction.

Another thing always to be remembered is the first funeral at the hospital. The open hearse and its old black horse standing just inside the gate; the coffin with the French flag heavy on the shoulders of the stooping old bearers in their long-tailed dress-coats, so pathetically ceremonious and incongruous; the flowers in paper and the flowers not in paper; the bead and metal wreaths brought by the village women or contributed by the men in the hospital; the soldiers, in worn uniforms, brought from the nearest dépôt to serve as guard to the dead; the priest and the acolytes, their skirts blowing in the wind, one boy with a cross, another swinging a censer, the littlest one in the background carrying the curé's umbrella in case of rain; the English staff, with their hands raised in salute and such of the doctors, nurses and orderlies as could attend; the long procession winding through the narrow street, most of the village following; the crowd at the church door; the heads out of all the windows—I can shut my eyes and see it all this minute. It was very touching to watch the wounded who were well enough to be present. They limped up, one after the other, to sprinkle the coffin with holy water and were blessed by the priest before they came back to their seats.

After the service the procession started off again to the small cemetery and there a wounded officer, out for the first time, his arm in a sling, made an address about the firesides this little soldier had helped to protect, the lives his life had been given to save. It was beautifully done and, when we thanked him, he answered politely that he had been asked to do this kind of thing before and the last time also people had been very well pleased. He was a kind, capable and distinguished officer. He was decorated, too, and promoted before he left us; on which occasion he solemnly kissed three of the older nurses—evidence, I suppose, of the purity of his goodwill.

One of the most picturesque characters in the hospital is the carpenter, Toulouse—so-called from the town of his birth. He must be one of the biggest creatures alive. Two ordinary men could be enclosed in each of his trouser-legs, and three in his coat. He is one of the strongest men in France and can lift the most enormous weights but, unfortunately, he could not squeeze into any trench even

sideways, so he was lost to the army. And this stupendous male person I had the ill-luck to reduce to tears.

He was making me a cupboard with shelves and I ignorantly asked to have some of the shelves left out in one division, that I might put in splints and other things that I wished to stand upright. I imagined cupboards were made with supports first, and the shelves fitted in afterwards, as one would make a bookcase. But it is not so in France. The shelves are made first and supports stuck in between, and Toulouse could not bring himself to change this method. So I had to abandon the idea. I then suggested leaving out a support, thinking I might insinuate my splints sideways. This he consented to do if I would use the space on the floor, but as he completely circumvented all my plans by putting up a board to keep out the dust which also effectually kept out the splints, I lost my temper and reproached him. Upon this he burst into a terrible trickle of tears and declared it would need the disposition of an angel to work for this hospital and, at the moment, I heartily agreed with him. We were reconciled at Christmas time and I gave him two of the biggest blue woollen sashes in the world to make one *ceinture* of, that being his soul's desire.

The cook would be considered a fine figure of a man anywhere else, but appears small beside Toulouse. He has a portly presence and blossoms pinkly about the nose as becomes a generous-souled person in a thirsty place. A thought more would have been too much. A thought less and he would have been altogether too handsome for the peace of mind of the vegetable washers and the waitresses. He makes the most wonderful soups under the sun, cooks for two hundred wounded and all the helpers, orderlies, nurses, doctors and English staff; gets up at five in the morning and works till after eight every night and has never lost an ounce of dignity nor an inch of his waist measurement.

The whole population of Ris ought to be described but for the time it would take. There is the good woman who sells newspapers—neat of figure and nearly always wearing her "best blacks." And good, indeed, she is, for many a book and pencil and package of cigarettes she gives to the wounded; many a parcel of shirts and socks she sends away from her small shop to brothers and friends of theirs, prisoners in Germany; many bewildered mothers and wives she has fitted out with the pitiful mourning they suddenly required when they came from a distance to see a sick man and found instead an empty bed.

OUR  
RIS  
NEIGHBOURS  
—A  
WORKING-PARTY  
IN  
THE  
BANDAGE-ROOM.



To face p. 144

OUR RIS NEIGHBOURS.—A WORKING-PARTY IN THE BANDAGE-ROOM.



There is her daughter, dark-haired and dark-eyed, with smooth, dusky red cheeks, whose occupation is really embroidery, but who has had to take up her father's business of distributing the newspapers through the country and who may be seen in all weathers trudging from house to house with the latest intelligence under her arm.

The upholsterer too has a daughter. She comes and works (for nothing) twice a week in the Bandage-Room, bringing a peony-faced friend with her. Anything neater than their pleated print aprons and their crinkled hair I have yet to see. When not at the hospital the young lady and her mother (who looks much about the same age) do what they may to keep the upholstery trade going, as the head of the household is mobilised and away working at munitions.

So is the butcher away, and his wife and daughter keep his business going as well as they can.

It is said in Ris that, when the doctor was mobilised and the inhabitants complained of it, the butcher was sent back for a time. Why he was supposed to compensate them for the loss of the doctor one hesitates to imagine. He could not have proved adequate, however, or the authorities had fresh need of him, for he has been summoned again since. Perhaps it is to make up for this second disappointment that the wife of the absent *pharmacien* has opened the pharmacy for some hours every day. But she usually sends up to the hospital for help when she has any order to fill, so it seems as if her efforts were more characterised by goodwill than efficiency.

The locksmith-cum-ironmonger, thank Providence, has been left to us, for what the doctors would have done without him no one knows. The apparatus he has made at a few hours' notice; and made all over again when they remembered that they'd forgotten to explain how they wanted them modified here or enlarged there! The number of weights he has supplied between daylight and dark when fresh fracture cases came in! The strange appliances he has had explained to him in English-French, and understood and carried out in French-English, are not to be believed. He also has a daughter, who works in the Linen-Room (for nothing) twice a week.

The locksmith's daughter has a brother of about twenty years old, who has quite lately been out to Africa to instruct the negroes of the French possessions how to fight for France, and has come back with his blacks (and a bad attack of

fever) to see how they profit by his lessons. He is a very good-looking boy and the family are justly proud of him. One wonders if he can do this at twenty, what—if only he lives long enough—he will do at forty? But he is a shy boy and one would not like to ask him.

The shoemaker has a daughter too. Girls show up conspicuously in Ris with all the boys in the war. Her fiancé is away at the front, and she smiles at me very gravely when I am trying to induce her parent to re-sole my shoes under the ten days he demands to do any work in.

Then there is a perfect bevy of women who come to sew at the hospital, and feel themselves anointed with the oil of gladness above their fellows because they have the entrée there.

The spirit in which they work was made plain to me by Madame R., whose husband and son are both at the front, and whose pleasant pink face and beautifully arranged hair bend suspiciously low over her nimble fingers whenever the others mention her menfolk to her. Her husband's going was quite unexpected, as he was well over the age-limit. But she came the same day and, when I thanked her and said how much we appreciated it, she answered :

“Not at all, mademoiselle, it helps us all to have work to do for these unhappy ones. We hope someone else is doing the like for ours.”

They all think of that, these village women—what they can do for the men nearest to them because some other woman may be doing, or have done, as much for theirs.

There was one who had tramped quite a distance carrying two greatcoats, excellent winter overcoats, which had belonged to her sons in civil life. She wished to give them to the wounded who might be too injured to go back to the front, and too poor to supply themselves with clothes. Her sons had ceased to belong to civil life, or any other. They had been killed in Champagne. Her tears rolled out of a pair of round, dazed eyes down her cheeks, which were also round and of a strange varnished red, while she showed me how well the coats were interlined with flannel and how good the cloth was. She hoped that they would make some of the poor men warm and last a lifetime. It was of no use that she should keep them. She said she would rather not go into the wards. She could not bear to see the wounded. So she left the coats with me and tramped away again into the dusk. I watched her sturdy old figure and white cap disappear down the drive and hoped she was not



going back that long way to an empty house. She looked like a peasant, but the sons I imagined by their garments to have been clerks in some city shop. She would probably have had fine warm things herself if they had lived.

Another handsome, white-haired old person had a wonderful padded splint which she wanted to offer to the doctors; since splints seemed to be the mode at the hospital. It had been made to order expressly—this she impressed upon us—for her son when he broke his leg as a child. But, having been carefully preserved in the garret it was still in the best condition, and would serve again, she hoped. As an arm-splint for a man, perhaps, since her son had only been seven when it was made to order so expressly for his leg. She would not be satisfied until we had promised to send for it. That son and three others, happily, are all alive still (it is to one of them that the shoemaker's daughter is engaged), and for their sakes their mother takes a certain number of uniforms from the hospital every week to mend for the outgoing soldiers. And every seam she stitches so beautifully, every hole she darns, every cut-to-pieces coat she fits with fine patches, she does gladly for the men here because she is grateful to another woman who is surely doing it for her sons elsewhere. She has no daughter. One died in childhood, I know, for she told me she always kept white flowers in the garden to put on her grave. But her daughter-in-law helps her with the sewing, as a good daughter-in-law should.

## THE BLACK ROOM

It is natural that every head of a department should think that only the best rooms in a hospital are suitable for his work and endeavour to impress upon the powers that be how all-important his contribution to the whole is. In fact, one's head is bigger than the largest room in any hospital; at least mine (though I was not then head) was certainly larger than the first room that was suggested, which was only ten feet by eight. Little did the Chief or I know how fully justified my pleadings for a large room were, but we were soon to learn how important the X-ray Department is in a war hospital. Nearly every patient must pass through it once and many quite a number of times, while in a civil hospital not one patient in a hundred ever needs the X-ray. There are broken bones to find and diseased conditions to determine; pieces of shell and bullets must be located. Almost every soldier in hospital came into my hands for one or all of these conditions.

The room which the X-ray Department secured—and it was a fortunate choice, as will be seen later—was situated on the first floor, immediately opposite the operating-room. It was eighteen feet square.

Dr. Yeates and I at once set to work to adapt the place to its new use. A dark room for photography was built in with a good bench, shelves and sink. Its ventilation (a very important point, since good work is impossible in a vitiated atmosphere) left much to be desired until the department was extended by the acquisition of another room.

The next step was to blacken the walls and as we were anxious to be ready as soon as, or a little before, any other department, we decided to undertake this little job ourselves. I say "little," but my arm aches now at the thought. To black-wash four walls and a ceiling! Before it was half finished I was sure it was the largest room in the hospital.

Had we only understood French well then, I am sure we should have heard much to amuse us. The folk working about the place would peer in at the door and speculate on the why and wherefore of this queer room and, as we knew

later, it was the one subject for gossip in the village—many, I am sure, thought we were preparing for the practice of black magic. No one ventured in during the blacking process for fear of emerging, like ourselves, more black than white. Captain Honnorat, on his tour of inspection, would stop short at the door, bow and pass on, and it will be obvious we were only on nodding terms with our best friends during this period.

While the electricians were busy installing the electric light, we were occupied in unpacking plates and photographic materials and investigating the contents of cases and crates marked "X-ray" and getting ready to put together our apparatus and give it a trial run.

The unit was originally intended for a field unit and not a base hospital and this affected us more severely than any other department, because an X-ray plant for field use must be very portable and is constructed to work from accumulators so as to be independent of electric mains, which would not be found in the vicinity of a field hospital. So it will be seen that our first equipment comprised the bare necessities and was quite inadequate. Besides the photographic equipment, we had a small ten-inch coil, with mercury break, portable X-ray table and tube stand and three tubes, a set of accumulators and charging board. With this installation limbs could be successfully seen through, while good photographs of the head and body could also be obtained with exposures of some minutes' duration, but no records could be taken of the heart and other organs in motion.

However, we opened and cared for our first patients with this plant. We succeeded in modifying it in so far as to be able to use the hospital electric supply and dispense with the accumulators, but the whole apparatus was unsuitable for a permanent installation from which heavy work was required.

Our first cases showed clearly the necessity for proper equipment, especially as the hospital's activities were to be largely extended, and Mr. Reckitt personally provided the funds necessary for this purpose. It was found impossible to obtain the outfit from England, as our own army was taking the whole output of the manufacturers, and even had this not been the case, the transport difficulties would have caused many months' delay and to obtain spare parts and replacements would have been a nightmare. So attention was turned to the French manufacturers and it was with dread I anticipated working with an apparatus conceived and built on different lines to those with which I was familiar, but the ultimate choice was never regretted and the

vital question of repairs and replacement never troubled us, for no breakdown ever occurred in spite of the heavy strain to which the installation was constantly submitted.

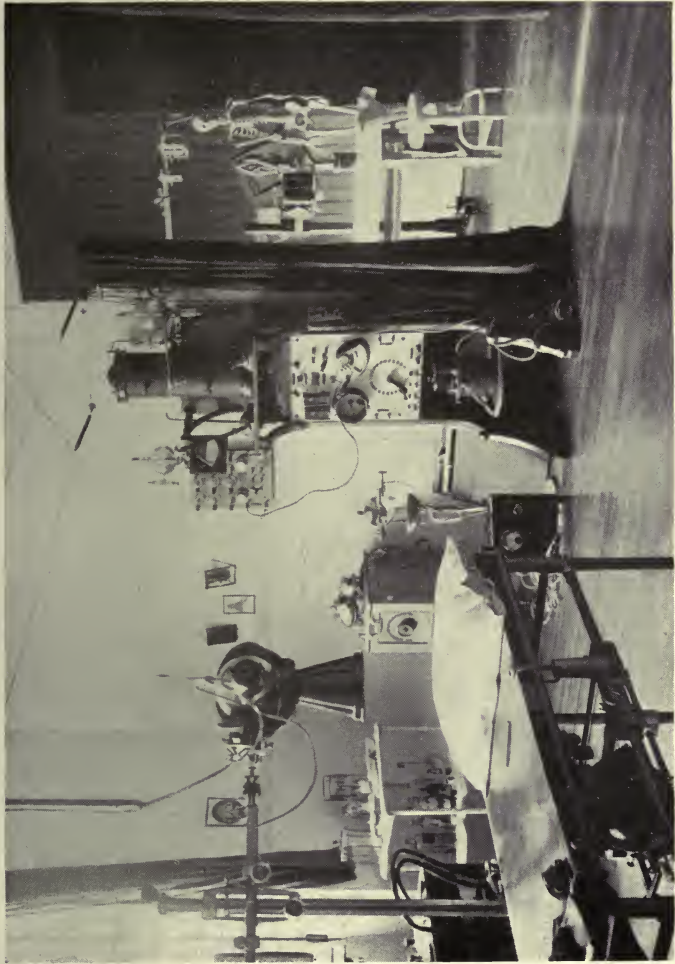
I cannot speak too highly of the firm who undertook our contract. Everything was eminently satisfactory, though when all details were settled I certainly received a shock on hearing that they could not deliver a stick without an order from the Minister of War. Fortunately, the hospital was important and the necessary order was immediately forthcoming and delivery took place. The new heavy electric cable was fixed from our dynamo in the basement only fourteen days after the promised time.

I now took charge of the department with the assistance of an orderly, as surgical work demanded the whole of Dr. Yeates' time.

About the time that Dr. Joseph Blake came to us as Médecin-Chef, work began in real earnest. My previous experience in a field hospital gave me considerable advantage and I had a keen appreciation of the shortcomings of X-ray technique and the inadequacy of the information radiologists were able to give to the surgeon. It was delightful to find in the Médecin-Chef one who knew absolutely what he wanted and what could and could not be obtained by way of X-ray assistance. He not only appreciated the difficulties and understood the methods then in practice, but gave many helpful suggestions and, perhaps more important, gave encouragement to every effort to improve the service. It is not too much to say that Mr. Reckitt's generosity and interest and Dr. Blake's encouragement and assistance were the mainspring of the success the department ultimately attained and of a reputation that extended far beyond the hospital walls.

At this time surgeons felt acutely how unsatisfactory were the results attending the X-ray determination of the exact position of a piece of shell in a soldier's body.

Some of the methods in use were extremely accurate and of mathematical precision while the patient or his limb remained undisturbed upon the X-ray table, but of course he had to be moved and it was impossible to replace him again in the exact position he occupied when being operated upon. Such methods stated that the foreign object, a bullet or a piece of shell, as the case might be, lay in a vertical line passing through a mark placed upon the skin and at a certain depth. This seems at first sight to be sufficient and would certainly be so were the limb a loaf of bread; the loaf could be cut



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THE X-RAY ROOM.



1870

down this vertical plane and the bullet would be invariably found. How different is the actual case; the limb is not firm like a loaf, it will rotate in any direction and, as will be seen, the slightest deviation will lead to an unsuccessful operation. This is only one of the difficulties to be encountered. The tissues are malleable and it is frequently impossible to incise in a straight line on account of intervening important structures, like nerves and arteries, which must be carefully preserved and retracted to the sides, introducing further complications. It may be seen, therefore, that the exact determination of the position of these shell fragments (and sometimes there were many in one patient) offered scope for ingenuity.

I decided to attempt the development of a method I had been using at a field hospital previously. This effort was crowned with success and resulted in the solution of this problem of localisation. Several instruments and appliances were required in the method that I worked out and the models Dr. Blake himself made in his own workshop. It will be sufficient to say here that, after the inauguration of this method of localisation of a foreign body, only two attempts were unsuccessful out of 306 operations. This success was undoubtedly largely due to the fact that Dr. Blake operated most of these cases himself, applying his knowledge of the principles employed in the localisation. I have seen many published statistics, but as yet have not seen our record broken.

Encouraged in this way, I sought to remove the possibility of a repetition of our two unsuccessful operations and to this end it was thought desirable to make X-ray observations in the operating-room, so that, should the bullet not be found immediately, no prolonged search should be made, with its consequent mutilation of tissue, but the X-rays be used and the localisation re-established. To this end our high-tension wires were carried across the passage that intervened between the operating-room and the X-ray room and in this way only the X-ray tube and the stand to carry it were required in the operating-room. This arrangement proved a boon in many cases offering peculiar difficulties.

Dr. Blake's method of treating broken limbs by suspension and extension early brought up the desirability of taking radiographs of the patient as he lay in bed. The surgeon, having made his decision as to treatment with the help of the radiographs taken when the patient was admitted, would naturally like to know exactly the result obtained by his

manipulations and appliances, and whether any readjustment would improve the positions of the bones. It became evident that radiographs taken without disturbing the patient by transport to the X-ray room would be very desirable. So bedside radiography of every fracture became a special feature as early as 1915.

It was here that our first field outfit proved very useful and an order was put through in Paris for a small four-wheeled base on which to transport it. Delivery could not be promised for several months, so a temporary contrivance was made by fixing four castors on the legs of an old chest of drawers, which served the purpose until the iron trolley was ready for use and, strange to say, delivery of the trolley and collapse of the chest took place simultaneously.

Many difficulties were encountered in this bedside work, chiefly because there was not much space available between beds in which to arrange the necessary apparatus and to keep the wires conveying the high-tension current from coming in contact with the patient or the metal parts of his splints and so giving him an unpleasant shock. I was able, however, by the happy production of a simple tube and plate carrier, to dispense with the old cumbersome tube carrier, so that the manipulation was made easier and at the same time better plates were obtained. The first models were made by Lindsay Bury, and one of them was presented at one of the meetings of the French Military Radiological Conference. Later details with description, technique and illustration were published in a paper in the *Archives of Radiology*.

The demands made upon us increased almost daily and the consumption of plates, with their high cost and the difficulty in procuring them, was becoming serious, although plates were not used when a screen vision would suffice. But for the bedside radiographs of fracture already referred to, very large plates were desirable and the price of these was almost prohibitive.

This turned our attention to the possibility of the use of bromide paper and after a number of experiments with various papers and modification of the developing solution and a special technique, we were able to produce radiographs direct on paper with a comparatively short exposure. There was now no hindrance to taking as many radiographs as might be required for repeated verification of the position and consolidation of fractures. Our expenses were halved by this practice, which was extended to other classes of work and was quite suitable for pictures for foreign bodies when



required, or to complete the history and evacuation papers of a case. A plea for its use in the form of a paper was published in the *Archives*, and later a further advance in technique made another paper on the subject desirable, which also appeared in the *Archives*.

As the winter months of 1916 were approaching and it was realised that we should get but few fresh patients for this period, arrangements were made to recall to the hospital cases that needed operations, such as bone-grafts, nerve sutures or transplantation of tendons, with the object of restoring a useless limb as a satisfactory member. For tendons and nerve cases it was particularly necessary for the surgeon to know all that could be known as to the condition of the muscles and nerves of the part, whether the passage of the bullet through the limb had cut completely through a nerve or only partially destroyed the continuity of the nerve fibres.

Electrical methods can help greatly in the diagnosis of these cases and electro-therapy will often go far towards effecting a cure. To this end it was thought desirable to instal an electro-therapeutic department. This it fell to my lot to do. Its desirability had long been in my mind and I had visited several centres, chiefly French, to ascertain the efficacy obtained. I found this very satisfactory and, profiting by the published experience of previous workers and generous advice obtained from the special centres I had visited, we were able to start well.

A suitable room was equipped on the ground floor and proved to be a valuable addition to the hospital. A little later on the work was extended further and hot-air apparatus was added, such hot-air treatment to be followed by massage or electricity. Most of the treatments were given at the bedside by the masseuse, special portable apparatus for the heating being used.

Later we received the gift of a Simpson or S-ray apparatus. It comprised a special arc lamp and reflector, and its curative properties were due to the production of a considerable quantity of ultra-violet rays in the arc formed between the two electrodes, which were composed of wolfram. At the time the physiological response was not completely understood, but certainly many sluggish wounds were induced to heal quickly under this stimulating influence.

For these treatments an ambulance service was organised to bring patients three days a week from our auxiliary hospitals, so that the benefits conferred could be as widely distributed as possible.

We were up against one big difficulty, the necessity for a constant supply of electrodes, and to obtain the material for these a special concession had to be obtained from the Government. As the supply was very limited, we were often without the electrodes and the treatments had to be suspended.

Towards the end of the winter I made a plea for the enlargement of the X-ray room by the addition of the adjoining ward. In view of the probable heavy casualties of the spring campaign and the large share we should receive (which materialised earlier than we expected), we had organised an ambulance service for the transport of patients to the X-ray department from other hospitals in the vicinity, including a sanatorium for tuberculosis. The request was acceded to and at about the same time we received a generous gift of money from the village, which provided several items I felt the need of, but was loath to ask for on account of expense. Under these new conditions we entered cheerfully into the work that lay before us, seeking to improve our technique and increase our efficiency.

The arrival of Miss Mabel Slater, D.Sc., marked a new epoch in the activities of the department. Few hospitals had the advantage of the services of a physicist: only one hospital in London could boast of such an acquisition to its staff, the appointment being made but a few years before the War.

Preparation was made for fresh investigation of defects in technique and such physical phenomena as secondary radiation, which detracts to a large extent from the detail to be obtained in radiographs. Unfortunately, at this time we were uncertain as to the continuance of the hospital and attention was turned to the completion of half-finished papers and books, and to this work Miss Slater readily addressed herself. It included the revision of the book on Localisation and the provision of the more technical drawings and the assembling and overhauling of the manuscript and illustrations for *The X-Ray Diagnosis of Bone Conditions in Compound Fractures*, which necessitated the extraction of material from some five hundred histories of cases as well as the preparation for publication of several minor papers. Miss Slater's knowledge and previous experience, gained in a London hospital under the tuition of one of London's best men, was a great asset to the department. Her kindness and patience endeared her to the *blessés* who came to her as her share of the routine work, and such work was always

admirable. Her presence gave me a much-appreciated freedom, and when I was absent relieved me of a great deal of anxiety. For this unstinted service I proffer that most inadequate acknowledgment : my best thanks.

The list of publications given in the Appendix shows that we had some measure of success in our efforts. My assistants and orderlies were responsible for some part of each publication, either the drawings, photographs or radiographs. Two communications remain unpublished owing to the abrupt termination of the War.

Dr. Blake and Colonel Keller also enlisted the services of our department in the preparation of their various books and published papers. The help given by Applegarth and his previous experience in draughtmanship were of value, not only to myself in the preparation of illustrations for publication, but also in the preparing of the specifications for Colonel Keller's splint. I must also put on record Mr. Beer's interest in things medical and scientific, which made him keen to learn what was to be done. He was extremely useful and I was grateful for his never-failing readiness to do his best at all times. He was popular with the patients and also with the members of the French detachment, from whom he was able, by virtue of his smile, to obtain assistance whenever necessary.

Our department contributed the photographic side of the records, such as photographs of wounds, specimens, apparatus and micro-photographs. Another "odd job" was the preparation of over seven hundred lantern slides used in the courses organised for medical officers of the U.S. army.

Here I must mention Frost. No account of the activities of the department would be complete without putting on record his excellent services as photographer. He was transferred to us from ward service; however, nothing came amiss to him and in a few weeks he was complete master of his work, and many of our best records and specimen radiographs are due to his skill. He was a most conscientious worker, and his personality left pleasant memories to reflect upon.

A few photographs of specially interesting cases will illustrate the work of the X-ray Department better than any detailed description.

## PASSAGES FROM THE JOURNAL OF THE ASSISTANT RADIOGRAPHER

*April 12, 1918.*

TO-DAY was a whole day off, so I went into Paris by the 9.6 train and spent the morning wandering about with a map visiting one or two shops and improving my knowledge of Paris generally. . . . It is enough to make one weep to be near Paris for six months and to have every picture-gallery and museum in the place shut up. I know they are not what I came for, but still——

*April 13.*

Last night just as we were thinking of going to bed the light suddenly went out, and we discovered that there was an air raid on Paris. Our dormitory windows look straight towards Paris, and it was very pretty to see the searchlights and the lights of the aeroplanes and the flashes of the guns every now and then. The raid did not last long, but I hear this morning that there were a good many casualties. One thing that strikes one on coming here from England is the much more informal character of the hospital run on American and Canadian lines. I found it quite an effort to get into the way of calling the matron and the M.O. by their names, after the drilling I had had in Cambridge. The Médecin-Chef, Major Penhallow, is very nice to work with. He treats one like a man and a brother. He comes into the X-ray Room and discusses his cases as if one were of his own standing in the hospital. . . . After dinner I had a game of auction bridge with two British officer patients and one of the doctors.

*April 21.*

I got my bicycle and went off into the forest. It is a delightful place; it varies a lot as one goes through it, but the dominant note is that of the birches, now a lovely delicate green. Birches and oaks, birches and heather, and then birches growing more in the open with lots of flowers among them. I reached the wild daffodils, which I was glad to find not yet over. I ate my lunch in a clump of heather





These radiographs of the skull may be viewed with a hand stereoscope. They show the nickel casing of a bullet left in the brain and stripped from the bullet, probably by the impact on the skull. The patient had been previously operated before he came to us, presumably for the removal of the bullet, but the casing remained.

A localisation was made by the technique developed specially for the head and described in the paper in the *Archives*. The surgeon, Dr. Blake, indicated the spot from which he desired to enter the skull, and the apparatus was arranged accordingly. The piece of shell was found exactly where it was indicated, and removed, and the patient recovered perfectly.



This photograph shows the experimental work with the arc appliance, developed specially for the localisation of pieces of shell in the skull. The steel rod marked  $\times$  is so arranged that it can be used during the operation to indicate the position of the bullet.









This case shows in the radiograph two round dark areas where two pieces of the skull, one on either side of the forehead, were blown away by a shell. The extraordinary feature is that the soldier never lost consciousness and recovered perfectly and left hospital normal and well.

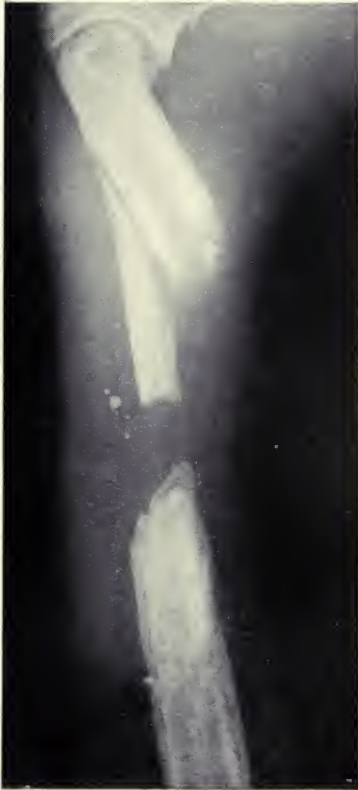
(3)



These two radiographs show the explosive effect of a high-velocity projectile; the bone is frequently smashed for half its length and into dozens of pieces. These are very trying cases, because some pieces of bone are killed by the original impact, while others are killed by the microbial infection, and all of these have to be removed. Sometimes many operations have to be performed, and recovery is very slow and often incomplete. Efforts of Nature are insufficient to grow enough bone to bridge the gap, and a flail limb remains, necessitating a bone-graft. Before this is done months must elapse after the wound has healed, to prevent a recurrence of infection from bacteria that remain in the tissues for a long time. In spite of long waiting, this will sometimes occur, preventing the graft from effecting union.



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Tirot was an interesting case. He came to us on Sept. 25, 1915, with a shattered left arm. He was radiographed immediately (left) and operated on the same day. Part of the bone has been shot away and devitalised fragments have had to be removed, leaving a gap of 5 cm. between the bone ends.

By Oct. 15, the infection had subsided and the wound was healing, but three months later there was still no approach to union of the bone. An operation for grafting was therefore performed, a piece of bone 7 cm. long being taken from the leg and fixed into the ends of the broken bone of the arm, so as to bridge the gap. Subsequent radiographs showed that new bone was growing well (right), but, unfortunately, on March 14, Tirot had a nightmare and broke the graft in the middle. Later X-ray plates showed no attempt of the graft to reunite, and on July 1 a second graft was inserted. Though plenty of new bone was formed, the lower end unfortunately refused to unite again. An apparatus was made, so that the patient could use his arm, to see if use would effect what rest had failed to do. However, he had to be evacuated before the final result could be known.

This case was an exceptionally difficult one. Many of our patients are now walking on solid limbs, successfully repaired by bone-grafting.

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Testing the nerves and muscles of the arm to discover the cause of the loss of functions of the arm. In some cases it was possible to show that no injury had occurred to the nerve and that the loss of functions was hysterical in nature.

Small, faint, illegible markings or text in the top left corner, possibly bleed-through from the reverse side of the page.





S-ray treatment of a large wound of the fore-arm which refused to heal. The wound was 13 inches long and  $3\frac{1}{2}$  inches broad, and was completely healed in fifteen days with nine treatments, leaving the skin almost free from scar tissue.

It was found that bedsores responded almost immediately to S-ray treatment. The intense stimulation produced by a treatment of three minutes duration causes an exudation of serum, and improvement begins immediately. The apparatus is well shown in this view.



and lay there nearly two hours with a book, getting back to hospital in time for tea. I found it was late to-day as the chaplain had come out from Paris to take a little service. Fortunately it was not a long one. So it was a little more like Sunday than last week.

*April 27.*

Work as usual. I got a nice cycle ride after lunch with two of the Canadian nurses. It was quite warm and sunny for a change. The lilac and chestnut will be in full flower in a few days and all the endless avenues are of the loveliest green. The first cuckoo has arrived in the forest. After dinner I went into the garden of an old château near, now an artists' retreat, to which our staff has unofficially the entrée. In front of the château is a pool, behind it a green hill, and around it are some of the most beautiful trees I have ever seen, in particular a great double cherry in full flower and some magnificent copper beeches. Before we left the garden a nightingale started to sing, and I heard them still in the distance before I went to sleep.

*April 30.*

You never know where you are in a hospital like this. We had stopped playing bridge, and were just tucking up our partners for the night at 10.30 (at which hour the electric current is normally shut off) when a message came that an emergency case had just arrived and wanted X-raying. So I went down to see if it was anything interesting. It was a man who got his foot run over by a train at Corbeil station, but, after all, there was nothing doing, the damage was obvious without an X-ray and the Major had the man taken straight to the theatre. The ambulance was out fetching some ordinary *blessés* from Juvisy, but as there was no knowing how long they would be, all of us who could, went to bed.

*May 4.*

To-day was Mr. Reckitt's birthday. He celebrated it by providing the whole hospital with champagne for supper, and further supplemented the usual dinner of the staff with salmon mayonnaise and the most delicious fresh strawberries. The champagne was extremely good, but I think it must have been very light, for we all drank it out of tumblers with no ill-effects.

*May 7.*

Since dinner I have had quite a long talk with Miss Davies,

our bacteriologist. She was struck two or three years ago (as any one must be who works in a war hospital) with the fact that it is not so much the wounds themselves that are so deadly as the poisonous germs that almost invariably get into them, from the skin, bits of clothing, etc. She made a great many experiments on the effect of treating clothing with disinfectants before introducing it, along with various disease germs, into wounds. Finally, she found a cheap and apparently very effective substance which seems to offer an excellent chance of at least largely reducing the injury and suffering consequent on wounds. Two or three other people have worked on the same lines, the results have been published in *The Lancet*, etc., and entirely approved of by all the medical men to whom they have been submitted, but she cannot get the War Office, or anybody in authority, to give the thing a trial. All the encouragement Miss Davies has had so far has been: "You may get it adopted in time for the next war."

July 19.

All things come to him who waits, and we have had a real field day at last. Knowing that the cars were out, we started the current directly after breakfast (before that I had seen to Jack's job in the dispensary). We began with two new cases who had come in the night, Americans and both very bad, poor boys, so that they took as long as half-a-dozen light cases. Then we had some old cases, so that we worked steadily till lunch, when the new convoy began to arrive. They were nearly all walking cases, and they came thick and fast. Jack being away, I did the developing of the plates, but a great many of the cases did not need plates, so I also had time to help with the fluoroscopic examination and to do some of the cases myself when Mr. Gage was otherwise occupied. About dinner-time there was a pause, so we were able not only to get some food, but to make out reports up to date. It was desperately hot all day, especially in the dark room, and at 8.15 I happened to say to Mr. Gage that a swim would have been a boon. He assured me that the next batch would not be ready for a long time and urged my getting a swim then, while I could, and I got back in time to develop the first plate Mr. Gage had taken. We worked again at high pressure till 10.30, when in another short pause Mr. Middleweek invited us to adjourn for a little light refreshment and a cigarette. Then more *blessés*; at 1.30 we shared with the rest of the surgical staff a very cheerful supper, for the rush of work had put everybody into

the best of tempers. Mr. Gage was in the highest spirits, cracking jokes with all the *blessés* who were well enough; while Dr. Smith had never been so happy since he arrived. We got through about 3 a.m.; final examination of special plates and discussion on them with the doctors took some time longer, and I got into bed between 3.30 and 4. We had just done one hundred cases in the day (and night).

July 20.

We have had another great day. I began as before with dispensary work; after breakfast I started on reports, having only got about the first thirty cases finished last night. With Mr. Gage's help I got them done by 11.30, when we went down to the river for a very good swim. On the way back to lunch we saw the cars preparing to start again. Mr. Gage had important business in Paris, and I should have been left absolutely single-handed but that B., like a trump, realised the situation, and came and offered her services as a developer and general orderly. As she had done quite a good deal of work in the X-ray department in the course of her hospital experience, I accepted gratefully. The new cases were all *couchés* and nearly all badly wounded, but as they were also straight from the battlefield they not only took me longer to do, but it took much longer to get them washed and dressed, and so they arrived slowly in the X-ray room, and we were able to keep pace with them. A large proportion we handed on to the theatre for immediate operation, and for these I had to make out reports as I went along. Mr. Gage did not get back until I was doing the last; I was glad to get his opinion on one or two plates, but I was also very glad to find that I could get on as well as I had done without him. I accused him of staying away on purpose, to see how I could manage without him; he said he hadn't, but he had been sure I should be all right.

July 21.

Mr. Gage started by saying that Sunday was my free day, and I mustn't come on duty, but I pointed out that I must at least finish up my reports of yesterday's cases, and as things turned out I was busy till tea-time. We had one of the new American boys down this morning for localisation of an *éclat*, and Dr. Smith came in to discuss the case with Mr. Gage. They then went on to another—a very black Senegalese, who came in on Friday with a broken leg, which Mr. Gage urged

Dr. Smith to reduce under the radioscope as soon as possible and for which he told him he thought his new apparatus (the one we were photographing only the other day) would be a great help. Dr. Smith caught on to the idea at once, and said, "Well, what's the matter with having this party to-day?" So the current was ordered on again for the afternoon and we had a great time. The Major and the anæsthetist were out, so it was arranged that we should have the man in the X-ray room, Mr. Gage should give the ether and superintend, and I should do the working of the X-ray tubes and help Dr. Smith. This we accordingly did, and the plates taken when the operation was finished showed a beautiful result. The sight of that nigger on the table would have appealed to D's artistic soul—jet-black skin, with white eyes shining out with the rather scared effect they always have in such faces, a short white shirt, and a white sheet underneath; the effect by the strong electric light was striking in the extreme.

By a little after five we were free, and I got an hour's tennis before dinner. After dinner I started typing this—was interrupted for a bit by visitors, and before I had done Dr. Smith came in and asked me to call up the theatre staff, as four Americans and an accident case were all coming in for immediate operation. When I had called nurse, matron and anæsthetist (who were all in bed or just getting there, poor dears) I went down to help wash the new cases, as none of them was ready for X-raying yet. While I was down there the accident case was brought in, nearly shouting the house down. It was a soldier *en perm.*, who had put his hand through a pane of glass at the station and cut an artery, and he was mad drunk. Most fortunately Mr. Gage had been down to the station and met the ambulance in difficulties—four French orderlies quite unable to tackle the man, who was in a fair way to bleed to death. Mr. Gage got on his chest and managed to get hold of his wrist and saw him safe into the operating theatre—from which I found Mr. Gage emerging looking like a murderer.

While I was washing one of the American boys, the Major called me to look at another, which he said was a typical gas case—I didn't need him to tell me that when I looked at it. All four of these men had been wounded about three days, and had been travelling most of the time—chiefly in cattle-trucks with no surgical help. There was only the one acute gas case—a perfectly appalling leg—but all the wounds were very dirty. Two bad French *blessés* were brought in from

Juvisy before we had washed this lot—also cases for immediate operation, one of them being gas in a comparatively early stage. The X-raying was done and the reports sent in to the theatre some time after midnight; I went in and watched the operations for a while, for they were particularly interesting ones, but at three I retired with a view to to-morrow's work.

*July 24.*

We have got breathing space at last. This morning I finished up all outstanding jobs and delivered my last reports. When I was up in Salle O. I got called in to help with a couple of dressings. The wards, of course, are as busy as ever. The Major inquired at the American Red Cross a day or two ago for a few more nurses and doctors and was told he might consider himself lucky to have the staff he has got, for most of the hospitals in this district now are much understaffed.

*July 27.*

Some more new cases arrived in the night. X-raying them and reporting on the other batch took all the morning and a bit of the afternoon. After dinner we had quite a new amusement. About a dozen of us went over to the American Aviation Camp for a little scratch dance. They came and fetched us with a couple of beautiful cars. I enjoyed the ride each way as much as any part of the evening. The camp is an enormous place, with about two thousand men and two or three hundred machines. The dancing did not amount to much, but it was quite amusing for a change, and I talked to some nice American boys, mostly very fresh out. We were back by twelve.

*July 31.*

I now have a cubicle with a big window all to myself, through which I can see the stars as I lie in bed, and with B. and Miss D. on either side, we are a pleasant little party.

*August 27.*

I had a lovely morning in the forest and brought back some blackberries, with which, and a couple of apples from the park, I made a pot of very good jam to help out the very dull biscuits which are all we have for tea nowadays. Having played truant all the morning, I worked the rest of the day.

August 29.

Our patients are all getting well now. I had a little talk with Marcoz in the garden this morning. He will be going in a few days now, and he tells me that the powder factory have promised him a job, so with that and an army pension for the loss of his arm he ought to be quite all right. The half-dozen Americans who came to us so very ill four or five weeks ago are all getting about the park now, looking almost well again in their khaki. That's the sort of thing that makes hospital work a pleasure.

September 9.

The hospital is getting horribly empty, the small wards are nearly all cleared out, and Salle O. is a desert, with a fringe of beds round its edge. It is just hateful to think of this place being given up; it is so nice in every way, and so well fitted up—I much doubt if we shall ever be so *bien installé* again. Still, it is some satisfaction to know that the unit is not being disbanded; I only wish I could go with the rest to start the new place.

September 14.

There is in a village a few miles from here an old seventeenth-century château, Viry-Châtillon, now a convalescent hospital. I heard some time ago about its beautiful garden, and I had always been meaning to cycle over with D., when a few days ago there came an invitation for all the staff to a garden-party there this afternoon. We drove in an ambulance. It was a perfect afternoon, bright and sunny, and the garden—a miniature Versailles—was as charming as the photos had led me to expect. They had a very good open-air concert going on, with songs and recitations, largely given by professionals from the Opéra Comique, Théâtre Française, etc. The recitations were largely topical, several of them about the days of victory and peace that are coming, but the spirit of them was not a bit boastful—they rather gained an added pathos from the knowledge (which no victories, however splendid, can make one forget) that the time is not come yet. But the news is assuredly grand, and there is a great feeling of elation and confidence in the air now.

September 20.

We had quite a heavy day over MS. and packing up until tea-time, when B. arrived from Paris, and I knocked off work to talk to her and get ready for the dissipations of the evening. For we gave a farewell dance, and it was a great success!



Salle O. was cleared and made a most beautiful dancing-room, we got the Aviators' band from the Orly Camp to play, and we invited the officers from both camps, friends from the Paris hospitals, and a few of the Ris people. Everybody seemed to enjoy it and the whole evening went with a swing. We were all sorry to stop at 12.30.

*September 22.*

We are getting very much to the end of things now, and farewells are the order of the day. Lady Johnstone was over to lunch and presented to Mrs. Clapp from herself and Mr. Reckitt a beautiful hand-bag, with the announcement (which was news to us all) that Mrs. Clapp is not going to be matron at Juilly, but is going into an American army hospital when we have got settled in. It is a great disappointment to many of the nurses and will make the unit lose a good deal of its identity, but it appears that the old matron is not leaving Juilly, and obviously they are not both wanted there.

This afternoon there was a little reception at the Mairie, and the Mayor of Ris presented the thanks of the district to Mr. Reckitt and Lady Johnstone for all they have done here, with two bronze plaques as a memorial. There were various speeches, and the Mayor said, among other things, that they are going to re-name one of their streets Rue Johnstone-Reckitt—a very graceful tribute.

## SAUCEPANS AND SOFT DRINKS

LOOKING back to October 1915, my prevailing impression is one of complete topsy-turvydom, dating from the day on which Mrs. Kennedy's telegram pitchforked me into a depressing war-swept London at two days' notice, till the end of my first month at Ris. That week-end in London assumes nightmarish proportions in retrospect; it was the clock-case of a pendulum which swung me alternately between hope and despair. Marooned in Pall Mall, surrounded on three sides by an obdurate Anglo-French Committee (apparently devoid of even a tinned variety of the milk of human kindness), and on the fourth by a host of friends and relatives whose enthusiastic send-off made return unthinkable, my outlook was far from cheerful. In fact, at one stage of the proceedings I bade a silent farewell to all hope of the Diet Kitchen and foreign service, and almost made up my mind to an ignominious retreat. Almost—not quite! And two days later saw me *en route* for Paris.

I reached Ris about 11 p.m., cold, tired, entirely miserable—and the Diet Kitchen met me on the very threshold and ministered comfort, hot cocoa and a slice of Mrs. Kennedy's apple-pie. It was our first introduction and, though the ensuing weeks saw temporary estrangements, I can truthfully say that the Diet Kitchen and I never completely lost faith in one another.

The hospital itself was not yet in running order when the first convoy arrived, some five days before my arrival and as the staff was still a mere skeleton of nurses and doctors, departments such as the kitchens, Store, and Diet Kitchen were working at a severe disadvantage. How Mrs. Kennedy ran the Diet Kitchen that first week and lived to tell the tale passes my comprehension; the month that followed nearly whitened *my* hair, I know. No scrubwoman, a geyser of more than usual perversity (geysers and mules are now indissolubly connected in my mind), and a gas supply that expired at intervals with a fluttering, hopeless sigh regardless of an inexorable dinner-hour, were three of the major crumples in my roseleaf.

The gas problem was the most acute. One could and did

scrub one's floor and woodwork; a hand-to-mouth supply of hot water could be obtained with the help of a primus, but try to cook ten to fifteen meals on two primus stoves with half-a-dozen vociferous ward orderlies waiting to be served, and you will desist from the effort with a certain sympathy for all cooks tied to the taps of gasless gas-stoves.

In those days life was a wild rush from early morn till dewy eve, a sort of jumbled jigsaw puzzle whose pieces by some odd chance fitted. For that first month my day began at 7.30 a.m. and finished somewhere about 9.30 p.m., with a snatched half-hour for "off duty" in the afternoon, and the work included anything and everything that affected diets, and quite a good deal that didn't.

Each morning at eight o'clock I handed in the day's list to the Chef in the Big Kitchen, from whom I got meat, bones, milk, vegetables and all perishable stuffs, while sugar, flour, etc., were indented for to the Store upstairs. Many things that would have been considered indispensable in the Diet Kitchen of a civil hospital were naturally either luxuries at Ris, or simply *non est*. Luxuries could be had in very special cases if due warning had been given before market day (all supplies were brought twice a week from the Paris *Halles* by camion), but fish suitable for invalids was practically unobtainable, chickens were too expensive to be indulged in without a chit from Matron, and even eggs and milk could not always be had in the necessary quantities. Consequently, one had to cut one's coat very much according to one's cloth, and do the best possible with the material to hand.

Sometimes I felt it to be a most inadequate best, but the nurses were invariably kind and met me half-way in the matter of ordering diets; where a very sick patient was in question they almost always came down personally to see what could be done, and nobly refrained from ordering the sweetbreads and creamed chicken of pre-war days. Drinks presented less difficulty, and egg-nogs, lemon albumen, barley-water, and such distinctly French liquids as *tilleul* and camomile, were made by the quart. Later the Médecin-Chef decreed that no meat was to be included in the diets, except in beef-tea, beef-juice, etc., which lightened my work considerably, but made it almost impossible to provide any variety of food.

Another great difficulty we encountered in the matter of dieting at Ris was the average Frenchman's invincible dislike to milk and all milk preparations. In face of firm insistence

it might be swallowed but, even when running a really high temperature, the *poilu* loudly expressed a desire for bouillon and red meat and, in cases where meat and vegetables were absolutely forbidden, the feeding often became a very real problem.

By the middle of November things were practically put into shape. The Diet Kitchen staff now consisted of myself, a part-time orderly, who proved a veritable tower of strength both here and later in the Linen-Room, and Marie, a sturdy, capable little Norman, who came on duty in the afternoon and remained to cook the night nurses' supper at midnight. That was the Golden Age of the Diet Kitchen. We polished and scrubbed till the aluminium saucepans shone and the deal table was as white as its absent cloth.

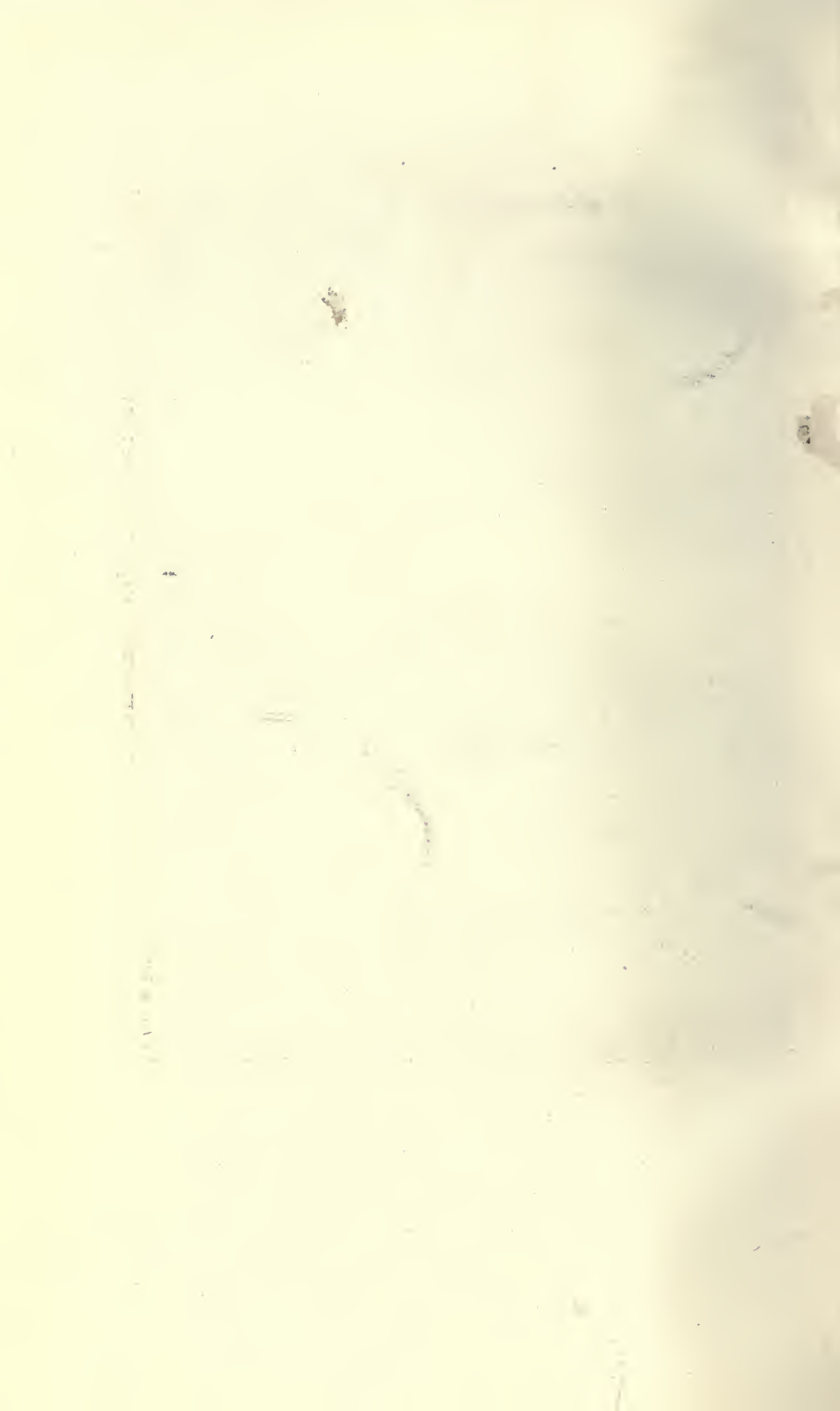
The local grocery had yielded up treasures in the shape of bowls and jugs of all sorts and sizes; Fanny and Suzanne, generously proportioned and richly yellow, had the place of honour on the table against the wall; Theobald, Horace and Caroline, lilac-sprinkled triplets, reposed on the tiled shelf to the left of the window, while Helen, a lilac jug with a Greek profile, was dedicated to our nosegay, and made her home on the high, deep-set window. Regiments of jugs drilled on every shelf, and I may mention incidentally the horrid internecine warfare that raged between Diet Kitchen and Ward for their possession. Women of otherwise impeccable moral worth descended to the lowest depths of perjury to retain ill-gotten gains. Nightly raiding parties (Simpson and Marie, either singly or in outraged combination) left the kitchen for the recovery of our vanished property, and many a jug has been triumphantly tracked to its carefully-built lair in a ward linen cupboard.

My conscience gives me an occasional twinge as I reflect on our harshness with regard to missing jugs. Later, during the coal shortage, when gas was but a memory and central heating existed for a bare two hours a day, one's only chance of an "all-over" wash in hot water was a sufficiency of full pitchers left on the radiator to achieve what tepid warmth they might during the short period of its activity. And, personally, I must admit to acquiring a certain breadth of view as to the rights of property. Nor could my room-mate show an entirely clean sheet in this matter. We confess with shame, that as many as four tall *brocs* have been known to hobnob amicably on our hot-water pipes, behind a carefully locked door.

Once the hospital had settled down to a well-ordered



To face p. 166] "PETIT RÉGIME," IRREVERENTLY CALLED "THE SOFT-DRINK BAR."



business, quickening at times to organised hurry, the Diet Kitchen ran smoothly and cheerily. Busy we certainly were—during my first ten months at Ris I had but one whole day off—but it was methodical bustle, and if we never found time hang heavy on our hands, at least we had time for everything and only worked at top pressure during the first days of the arrival of a convoy.

At our busiest we always found time to feed any luckless member of the staff who had missed a meal and came begging our kindly offices. During the Golden Age, the Diet Kitchen saw many visitors. Later we became so efficient and “serious” a hospital (I quote from village eulogy) that visitors were taboo, and a notice, printed by Simpson and pasted on the door, announced that there was “No Admittance *except on BUSINESS.*”

At one period my diet work included such diverse occupations as making soda-solution for the garage; boiling up beeswax for the ward-floors; and providing that chameleon American meal known as a light lunch. Its lightness seems to create its lunchiness. It may be eaten at midnight, but if of sufficiently unimpeachable lightness is still a lunch, a peculiarity which is unsettling to the conservative English (and even Irish) mind. On these occasions the Chef was my sure stand-by and, with a finger on his lips to intimate a deadly secrecy, he disgorged unwarranted tins of sardines in a spirit of most engaging comradeship, and uncomplainingly “lent” me eggs to supplement my own mortgaged supply. Many a cheery supper took place in the ante-room at the end of a night convoy, when coffee and omelette cheered the weary souls of the receiving staff. Afterwards, when the Staff became too big for the Diet Kitchen to cope with, cold meals were left in readiness in the dining-room and the coffee kept hot in huge jugs on the big stove, but for a short time Marie’s omelettes and coffee wrote *Finis* to each convoy night.

It is terribly difficult to give any adequate account of the Diet Kitchen and its work and its fun and its tiresomeness. There were hundreds of things that went to its making-up: the invasion of ants, when Simpson and Marie and I stalked about clinging to boxes of boracic powder with intent to kill; our struggles with that unwashable kitchen floor, whose upkeep in *eau-de-Javel* was unspeakable; that sliding hatch opening on the hall, which suggested to every ward humorist the bright idea of tapping and asking for a first-class return to Southampton; the nine o’clock tea which

was a source of such dissension that it had to be stopped—how put them all down on paper?

One was so happy and so busy; there was so much that was funny in each hurrying day; so much that was sad, as when Matron brought to us for a meal a little silent peasant woman come to say good-bye to a dying son or brother. It was a life woven of such little things that it became almost impossible to give any idea of its texture and colour.

The work itself was inevitable repetition. Drinks at 9.30, *déjeuner* at midday, more drinks at 2.30, dinner at 5.30, more drinks at 7 o'clock, including several quarts of *tisane* and, in between whiles, odds and ends required for sick men or "operations," meals for any sick members of the staff, our endless and necessary cleaning and all the thousand and one things that crop up in every working day. But it was a happy life, and I think the Diet Kitchen supplied a real need during the year and a half of its career. In the spring of 1917, when the Chef left and his place was taken by an *équipe* of cooks, it ceased to exist as a Diet Kitchen and became what one of the American doctors irreverently termed "a Soft Drink Bar."







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THE FIRST OFFICIAL INSPECTION OF AMBULANCES, 1915.

## WHEELS WITHIN WHEELS

### I

IN the spring of the year 1915, my friend Mr. H. J. Reckitt asked me to drive an ambulance for his hospital in France, to which I gladly assented. Later it devolved upon me to take charge of the whole of the ambulances and transport lorries. Three Bianchi chassis had been ordered and the ambulance bodies were in course of completion, also a Bianchi lorry.

I had a busy week in London at the end of July arranging for the shipment to France of the cars and the completion of the ambulance bodies. These were only just finished in time to catch the boat at Southampton. We got away at the end of July with two ambulances and one lorry. Our party consisted of my brother, Mr. H. B. Grotrian, Christie, Mr. Reckitt's chauffeur, and myself. Christie stayed behind to bring over the third ambulance.

In Havre there was considerable delay in landing the cars and it was late in the afternoon when all were on the quay. It was necessary to obtain supplies of petrol for our journey to Paris and it was obvious that we should not be able to leave the town that night.

We were informed that it was necessary to obtain a permit from the military authorities in order to stay in Havre, and my brother went off to obtain this whilst I visited the British Red Cross for information as to petrol supplies. This was satisfactorily arranged and I returned to the cars. Shortly after my brother returned with the information that the military authorities had referred him to the municipal authorities, who, in turn, said they could not grant a permit without the consent of the military. Here was somewhat of a problem. It was impossible to get away, as petrol was not available until the next morning, and we could not get a permit to stay. This was the first of many experiences of running up against official red tape. I had been talking on the quay to an English Transport Officer and I looked him up to see if he would allow us to leave the cars on the quay, in which case we would sleep in them. However,

he was able to give us the name of a hotel which would, he thought, take us in for one night. After assuring the proprietor we should be away early the next morning he consented to give us rooms.

We got away in good time and had a very pleasant run to Rouen, where we arrived in time to obtain an excellent lunch.

On the way to Paris we were delayed by the breakdown of the lorry owing to a broken spring. At night, in the pouring rain, we had some tyre trouble and it was two in the morning when we arrived at the Grand Hotel in Paris, very tired and very hungry.

We were in Paris three weeks, before moving on to Ris-Orangis, where the cars and lorries did useful transport service in carrying the equipment of the hospital. All descriptions of supplies were necessary, and Mr. Burdon Muller and I became, as it were, *commis voyageurs* for the establishment. Not the least interesting were our visits to *les Invalides* for drugs, blankets, clothing, etc. Here were huge stacks of clothing, bedding, great stores of chemicals—everything conceivably necessary for the equipment of many hospitals.

Some time elapsed before our first wounded arrived. A trainload of some 250 cases arrived at Juvisy Station, about forty-five of these for us. After these were safely in hospital we were busy driving wounded to other hospitals. I had quite an exciting drive following a wild Frenchman, who had some cases for Arpajon. He was supposed to know the way, but got hopelessly lost. I was sorry for the unfortunate wounded (I had ten sitting cases in my ambulance), and very angry with my Frenchman for driving wildly over the rough country roads. I spluttered very bad language in very bad French and this was greeted with shouts of laughter from inside my ambulance. What cheerful, plucky fellows were these wonderful *poilus*! Reaching Arpajon at 4 a.m. we were another hour before we found the hospital. Not a word, not a grumble and my little lot marched in as if they were returning from a picnic. It was a life worth living to be able to help these men, and to my great regret a severe illness cut short my time in France.

How the hospital increased in size and how other ambulances were added, I must, perforce, leave to others to relate. My memories regarding the hospital and its personnel will always remain happy ones.



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ARRIVAL OF A HOSPITAL TRAIN AT VILLENEUVE ST. GEORGES.



## II

TOWARDS the end of November 1915, a somewhat ancient and distinctly tired person arrived late at night in Paris and was motored out to Ris-Orangis Hospital to take up the duties of volunteer chauffeur.

The Ambulance Section was then in charge of H. B. Grotrian and consisted of three Bianchi ambulances, a Bianchi camion, a Dennis camion and a Wolseley four-seater. *Blessés* were conspicuous by their absence and the work of the Motor Section consisted chiefly in carrying endless stores of every kind to make V.R. 76, what later it truly was, the best equipped hospital in France.

The garage, so-called by courtesy, consisted of a field hospital tent, tied up to trees in the hospital grounds. To one straight from England it seemed somewhat primitive, but later experience on the Verdun front and in Mesopotamia often caused a feeling of regretful longing for even that humble covering.

During December a small consignment of *blessés* came to the local railway station and the hospital began to hum with excitement. Not less than four-fifths of the staff found a good reason why his or her presence was necessary at the station and the stretcher-bearers, under the efficient command of H. Larcher, assumed an air of conscious superiority.

During December H. B. Grotrian had to give up his command owing to pressure of other duties and the writer was honoured by being promoted to the position of Chef des Ambulances and at once proceeded to take stock of his domain.

The Bianchi camion, after nobly doing her duty for some months, had got distinctly bored with constantly bumping over *pavé* that seemed specially designed and laid for the benefit of those who suffered from sluggish livers, and had broken her near stub axle. As it was necessary to send a car into Paris three times a week to the early market, this threw extra work on the Dennis. She was a dear old bus and nobly stood up to her work but, as she was distinctly sedate in her movements and had neither screen, hood, nor any other protection for her drivers or passengers, it was no joke starting off about 5 a.m. on a cold, frosty morning, for the twenty-six kilometre run into Paris. This duty often fell to Laurent, a capital fellow and a willing worker, with the usual excitable

French temperament. He returned one morning covered with snow and his moustache one solid mass of ice. His Chef met him as that painful operation, returning circulation, was in progress in his hands and feet. It was a heaven-sent opportunity to say exactly what he thought of the Dennis, early morning marketing, the hospital, the war, his Chef and things in general. His Chef, alas, is also somewhat quick-tempered and proceeded to give his views in his native tongue. They continued till they were fairly blown, but as neither understood a word the other said, no harm was done, and both felt better, though somewhat thirsty.

As the weather grew colder it was borne in on us that it was advisable to have the cars under shelter if possible. H. J. Reckitt, as always, sparing neither trouble nor expense, fitted up an excellent garage with a stove. The Motor Section blessed him for that stove, bench, vice and small forge and anvil and Christie, the chauffeur mechanic, soon had the satisfaction of having and keeping every car ready for work.

An unfortunate accident had happened some time before. The Wolseley, the property of Roland Burdon-Muller and the joy of his heart, had had a bad skid in Paris and bent and strained numerous parts of her fore-carriage and steering. Then, the Dennis distance rod came to utter grief and part of a Bianchi carburettor went out of action. Even at that early date spare parts were most difficult to procure and urgent telegrams were sent to the different makers. Most polite and kind replies were received, but one and all declared themselves utterly unable to supply, so that the Motor Section worked in gloomy silence and Burdon-Muller was accused of shedding tears over the broken-down "Pram." As a last hope the Chef des Ambulances was despatched to England escorting a large and varied collection of worn and broken parts.

The journey was uneventful until an over zealous Customs officer at Southampton demanded import duty on these worn and broken parts. For some moments there was considerable trouble, but wiser counsel prevailed and the Chef caught his train. By dint of visiting each particular works, using such poor eloquence as he possessed and other methods not unknown to the commercial world, the necessary parts were secured and packed into or tied on to a 12-16 two-seater Sunbeam which the Chef took out as his staff car, arriving in due course at Ris. After careful fitting, the spare parts were found to be of the correct size and shape, the Motor





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CARRYING A BLESSÉ TO THE AMBULANCE.



Section resumed its air of cheerful willingness and Burdon-Muller once again burst into song whilst having his evening tub.

In January 1916, Harold Cobb joined with a converted Panhard chassis and a new ambulance body, but his fittings would not take French stretchers. He had gone to considerable trouble and expense over fittings and it was hard luck to find they were useless. The resourceful French carpenter was consulted and, within ten days that ambulance was ready for the road.

From January to June 1916 the *blessés* came to La Chapelle, the goods station a few hundred yards north of the Gare du Nord, Paris.

Generally some time in the evening the French Gestionnaire would receive a telephone message that *blessés* would arrive that night—some time! He carried that information to H. J. Reckitt, the Médecin-Chef and the Chef des Ambulances. At first the number to be allotted to Ris was vague, though later it was given exactly, but the Chef always erred on the side of an over-supply of ambulances, so always had plenty of room.

A portion of the docks at La Chapelle had been covered in and converted into a huge receiving station. Numerous other ambulance sections, both French and American, were also called up. Only a few of the ambulances could get inside the covered-in dock, so it was always a race to get there first, as there was no telling when the train would arrive—one might be called for 10 p.m. and the train arrive at 3 or 4 a.m. Many weary hours did the Motor Section spend in and around the station with tobacco its only solace and, if the cars were outside, the "pleasure" of starting one's car at intervals to keep it from freezing.

Christie drove the Bianchi camion, which was used for *assis* only, and his injured air and forcible language when he did not succeed in annexing a load was more than comic. Far the worst part was having to drive those poor fellows over that awful *pavé*. No one could have been more careful and at times the ambulances only just moved, but it was impossible to avoid a certain amount of vibration, especially in the dark, and what it must have been to those poor souls with broken limbs and shell-racked nerves, is easier to imagine than to describe.

Owing to the large number of *blessés* and the opening of other hospitals it was considered advisable to send a trainload to a local station. Brunoy was the first one chosen, and the

Ris-Orangis Ambulance Section, with the help of three French ambulances, was detailed to make the evacuation. This was effected one beautiful day in June and it is allowable to presume that it was considered satisfactory, as all further train evacuations were carried out by the Ris-Orangis ambulance staff without further help.

Villeneuve St. Georges goods station was then selected as being more adaptable and more central and was always used afterwards.

The Motor Section was now given all the ambulance work of the district, so all the cars had to be kept at concert pitch and, except for serious accidents, all the repairs were carried out by the staff.

Five operating hospitals, viz. Ris-Orangis, Brunoy, Boissy, Juvisy and Villeneuve Triage, had to be kept going, besides evacuations from them to convalescent hospitals and homes.

The train evacuations were soon got into going order. The different Médecins-Chefs, under the Chef of Brunoy No. 89, arranged the number of *blessés* for each hospital and handed a list to the Chef des Ambulances. Four ambulances were backed up to the unloading dock and as each one was loaded another took its place. The stretchers were all opened up, a blanket or two in cold weather and a pillow placed on each and put in piles at intervals on the unloading dock. As soon as a train was signalled—and oh! what weary hours the tired drivers waited for that signal—Charlie Spiers, on his beloved No. 1 Bianchi, pelted off to the local town for hot milk, coffee, food and cigarettes for the *blessés*, who as they were unloaded were handed out with tender care and infinite patience by some of the gentler members of the Ris-Orangis staff. Then began the painfully slow writing up of records by the French clerical staff.

The moment four *blessés* for any one hospital were ready they were picked up and placed in an ambulance with all speed, whilst the chauffeur started his engine. The Chef des Ambulances gave the order and hospital, booked the number of *blessés* and time of starting and the ambulance was on its journey and another backing into place. No fuss, no worry, no argument. Just the order by the Chef des Ambulances, repeated by the stretcher-bearers and, on an average of three and a half minutes, that ambulance had loaded and gone. With what infinite care those poor fellows with shattered limbs and pain-worn faces were loaded, wrapped up and made as comfortable as possible. The staff was efficient and each man did his best—how good and how efficient was



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THE AMBULANCE STARTING FOR THE HOSPITAL.



only realised by their Chef after much experience of ambulance and transport work on other fronts and in other climes. Yet these men were not considered good enough for the British service, though to be sure they were rather a scratch lot from an M.O's point of view, running down to plucky little Jerry Peyton-Jones, whose category was nearer C 13 than C 3.

And so the work went on. Frost or snow, rain or shine, nothing stopped the ambulances. As each chauffeur mounted the rise at the station entrance, honk, honk, went his horn. The Chef des Ambulances stood against the railway lines exactly opposite the sliding door from which that particular ambulance was to be loaded, using an electric torch by night, so each chauffeur knew that if he ran right up to the Chef he would be exactly opposite the right door, and the trouble of backing into position would be reduced to a minimum and no time wasted.

Yet what a weary wait it must have been for *blessés*, especially those whose nerves were absolutely shattered by shell-shock and to whom the least movement was hell. And the strain on the chauffeurs carrying these cases was no slight one for, however carefully and slowly they drove, there was bound to be some vibration and their agonised cry of "*Doucement! Oh, mon Dieu, doucement!*" nearly drove the chauffeurs frantic.

It took about an hour or more to go to Ris-Orangis and back, though the return journey with the chauffeur's foot jammed down on the accelerator, was very soon rushed. Sixteen anna speed acted as an antidote to the nerve strain and very seldom did a chauffeur break down until the last *blessé* was delivered, though after a particularly hard time the staff was somewhat of a wreck. Jerry Peyton-Jones looked like a ghost; Harold Cobb's hands trembled like aspen leaves in a wind; Laurent was liable to faint; Roland Burdon-Muller's game leg gave way at odd moments; Charlie Spiers hopped about with one foot and a swinger and Christie broke forth into language that even a Geordie collier captain might have envied.

Thanks to never-ceasing attention and good driving the accidents were astonishingly few, which reflects great credit on Christy and his fellow-workers. The Chef des Ambulances loaded up his 16 Sunbeam with tools, spares, jacks, tow-ropes *et autre choses* and kept her at the station until the evacuation was finished, but only twice was her assistance necessary and then a few moments, in each case, removed the trouble.

Not but that there were accidents. On one occasion,

coming down the hill from Ris-Orangis Hospital, the gear-box of Harold Cobb's Panhard dropped out, as the cross member had given way. Luckily it was the last load of that particular evacuation. There were other mishaps of a more or less serious nature, still there were always cars ready when wanted, and never once was an ambulance call refused.

Even war is not all work and very grateful thanks are due to that dainty little Irish lassie, Miss C. M. Davison, who always seemed to have hot tea or bovril ready at the critical moment when a three-parts-frozen chauffeur drew up at the hospital door, and to Miss Caroline Duer for her ever-cheery welcome when, in the evening, her sanctum was invaded by the ambulance staff, eager to help or hinder the never-ceasing work of bandage rolling, and to talk over present events as they appeared to each one's point of view.





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SITTING CASES BOUND FOR RIS.



## THE BRAISNE CANTEEN

IN the summer of 1917 a party of us arranged to leave Paris in the early morning with Mrs. Reckitt, who was canteen hunting. The point we were making for was Braisne, a village used by the French army as a *depôt de repos*, at that time about six miles from the German lines behind the Chemin des Dames. We motored by Meaux and Château-Thierry through Fer-en-Tardenois, and from there across a high plateau until we suddenly looked down into the valley of the Vesle, where nestled the town of Braisne.

With a confidence which was soon to be shattered, we asked for the inn, in the hopes of omelette and bread, but found the ancient hostelry, battered and only half roofed, in the occupation of the *poilus*. Happily we had provided ourselves with sandwiches and our motor driver was given *boîte de singe* and some bread at the railway station.

Those who have never seen a village which has been fought over, lost and re-taken, from which nearly the whole of the civil population has fled, in which hardly a house has escaped some injury and in which thousands of soldiers are billeted and through which, day and night, moves a constant stream of vehicles of every description, from farm carts with a mule and a donkey to a Paris omnibus and camions of the latest American pattern, can hardly appreciate the scene. Looking at the walls on either side of the road one could appreciate what would happen to a foot-passenger on a wet day, with mud splashing three and four feet high. To cross the traffic was a matter of difficulty and ingenuity.

Walking round the town one saw men, just down from the front-line trenches, painfully writing letters on their knees, with nowhere to go, no amusements, no recreations, no place in which they could pass the hours in converse with their friends, or amuse themselves.

Mrs. Reckitt at once felt that this was indeed a place for her labours. Having found the Commandant of the town, we were taken to a building which it was suggested could be used as a canteen. The front part facing the main street had been a bakery and confectioner's shop before the war,

with a large hall in the rear often used for wedding banquets and occasional theatrical entertainments. Dirty, dilapidated and damaged, it looked far from prepossessing, but the Commandant undertook to have it cleaned, the large hall repainted, electric light installed, water laid on and benches and tables made.

On our return journey to Paris from Braisne, we went by Soissons, through the forest of Villers-Cotterets to Senlis and dined at the hotel from the porch of which the German officers in 1914 watched the houses on the other side of the street being burnt one by one, as a punishment to the people of the town for having fired on the German soldiers as they entered the place. The wall is still shown, pitted with bullets, against which were placed the mayor, the priest and three other notables of Senlis, who were summarily shot as a lesson in frightfulness to other French towns that might be occupied.

We, at the hospital, were kept constantly in touch with the Braisne canteen workers. Miss Niven and Miss Porter spent their holidays in helping Mrs. Reckitt and, after May 29th, 1918, when the Germans again overran Braisne and advanced as far as Château-Thierry, two of the canteen staff, Miss Leshar and Miss Conner, came to work at Ris until another canteen could be established.

In 1917, after the Christmas festivities at the hospital, I again went to Braisne to take part in the New Year fêtes for the French soldiers at the canteen.

It was bitterly cold weather with deep snow and a hard frost; coal or coke was excessively difficult to get, and wood, if procurable, invariably green.

We began our festivities on the 30th of December and they lasted for four days. The big hall was decorated with flags and greenery, and on the platform stood a real Christmas tree, including candles.

The men had to be marshalled and admitted by batches, each having to produce a ticket which had been issued to him by his non-commissioned officer. They were provided with hot coffee and a cigarette and then passed in front of the Christmas tree, where the ladies of the canteen knelt before large red boxes that contained the gifts. There were shaving-brushes, shaving soap, pocket mirrors, photo cases, jack-knives and handkerchiefs—a gift for each. As they passed by, one of the regimental bands, kindly lent by the Colonel, played in the gallery and they danced, some uproariously, some sedately; some had a coloured soldier—an Arab or a

Senegalese—for a partner, and they all made merry. One of the officers told me that it was the first time he had seen the men dance since 1914 and he was profoundly glad to think they had the chance to do it.

Four hundred men filled the hall and then it was necessary to ask them to depart, as their comrades were waiting to take their places. With reluctance they went out into the cold night and invariably one found a few hiding behind a curtain or even under the stage.

Many of the *poilus* would make a second appearance and would attempt innocently to pass again, having perhaps failed to get the particular gifts they wanted. Whether we were successful in detecting them all, I much doubt, but as each night was given to a particular regiment, a man with a different number in his cap was easily identified and had to give some explanation as to why he had not been there the night before. Even those who were detected by their officers or myself in trying to pass twice would merely laugh and say "*Attrapé.*" As the best of good nature prevailed it was difficult indeed to be cross with them. Three times each night we filled the hall, our New Year guests numbering over five thousand.

The last night we had the men of the 104th Artillery, who had been nine months at the front, with only a few days' rest, and came into Braisne on January 2nd, 1918. One of their officers asked whether they were going to share in the fête, as they had not been to the canteen before the festivities started. Needless to say we felt that these men, above all others, deserved to have a night to themselves with all the warmth of greeting and bright lights we could give them.

I remember on this occasion making rather a bad *faux pas*. I twice pressed a man who was standing near the barrier, whom I mistook for a non-commissioned officer, to take his turn and get a gift. I found afterwards that, for a bet, he had put on his full-dress uniform and therefore looked entirely unlike the other officers who were assisting us in keeping order.

One night a certain soldier, who cobbled the boots for one of the regiments and had been twice excluded from the canteen because of his too great love for red wine, maliciously cut the electric light wire and plunged us all in darkness. A young non-commissioned officer, who had played a great part in assisting the ladies in the preparations and who had come down from the front each night to give a hand, speedily rectified matters and was paid a high compliment by one of

the ladies, who declared that he could not have been more adaptable and quick if he had been an American.

I did not visit Braisne again till after the Armistice, towards the end of November, 1918, when driving over through Soissons from Jully, we passed over the battlefields of Villers-Cotterets and Soissons, still in the condition in which they had been left after the fighting: grey tanks looming up like great rocks, the brown earth pitted with shell-holes almost touching and overlapping each other and all the débris of shell-carriers and ammunition boxes littering the roadside and, in twos and threes or even groups of ten or a dozen, the black crosses that marked the graves of the fallen.

Soissons I had known in 1917, and parts of it were then still almost intact, but now, after the fighting of August and September 1918, the town looked like a Pompeii, there being only a mass of débris and fallen roofs above the first floors. Notices were posted everywhere that on no account were you to enter any of the buildings or open a door, as the town had not yet been cleared up and there might still be booby-traps.

We walked down to the cathedral, which was now almost a complete ruin and I remember, in the square in front of the west door, there were one or two holes surrounded by barbed wire, marking the place of unexploded shells.

From there we drove to Braisne and, about five miles before coming to the latter place, passed what had been the military hospital at Vasseny, torn and reft in every direction by German aeroplanes, which must have known well what they were attacking as, to my own knowledge, the hospital was not within two kilometres of either a munition dump or a railway station.

Braisne itself was more knocked about than ever. The house in which Mrs. Reckitt had lived had been hit twice, half the front and kitchen at the back had gone and I failed to find a single piece of furniture in the house which I had known there in 1917. In the garden I did find a carved panel which had formed part of the sideboard.

The canteen itself had had three shells through it. The rest-room of the ladies had disappeared and beyond a damaged marmite and the cover of a box of Woodbine cigarettes, which I found in a cupboard, there was nothing to show that the building had been used for a canteen.

Out of the valley, up the steep hill to the south, to the plateau that gently falls to Fer-en-Tardenois, we journeyed in the fading light of an early winter afternoon, through a

desolation and a waste, where hundreds of torn and disconnected telephone wires dangled in the air from their supporting posts.

Then we came upon one of the most solitary figures I have ever seen, an old man with an old white horse, miles from everywhere, starting to plough his field again. I think nothing can give a better idea of the spirit which carried France through the four years of war and will again build up that region of the north, war-swept and destroyed, than that lonely figure silhouetted against the sky-line on a winter's evening.

## ENFANTS DE LA PATRIE

ONE of the things that brings the war closest is the mending of the men's slashed, bullet-torn, blood-stiffened uniforms; the sleeves often cut away or the trouser-legs slit up for the first dressings. Sometimes the whole *capote* is riddled with small holes. The men do not always want the holes mended. They are rather proud of them and like to keep them—as they do the *éclats* removed from their own bodies—for exhibition at home. To show a hole in your coat, and a scar in yourself, and the bullet, or whatever it was that made them, is almost as much enjoyed as showing the Croix de Guerre or the Médaille Militaire pinned on your breast.

They are innocently proud of all trophies, received or given. I asked a man, one of our first wounded, on whose coat I happened to be sewing a button, whether I might keep the button if I found him another one? He was the first man I had seen with both medals, and I knew he had won them for defending the corner of a trench single-handed against five or six Germans, most of whom he had accounted for or captured before his companions came up. He showed all his teeth in a delightful grin, and then took an enormous knife out of his pocket and proceeded to cut off every button from the coat in spite of my protestations. He said I might like to give them to my family at home. There were sixteen buttons, I think, big and little, and I had to rip sixteen others off a derelict uniform and sew them on his in place of those he had given me. But I was exceedingly grateful all the same. He also gave me a German water-bottle from the battlefield of Champagne. It had belonged to a fallen enemy who needed help, but who tried to shoot the Frenchman when he came to give it. Fortunately, my friend said, *he* shot first, and brought away the water-bottle in remembrance.

One hears these stories so often. I sometimes wonder if the more ignorant Germans have not been told (perhaps to induce them to behave in just this way) that every English or Frenchman coming near them under such circumstances came to kill? The soldier of the two medals would not hear of any such explanation. To him they were, every one of them, fiends.



He was one of the few professional and natural born fighters I have seen. All the men know they *must* fight, and they are all determined to defend their country to the last gasp. They will suffer, and they do suffer, to any extent. They are brilliant, brave, sturdy, faithful, fierce, cheerful, philosophic. They bring tears to your eyes with their perfectly matter-of-course endurance of pain and mutilation. But going back to the front after the first hot-blooded enthusiasm is over—after they have been in hospital once or twice—is just a dogged duty to most of them. They may be merry about it. They often are.

“I, mademoiselle, I content myself anywhere. Here, at my depot. In the trenches bombing the Boches. I am always gay.”

Or they may be serious.

“Not nice, mademoiselle. It is not nice at all down there. But what would you have? It is war. It is not over yet. We must push them out of France. It will be long to finish.”

They regard the war, their injuries, the horrible carnage and the ultimate victory as inevitable. But fighting is not fun. It is a patriotic obligation to them.

To that particular man, and one or two others only of all I have seen, it was a burning, raging joy. Not merely at the moment of attack, when I can understand a tide of hot exaltation firing any man's blood, but at all times. He would have sacrificed limb after limb, as long as he had them to sacrifice, for another shot at the Boches. I hope he is still shooting.

That blind rage of battle must be a marvellous thing. The incident of *Debout, les morts*, which went through France entire, and must be known over here, is a case in point. If anyone should not have heard it, I will tell it very briefly. A sergeant, at the end of a trench which the Germans were attacking, turned, after the explosion of a shell, to find all the men about him struck and most of them desperately wounded. The enemy's infantry were running up to take possession, and he cast his eyes back at the fallen bodies and in a perfect fury roared out, “On your feet, you dead!” and the poor, half-killed creatures did stagger to their feet and the trench was held.

The dramatic force of the thing grips you, but there is rather an odd little matter-of-fact explanation which is not without its charm. It seems that *Debout, les morts*, is the caserne call to the lazy of a morning, and so might have come naturally to the lips of the sergeant. None the less the story

is a fine story and the words have become famous throughout the country.

This, however, I only know from others. The next fighter I knew myself was a man who came in with a severe eye injury; so severe, indeed, that it was impossible to save the eye. He said, and he meant it, that he would gladly risk the other if he could go back and kill a few more Germans. Another, just coming out of ether after an operation, called out gaily: "*Ah, voilà les Boches! Vite, mon capitaine, les grenades!*" And a wild French boy (from Morocco, I think), with flashing eyes and no front teeth to speak of, told me how he loved a bayonet charge, and, better still, war with the knife, which the Germans hated and which was what, in his opinion, they deserved. He was primitive in his feelings and described with unctiousness how he had pulled the rings off the fingers of a big Boche, who held up both his hands in token of surrender, and had stabbed the Boche after. He had taken the rings first, because he did not like to rob a corpse.

I suggested that an enemy who surrendered was entitled to quarter, but he assured me that if any of them were—which, on account of their conduct in firing upon the Red Cross and shooting people who tried to help their wounded, he very much doubted—this particular one was not, and he was glad he had taken his rings and stabbed him, and he hoped to stab more. He had a private grudge against a man at home who had persuaded his lady-love to throw him over and get married in his absence, and he was anxiously waiting for his *permission* which he meant to use in going back and putting an end to both of them. He was very sombre and sulky the day he got the letter from his mother which told him this news, and his companions naturally tormented him. But I have an idea that the joy of getting well enough to return to the front and kill many Germans would probably put out of his head the desire to go home and kill one Frenchman.

He cried the day he left us and declared he would not go to another hospital, would not get up, would not dress, and defied the Médecin-Chef himself to move him. But he did go, eventually, and I saw him later, a little tamed by the Reverend Mother of the convalescent home, though still a belligerent to the backbone.

In contrast to him was a man from Marseilles, with mild blue eyes and eyebrows so arched that they gave him an expression of everlasting innocent surprise. He looked too

meeK to have hurt a fly. Yet he gave me an account of a charge during which he had found himself in the very act of bayoneting a German boy who had his hands up. He could not stop quickly enough. You could not stop once you got started. You got carried away. Fortunately; for otherwise you could not do what you had to do. To be sure they gave you a little rum to warm you, and that helped perhaps to excite you. But then you were excited anyhow. You knew nothing but that you must advance.

This is the kind of man, with nothing really bellicose in his blood, who makes an excellent, reliable, valiant soldier, and yet suffers quietly and most pathetically from the memory of his own prowess.

Valiant, too, are many of the stretcher-bearers, though the men are often prejudiced against them as a class (or so one of their corporals told me), and call them by the detested name of *embusqué*. This corporal of stretcher-bearers was from the south, near the Spanish border. He had a voice of melting softness and an eye and smile to match. He had been injured in the foot by a shell explosion, which had killed his helpers and the wounded man they were carrying. He had seen another shell strike near another stretcher and the priest, who happened to be accompanying it, have his right arm torn off and give the blessing with his left hand to the dying man beside him.

He told me his own story. From the trenches, after a battle, he heard wounded on the field calling and started to go after them. This is forbidden on account of drawing the enemy's fire. The Germans often begin shelling again the moment they find search-parties are going out. However, it was dusk; the men were quite near; he could hear them crying, so he resolved to go. Several voices called him back, but he paid no attention. Just as he was jumping out he heard the Colonel say: "I'll give you eight days in prison for this." But by that time he did not care what happened if he got to his wounded. This he managed to do and, with some difficulty, brought the worst ones in, parting almost entirely with his own trousers against the barbed wire in the process. Just as he had finished his labours he was met by his Captain, who told him he must report at once to the Colonel. He respectfully suggested that, in his present condition, he could not go. The Captain, unconvinced, said he must. So he told me how he arrived before the Colonel holding a tattered coat about an almost bare pair of legs and said, saluting:

“ I beg pardon, my Colonel, for appearing to you without trousers. I have come for my eight days of prison.”

To which his Colonel replied :

“ Great imbecile, I have sent for you to promote you.”

And that was how he was made corporal.

“ And I find, mademoiselle,” he said gently, “ that there is room for devotion in that service more than in any other. And if one is really devoted the soldiers come to know it in time. But one must also be firm. I am obliged sometimes to forbid my wounded to cry out. I tell them I will leave them to the last if they scream. It is hard ; but otherwise it is too dangerous, for there are often snipers about.”

Which shows how you may impress upon others a discipline you have little stomach for yourself.

Of course there were some professional soldiers among our men, but I saw comparatively few. For the most part their ordinary occupations were pathetically at variance with war. They were vine-growers, gardeners, farmers, architects, painters, musicians, sellers of musical instruments, glove-makers—pursuers of gentle trades that it seemed impossible to associate with the crash and roar of guns. Perhaps it might be that the farmer had lost his foot, and the painter his eyes, and the musician his right arm, and they would be, now and again, rather wistfully anxious to know what was likely to become of them after the war. But not so anxious, altogether, as any one of them would have been, so maimed, before the world about him broke up into fire and smoke, grief, pain and general pandemonium.

Some men have fought through two years of these horrors and been hit for the first time. Some have had two or three wounds, more or less severe, in as many months. One had been in the trenches only nine days and had come back with injuries that necessitated the loss of his left leg and part of his right foot. Another—a most ridiculous, wrinkled, merry-looking little man he was—had escaped scot-free till one night when he was set to digging somewhere and a shell had exploded directly in front of him and blown his spade into the air, whence it descended upon his head, cutting it frightfully.

There was a white-faced young miner, about twenty-two, but appearing much less, who had never got to the front at all. In the barracks he had developed what he called a white swelling (really a tuberculous knee) and he had been sent from place to place till finally he reached us. First they operated, trying to save the leg, and took out the knee-joint, but the trouble

was too deep-seated and they had subsequently to amputate. He suffered awfully and had frequent hæmorrhages. The only thing that consoled him in the least was that he had a special nurse, which made him of great importance, and when she was removed as he got better, was allowed a special bell. This he rang continually and everybody dropped whatever was being done to run and see if Fritz (his name was Charles, but he looked like a German baby-doll and was called Fritz in consequence) was bleeding to death. He loved having the whole hospital in a state of excitement about him and gave so many false alarms that the bell had finally to be taken away.

We hated to see him go, as he had to later, spoilt and cross as he sometimes was. I remember him, lying dressed in his red and blue soldier clothes on the bed, all ready for departure, looking—with his poor, shabby little trouser-leg pinned up out of the way—like a child's broken toy. I think he had an aunt who promised to look after him, as his people were in the invaded country, and I'm afraid he wasn't going to be spoilt after he left us.

No matter where and how they have been wounded, almost all the *blessés* are wonderfully patient, light-hearted and philosophical. Even the few who scream during dressings (and who can blame them, nervous, tortured and terrified from the memories of previous rough handling in the hurry of field service?), even those are ready to smile and joke again as soon as the doctors have passed on. You cannot quench their spirit for long. I have seen three men with amputated legs—up patients, these—make themselves into the semblance of a band, one using his crutches as a violin, one as a violincello, and the other holding his up in the air as a trumpet. They used to make as much fuss over what tune they would play as if it were a real tune; and, indeed, their imitation was so good you could hardly tell it was not. They were so noisy that they generally went outside to give their performance, and so clever that they always collected an audience who encouraged them to continue it.

This strange, detached, whimsical indifference of most of them to even their own misfortunes the moment the worst is over, seems part of the universal acceptance of desperate tragedy as the normal condition of life. As far as my own experience goes, I have found among the wounded a marvellous power of reacting from the violent and terrible episodes in which they have taken part. So they have grown accustomed, recklessly accustomed, till ordinary things have

become the exception and horrors the rule. This explains why a man in the trenches who knows that the least exposure of himself may mean death, will jump out and run to pick up a hare he has shot and why, when he is sniped, another will take the same risk and perhaps be lucky enough to bring in the hare among the applause of his comrades. The danger of sudden annihilation has ceased to excite and a hare for supper is an event.

Also, when all hell has broken loose about you, one dare-devil action more or less matters little. You might be blown up sitting piously in your dug-out with a Bible in one hand and a hymn-book in the other, if the enemy got the range.

Going for rations, generally called *la soupe*, seems a ticklish sort of business. A poor Norman with a shattered elbow told me that his accident had happened when he and several others were starting off after their food and water. The man next to him had been blown instantly to pieces. He had seen his head and limbs tossed into the air. And most of the others had been killed by the same explosion.

“All fathers of families, mademoiselle.”

He was rather simple, poor D., whether naturally or by reason of this experience, I do not know. The men in the ward used to tease him and frighten him about the treatment his elbow would receive at the next hospital if he did not try to move his stiff arm a little according to the doctor's directions, and he would come flying down to me to insist that he did his best, and if he were sent to another hospital would I write something to tell them not to put his arm in the electric machine, because he knew it would break off entirely if they did. The conversation usually ended by his insisting upon exhibiting his wounds—he had one on the shoulder also—and my having to help him off with half his shirt and hold up his trousers at the same time (since he wore neither belt nor braces and the hospital clothes were very large for him) while I looked at his scars and assured him that he wasn't nearly well enough to go yet and would never be ordered such treatment when he did. Not that I knew much about it, but when one is reassuring one had better reassure.

He drank rather more of the hospital red wine than was good for him or his arm and we finally sent for his wife from Rouen to comfort and control him. She arrived, bringing her sister-in-law, at which we were a little put out at first; but, finding the poor soul was timid about coming alone, and had travelled for next to nothing, eating hardly a bite on the way, we were ashamed of having felt aggrieved.

It is very hard on the men being sent like packages from hospital to hospital. In the beginning we kept ours a long time, but later were obliged to evacuate those who could be evacuated as quickly as possible, to make room for more. It has to be so at the operating centres.

One man, at the station where we went to fetch our wounded from the ambulance train, asked me whether "one can stay a few days at this hospital?" He had been moved so rapidly from one to another that the letters from his family had never been able to catch him up.

It is rather horrible to see the unloading of those ambulance trains; even now, when conditions are so much better. The rows upon rows of stretchers with bandaged bundles of men on them, and the doctors moving about, selecting and ticketing. "This one for your hospital; that one for mine." And the stretcher-men reading the tickets and segregating the groups; so many under the Ris sign; so many under the signs of the other hospitals.

Some of the men have patient, tired faces. Others look fixed and half-wild. Others are smiling. All of them are so courteous.

"Will you have coffee or lemonade?"

"What you please, mademoiselle."

"But we have both here."

"Then a little coffee, if you are so amiable."

"A cigarette?"

"If it does not give you too much trouble."

And to see them hugging the untidy packages which contain the small things they most value! Everything is tucked in beside them: their overcoats, and perhaps a trench boot belonging to a wounded leg, or a cap that will not fit a bandaged head. Stretchers and stretchers! Out of the semi-darkness of the long train into the hard glare of the electric-lighted shed they are carried, one after the other, and set down in rows. So many legless, armless; such an amount of misery!

What is to become of this human waste? In all the countries at war, what is to become of it?

The morale of the men is superb. This is how they take things.

I was at the rooms of the American Fund for French Wounded not long ago, and a lady came in, bringing with her, by way of giving him an outing, a patient from the Val de Grâce. He was, at the moment, blind in both eyes and had lost his right hand. The stump was bandaged, so was one

of his eyes; the other was left uncovered. He was to be given some clothes, and while she went to select them I asked him frankly—for they don't mind telling—whether he was not going to recover a little the sight of the free eye.

He said: "They do not say yet, Mademoiselle. But I hope so. If one could tell light from darkness one could do so many things."

It makes one choke to write the words down. So many things! Dear God!

But people are all enthusiastic now to help the maimed, the halt and the blind. If it only lasts, perhaps they will not go uncomforted.

There is a pretty story I heard which shows the sentiment of the little girls of Paris for the wounded. A man, horribly disfigured in the face, was standing on one of the Islands of Safety somewhere, waiting for his chance to cross a wide street. Three little errand-girls had also sought refuge there. They entered into conversation with him and, when the traffic thinned out and allowed them to pass on their several ways, each one of them stood on tiptoe and kissed the man before she bade him good-bye.

So much more is there to tell than can be told. So much heroism, devotion, pathos, sympathy, pity, that no pen can do it justice.

I think I may say, in spite of all I have heard and read, I found the men of France, at least (and I am sure it is true of the men of England as well), less bloodthirsty later on in the war, than they were at first. The early German outrages, their treatment of women and children, hostages and prisoners; the firing upon stretchers and Red Cross stations; the treacherous attacks upon those who turned at call to help the wounded, heated French fury to boiling-point. Nothing they could do seemed too much in revenge. Lately, whether the barbarism has been less marked, or the revenge more complete, or (as I hope) the general sympathy of bold men for bold men more to be reckoned with, one cannot say, but it appears to me that the denunciations grew less violent.

I read a speech of Lloyd George the other day in which he said, approximately, that war must go on till the world was so tamed that no man, that no group of men, should ever be in a position to break the peace again.

I ask myself, and anyone who will listen, how that may be? For as long as one man has it in his power to dominate, so long will he be able to lead others, rightly or wrongly. As long as groups of men can show that power, so long will other groups



follow them. War can never vanish off the earth while there are ambitions and enthusiasms, righters of wrongs with wrongs to right, defenders of honour at all hazards. And the fighting spirit is not to be deprecated. It is always willing to risk something—its ease, its safety, its life even. Lesser thoughts, feelings and considerations are burnt away when a man faces death daily.

I have seen some of the horrible effects of war, and yet I should say that to the people engaged in it—those particularly upon whom it was forced—the result was purifying. They are exalted—highly, in spite of their losses. They have one great purpose, and, until that purpose is accomplished, they burn with a fine fire.

And those who are privileged to watch them and work with them cannot honour them enough.

## MARKETING

IN London there are separate markets for fish, meat, fruit and vegetables, whilst the principal market in Paris, *les Halles*, consists of a large number of buildings, known as pavilions, spread over several acres, where all kinds of eatables are on sale, wholesale, half-wholesale and retail. The streets between each of them are let to the suburban market gardeners, small dealers and the sellers on commission, who sell anything from day to day, acting on behalf of the large commission agents when the arrivals are too much for them to dispose of singly. All these various people pay a daily rental to the Municipality according to the space and accommodation occupied.

The street dealers have to finish selling and clear the streets of their goods by eight o'clock in summer and nine o'clock in winter, after which time all sales are illegal and the goods may be confiscated in case of offence. This restriction has a very important bearing on marketing.

It is advisable to get to the market as early as possible, so as to have time to walk round and inspect the quantity and quality of goods on offer before actually beginning to purchase, as, if there is a glut on the market, it is more advantageous to wait and buy just before the close of business, when dealers will lower prices in order to dispose of perishable stock. On the other hand, if supplies are short, buying must be begun immediately, to avoid a rise which is certain to take place, or all supplies may be sold and you will have to return almost empty-handed.

There is a vast difference between marketing in France, especially on such a large scale as is necessary for a hospital and the same thing in England, where arrangements can be made to secure almost the whole of the supplies from one merchant. It is necessary, where economy is the main principle, to know whom to buy from, and to understand the methods of distribution and selling, with so many agents between the producer and the public. It is only by actual experience in the market that the buyer is able to learn with whom he can do business to obtain the best results,

and even then he must distinguish between the really conscientious dealers who wish to keep their customers and whose articles can be relied on and those—unfortunately very numerous—who, in dealing with perishable goods, especially fruit, wilfully mislead one as to the quality and size. In view of the large quantities and limited time at one's disposal, the buyer must rely to a limited extent on the agent's description, whilst calculating the necessary allowance for waste.

No hard-and-fast rules can be laid down for guidance, the buyer must depend on his judgment and ability to take advantage of the prevailing conditions. To begin with the idea that he must buy everything ordered on his list of goods required, will lead to extravagance. He must be prepared to substitute any vegetable or fruit for another, with a corresponding change in the menus, which will often provoke the wrath of the Chef or Matron.

Stocks of tinned or dried provisions must be kept in reserve for emergencies. These arise more often in the winter, if there has been a succession of sharp frosts or a heavy fall of snow which prevent the market-gardeners working on their allotments or bringing their produce to market, and also disorganises the railway service on which Paris depends to a great extent for its supplies from the distant centres of production.

To a stranger the most extraordinary custom is the habit of bargaining. Much depends on the patience and persuasive force of the buyer, who must argue from five to fifteen minutes, according to circumstances, until the happy medium between the seller's price and the buyer's offer is reached, when the transaction is completed. In some cases it is very amusing to listen to the repartee of the respective parties, who often engage in a heated argument for the sake of gaining that extra penny or two, which is so dear to the average Frenchman. When numerous transactions take place all these small sums make an appreciable difference in the result.

In the summer time the ride to Paris on a motor lorry, through miles of open country in the early morning, often before sunrise, was very refreshing. In the winter, when the thermometer has been as low as 25° of frost, with a biting wind blowing the snow directly in one's face, the discomfort of the journey was great. On arriving at the market, there was three or four hours of walking in the melting snow, mixed with all kinds of refuse, before the return journey, under similar conditions.

On the whole the amusing incidents under these conditions

outweighed the discomforts. It was no unusual sight to see a little fat man, laden with a heavy sack, suddenly fall full length in the snow and, on rising, turn and vehemently expostulate, as only a Parisian can, with the passer-by who jostled him.

In marketing one comes in contact with all kinds of personalities, from the itinerant cauliflower-seller to the millionaire salesman. Each has his peculiarities which must be studied. Some, before doing business, must adjourn to the nearest café in order to discuss things. Another will relate his domestic troubles, which must be listened to with sympathetic interest, whilst others retail the latest story or scandal before attempting to inquire what you wish to buy. As a general rule, the French are very amiable and are easy to manage, if you interest yourself in their daily life.

I cannot conclude without a word of thanks to Bellivier, whose advice, assistance, personal knowledge of the market and general good humour were invaluable, whilst Christie and Spiers were always most cheerful and obliging under the most adverse circumstances. Spiers was always a trifle nervous when driving in market in case of infringing the traffic regulations, but Christie was always ready to drive anywhere as long as he achieved his object. The following incident particularly illustrates his character.

One morning on arriving we found the space reserved for waiting vehicles entirely filled. Christie quite unconcernedly stopped the car immediately in front of a watercress-dealer's space, whilst I went off to inspect the vegetables on offer. Half-an-hour later Christie came to find me and said with great glee, "Don't come back for a time, there is a policeman wants to see you to take my name and address for stopping there. When he asked me to move on I pretended I could not understand French." When I ultimately returned there was a very angry watercress-dealer and an infuriated policeman waving and gesticulating, as the car prevented the approach of customers. After threatening me with all sorts of penalties, which took a considerable time to explain, as they both talked at once, I managed to smooth matters over, whilst apologising for Christie's ignorance and, with a drink and a cigarette, the matter ended. All this time Christie was standing by with an amused smile and an innocent look on his face. We got our marketing finished without having to move the car.

## “THE HOWL”

IN four successive issues of an illustrated paper called *The Howl* and started, I believe, in November 1916, the Night Orderlies of the hospital indulged in a flow of spirits, both high and low. It was edited by Charles Levitt, and probably its short lease of life may be attributed to the fact that it was a manuscript affair and the labour involved in preparing it was excessive. It was run on lines for the most part humorous, always racy and not infrequently libellous.

*The Editor contributed a Magnum Opus, which remains a fragment. It may be given in facsimile.*

## “THE HOSPITAL IN MAKING

### CHAPTER I

“It was on the twenty-eight of July nineteen hundred and fifteen A bright and glorious morning at A quarter to ten when we steamed out from victoria station London on our Journey to france via Folkstone and Dieppe our party consisted of nine men Orderlys made up of various classes including some who thought themselves class stuff but out to have been spelt Glass stuffed and others really jolly good fellows it is not necessary to give the names of these men suffice to say that some had met previously at ambulance meetings and some had not but with the old English fashion of A nod of the head and A shake of the hand and you have been chums for quite A long time, We were accompanied by several Doctors and Nurses who were really good sorts quite Jolly and chattie and no starch used well we arrived at Folkstone where we were some considerable time getting through to the boat but after plenty of patience and water spray we managed to accomplish the feat the boat running

at the time was the Arundel not over large and certainly not very comfortable as there were only two distinctions of passengers there was A goodly crowd of us aft including men women and children and A fair amount of upper deck cargo and the boats being turned in made the deck space still worse there was very few seats at all on board and what there were was taken up by the women and children who were first comers and even these could not stop were they were for the sea was A bit choppy and our boat was rather rocky so we shipped A goodly shower of water ever now and again so you could not stay long in any one place without getting wet and without being sea sick the poor little children it was pitiful to see and the grown up folks were bad I myself and A chum picked up soundings with several others on top of A wash deck locker and there was forced to stay being afraid to move or we should have been as bad as the rest, one or two soldiers returning off leave did their best to help both ways in feeding the fish and then running around trying to cheer up the women and children until the next turn came on the sun was nice and bright but the wind very keen and after nearly six hours Journey we arrived at Dieppe wet cold and hungry and so we had to remain we were about an hour getting through the customs and then we managed to get A drink A bottle of wine costing us three Francs from there we went aboard the train for Paris and after what seemed an endless time of waiting we actually got away just as the darkness came on so we did our Journey looking at nothing and amusing ourselves as best we could having A carriage to ourselves no one was more entitled I think some of us slept A bit after getting into the warm carriage from the cold boat; well we were to dine on board the train so our senior Doctor brought us our tickets which were supposed to entitle us to A dinner but what A feed we were kept till the last we were well under way for Paris when they told us we could go along and we did double quick you may bet a fr we had had nothing to eat since early morning when we had had a good fill but I am afraid it was not all eatables as beer and etc. are not so plentiful in france well the dinner dont make us laugh perhaps some of you have dined on A train before well I had not and dont think I want to again if it is to be the same as that meal was the tables were set for four at each so we took our places there were still A few gentlemen left in the dining car smoking and drinking when we entered and sit down but we were not out to eat them so they did not count

well along comes boots or buttons or something between the two mixtures and planks A bottle of beer and four glasses on the table and says finish before we had started and then came the capping part of the feed another addition of boots and buttons came along balancing A tray on which were some chunks of something which has remained A mystery until this day they were sandwiches or what represented such but anything from A brick to A door step would have been A better name for them but we were hungry thirsty and tired so we drank the beer and ate what we could of the sandwich and longed for Paris which we eventually reached in the early hours of the morning weary worn and tired but yet we were not finished fr all the luggage had to be found which had been registered when leaving London in the morning and which consisted of 57 bags and boxes of various size and descriptions but as they were all of A number it was not bad next item was to finds cabs which at that time of day were not so very plentiful for those not gone home were busily engaged so having one good french speaking Orderley with us we managed to secure about A dozen in to which nurses and baggage were sent off to the grand Hotel and dumped down and then returned fr more so that by two o'clock we were at our destination fr that day and still being thirsty we tried to get A drink but all we could weed out of the Porter was A bottle of Vichey water fr which we paid 2 Franks and then made our way to bed and to sleep which we were very glad to get.

*(To be continued.)*

## CHAPTER II

"WELL having managed to drink our bottle of Vichey water at two france and had A good laugh over the same thinking if we would have done the same at home and gessing we would sooner have had some of the same as we had had the night before at Victoria we found our way to bed and to sleep or those of us who could for by the time we were in bed Paris began to wake or its taxi cabs did and they did not forget to let you know it with their sweet toned hooters sounding like some elephant trumpeting about so at about nine o'clock we made our way down fr breakfast which we found was laid in the large dancing hall of the Hotel and

consisted of bread butter anchoveys and coffee and you may bet we did it Justice, I think the waiter at the table who looked A trusty old Soul must have thought we were cannibals fr after our half bread feed on the train and A bust up on water the night before we were what you might call hungry any way we managed to get the better of that and then went to find out what the order of the day was to be and you may bet we got A shock when later we were told we were not going on that day as there was something to be done with regards to our papers so we Just put in our time seeing what we could of Paris the beautifully City You hear so much about when A child going to school but to my way of thinking it is like A good many other large towns and cities very nice in themselves with some splendid buildings parks and gardens nice streets and pavements but really nothing better than our own English towns and cities only perhaps the buildings are A little different in construction as some one tried to argue one day that paris was cleaner than London A wonder too when one is supposed to be A city of pleasure and the other reeking with the dust and smoke of factorys, well we did our best until about nine when we thought it was quite time to hop it off to bed and we did and no doubt we slept well until the music of the taxies awoke us in the morning which was bright and sunny again we got up and went to breakfast again it was as yesterday but no sight seeing this time our marching orders had arrived so at about ten o'clock we started with our bags for the station nine men one or two officers and A Lady accompanying us when we reach the corner of the street we Just plumped ourselves and bags into some taxies and away we went to the station arriving at which we had to wait some time before we were certain about getting away but our papers proved to be correct so we were allowed to get on with our Journey thanks to the train for being in the station some time before it wanted to start we climbed in with our luggage and off we went for Ris Orangis where we arrived about midday hot and dry we carted our bags as far as the Hotel chemin de Ferre where we were to stop fr the time being quite objects of interest to all the inhabitants and the ordinary congregation of children when anything new blows along into A village.

*(To be continued.)*



CHAPTER III

“ HAVING reached the notable Hotel of Riss and deposited our kit bags and settled on our rooms and the kind Lady accompanying us and Dr Kennedy arranging fr some dinner for the day and the remainder of the time we might be staying at the Hotel we went off to visit what is now the Hospital but what was then like something put up in A wilderness for the gate house was the first thing to catch ones eye on entering the gate A very neglected looking place with most of the windows broken and infested with spiders and webs and A store house fr the concerge at the gate and what now is the offices were then A poultry rearing house but after passing some remarks which very much differed one from the other we were told to wait until we had seen the building before passing any opinion of course we none of us was aware that there was such A building as the hospital here until we managed to struggle up the drive which was about ankle deep with loose ashes and they were still pilling more on top of them well on reaching the building we found A few frenchmen in pession A chef A sergeant and some twenty men I dont know how long they had been there but at any rate nothing looked to have been done for chaos reigned supreme we were conducted over the building amidst dust and cobwebs, it was a perfect house of rack and ruin for there was plaster and tiling thrown about all over the place electric wires and fittings some on the floors some hanging in artistic fashion from the walls in some of the rooms were A bed or more than one very dusty but made up ready for use but smelling very musty well after having our introduction to the building we made our way back to the Hotel to A real good dinner and giving the people at the Hotel all due credit we had most excellent meals and accomodation fr the two weeks we were there during this time we were working at the Hospital going back to meals as the times came round our hours were not hard or long as we were working in conjunction with the french staff and they neither beleived in long hours or much work, so we had A fairly good time first we cleared the beds such as there were on to the top floor attic to be stowed away so that the french staff could get on with white washing and painting but dont make us laugh this is where the Joke comes in we used to arrive at the hospital in the morning well we wont say

the time or you may be envious but I dont really think putting all things together that you kneed be for even now times are not so bad as far as I can see but that has nothing to do with our first expearance we came I say to work Yes it was spelt *Work* and we did it too with A will and so much energy that we made the dust fly so every one was drove to drink and as it was very hot and dry I think every one was very well pleased over it but that was all of course we were englich and the french were very delighted to give us an afternoons entertainment now and again to show their feeling and the longer we stayed with them the better they liked it but that did not do the work and every one was anxious to see the place begin to look A little bit tidy but it seemed A thing impossible.”

*In another vein, romantic, rather than realistic, is this anonymous short story:*

### “THE HIDDEN FLAME, OR THE TERROR OF THE NIGHT”

“It was night. Darkness and silence reigned among the dripping trees of the surrounding forest. In the long corridors and lofty chambers of the crowded hospital the lights were long since extinguished. Only a few murky lanterns flickered on the floors, beside the reclining figures of the night-nurses and orderlies, whose peaceful snoring was the only sound to be heard. Occasionally a wakeful patient spoke aloud: and once a convalescent (who had too freely celebrated his first day’s permission) began to moan, ‘*A boire, à boire—pour l’amour de Dieu—Je meurs de soif!*’ ‘Och!’ said the nurse, waking up. ‘Yon man’s wantin’ the window shut again: and he’ll just no get it. Orderly! go and tell him in the French that if he disna be quiet, I’ll get the doctor to him.’ The orderly woke up with a grunt, and took his lantern to the bedside of the moaning man. But he had not yet acquired that perfect fluency in Gallic oratory which distinguishes the personnel of Anglo-French hospitals.

“‘Stop it,’ he said, severely. ‘*Si vous—si vous ne stoppez pas—docteur ici toutsweet.*’ The patient was silent for a time, and the orderly returned to his seat. Algernon Percy

Fitz-Cholmondley—for such was our hero's name—was not, however, to find his repose again so easily as he lost it. He had hardly drawn his blanket around him again when a strange discomfort assailed him. He sat up straight, stirred restlessly and sniffed.

“ ‘ Something burning, ’ he said to himself.

“ It is needless to elaborate his growing sense of horror : let it suffice to say that his sense of duty was even greater and that, after a little more sniffing, he hastened to the lofty abode of the President of the Night-Orderlies and begged that dignitary to sniff likewise. The P. of the N.O. said nothing, but took up his lantern and went off to search.

“ Not so Cholmondley. In him a clearer light of duty showed the way to glory. He remembered having seen notices, faded and dim with venerable age, posted upon the corridor walls and telling clearly what to do in case the unutterable happened. To one of these notices he repaired with enormous haste and read it through from top to bottom. How perfect it was ! How beautifully it settled the function of everyone, gave each his duty, and organised the salvation of all the inmates ! Tears of relief welled into his eyes. And yet he was pained to see that his own name was not on the list. No duty was ascribed to him. He must blot himself out, and let the others do it. He read the names with emotion. Most of them were names of people who had long since left the hospital : yet they would all be at their stations. From England, Holland, America, they would come to start work with fire-hose and extinguishers, buckets and stretchers. Every member of the Hospital Administration would doubtless receive the Legion of Honour of the President of the Republic, for having organised that great work of salvation with such superb forethought and care. And he, alas ! would get nothing, for there was no job left for him to do. But yes—he would—he would be decorated too, for having read the notice in face of danger. For that devotion to duty he did feel that he deserved the Royal Red Cross at least.

“ But, while he dreamed thus of duty and of glory, no bell was rung by the first floor nurse, instead, the President of the Night Orderlies came back with his lantern and said the fire was already extinguished. It was only an extra tough mutton chop that had remained uneaten from supper and had been carelessly thrown on the Diet-Kitchen fire. It made a terrible stink indeed, but was easy enough to

extinguish if the Chief Night Orderly's language had not kept on setting it alight again.

“INFIRMIER DE JOUR.”

*The following report of a concert is a characteristic piece of work:*

GRAND CONCERT AT HOSPITAL REESO RONGIS.

October 32nd, 1917.

We had the pleasure of being present at a grand concert on Tuesday evening next given by the (dis) orderlies at the English Hospital Resso Rangis :

Messrs. Bennett and Levett were very well received in their duet entitled we are two careless men :

Mr. Bruce was herd to fine effect in A baritone solo entitled  
“What was it he said” :

Mr. Frost received an encore for the song oh that I had the wings of an incinerater and gave also—what shall I do when dressings are no more :

Mr. Levett was applauded for the recitation : “A bold glad poet am I” :

Mr. Bennett then gave A naval turn on the screen his recent hair breadth escape from A rapidly desending drug basket.

Mr. Applegarths fine voice was too powerful for the limited space of the concert room he giving the following :

“In the shade of the Radiograph tree,” and for “A well deserved encore,” “A new Zealand laddie am I.”

Mr. Larcher next gave an exhibition of his mesmeric powers the subject being the homely flea and the harmless Bug needless to say his marvellous performance diddled his audience so much that they felt compelled to scratch themselves.

Mr. Tiddly Beer gave A conguring performance in which he kidded his audience so much that he made them believe that hot water with long pieces of carrot in it was wholesome soup and the way in which he transfered ordinary sheeps liver into emeletts and the common rabbit into turkey was simply marvellous.

Mr. Christy sang the well-known ditty “Pass the Jam” and for an encore gave “Procession be sugared.”

Mr. Spiers whose songs in the past have scored such huge successes gave “Oh what A happy day is pay day” and “My last 5 franc note.”

Mr. Careless gave a series of lightning sketches—the one which pleased the audience most being entitled : “Vandaline and Vistalie.”

Mr. Matthews deserved the great reception he received for his humerous songs : “Fums up” and “My little bit on the seen (Seine)” :

As A concluding selection the entire company gave the national Hospital anthem “God have mercey on our caterer” :

Mr. Simpson very ably performed the onerous duties of chairman much against his wishes ;

Mr. Porter made an efficient accompanist on the Piano harp symbols big drum and firelin.

*Finally here are some brief scintillations :*

ANISEED-DROPS, TRUE AND OTHERWISE

*Scene* Operating theatre—1st Floor Hospital Volentair S-J-F.

*Doctor* (administering aneusithetic for operation in abdomen). Now take A deep breath.

*Operating Surgeon* Are You ready ?

*Doctor* Yes carry on !

*Surgeon* makes incision.

*Patient* oh ! la ! la ! I can feel that !

*Doctor* (stroking patients face) Shut up ! Your under ! Its Just imagination !

POLICE NEWS

On Friday last a man giving the name of Carless was brought up charged with exceeding the speed limit. Evidence was produced showing that the ground floor of Ris was positively dangerous on account of the manner in which the orderlies dashed about. (*The Magistrate*) “Carless by name and careless by nature” (*Loud laughter*). The superintendent remarked that only last week another man was fined

for this offence at the same place. The magistrate remarked that the court was quite determined to put an end to this sort of thing and that any future offence would be very severely dealt with. Fined 10 f.

#### POLICE NEWS

Taffy Matthews was brought up at the Ris Orangis Police Court charged with hurrying. Prisoner who appeared to be much affected pleaded guilty but denied that he was on duty at the time. Fined 5 f.

## PILLS

THE Dispensary and the charge of the surgical supplies came upon my shoulders as early as 1915, wished upon me by Dr. Kennedy. The duties were understood to be temporary, but they lasted to the end and to them were later added the duties of Superintendent. As my help never exceeded an assistant and an orderly and, at some periods, an orderly only, some heavy spells of work were encountered and, but for the faithfulness and devotion of my helpers at all times and the generous co-operation of everyone, the difficulties would have been insurmountable. Particularly as, later on, I was called upon to undertake similar duties at a Paris hospital which necessitated my absence three days a week for some nine months.

The pharmacy and surgical supplies presented their own peculiar problems. Most of our doctors were American and nearly all our supplies came from the French Military Pharmacy, through the Service de Santé, and the amounts of the various medicaments and drugs allowed under military *régime* did not at all fit in with the habitual usage of our doctors. Many drugs used in quantity by the French surgeons were not used at all by our staff, while we consumed unheard-of quantities of other things. Many surgical instruments and special drugs had to be sought elsewhere, a tedious and exasperating business.

Many of the drugs from the French source had to be corrected to the English and American strength to prevent errors in dosage, and this was done in bulk, not only for convenience, but for accuracy.

I recall an inspection by the Pharmacien Principal of the Service de Santé, who made periodical visits to see that the regulations relating to a French military dispensary were carried out. One such law is, that only small quantities of inflammable materials shall be kept in stock if the pharmacy is in the hospital. Judge of my feelings when M. le Pharmacien Principal mounted (unconscious of its contents) on a case holding ten bottles of ether in order to

inspect a top shelf and reproved me gravely for having two bottles of ether up there.

Pharmacy holds an important position in the French *régime*; the principal holds the rank of major and a pharmacist is invariably of command rank.

Under these conditions it is easy to conceive how I felt at the approaching departure of my assistant or orderly, and this occurred twice by order of the military authorities, who decided they were fit to count sugar-cases at home.

To give some idea of the quantities dealt in, I may mention that over 40,000 litres of one antiseptic solution were dispensed.

A list of our pharmaceutical supplies is given in the Appendix. As I look back, I often wonder how the folk about me tolerated my irritable disposition at all and did not leave *en bloc*.

The following lines, which I found pinned to the pharmacy door one day when I returned from duty in Paris, reflected, I suppose, the opinion the hospital had of me:

#### THE NEVER-OPEN DOOR

The Pharmacy is open when  
 "Other work permits"  
 And Mr. Gage can find the time  
 To read our little slips.  
 We always place our orders then,  
 When "other work permits,"  
 But find them unattended to  
 When he to Paris flits.

We'd never trouble him at all  
 If he the door would leave  
 Wide open to the clamouring crowd  
 From morn to dewy eve,  
 But go and help our little selves  
 To carbolic and thermoms.  
 And in their place when he returned  
 He'd find our little "Bons."

S. RAY.



## A NURSE TO HER DIARY

*December 19, 1916.*

I HAVE been plunged right into ward work. And even though it is only my first day, I am so glad, for it will be so much more interesting than the work that I had expected to do.

We arise at half-past six, breakfast at seven and go on duty at half after seven. My first duty was to make beds. After that I assisted slightly with the dressings, but that was mostly watching. I certainly was proud of myself, for I never turned a hair. The men are so patient. Some of the wounds are simply ghastly. And some of them have so many.

I must confess that I felt much bewildered, it is all so strange.

I was sent to several different rooms to prepare patients for their dressings. It was often a puzzle to know just what to do, for their dressings were often very complicated, especially those in suspensions. I was so afraid of hurting them.

We have tea at ten o'clock and dinner at twelve. We eat off oilcloth, without any formalities. After dinner I was dispatched to the "prince's" room. My task was to help him with his dinner. I had to cut his food, etc. I was greatly amused by his condescending manner.

After that I made more beds for the patients who had gotten up after their dinner, polished instruments and gave alcohol rubs. You have no idea what a real pleasure it is to do anything at all for them. They are so grateful for the smallest favor and oh, so patient.

*January 11, 1917.*

Lieut. Borel received word to-day that he is to be decorated with the Legion of Honour shortly. I do hope they will decorate him here.

I am becoming so attached to my *blessés*. They are just like a lot of hurt children. . . . If I am given any other

work to do I shall miss the personal contact with the men greatly. I had to hold one poor creature's hands by force yesterday while they dressed a horrible wound in his side—and he was so grateful to me afterwards. It was pathetic.

Four men were evacuated yesterday . . . they hated to go, for the poor souls were going back to the front.

I have been helping more and more with the dressings lately—so many of them are horribly painful ones—one feels rather limp after they are all over.

*January 16.*

Lieut. Borel was decorated yesterday. He was wounded a year ago September through the hip and the wound is still open.

*January 25.*

My nice brave Lieut. Borel has "gone out," as they say here. He is the one who was decorated but ten days ago. His death was most sad. They operated on Saturday to find out why the wound in his hip refused to heal. . . . Evidently his whole side was corroded. It is so sad to think his fifteen months of patient suffering to be in vain. Oh, how my heart aches for his mother! He is the second son she has lost, and the third one is in the trenches. This one was just twenty-seven. I longed so to be able to talk to her and could do so through her daughter, who speaks English very well. She seemed so grateful for my sympathy. The other nurses were all too busy to pay much attention to her. She was a most pathetic figure waiting outside the door of his room during the hemorrhages. The funeral is to be held to-morrow morning in the little chapel. I am hoping to be able to go.

. . . You should have seen me making beds this a.m. with the first violinist of the Grand Opera of Paris. He is our postman, and he has been ill with pleurisy and a patient on our floor.

I had a wonderful shampoo last night. The barber for the *blessés* does it for the nurses. He is really splendid. I believe in peace time he is at the Ritz in Paris. We also have one of the best Paris dentists here. Of course these men are all under military orders.

*February 17.*

I am awakened at 6.30 by the rising bell. The next ten or fifteen minutes are spent trying to make up my mind to get out of bed. After a hurried dressing I descend three

flights of stairs to the dining-room, where we breakfast on oatmeal, coffee, bread, butter and jam. (I would give almost anything for some real coffee.) After breakfast I go immediately to the wards and begin making beds. I have become quite adept at changing sheets and drawing sheets under poor souls who hate to be moved. By the time this is finished the doctor arrives for the dressings. My duty is then to wait on Mrs. MacLean and Miss Ross, who assist the doctor. I put rubber sheeting under patients to be dressed, take off bandages, run errands, help the orderly with the sterilising, put back some of the simple bandages, hold the hands of those who are having the hardest time. After the dressings are finished and I have tidied the beds and wards, generally I clean feet or hands that have been in apparatuses for some time. This is not as bad as it sounds. In fact, I quite enjoy it. I put on a soap poultice one day and the next day I skin the poultice from a hand, for that is literally what happens. At half-past eleven I help serve the dinners to those on special diets. Then at twelve o'clock I enjoy my own dinner, which consisted to-day of sardines, chicken and potatoes, tangerines and dates.

After dinner I immediately go the contagious ward and wash the dishes. We have got one patient there now with erysipelas. The next on the program is to get up some of the patients into their wheel chairs, make their beds and tidy the wards. After that there is nothing of consequence until half-past two or three, when I either rub backs or take temperatures. Sometimes I do both if the others are very busy. At three o'clock milk, egg-nog and bouillon is served to some who need special nourishment.

At four o'clock we have our own tea, then it is time to remove the spreads from the beds. At half-past five the suppers are served, after that I put on the extra blankets for the night, shake up the pillows and make them generally comfortable for the night. Some time during each day I have two hours' rest, which are always filled to overflowing: stockings to be darned, nails to be manicured, French to be studied, walks to be taken and sometimes, in spite of my best resolutions, a nap.

Dinner, or rather supper, is served at half-past six and seven. After supper we talk a bit, etc. Wednesday and Saturday mornings I have French for an hour. Once a month I indulge in a shampoo . . . it is so restful. . . .

My special pet on this floor is Jean Longe, a little dark-haired boy of twenty-one. His home is near Spain, on the

slopes of the Pyrenees, and he is a gardener by profession. He is the one for whom I want so much to get an artificial leg. Yesterday he received a small box of apples from home. He presented me with the prettiest one in the box. They just adore giving you things, and you must always accept, or their feelings are terribly hurt. Another *blessé* has quite insisted upon my using his watch, as I have broken the crystal on mine and, it being an Ingersoll, I cannot get it fixed on this side.

One or two of the *blessés* have little French-English conversation books, which they study diligently and make little speeches to one. One said to me the other day that I spoke English and he spoke French, but we always understood each other.

*May 1.*

I am in the Diet Kitchen. It will only be temporarily—until Miss Robertson can get someone else. It is an attractive little spot, everything is so nice and clean. I have a little old Frenchwoman to help me. I have to make cocoa, bouillon, lemonade, egg-nog, etc. If any of the staff are ill, I prepare their meals. When we have new patients I shall be quite busy, just now there is next to nothing.

My *blessés* seemed sorry to have me leave the ward. After you have waited on them for four months, you know all of their little ways and just how they like to have a thing done. They are so jealous of one another and so fearful that you are going to do a little bit more for one than for another. It is quite embarrassing to have your favorite patients from different wards get together.

On Friday last we had a most enjoyable service here. Bishop Bury, Bishop of Northern Europe, conducted it. He is a most charming old man. Having recently visited the English detention camps in Germany, he had many interesting things to relate. His address was most helpful and did us all a world of good.

*May 22.*

We have many *grands blessés*, as they say. Some of the last to come in were in a most filthy condition and it took much scrubbing with quantities of soap. They had been in the trenches for several weeks. Did I tell you that we have an Arab? He says he is only fifteen, and he certainly does not look any older. He has become the hospital pet. He is such a little gentleman—refusing to eat even an orange without a fork!

Last week one of the doctors on another floor invited me to see some of his dressings. One poor creature had his spinal cord exposed about six inches. Mercifully he is not living now. Another one has had both his hands dreadfully injured, so is absolutely helpless. While feeding him the other day he asked me to take from his pocket a picture of his wife and children so that he could look at it. His home is in the invaded country, and he has heard nothing from them since the beginning of the war. In spite of all the dreadful-ness, it is impossible to be depressed while in the wards among the men—for their spirit is too marvelous to be real almost. . . . I have one little friend in Salle A. whom I bathed when he first came in—he is shot right through the abdomen. At first we did not think he could possibly live, but he seems actually to be getting better. He has been decorated twice and keeps his medals lying beside him. He is like a little frightened, hurt animal.

*June 13.*

Among our recent arrivals are two men with double amputations. One boy of twenty has both feet amputated and has lost an eye. The other one's entire legs are gone. There is nothing to do for the second, but I should so love to give artificial legs to the little chap. Poor little chap, he has the sunniest disposition and just smiles all the time.

*July 20.*

For the moment we are rather quiet. I am so delighted to have the money for the legs for "Bleuet." He is so delighted. Poor little chap, his dressings are so painful, but he never so much as whimpers. I always put on the bandages after the doctor has done the dressings. He never wants anyone else to put them on. How depressing the whole situation is these days—everyone seems so depressed. The Russians evidently are not to be relied on. . . .

Yesterday was the second anniversary of the hospital. We had a large fête. Lady Johnstone was decorated, also several of the administrators and some of the English orderlies and nurses. There was an orchestra from Paris and caterers with marvelous things to eat.

*October 2.*

"Bleuet" has had his bad eye removed—he has been pretty forlorn for a few days, he has had *beaucoup cafard*. But now he is his own happy self again. He is to be measured for his legs this week and is so happy.

October 23.

Little André Aubin has been measured for his legs. It will be about a month before he will have them. I have still enough money for another leg, and I am going to give one leg to another double amputation case; Mr. Reckitt will see that he gets the other.

October 31.

Monday morning I had a most interesting experience. I went into Paris with "Bleuet" for the first fitting of his "new legs." Much to my surprise I was given permission to go with him. It was my first ride in the ambulance, and the first time that I had been to Paris by motor. It is a run of about an hour. Another boy who had lost one leg came with us. Mr. Phillips, who drove the car, took us all to lunch. We caused quite a sensation when we entered the restaurant, as one of the orderlies carried "Bleuet" on his back. He will probably have his legs in about two weeks, and is so happy.

November 9.

Just eleven months ago yesterday since I sailed out of New York harbour.

This morning I went into Paris with "Bleuet" to get his legs. The boy is so happy—it is such a pleasure to see him. He walked out of the shop beautifully with the aid of crutches. It will be no time at all before he will walk without the aid of crutches, I am sure.

This morning I have had a surprise piece of news. I am to be put on to night duty. I shall be glad of the experience. The night nurses sleep in a little cottage near the station. It is a comfortable house, with wonderful French beds!

December 4.

I am beginning to get a little more used to night duty. It is a solitary existence, I can tell you. But I suppose I should not complain, as it is the first real hardship I have had to undergo since I came. It would be more interesting if I had more to do, but the majority of my patients sleep from 8.30 p.m. till 5.30 a.m. It is only the operation cases that need my attention, and usually not much then. I have just one little boy who does not sleep well, and I find some little thing almost every hour to do for him. He is a little boy who has had the terrible weight on his leg. His constant cry is, "*Ah, mees—mees, je souffre—je souffre, ma pauvre*"

*jambe—ma pauvre jambe.*” I am thankful to say he is more comfortable to-day and seems to be sleeping fairly well. . . . We take walks almost every morning before going to sleep—several times we have been to Juvisy, sometimes we go on bicycles, other times we take the train over and walk back. It is most interesting in the mornings, as there are always troop trains there. One day we saw English boys on their way to Salonica. The next time there were Serbians and Turks, also quite a bunch of German prisoners. . . . One of the boys presented me with a basket that he had made himself. It is a cunning little basket made of raffia.

December 26.

My second Xmas in France is a thing of the past. I wonder if I will still be here next Xmas. Again I have enjoyed it immensely. It was a beautiful tree and the Santa Claus was one of the French orderlies—a poor little soul whose family, a wife and four children, are in the invaded district. He gets just a line from them about once in six months. After the Xmas gifts had been distributed we had a concert. A woman from Paris sang and one of the *blessés* who has quite a remarkable voice. The programme was concluded with the “Marseillaise,” sung in a most dramatic fashion by the soloist. After this the English orderlies came forward, carrying their flag and sang “God Save the King.” While they were singing I was desperately wishing that arrangements had been made to sing “The Star-Spangled Banner.” One of the Englishmen grabbed an American flag and threw it at me, saying, “Come on, Miss L.!” I looked desperately round for help. The only American that I saw was Miss MacFadden—I beckoned to her and we climbed on to the platform and sang, or at least attempted to. Judging from the applause, at least, everyone was pleased that we had enough spirit to do it. My legs shook for about an hour after. Don’t you think it contemptible that not one of the American doctors came to our aid? I was furious and I told them what I thought. Of course they all gave the excuse that they could not sing! I hope they do not think that I think I can sing.

December 27.

Yesterday we had the best party of all. The nurses and doctors gave a Xmas tree for the schoolchildren ageing from four years to eight years. There were 148. Each child was given a muffler and cape, a small toy of some kind

and a little stocking filled with candy. Santa Claus again appeared on the scene and such excitement as he caused. I do not believe they had ever seen such a thing before. For refreshment we gave them bread and butter and jam. How they ate! It was a perfect joy to see them "stow" it away.

Mr. Reckitt presented the nurses with little silver identification discs for our wrists. Everyone was so delighted. One side has my name and home address and on the other side is the hospital address. Lady Johnstone gave each a small picture-frame. After the children's Xmas tree I had several hours before going on duty. I spent them going through the hospital and talking with all the bed patients. They were all so delighted with what had been done for them. It really was pathetic. The saddest man in the house was a Portuguese aviator—he seemed terribly homesick. He is a most attractive man, a lieutenant in the army. They evidently make a great deal of Xmas in Portugal.

*January 19, 1918.*

My evening's work is practically finished and it is only 9.30 p.m. I must go into the ward at ten o'clock to turn on two "Dakin drips," and after that there is nothing to do till five in the morning. My evening's work when I come on duty is just a lot of simple little things—shaking up pillows, cleaning "Bleuet's" stumps with ether and the other double amputation case, giving "Bleuet" boric acid to wash out his eye-socket. Poor wee chap, he has been rather unruly lately and I have been much provoked. But you cannot stay angry when he climbs up on the bed and takes off first one leg and then the other and then out comes his glass eye. When he gets his legs off he is such a scrap of humanity. You must forgive him anything. It is time that he was evacuated—this is no place for convalescent men, the rules are too strict.

*February 6.*

My little "Bleuet," André Aubin, has been so naughty lately. He has been deliberately going to Paris again and again without permission. So, finally, Colonel Keller gave the order that his legs should be taken away until he can be evacuated. I did not like the idea at all—it seemed to be taking such an unfair advantage of the boy—but, of course, the Colonel's orders had to be carried out. Much to my indignation, I was told to take them away at night. When I went to get them I found that he had gotten a heavy chain



and lock and had fastened them to his bed, refusing to let me have them. After much persuasion he finally unlocked them and gave them up. Poor wee chap—he cried and I cried. I almost felt as though I were cutting off his legs again. I think he realised that I hated doing it, but respected me for carrying out my orders. When he finally let me take them, he said, "I'll let you have them for your sake, miss, but not because the Colonel has ordered it." I do hope they will get his papers through very soon. It hurts me so to see him so helpless again and also I am in constant fear as to what he may do. It is almost a week now and he is getting very, very rebellious and impatient.

April 19.

Yesterday we received a piece of news that was really a bomb in our midst. The hospital is to be turned over to the French Government the 1st of June. Dr. Carrel is to be in charge, and as he wishes to have all French doctors and nurses in his staff, it means that we must all leave. It came like a bolt from the blue. It has been rumored that something of the kind might happen ever since I have been here. This spring it was said to be possible, but then the whole place was restocked, so everyone thought that we were safe for at least the summer. It will be with great regrets that I shall leave. We still continue busy and probably will continue so. We will have the satisfaction of leaving a full house. You can't imagine how *triste* I am at leaving my French *blessés*. I just won't allow myself to think of it.

May 17.

Another bomb was dropped in our midst this noon. The hospital here is to remain open indefinitely. . . . Maurice Nonge has gone home for two months' convalescence before having a bone-graft. My heart aches for the boy, he has such a long time ahead of him in hospital. He wept actually when he said good-bye to me. I shall miss him sadly—he has been here so long. Another one of my special friends leaves here to-morrow—Xavier Bordé. He is such a dear lad; he has waited on me hand and foot—has most of the beds made for me in the morning, etc. It is needless to say I shall miss him. He is practically all right, except that he has great shortening of one leg—almost two inches. He came into the ward early in the morning in order to help me with the beds. One boy who has had a terribly painful amputation, whom we have moved only with the greatest

difficulty, said, "Now I can have my mattress turned," so Xavier gently lifted him in his strong arms and put him on another bed while we turned the mattress. All of the *blessés* had the greatest confidence in him and he never refused them anything. He took pleasure in taking out of my hands any disagreeable task he saw me performing. Although I am sure he could often be rough of speech and manner, he never once said or did anything to offend me in any way. He certainly is one who has made my love for the French much deeper. The blind boy has been sent on to another hospital. I was sorry to see him go. He had become quite cheerful and entertaining before he left and was quite amusing during his meals when I fed him. He promised to send me word, letting me know where he is and what is being done for him.

My little Swiss boy from the Foreign Legion has also gone. He was such a droll little creature, only twenty years old and already with two years' service to his credit. When I asked him why he enlisted, he answered in broken French, "out of sympathy." He was constantly writing German poetry, and some of his themes were very sweet. He had many times during the day his little joke of begging for "cognac" and saying that he was away to the café, as he must have a drink. Then he would assure you that he really never drank and that the national beverage of Switzerland is water.

*July 23.*

We had four Americans—now we have eight altogether. They were all terribly wounded men. The operations were simply frightful. One lad from Texas had his leg amputated. I have always said that I never wanted to see an amputation. And it is just as dreadful as I feared. I do not believe that I could have stood it if I had not been busy. The boy had a gas infection, and the operation came too late—the poor lad died last night. It certainly comes nearer home when it is one of your own. He was such a fine-looking lad and so brave, they said, right up to the very end.

The news is certainly wonderful these days, but oh, the price! The tales that those boys have told me were heart-rending. Their courage is just marvelous. I have always said that the French boys are wonderful, but our boys are more than wonderful. They are just as brave and cheerful, just as ready to smile and joke. There is one lad of twenty from Arkansas who is such a treat—a real little Southerner. All he had with him when he came in was a pocket Testament

and a picture of his sister. He showed it to me and said that he had not been given a chance to read it by the Boche for the last two weeks. These boys were at the front for fifty-three days without being relieved, with no chance to get off their clothes. Such filth and dirt I never saw.

*August 10.*

We still keep busy, for, as you know, the fighting continues—the Germans seem well on the run now. The news is assuredly good.

There is no lack of Americans here now—the streets are full of them. Last night, when I went out for a few minutes after supper, there was a game of baseball going on in the little street in front of the hospital. It did me a great deal of good to see them. . . . One night this week I went over with another girl to the officers' headquarters for about an hour to listen to some singing. There is a regiment or, rather, company of negroes. Their singing was so sweet. They sang so many old plantation melodies and finished with "My Old Kentucky Home." It gave me a queer feeling when I realised that I was sitting in an army camp in France listening to American negroes sing. The world is most assuredly upside down.

*September 9.*

This is a most disconsolate place—we are getting our patients evacuated very rapidly. There are only forty-five in the house now. We have only fifteen in our ward and eight of them go out to-morrow. The work here has lost its interest, and the sooner we can get away the better. I presume they will all be gone by Thursday, and after that we will get things packed, to be sent on to the new hospital.

We are going as a unit into the service of the American Red Cross to an Allied hospital, which means, I presume, that we do the same sort of work that we have been doing here—caring for the French. It is going to be, oh, so hard to leave here, for this has come to be almost a home.

## WEAL AND WOE IN THE LINEN-ROOM

IN the summer of 1916 I went home on three weeks' leave and on my return found the powers that be had decided I was to take over the Linen-Room in addition to the Diet Kitchen.

Now when I went to Ris I knew nothing of diet work, but I can truthfully say that I knew rather less than nothing about linen and a linen-room, so that it was with considerable misgiving that I finally gave way and agreed to "try." It was arranged that Marie should take whole day duty in the kitchen, with another woman for the night shift; the woman already in the Linen-Room was to remain, and Simpson was to be orderly for both departments. From then on, most of my time was spent amongst sheets and shirts and I finally gave up the direction of the Diet Kitchen the following Christmas, as it was not possible to be responsible for the proper running of two departments when one took up as much of my time as did the Linen-Room.

My new habitation was a third part of what had originally been the chapel. Stone walls and vast pseudo-Gothic ceiling, plus a tiled floor and stained glass windows, made it a coldly depressing spot during the short, dark winter days. All the same, it became a serious rival to the Diet Kitchen in my affections and, on a hot afternoon, its cool immensity made it a haven of refuge.

The previous "Linen Lady" had left some two months before her mantle devolved upon me, and in the gap between her departure and my arrival matters had attained a chaos totally out of keeping with our Matron's ideas of efficiency. The arrears of mending were positively appalling. Madame (the refreshingly simple title of my factotum) was an excellent worker and a more than clever seamstress, but, alas, her bump of order was a yawning cavity.

Our great stumbling-block in the Linen-Room was the fact that, thanks to the sudden descent of that first unexpected convoy, the wards had had to be equipped without an inventory being taken and it had somehow been subsequently

overlooked. However, with Matron's co-operation one was put together and, whilst it was in progress, I enjoyed the fullest unpopularity. My appearance at the door of a ward was a signal for a groan of mingled protest and apprehension from the nurse in charge and I lived the life of an Ishmael till the miserable thing was completed.

A most tiresome undertaking it was. Five separate counts had to be taken; (1) the linen actually on the Linen-Room shelves; (2) the linen in use; (3) all bed equipment in the staff dormitories; (4) the out-going wash, and (5) the incoming wash. It would be impossible to give anyone an idea of the elusiveness of hospital equipment. Its one object in life seems to be to get itself counted twice over. But it was done at last, and entered into a beautiful new book bought for the occasion. In fact, I had three beautiful brand-new books, which were as the apple of my eye, and which became very glorious indeed with red ink and black ink and very straight lines; no outsider was allowed to make so much as a pencil-mark in them and Madame, with a pride nearly equal to my own, would have guarded them to the death in her own rotund person. One was a ledger containing the weekly and half-weekly accounts copied from the two outgoing washing-books, and the other held the daily entries of linen given out. I wrote in them solemnly and with keen enjoyment and would, I am sure, have met the Recording Angel on terms of the purest social equality.

Our system was very simple. Every morning an orderly from each floor brought down the previous day's soiled linen to the great bathroom on the ground floor, where Simpson counted it and entered the number of each article under its own heading against the day of the week. The wash went out on Wednesdays and Sundays (Wednesday's washing returning on Sunday and vice versa), when the totals were made up and entered into the outgoing laundry-book, from which they were checked on their return. Our own camion took away the wash and brought it back, and our own orderlies saw to the loading and unloading. Everything was tied in the huge, coarse French army sheets, whose central seam prohibited their use on the patients' beds, and on wash-day the Linen-Room floor was stacked high with the large square packages, waiting to be opened and their contents counted.

One rule we had, as invariable as the Laws of the Medes and Persians, that every article must, without exception, be opened and examined for possible holes before being

placed on its appointed shelf. Our method of procedure was to pile everything in tens and when every package had disgorged its contents, the count was made and checked from the laundry-book. Then began the real work. The sheets we left to the last, as they required to be opened and re-folded, but everything else was done separately. The shirts, drawsheets, drawers, pyjamas, pillow-cases and rubber-ring covers were my portion, whilst Madame undertook the socks (an appalling and almost endless task), aprons, overalls and, worst of all, the *torchons*. *Torchons* was a generic name for all cup-towels, tea-towels, glass-cloths, face-towels, bath-towels, etc., and as they were a most motley crowd, even in their own units, sorting them correctly was something in the nature of a Pelman exercise.

Wednesday was the day of the "big" wash, and a busy day in the Linen-Room, with no off duty for either of us. As we averaged roughly 180 to 200 sheets, some 350 drawsheets, 400 pillow-cases and rubber-ring covers, 180 to 200 shirts, and about 500 to 600 *torchons* for each wash, to mention only the heaviest items, it will be seen that the individual examination of each article entailed a very considerable amount of work. Nevertheless, by dint of practice, we became so expert that the stroke of seven usually saw everything in place and the mending piled on its shelves in the drying-hutch.

With regard to the mending, we evolved the scheme of rolling any article with more than one hole, so that no time was wasted later in re-searching for damage. Saving time was a most important matter, as all linen was given out to the wards on Friday mornings and our stock was not sufficiently large to supply the wards without recourse to the newly-arrived wash. Consequently those garments of which our supply was lowest had to be mended on Thursday in readiness for distribution next day. Two girls from the village, the daughters of the local plumber and butcher respectively, volunteered to come on Thursday afternoons and help with the mending, and were of the greatest assistance. Without them we should have had considerable difficulty in "working to schedule," but, as it was, each incoming wash saw us with an empty mending-shelf—a consummation dear to the heart of all Linen Ladies.

Built over the radiators and filling all one side of the room was the drying-hutch. Facetious visitors inevitably made humorous allusions to hen-roosts, but when 50 per cent. of the wash was returned in a state of clammy damp it had

its use and saved us many a grey hair. Moreover, it was inexpressibly useful as a refuge from these same visitors. How often I have gone to cover on hearing the Médecin-Chef or Mr. Reckitt in the Bandage-Room beginning the personally conducted tour of some more or less distinguished person or persons, knowing that the Linen-Room would be next on the list and thoroughly determined to escape the ordeal.

To do the Linen-Room the justice it deserves would require a book wholly devoted to its history. The anguished appeals from the more corpulent members of the personnel for the biggest bath-towels (bath-towels by courtesy and self-deception; in private life their social status would have been that of the rough hand-towel) often wrung my heart, and it would take a more vivid pen than mine to describe my efforts to allot the shirts without stirring up strife and civil war. Some society, in the fulness of its heart, presented us with forty cotton shirts, twenty tastefully striped in red, the remainder in blue, and these, from their first appearance in the wards, created a demand that far exceeded the supply. With all the goodwill in the world, I found it quite impossible to clothe over two hundred men in forty shirts, so that Saturday morning almost invariably found distracted nurses dashing in and out of the Linen-Room with some despised garment on their arm, begging an exchange to a more æsthetic hue.

One little idiosyncrasy developed by our up-patients came to be a severe trial. In spite of strenuous endeavours, the stock of handkerchiefs never quite kept pace with the need for them, and the resourceful *poilu* who found himself temporarily without that necessary article, cut the Gordian knot and the tail of his shirt at one and the same time. Righteous wrath and bitter complaint proved equally futile, so, after a short struggle, we resigned ourselves to the inevitable and philosophically accepted Manx shirts as the natural corollary of influenza colds.

Our staff's personal washing, within set limits, was done by the hospital, and their weekly packets, counted by themselves, all passed through my hands, as did complaints of articles missing or torn. Lost garments, I noticed, possessed one curious characteristic in common—they were never worn or of inferior quality; they were always the best or the only articles of their kind, and the loss quite irreparable. No valueless object ever seemed to stray from the fold. In fact procedure in this matter became a routine.

I set the ball rolling with a polite note to our *blanchisseuse*

intimating that Miss So-and-so's best or only (as the case might be) handkerchief had by some inadvertence failed to return from the wash. The *blanchisseuse* would reply in a three-page letter whose every capital shrugged a protesting shoulder, and assure me that the Miss in question must assuredly have deceived herself, and would doubtless find the missing property in some unsearched pocket. An interchange of notes on these lines would then continue for another fortnight; mine, under pressure from the indignant victim, becoming harsher and more terse, hers betraying discouragement and a growing lack of spirit. Then the ultimatum would go forth, and next afternoon the washlady's bicycle would be seen leaning fraternally against our front door. She was desolated; Mademoiselle would understand the difficulties of her situation; she had traced the lost handkerchief and regretted deeply to inform me that it had floated downstream (they always had), but, of course, if compensation? And matters would adjust themselves till the next catastrophe.

During the coal shortage of the winter 1916-17, the laundry question became painfully acute. The wards manfully cut down their linen to the absolute minimum; we supplied a modicum of coal from our own reserve, and our *blanchisseuse* struggled on. Poor soul! she did her best, but to both wash and dry our Wednesday camion-load for return on Sunday was a physical impossibility without the necessary heating. Consequently, Madame and I were hard put to it, while the shortage lasted, to get everything dried and out of our way. The drying-hutch was quite unable to take more than two-thirds of the sopping sheets, and each evening saw the tables, chairs and even the step-ladder, festooned with the remainder till they were sufficiently dry to fold and put away.

Then coal reached so low an ebb that we had to seriously consider the advisability of sending our washing to the Military Laundry at Versailles and, armed with the monthly averages (judiciously cut down for exhibition purposes), I accompanied our Director and Gestionnaire on their visit to the Governor of the Versailles Region. He proved a friendly old gentleman, the possessor of vast accumulations of time, all of which he placed unreservedly at our disposal. Unfortunately, towards the end of an hour's pleasant chat, he disclosed the damping fact that, whilst they would have been delighted to undertake our laundry work, the laundry itself was, alas, not yet equipped or opened. Our embassy reeled beneath the shock, pulled itself together and firmly



terminated the interview. Versailles disappeared behind us in a cloud of dust.

"I should like to know," said the Director, deeply meditative, "I should very much like to know, if that laundry has yet been built." We never really found out, but next day a kindly providence sent more coal and things continued on their old basis.

Then Madame followed her husband, our quondam Chef, to Paris and was satisfactorily replaced by a girl of eighteen who lived in the village. Contrary to Madame's expectation, the Linen-Room continued to move tranquilly in its appointed orbit, though the stock was beginning to show signs of wear and tear. Badly torn sheets were more frequent and had to be cut down to drawsheets; mending became considerably heavier and the rag-bag assumed quite important proportions, but otherwise nothing happened to jolt us out of our settled rut. We still made the shrouds and mortuary equipment and altered linen shirts to operating coats for the doctors; still mended socks and sewed on buttons for the more helpless and tattered members of the staff and had spasms of energy when fresh curtains were made for bathrooms and cubicles and even once, in belated response to a frenzied deputation from the village, fitted out the entire hospital with dark curtains for its windows.

In many respects the Linen-Room could doubtless have been improved, but it must always be remembered that it was a product of the war and adapted to the requirements of a hospital, run under totally different circumstances to those obtaining in civil life, and with fewer and simpler needs. It did its best, often under difficulties and, if it occasionally showed a regrettable hiatus in the matter of bath-towels and blankets, a kindly memory will surely forget such lapses and remember only its friendly willingness to supply the missing button or sew the gaping seam.

## OUT-PATIENTS

OUR first out-patient was certainly a model of patience. Coming down to breakfast one morning, long before we were a hospital, I saw a woman standing against the door of the lower corridor. At lunch-time she was still there, and even then it did not occur to me to inquire what she was waiting for, but, late in the afternoon, one of the workmen told me that there was a sick woman downstairs who had fainted. I found this was the poor soul who had waited to be spoken to since the early morning, standing and without food. When she recovered she was examined and found to have tonsillitis. I gently remonstrated and asked why she had not spoken, and she explained that she had, for some previous illness, attended the out-patient department of a large Paris hospital, and her timid mien and speechlessness were the outcome of that experience. I knew well the sad sight of the mass of humanity collected at these clinics, possessing itself in patience and pain, often in a purgatory of dread of the ordeal to come.

At first we scarcely knew what to do with out-patients. We were not allowed to hospitalise any civilian cases, however serious, although this stringent regulation had, on occasion, to be broken in the cause of humanity. However, after the mobilisation of the local doctor, there was no one left in the village to care for the Ris population. We found out later that a French doctor was on call and made an occasional round, but his hands were apparently very full.

The situation, it will be seen, was a delicate one. In many cases, of course, our services obviously did not matter, as, whatever assistance was given, must be given gratuitously, but it was undesirable that we should, except in emergency, look after such as would be of pecuniary benefit to the local practice.

My first meeting with the visiting doctor was under rather embarrassing circumstances, on the doorstep at the home of a little sick boy we had been to see. My memory of the encounter is closely associated with the feeling I had in my



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LA SALLE DE PANSEMENTS.



youth when caught scrimping apples. We had not been told that the boy was already being treated, and for the first few minutes I do not know who was the more uncomfortable. We sought to explain in broken French, when, to our surprise, the doctor helped us out in perfect English and explained that he quite understood and appreciated our attitude. A consultation resulted from this chance meeting, with a difference of opinion in which, it was candidly admitted, he was right. He was a genial man, and a cordial friendship sprang up. On his rare visits to the village he would always stop for a greeting and a handshake.

Except for accidents and emergency cases, we treated the out-patients in the morning, the doctor in charge endeavouring to attend to their needs in the interval provided by the hospital patients' meal, but this would not always be possible and inroads were often made into his own lunch-time. He was relieved of many dressings and care of minor ailments by the nurses, and for this duty Miss Niven, who spoke excellent French and had an inexhaustible fund of sympathy and patience, was much in demand.

Operating days and the arrival of a fresh convoy would naturally cause a little dislocation of the routine, and it would not always be possible for these patients to be treated with the same dispatch. But I never heard, under the most trying circumstances, the least complaint. Much of the work would be trivial and trying to one in charge of serious surgical cases, with a morning's operations in prospect, but a cinder in the eye assumes different proportions from the patient's point of view, to one out of the eye.

A good knowledge of French was more necessary in the medical than in the surgical cases of the war. In the latter much could be learnt by observation and investigation, while in the former information on which to base a diagnosis has to be elicited by careful questioning. Grammar-book French is often quite inadequate and many are the stumbling-blocks. Pain can be traced to its cause, but, even in one's mother tongue, it is difficult to lay by the heels that elusive symptom, "I have such bad feelings, doctor." One has the inclination to say, "Oh, please go away and come back with a pain."

One outstanding feature, still prominent in my mind, is the courage and cheerfulness of the French children who came from time to time. The little horizon-blue cap that many of them wore was a true symbol of the plucky little hearts that beat below. Clearly I can see now one little chap with

a broken arm and mangled fingers who bit his lip till the blood mingled freely with the tears dripping from his chin, yet he never uttered a sound.

Quite early in our career attention to an accident brought us a tangible reward. An elderly lady, nearing the allotted span, broke her ankle badly, and it fell to the lot of Dr. Yeates to attend her. The ankle did remarkably well, and the patient was about and on a crutch her husband made for her in a few weeks. At this time we had no piano in the hospital, but in this lady's home there was an organ which was like a lodestone to Dr. Yeates, whose soul hungered for music, and grand opera at that. Our new friends were fond of music, but I wonder what they really thought of rag-time, when the doctor had been invited to satisfy his yearnings on their organ.

The only place suitable for the treatment of these patients was the *salle de pansements* on the ground floor. This was inconvenient as it was required for dressing the ambulatory patients of the large ground-floor ward, but no other accommodation was available, and the room was suitable, adequate and well installed, being designed as a septic operating-room, complete with operating-table, instruments and every facility for sterilisation, and close to the pharmacy, where medicaments could be conveniently obtained.

Here the various little groups would gradually form and later disperse, leaving perhaps one or two who needed to be X-rayed. The number was always larger in the winter, when colds, rheumatism and chilblains swelled the list of petty miseries.

To this assembly were sometimes added (but always apart) German prisoners, who were employed in agriculture on the local farms. They would come with their escort, and their strong, well-fed appearance was an affront to many other poor souls who would not have been seeking medical aid had they been half so well-fed, clothed and housed.

Some provision had to be made for visiting those cases which were too sick to attend the hospital, and great difficulty was often experienced in finding the patient from an inadequate address. It was necessary literally to hold on to the messenger that he might guide the doctor and obviate an unsuccessful search. Houses exist in Ris so modest and retiring that they must be forgotten even by their owners. I am of a sober temperament, but have failed on more than one occasion to find such a secluded domicile even on a return visit.

In these houses the greatest difficulty was to get the patient air. It was impossible to open a window without the liveliest opposition. Every corner and crevice would be stopped to exclude that mortal enemy *courant d'air*. This was serious, as, in most cases, there was not the saving grace of an open fire, and a closed stove consumed the much-needed oxygen without leaving an escape for the poison gas of fuel consumption. Deaths from this condition are not uncommon in France, although never heard of in this country. On one occasion, a French soldier came home on leave and, finding some of his family sick and others semi-conscious, came for our aid. They were all suffering from poison fumes from a closed stove, and, but for his arrival, it is impossible to tell the consequences.

When Dr. Desjardins came to us the bulk of this work fell upon his shoulders, and later Lieutenant Aribert really became the village doctor.

Our last patients, as our first, were out-patients. Morning by morning the little group came and went, and we would not have had it otherwise.

## A RECOLLECTION

THE outbreak of the Great War found me in distant Oregon. Though I knew but little of the warring nations, I was, like most Americans, intensely affected and mentally placed my sympathies where they have ever since been. I was pro-British from the time the first cablegram found a place in the daily papers.

I was pro-British for several reasons. First, I had lived among English people in British India for six years and had learned to appreciate their real worth; I had an English brother-in-law; I had lived nine months as a student in Berlin and despised the Prussians and, finally, the rape of Belgium was a crime against humanity that could not be forgiven. Then, as the months went by, though the war touched neither me nor mine, the brutality of the Germans, the call for medical men and more medical men, quickened a slumbering impulse to thrust myself into the conflict.

When, in 1915, Mr. and Mrs. Reckitt commissioned Dr. Lewis Conner to select a medical staff and equipment for a field hospital to operate in Belgium, I wrote Dr. Conner. When my letter reached him, the staff was full and for the first time I realised how great was my desire to serve, how keen my disappointment.

Again the days went by as usual. I had settled down to a normal life. Then came a cablegram to me from Mr. Reckitt, "Come at once." I was to take a part in Germany's defeat.

There were many notable passengers on that last voyage of the *Lusitania*, among them Lord Rhondda (at that time Mr. Thomas) and his daughter, Lady Mackworth. Madame du Page, the wife of Belgium's Surgeon-General, was also on board. So long as I live I shall never forget this lady's sad, anxious face. She had just finished a tour of the United States and was returning to her ravaged country with a money contribution for the Belgian hospitals. Had she some prophetic vision of the coming disaster? Her son she had given to the war. Her husband was daily in the fighting-



line. She was lost with the sinking of the ship, but her frail body reached friendly hands, I am told, and she found a last resting-place in the soil of her beloved country, out in a lonely and desolate stretch of sand dunes that Belgium still held as her own.

Lady Mackworth I saw in the wild confusion that followed the wounding of the ship and its great list to starboard. She was alone, anxiously searching for her father in the crowd that rushed here and there. She, with another woman and myself, stood on the larboard side and, after watching the ill-fated attempts to lower the lifeboats, decided to jump into the sea rather than await the terrific rush and impact of water that would follow as the ship plunged headlong to the depths.

Lord Rhondda was returning from a munitions mission to Canada and the United States. He was very grave, ate sparingly and neither at table nor elsewhere was inclined to casual conversation. That he was masterful and shrewd in his own affairs and in those of his country, there could be no doubt, but he met his match in a raw Irish-American in the Queenstown Hotel on the night of the disaster.

It was the one humorous incident of that tragic day. It was past midnight. The hostelry was full of the *Lusitania's* ill and wounded, who were just finding the quiet and rest so much needed. There were but three of us in the parlour, Lord Rhondda, the Chief Surgeon and myself. I had said good-night and was lying under a table rolled up in a blanket, the other two were engaged in quiet talk, when in burst this wild Irish-American. In some miraculous way he, his wife and little child had been saved from death, though they had all been swept into the sea. He was celebrating his own and their escape. His pockets were full of whisky, his stomach equally full. He was celebrating and, willy-nilly, the two men must celebrate with him.

He burst into song and my companions added angry remonstrance to their refusal to drink.

"Drink with me and I'll shut up."

A second curt refusal followed.

"Then I'll raise hell!" said the tipsy, hysterical man, "for I still have my wife and baby."

Then he spied me under the table and dragged me out as he would a sack.

"You too," he said, "drink!"

"No!" I replied.

And as he was about to let out a war-whoop, Lord Rhondda

reached for the bottle, took his drink and the surgeon and I followed in his wake.

There was one other bit of humour incident to the sinking of the *Lusitania* that still makes me grin when memory brings back those tragic days. That was the crestfallen looks of the porters as they ran along the London railway platform, ready to pounce upon the luggage of the travellers. But it was the *Lusitania* special and of luggage there was not a trace.

The reception of my sister-in-law and myself at our hotel was no less comic. The night watchman at the door all but refused us entrance, for we were a bedraggled pair of vagabonds, dishevelled from a sleepless night and without kit; I with a black eye and garments much the worse for bad usage. The watchman stood perplexed. I looked at my sister-in-law, with her little paper bundle under her arm, and grinned at what I saw. She looked at me and my queer make-up and smiled at the picture she beheld. Then we mentioned the *Lusitania* and the doors flew wide and hot baths, food and soft beds made us forget we were among strangers.

For two days we waited our turn for passports at the London office of the French Consulate. The crowd that sought for passports was prodigious. We made no headway till, with supposed American nerve, we evaded the porters at the official entrance and reached the inner shrine of our desire, only to be thrust out as interlopers who must await their turn. We took our rebuke smilingly and resorted to some new ruse that brought us once more before the French Consul. It was a case of the Unjust Judge and the Importunate Woman. We got what we wanted and were off to France.

The early days of Ris! There was a building with four walls and many rooms—there was a large park; but one was a desolation, the other a wilderness.

Dr. Mohan and I broke the first ice and, with cot and luggage, found our way into a huge dark, dust-filled and deserted building. Running water, gas or electricity there was none. We lighted our lanterns and groped our way to the one clean room that awaited us.

Over our heads were housed twenty or more *poilus*, detailed for the duty of cleaning out this Augean stable. The great house reverberated with the noise as they clattered up the dark stairways to their quarters. They sang, they played

the violin, they quarrelled vociferously, long into the night, and then came quiet, and the quiet and the darkness seemed to be that of the tomb.

We were awakened in the morning by the chatter of these same *poilus* as they came clattering down the stairs. Then came the noise of hammer and saw as the carpenters took up their task of reconstruction. We took breakfast at the village inn and we sauntered forth to reconnoitre the building that was to be transformed from a cloister to a war hospital.

The chapel still held a gilded figure of the Christ and some paraphernalia of the departed monks. On the fourth floor we found a spacious dormitory that first served the purpose of an ample court for hand-ball and later on was turned into a surgical ward. We wandered on and came upon the surprise of the day, when we discovered two large rooms full of army cots, bandages, dressings and other surgical materials. They were none of ours, nor the French Government's, nor the property of the monks. It appeared that Germany, in contemplation of her entry into Paris, had selected this same structure to serve as a hospital for her triumphant troops, and had leased it through secret agents.

We left the house and wandered about in the deserted park. Everywhere was a jungle of grass and weeds and neglected trees and shrubbery and, tucked away in this tangled growth quite near the building, was a large fish-pond, into which had drained the kitchen refuse and the sewage.

In spite of the noise and the dirt and lack of conveniences, our fellow-officers, still chafing in Paris, envied us the privilege of living on the ground and soon several others were knocking at the gates of the Johnstone-Reckitt Military Hospital. We swept and cleaned a larger room, dragged in the German cots and bedding and bunked together, a happy, excited lot.

Nor were we entirely idle, though time often hung heavily upon our hands during those very early days. The French villager and soldier looked on in amazement as we tackled the vans of equipment that stood in the railway yards, loaded the contents on our trucks, unloaded them and stored them in rooms that we had cleaned for the purpose.

We scrubbed and cleaned, we pushed and hustled the carpenters and plumbers, we worked out a list of surgical appliances to be purchased and of other necessities not included in the Red Cross invoice.

Occasionally a group of us were off in an ambulance to a neighbouring hospital or to some spot of interest. We

closed our working day with hand-ball in the old dormitory. We took our bath in the near-by Seine. What the monks did for this same bath we could never determine. Cleanliness with them could not have been essential to godliness.

The nights were spent in the common sleeping-room. Lanterns and candles furnished illumination. Reading, writing and cards were our diversions. Privacy there was none, quiet there was none. It was X. who made us realise that some little consideration was due the one from the other. X. and Y. were both Canadians. They were sort of chums. Neither of them could be called religious, yet both invariably knelt at their cots upon retiring and said their prayers, and it was Y. that X. cursed as he rose from his knees and said, "Damn it all, Y.! How the devil can I say my prayers while you are making such a hell of a racket?"

The red tape of officialdom hampered and hindered our progress at every step. It seemed at times that the French Government failed to appreciate, or was indifferent to, the gift that was placed at its disposal. Our Chief of Staff, Dr. Kennedy, was kept knocking at doors over trifling and insignificant matters. Lady Johnstone and Mr. Reckitt were constantly besieging the authorities on the same business and always the staff was clamouring for action—action, looking forward to the arrival of the first *blessé*.

That arrival soon became a jest. We would all be dead before he came there, there was no such creature as a *blessé* and, when G. bought an impossible American fly-trap, which refused to entrap flies, bets were laid and odds placed on the capture of the first fly as against the arrival of the first *blessé*. Were we frivolous? Perhaps. But we had come for work and the time dragged heavily.

There came an end to reconstruction. The hospital was a finished product. We were ready for formal inspection, equipped—and well equipped—for *blessés*, running into hundreds.

I shall always remember that inspection day. It was summer-time and a glorious day. The doors and windows were wide open, operating-room was spotless, wards were clean and sweet, ambulances were polished and manned by driver and orderly and drawn up along the drive-way, the members of the staff were stationed at their respective posts of duty. We awaited the arrival of the supreme potentate, the Surgeon-General and his Staff, bedecked in the full insignia of their rank.

I am afraid that I disgraced my fellows on that eventful

day, for my bump of reverence is none too great nor had any of us any military training and our salutes were but *opéra bouffe*.

As the great men passed us, my fellow-officers gave an attempted military salute. I raised my cap and said, "Good morning."

Our Chief of Staff was shocked. Later he remarked to me, "F., that was one hell of a salute you made the General."

"Go to the devil, Kennedy," I replied. "The General was grinning over your salute and thought you a lot of children playing soldiers."

But Kennedy was right and I was wrong. My mental processes just would not let me do it.

Such are some of my recollections of the early days of "Ris." I never saw the hospital in its full swing of usefulness. That I played some small part in its career is a constant satisfaction to me.

In early October I sailed from Bordeaux. It was midnight as the ship slipped out of the Gironde and into the bay. Suddenly she came to a full stop and, among the passengers who were excitedly discussing the meaning of the stop, I recognised a survivor of the *Lusitania*, a little Russian Jew. Memory carried me back to a scene in the Queenstown Hotel, when this same Jew, with excited gestures, told a little group of how he would enlist at once against the Boche, how he would take a pistol in each hand and a sabre on his hip: "Zip, I shoot the Boche with one pistol and, zip, I shoot the Boche with the other pistol and, swish, I cut off the head of another."

"And so you did not enlist after all," I said.

"No," he replied, "I take care of the women and children and go to New York to make money for a hospital."

## THE NIGHT SHIFT

THE nurse is the servant of the doctor and the orderly is the servant of the nurse : he is, as it were, the scullery-maid of the hospital and is liable to be treated accordingly. But at Ris-Orangis some of the orderlies who belonged to a wider life claimed a certain measure of independence, even in the hospital itself. This claim was not always granted and on occasions the volunteer orderlies, like the gentlemen rankers of the army, were taught to know their place and keep it.

Four such orderlies were sitting in a bedroom of a village inn in Ris one May evening in 1916—a famous musician, the Head of the Government School of Music in Calcutta; a Finn boy, known for some obscure reason as Monsieur Paul, who had spent much of his short life wandering from country to country picking up languages; an older man, half-Swiss, half-English; the fourth was *Grand-père*, the hospital name of the writer. We had been supping on bread and cheese and beer, whilst the musician played on his violin scraps of Bach and of César Franck.

It was time for the night staff to go on duty. A batch of wounded men, *grands blessés*, had come into the hospital during the afternoon, after slowly jogging across France in an ambulance train. They had, no doubt, been cleaned up and put to bed by the day staff: their wounds may have been dressed, but they would come into the hands of the night shift suffering from exhaustion, from fever and hysteria. A heavy night's work was to be expected.

We went out into the sunny street, where the Swiss who was off duty left us, walked through the great gate and up the little hill on which the hospital stood. Then we scattered to meet our nurses in the various wards and to receive any special instructions from the head night orderly, an old sailor in charge of the comparatively convalescent men on the top floor.

Of the night nurses, three belonged to our set, "the Europeans," as we afterwards came to be somewhat derisively called, in distinction from the American group. On the ground floor, working with the violinist, was the little

Dutch nurse, nicknamed "Muggins." Another Dutch nurse was on the top floor, a tall, distinguished figure whose wonderful black, glossy hair must have been an inheritance from some Spanish ancestor of the time when Holland was under the rule of Spain. A Russian worked with the Finn and, on the second floor, with *Grand-père* was "Grannie," an English-woman.

For the first two hours we orderlies devoted ourselves to the routine work—getting everything in order for the night, helping the nurses with bandaging, doing what we could to bring comfort to the men and soothe them to sleep, and carrying through many unclean and hideous duties. As we worked we took every opportunity of chatting to our old friends and making new acquaintances.

I remember—somewhat dimly—some of my special patients :

There was a fat, good-natured peasant farmer—a Zouave : both his hands were badly hurt and he had some body wounds—nothing very serious. He suffered from a sort of lethargy : he lay on his back for days never moving, and wanted everything done for him. But one day he craved a cigarette and as there was no one near he moved and reached out his hand, got it and lit it for himself. After that we badgered and bullied him into activity.

Then there was "Scottie," so-called because he had, before the war, been a dealer in fruit and vegetables between France and Scotland, and spoke a little English with a strong Scotch accent. Poor "Scottie," he had been twice badly wounded, this time through the lungs. At last, when he was better, I congratulated him. "I am only being cured to be killed," was his grim reply.

One night I found a new patient, who addressed me in sharp, Cockney English. He was a chauffeur who had lived most of his life in England, but had come back to France to fight. Life came easily to him.

"I don't let things bother me," he would say as he settled himself to sleep.

He was overwhelmingly polite :

"If it would not inconvenience you at all, Orderly," he would say, "I should be obliged if you would give me a little water to drink."

He was extraordinarily helpful with the other men, explaining their needs and acting as an interpreter.

I only remember one man who definitely said he wanted to be cured in order to fight again.

He was a sturdy, bright boy—a socialist, I suspect, and a free-thinker, in contrast to most of the men, who were Catholics—a patriot he proudly called himself. A chunk of flesh had been blown out of his leg and, at times, he suffered greatly, but he bore it with extraordinary self-control. He was particularly fond of airing his English vocabulary, limited to “Sank-you” and “Av a drink.”

“Do you think I shall be permanently disabled?” the new patients would ask, and if the doctor thought not, they would say, “How long, Orderly, do you think my wounds will keep me here?” It must not be supposed that these men were not courageous. I am certain they were most brave, and went back gaily enough when the time came, but they had just come out of a hell of actual fighting and had no delusions about war.

By ten o'clock the orderly should have finished his routine work, lights were put out, hand lanterns lit, the nurse settled into one comfortable chair, the orderly into another. Then, as a rule, nurse or orderly—but never both—tried to get a couple of hours' sleep in the passage, broken, of course, by calls from the wards.

This was the quiet time of the night, interrupted perhaps by a visitor from one of the other floors with a request for morphia or for help in dealing with some special case, or a nurse from the day shift would drop in for a few minutes' chat.

I remember such a visitor.

“Say, Orderly,” she began, “they tell me that you know your way about Europe. Now I have just come over from New York, I have never travelled before and I want to see the world: how far is it to Berlin?”

I told her. She paused and then continued: “I'm over with a six months' contract so as to be here for the end of the war, and if there's going to be a triumphal entry into Berlin, I want to be there: how do you think I can fix it up?”

I had to tell her that I hardly thought the road to Berlin would be open by the time her contract had expired. “Well, I am disappointed,” was her reply. “I've brought all my best clothes, I thought they would come in, but now, maybe, I shall never wear them.”

Sometimes the tall Dutch nurse would come down to see “Grannie.” She had many stories to tell. Before the war she had wandered about Europe “mothering” a famous artiste. Then when the war broke out she had volunteered with the Austrian army, whose beautiful Red Cross uniform



UNIT OF  
COURTESY



To face p. 236]

“ UN BAIN COMPLET.”

THE  
UNIVERSITY OF  
MICHIGAN

she constantly wore, and had nursed Bulgarians, Russians, Czechs and other Slavonic-speaking people indiscriminately, whether of the Allies or of the enemy.

So the night wore on—sleep or talk being interrupted by cries of “*Infirmier!*” from the ward or the moans of someone in great pain. The orderly would then take his lantern and go into the darkened ward. If the trouble was more than he could deal with, he called the nurse and, in serious difficulty, the doctor was sent for. It was ugly and nerve-racking work for an amateur, but “Grannie” was wonderful with the men and saved, I am confident, many lives.

At midnight the nurses went down to supper in the little *cuisine de diète* and, when they came back, it was the orderlies’ turn. This supper-party was a great relief. The old sailor was full of talk and the musician was a real *raconteur*. Marie, the cook, was always gay and amusing and when supper was over one of us had to go out into the fresh air and escort her to her home in the village.

After supper we could only pray that the wounded would sleep; it was a hard time if they did not.

Towards five o’clock, when a great depression rested on us, “Grannie” would rise to the occasion, waking everyone up with a popular melody, of which I remember only the first line: “It’s nice to get up in the morning.”

One’s day duties then began. Basins were served out and forty patients had to wash hands and face and clean their teeth. Those who were not able to do this themselves had to be washed by nurse or orderly. This work had to be finished and the basins put away by seven o’clock, when all had to be in order for the day shift, who at that hour served breakfast.

Then at last the night shift went off duty to breakfast in the orderlies’ and nurses’ rooms and read the morning papers.

I remember vividly the morning following the arrival of that particular consignment from Verdun. I stood at the Gate-House talking to the musician. A little figure was coming down the main road. An old mackintosh covered the nurse’s dress, a large black round leather hat, such as peasant girls sometimes wear in France, set on the back of her head, formed a background to a rosy, childlike face. It was the little Dutch nurse. Her shoulders were hunched up, her hands were thrust in her pockets, she walked with a roll. The pose caught the eye and we thought at once of the old Dutch navigators of the days when Holland was a nation of

explorers. A moment later I saw, running down the side path, the slight, boyish figure of the Finn, in a dirty brown suit.

"What are you going to do, Muggins?" he shouted to the Dutch girl.

"We will be sun-worshippers," she said.

"Come to the river and wash off the slime of the hospital: when that is done we will talk philosophy: I am studying Plato."

Half-an-hour later, *Grand-père* was sitting amongst the bushes on the banks of the Seine, clad in the lightest of bathing costumes. The boy and the girl were swimming on the far side of the river, battling against the strong stream like a couple of water-rats. For a full quarter of an hour they swam, until they reached a point where the river made a bend. Then they turned and, taking full advantage of the current, came at a great pace across the stream. They hit the bank just above the point where *Grand-père* was sitting and clambered out.

"We have taken the gift of the gods," said the girl, "and for an hour, at least, have forgotten the sick, the dying and the dead!"

## A FRAGMENT

LOOKING back to the earliest days of the Ris Hospital—to the days when, in fact, it did not exist except as an empty building without fittings or conveniences of any description—what clings to my memory most vividly is the wonderful foresight and tenacity of purpose of its founders. I speak more particularly of H. J. R., as he was affectionately called, as it was with him that I came in contact almost entirely.

It may be thought that, given ample funds and the determination to spend them freely in the good cause, the battle was more than half won. Nothing could be farther from the truth. Without the qualities of courage, patience and good temper all else would have been as dust in the balance. Fortunately these qualities were forthcoming in the founders of the hospital.

When I went out with the first contingent in 1915 the hospital building had been selected—the doctors and nurses, the ambulances and their drivers and orderlies were all ready—everything almost, you will say, necessary to a hospital, and yet the work was hardly begun. War and Peace are very different and no arguments from the one are of any value in the other. Almost everything required to fit out the building to make it suitable for an up-to-date hospital could only be obtained through or with the consent of the French Government. It is easy to imagine what that means in the case of any government during war-time—interviews, promises, difficulties and yet more promises until the heart must have grown sick. It seemed at times almost as though the Government did not want to be given a fully-equipped hospital—as though they were suspicious of some sinister design in the givers and said, like the ancients: “Timeo Danaos, et dona ferentes”—We are afraid of these people, who want to give us something for nothing!

More than once in those weary days I thought that had I been in charge I should have retorted that if the Government really did not want the hospital I would see whether the equipment could not be put to good use elsewhere. But that

is where patience came in and where I should have been wrong and where H. J. R. was right. Those were trying times, but to see H. J. R. going about in his quiet way, you might have thought he had not a care in the world. Knowing what I did, had I been asked in those days to award the Palm of Merit for Patience, I think my verdict would have been :

1st Prize . . . . . H. J. R.  
Honourable Mention . . . Job.

PART III  
QUELQUES  
SILHOUETTES



/ "ON NE PASSE PAS!"





## QUELQUES SILHOUETTES

EN octobre 1918, au lendemain du jour où l'Hôpital militaire V.R. 76 eut définitivement fermé ses portes, je m'étais dit, en jetant un coup d'œil d'ensemble sur les deux années passées à Ris, qu'il serait vraiment regrettable de voir tomber dans l'oubli les travaux scientifiques, disons mieux, les auctages de vies humaines, accomplis par des maîtres en l'art de guérir venus d'Angleterre et d'Amérique pour soigner nos soldats de France. J'avais cru de mon devoir de travailler à réunir les éléments nécessaires à cette publication d'ensemble, mais je dus y renoncer, m'étant buté à l'humilité des uns, à l'indifférence des autres et ne possédant pas le détail de ce qui avait été fait avant mon arrivée.

Aujourd'hui Mr. Reckitt me demande de joindre un mot personnel à l'ouvrage qu'il va faire paraître sur cet hôpital qui fut pour une grande part son œuvre, non seulement par l'appui matériel qu'il apporta afin d'en permettre le fonctionnement, mais par l'habileté et le dévouement avec lesquels il en assumait la direction effective. Je le remercie de l'honneur qu'il me fait et je vais essayer d'apprécier en quelques mots l'œuvre accomplie sans m'arrêter aux détails de l'installation qui ne seraient sans doute qu'une redite.

Lorsque la Direction du Service de Santé du Gouvernement militaire de Paris mit à la disposition de l'honorable Lady Johnstone et de Mr. Harold Reckitt les bâtiments de l'ancien collège des Prêtres de Stanislas à Ris-Orangis, les immeubles étaient inoccupés depuis douze années. Il fallut remettre tout à neuf et même transformer une partie des locaux. Et cette transformation se fit si vite et si bien que trois mois après l'arrivée du personnel anglais, le 29 septembre 1915, l'hôpital recevait ses premiers blessés.

Et depuis cette date jusqu'au 1<sup>er</sup> octobre 1918, c'est-à-dire pendant trois années, ce fut une ruche bourdonnante, sans cesse en activité, ce fut l'hôpital chirurgical modèle, hôpital de 1<sup>ère</sup> catégorie A, rayonnant sur toute une région, recevant

ses blessés directement de la ligne de feu par trains sanitaires, gardant les plus gravement atteints et repartissant les autres sur les hôpitaux bénévoles voisins.

Ne croyez pas cependant que ce fut chose facile que d'installer un hôpital pour grands blessés dans le cadre et avec les ressources de Ris, ayant eu certes l'appui bienveillant de l'Autorité militaire mais presque uniquement un appui moral, laissant à la charge des Fondateurs et à leur initiative toute l'organisation. La Municipalité, à la tête de laquelle se trouvait alors un Administrateur habile et dévoué, M. Barreau, et la population de Ris tout entière s'efforcèrent dans la mesure de leurs ressources de faciliter la tâche des organisateurs et, plus tard, ayant adopté comme citoyens de leur ville ces étrangers au cœur généreux qui soignaient nos soldats français avec tant de dévouement, les habitants les associèrent peu à peu à leur vie quotidienne, les saluant respectueusement au passage et les accueillant chez eux comme de vrais amis.

J'aurais voulu pouvoir dire tout le bien fait par les généreux Fondateurs de cet hôpital, mais je redoute leur censure. Qu'ils me permettent cependant de tracer d'eux quelques brèves silhouettes esquissées sur place et retrouvées au hasard parmi mes souvenirs.

Ce jour-là, Lady Johnstone nous est revenue; la nouvelle n'a pas tardé à se répandre dans tout l'hôpital et les anciens blessés qui la connaissent s'empressent d'en informer les nouveaux. Dans chaque salle les poilus attendent. . . . La voilà qui entre, revêtue du simple costume d'infirmière anglaise avec un long voile blanc qui allonge encore sa silhouette, sans rien lui enlever de sa haute distinction. Dans cette salle de blessés, la voilà chez elle; elle va de l'un à l'autre, causant familièrement dans un français très pur, offrant des cigarettes, s'informant des circonstances dans lesquelles chacun a été blessé, se mêlant aux conversations et aux jeux. Et parce que, penchée sur un pauvre diable mortellement frappé qui geint lamentablement, elle n'arrive pas à faire taire sa plainte par la chanson berceuse de ses mots d'espoir, soudain elle se redresse et va vers le chirurgien de la salle, l'œil interrogateur et le regard presque méchant comme si, douloureusement froissée de n'avoir pu endormir sa souffrance, elle en voulait au docteur de son impuissance à guérir.

Et ce simple trait montre mieux qu'un long récit combien

Lady Johnstone aimait nos blessés et combien le personnel, suivant ses exemples, les soignait et les dorlotait.

Sur Mr. Reckitt, mes souvenirs personnels sont encore plus nombreux. Pendant deux années, je me suis appuyé sur lui pour assurer la bonne marche de l'hôpital en évitant tout froissement entre le personnel anglais, le personnel américain et le personnel français, entre la Direction du Service de Santé et cette administration autonome. Et si j'y ai réussi, je le dois pour beaucoup à la largeur de vues de notre Directeur. Permettez-moi ces deux croquis :

Je viens, ce matin-là, d'apprendre que Mr. Reckitt aurait décidé le renvoi d'une veilleuse de nuit que j'avais moi-même choisie dans la population de Ris, Mme R—. Le motif invoqué serait une discussion avec une infirmière anglaise. J'ai pu apprécier le dévouement de Mme R— pour nos blessés, j'ai pour elle une grande estime. Cette histoire me contrarie, aussi j'arrive assez maussade. Je suis accueilli par Mr. Reckitt le sourire aux lèvres. Il m'approche un fauteuil, me tend une cigarette, puis reprenant place au bureau directorial, lentement, froidement, cherchant un peu ses mots, il m'expose le drame de la nuit : une discussion houleuse a eu lieu entre Miss K— et Mme R—, des propos insultants et des menaces ont été proférés par la veilleuse de nuit ; il faut une sanction et ce ne peut être que l'exclusion de ma protégée. Et Mr. Reckitt attend ma réponse. Je me contente d'exposer ce qu'est pour nos blessés Mme R— ; je dis son dévouement de toutes les minutes, ses soins intelligents et son abnégation. Et comme à cet instant entre l'infirmière anglaise, venue sans doute pour obtenir la tête de son adversaire :

— "Miss K—," dit Mr. Reckitt avec un calme parfait, "Mme R— restera dans ses fonctions, mais je demanderai à l'Infirmière-Major de vous placer à un autre étage."

Mon procès—était gagné. J'avais plaidé dévouement à nos blessés.

Et voici un second croquis :

Il y a ce soir de l'agitation dans l'air : nous avons reçu une dépêche de la Direction du Service de Santé annonçant l'arrivée en gare de Villeneuve-St-Georges, à minuit 15, d'un train sanitaire renfermant 180 grands blessés. En hâte, les huit ambulances sont alignées dans la cour et chargées de

brancards, de couvertures et d'oreillers; les réservoirs sont remplis, les moteurs sont prêts à ronfler, les phares prêts à s'allumer. La Société des Brancardiers Civils a été prévenue. La cuisine a préparé des brocs géants de café et de lait pour réchauffer les blessés à leur descente du train. Les infirmiers anglais et les infirmiers français se partagent la besogne. Dans la salle de stérilisation les autoclaves sont garnis et la salle d'opérations est surchauffée. Tout le monde va, vient, s'empresse et s'agite. Seul, notre Directeur, la pipe à la bouche, conserve tout son calme et donne froidement des ordres. Puis, après s'être assuré que tout est prêt, le voilà qui prend place, comme chaque soir, à sa table de bridge. La chance ne le favorise pas; il perd sans arrêt, et confiant toujours dans son étoile, le voilà engagé dans un "trois pique" aventureux, quand Mr. Bower, le chef ambulancier, vient annoncer l'arrivée des premiers blessés. Aussitôt le jeu est arrêté et notre Directeur descend en hâte à la salle d'admission.

Le convoi qui nous arrive ce soir-là est fait de grands blessés très fatigués par la route et n'ayant pas séjourné dans les ambulances. Leurs vêtements, leurs mains et leurs figures sont souillés de boue. Les infirmières et les infirmiers s'empressent autour d'eux mais ne sont pas en nombre; la toilette est longue. Alors notre Directeur relève ses manches et se transforme en infirmier; le voilà savonnant consciencieusement les pieds d'un grand diable de zouave qui lui sourit fort satisfait. Sa toilette finie, il aide au pansement fait par le chirurgien et bientôt, prenant une des hampes du brancard, il gravit les trois étages, n'abandonnant son précieux fardeau qu'après l'avoir vu confortablement installé dans un bon lit. Bientôt, grâce à la collaboration de tous, le travail s'achève. Tous les blessés sont maintenant lavés des pieds à la tête, revêtus de linge blanc, leurs pansements refaits; bien couchés, après avoir reçu un repas léger, ils s'endorment heureux. Et tandis qu'interrogeant ma montre, je constate qu'il est plus de trois heures du matin, je me sens saisi par le bras: c'est. . . . Mr. Reckitt qui veut terminer son "trois pique." Seul parmi les joueurs, il ne sent pas la fatigue. . . .

J'aurais voulu pouvoir fixer de même par un trait le souvenir que j'ai des autres administrateurs: de Mr. Fraser, de Mr. Cobb, trop vite parti, de Mr. Middleweek, etc., mais la place me manque. Et j'arrive au Corps Médical, aux chirurgiens traitants, de nationalité américaine. A mon

arrivée, le Médecin-Chef était le Docteur Blake, chirurgien renommé de New-York, spécialisé surtout dans les fractures et dans la greffe osseuse, inventeur d'un appareil de suspension des plus ingénieux, appareil que devaient adopter tardivement tous les hôpitaux militaires français.

Aidé par un radiographe éminent, Mr. Harold Gage qui avait aménagé à grand frais une installation complète de radiographie et de radioscopie, par un savant bactériologiste, le Docteur K. Taylor, qui se livrait dans ses laboratoires à des recherches suivies sur les diverses infections des plaies, le docteur Blake avait encore à ses côtés quatre chirurgiens traitants. Aussi, sous sa haute direction, l'hôpital militaire V.R. 76 devint un véritable centre chirurgical où le Service de Santé envoyait de préférence les fractures graves avec larges pertes de substance, n'ignorant pas que c'était de ce milieu scientifique qu'était parti le premier cri d'alarme contre l'abus des amputations. Le Docteur Blake fut toujours un chirurgien conservateur et nous avons pu juger par nous-mêmes de l'efficacité de sa méthode de greffe osseuse, à l'heure même où, dans certains hôpitaux de Paris, d'autres chirurgiens abandonnaient la greffe devant les piètres résultats obtenus.

Avec sa taille de géant et son port d'empereur romain, le Docteur Blake en imposait à nos poilus, mais le regard qui allait à eux était d'une si cordiale douceur qu'ils avaient vite fait de se familiariser et d'apprécier tel qu'il était ce cœur d'élite.

S'informant des moindres détails, s'intéressant à tous ses malades et les connaissant tous, vivant au milieu d'eux, il parachevait encore son œuvre en guidant à travers les salles Madame Blake, sa femme, qui distribuait à profusion cadeaux et friandises.

Et quand, rêvant d'avoir un hôpital à lui dans Paris même, le Docteur Blake quitta l'hôpital V.R. 76 pour fonder l'hôpital de la rue Piccini ce fut, parmi nos blessés, un vrai désespoir.

Le 15 août 1917, le Lieutenant-Colonel William Keller, chirurgien de l'Armée américaine, lui succéda. Opérateur des plus habiles, le Docteur Keller eut l'occasion à plusieurs reprises de montrer ce dont il était capable en procédant avec un plein succès à des interventions considérées par d'autres chirurgiens comme impossibles. Esprit méthodique et organisateur, ayant l'habitude du commandement, le Docteur Keller forma à son école d'habiles chirurgiens comme Case et Valdés, et sut imprimer au personnel infirmier une émulation salubre.

Malheureusement, en mars 1918, il dut partir, le Gouverne-

ment américain l'ayant désigné pour prendre la direction du Service de Santé dans la zone des opérations. Le Commandant-Major Penhallow, qui lui succéda, arrivait de Londres où il était Médecin-Chef d'un hôpital américain. Chirurgien très réputé de Boston, auteur de remarquables ouvrages sur la chirurgie moderne, il assura avec une rare compétence la tâche de Chirurgien-en-Chef jusqu'à la fermeture de l'hôpital.

De l'œuvre de ces chirurgiens, j'aurais voulu détacher et publier les plus remarquables interventions. Certaines observations auraient été des documents précieux pour l'étude complète de la Chirurgie au cours de la guerre. Je n'ai pu réunir les renseignements nécessaires mais je veux espérer qu'ils le seront un jour.

Et, après avoir assisté impuissant au tragique désordre du Service de Santé en 1914-1915, après avoir, pendant deux ans, alors que j'étais Médecin-Chef de train sanitaire, visité dans tous pays des ambulances et des hôpitaux, je fus heureux de trouver enfin à Ris-Orangis un hôpital-modèle, tel que je l'avais rêvé. Plus de trois mille grands blessés français en ont profité; ceux-là n'oublieront pas, je le sais, les soins qu'ils ont reçus, mais c'est la France entière qui devrait savoir ce qu'elle doit aux généreux Fondateurs et aux éminents chirurgiens de l'hôpital militaire V.R. 76. Puissent ces quelques notes d'un témoin impartial arracher à l'oubli cette œuvre de bien !

DOCTEUR A. ARIBERT DE JAX,  
Officier Gestionnaire à l'Hôpital M<sup>re</sup> V.R. 76.

## “ LA RECONNAISSANCE DE RIS ”

AU mois d’Août 1916, Mademoiselle Galland et Mademoiselle Rossignol, ayant constaté avec regret que les soldats décédés à l’Hôpital Johnstone-Reckitt étaient inhumés, ayant uniquement sur leur cercueil les couronnes offertes par les blessés en traitement ou par le personnel de l’hôpital, décidèrent d’associer la population de Ris à cette marque de reconnaissance en déposant sur leur cercueil une “ palme souvenir.” Pour réunir les fonds nécessaires elles firent une quête à l’issue de chaque enterrement.

Un an plus tard, devant les résultats obtenus, encouragées et aidées par le docteur Aribert qui, dès son arrivée en Septembre 1916, s’était empressé, avec l’appui de la Direction de l’Hôpital et de la Municipalité, d’édifier au cimetière des tombes qui soient dignes de nos soldats et avait continué à les entretenir et à les parer de fleurs, Mademoiselle Galland et Mademoiselle Rossignol décidèrent de fonder “ l’Œuvre de la Reconnaissance de Ris.”

Toutes les jeunes filles acceptèrent d’en faire partie et la présidence en fut donnée à Monsieur Barreau, Maire de la Commune. Des statuts furent élaborés et l’œuvre fut autorisée par Arrête Ministériel en date du 1<sup>er</sup> Juin 1917.

Les buts de l’œuvre sont :

Honorer la mémoire des Soldats morts pour leur Patrie.

Apporter un appui moral à leur Familles.

Edifier et entretenir leur tombes dans le cimetière de Ris.

Cette œuvre compte aujourd’hui plus de trois cent membres, et ces jeunes filles continuent à réaliser avec zèle et dévouement le but généreux que leur cœur de françaises leur avait inspiré.

A. A. de J.

## SOCIÉTÉ DES BRANCARDIERS CIVILS VOLONTAIRES

(SECTION DE RIS-ORANGIS)

FONDÉE le deux Juin 1917 par le docteur A. Aribert pour aider au transport et à l'évacuation des blessés, et plus spécialement au déchargement des trains sanitaires en gare de Villeneuve-Triage, la Société des Brancardiers Civils Volontaires fut faite d'hommes de bonne volonté qui, dégagés par leur âge ou leur blessures, de toute obligation militaire, avaient offert gracieusement leur concours.

Très assidus aux conférences et aux exercices pratiques qui leur furent faits par leur fondateur, ces brancardiers ne tardèrent pas à être parfaitement instruits et fonctionnèrent régulièrement pendant un an, passant des nuits entières en gare de Villeneuve à décharger des trains sanitaires et à charger les blessés dans les voitures d'ambulances qui devaient les transporter ensuite dans les hôpitaux voisins et principalement à l'Hôpital V.R. 76. Cette création rendit de grands services à nos blessés, ayant été créé à une heure où le nombre des infirmiers militaires laissés à la disposition des hôpitaux de l'intérieur était fort réduit.

Nous tenons à publier les noms de ces citoyens dévoués :

Fondateur-Organisateur : M. le docteur ARIBERT. Officier  
Gestionnaire à l'Hôpital JOHNSTONE-RECKITT, V.R. 76.

### *Comité de Direction.*

Président : M. Paul Cherrier.

Trésorier : M. Gustave Guéry.

Secrétaire : M. Louis Gallas.

Membres : M. Charles Courbet, Léon Mangin, Louis Sénéchal.



*Brancardiers.*

|                |               |
|----------------|---------------|
| MM. Bergerot.  | MM. Garson.   |
| Boudinand.     | Ganquier, R.  |
| Boyer.         | Gingréaud.    |
| Buffet.        | Guernier.     |
| Chaton.        | Guiot, M.     |
| Chauroux.      | Imbert, L.    |
| Chevalier, L.  | Labbée.       |
| Daubreuil.     | Lefèvre.      |
| Davio.         | Morel.        |
| Delavaller, A. | Navière.      |
| Detenerman.    | Poussaint, H. |
| Diard.         | Rogier, F.    |
| Dieterlé.      | Trahet.       |
| Eyboulet.      | Valcke.       |
| Eyer.          | Vall, H.      |
| Finardi.       | Vaumorin.     |
| Forest.        |               |

A. A. de J.

## SILHOUETTES

*(Translation)*

IN October 1918, on the day following that on which Hôpital Militaire V.R. 76 finally closed its doors, I said to myself as I looked back over the two years passed at Ris, that it would be truly a pity if the scientific work were forgotten, the rescue of human life accomplished by those masters in the art of healing who came from England and America to care for the soldiers of France. I thought it my duty to collect the necessary material for a record of this work, but I was obliged to give up the project, hindered by the humility of some, the indifference of others and by lack of the details of what was done before my arrival at Ris.

To-day, Mr. Reckitt asks me to add a personal note to the history of the hospital which was, to a great extent, his work, not only on account of the material support which made its activity possible, but because of the skill and devotion he expended to make the administration effective. I am grateful for the honour he does me and I shall try in a few words to express my appreciation without occupying myself with details which would doubtless be mere repetition.

When the Administration of the Service de Santé of the Military Department in Paris placed the old college of the Priests of Stanislas at Ris-Orangis at the disposal of the Hon. Lady Johnstone and of Mr. Harold Reckitt, the buildings had been unoccupied for twelve years. It was necessary to put everything in order and even to alter part of the edifice. The alterations were done so quickly and so well that on September 29, 1915, three months after the arrival of the English personnel, the hospital received its first wounded.

From that date to October 1, 1918, that is to say, for three years, it was a buzzing hive, always in full activity, a model surgical hospital, a hospital "A" of the first category, spreading its benefits over a whole district, receiving its wounded by hospital train direct from the firing line, keeping

the most severely injured and redistributing the others among the neighbouring voluntary hospitals.

Let no one think that it was an easy matter to instal a hospital for *grands blessés* of the standing and resources of Ris, a hospital enjoying, indeed, the sympathetic support of the military authorities, but a support more moral than practical, leaving to the Founders all the organisation and initiative. The Municipality of Ris, presided over at that time by a clever and devoted Mayor, M. Barreau, as well as the whole population of the town, endeavoured, according to their powers, to help the organisers in their task. Later on, adopting as citizens of their town these generous-hearted strangers who tended our French soldiers with so much devotion, the townsfolk gradually adopted them as part of their daily life, greeting them respectfully when they met and welcoming them to their homes as real friends.

I should have liked to have set down all the good done by the generous Founders of the hospital, but I fear their censure. Will they permit me to reproduce one or two silhouettes drawn on the spot and chosen at random from among my memories?

To-day, Lady Johnstone has come back to us; the news spreads quickly through the hospital and the old *blessés* who know her make haste to tell the new arrivals. In each ward the *poilus* wait. . . .

She enters, dressed in the simple costume of an English nurse with a long white veil which lengthens her silhouette without detracting from its distinction. In this ward, filled with wounded, she is at home; she goes from one to the other, talking in very pure French, offering cigarettes, asking like a friend about the circumstances in which each was wounded, mingling in their talk and their games. Then, bending over a poor devil, hit mortally, unable to silence his moans by her soothing words of hope, she suddenly draws herself up and goes towards the ward-surgeon, a question in her eye, her glance almost hostile as though, saddened and vexed at not being able to lull the soldier's pain, she blamed the doctor for his powerlessness to cure.

This simple scene shows better than a long narrative how Lady Johnstone loved our wounded and how the staff, following her example, petted and cared for them.

My personal recollections of Mr. Reckitt are even more numerous. For two years I depended on him to ensure the

smooth running of the hospital and eliminate all friction between the English, French and American personnel, between the authorities of the Service de Santé and the hospital administration. If my work was a success, I owed it largely to our Director's breadth of vision.

Permit me to trace these two sketches.

I have just heard this morning that Mr. Reckitt has decided to remove a night-nurse, Mme. R——, whom I chose myself from the ladies of Ris. The reason given is a dispute with an English nurse. I appreciate the devotion of Mme R—— towards our wounded, I esteem her highly. The affair annoys me. I arrive in a bad humour. I am received by Mr. Reckitt, a smile on his lips. He pushes an armchair towards me, hands me a cigarette, then, resuming his seat at the Administrator's desk, slowly, coldly, choosing his words a little, he recounts to me the drama of the night. A stormy discussion took place between Miss K—— and Mme. R——; the night-nurse used insulting expressions and threats; an example must be made and my protégée will be dismissed.

Mr. Reckitt awaits my reply. I content myself with pointing out how much Mme. R—— does for our wounded; I speak of her untiring devotion, her intelligent care, her self-denial. And at this moment the English nurse enters, come doubtless to demand the head of her enemy.

"Miss K——," says Mr. Reckitt, with perfect calm, "Mme. R—— will retain her duties, but I will ask the Matron to put you on another floor."

My suit was gained. I had pleaded devotion to our wounded.

Here is another sketch :

There is a stir in the air this evening; we have received a telegram from the Direction of the Service de Santé, announcing the arrival of a hospital train with one hundred and eighty *grands blessés* at the station of Villeneuve St. Georges at a quarter past twelve, midnight. Quickly the eight ambulances are drawn up in the courtyard and filled with stretchers, blankets and pillows; the reservoirs are filled, the engines are ready to snort, the lamps are ready to be lighted.

The Society of Civilian Stretcher-bearers has been notified.

The kitchen has prepared huge pitchers of coffee and milk to warm the wounded when they are lifted from the train. The English nurses and the French orderlies are on duty. In the sterilising-room the autoclaves are prepared and the operating-room is heated. Everybody comes, goes, hurries

excitedly. Our Director alone, his pipe between his lips, remains calm and gives his orders coolly.

Then, having assured himself that everything is ready, he takes his place, as on every other evening, at the bridge table. Luck does not smile on him; he loses continually and behold him, trusting to his star, engaged in a bold "three spades" when Mr. Bower, the Ambulance Captain, comes to announce the arrival of the wounded. The game stops at once and our Director goes quickly to the receiving ward.

The convoy which arrives this evening is composed of severely wounded, exhausted by the long journey in ambulances. Their clothes, their hands and their faces are soiled with mud. The nurses and orderlies set to work, but there are not many of them. The toilet of the wounded takes a long time.

Our Director turns back his sleeves and becomes an orderly. Conscientiously he soaps the feet of a huge Zouave, who smiles with deep satisfaction. This job finished, he helps the surgeon with the dressing, and then, taking one of the ends of the stretcher, he climbs three flights of stairs, only relinquishing his precious burden when he has seen it comfortably installed in a good bed.

Soon, thanks to willing help, the work is finished. All the wounded have now been washed from head to foot, clothed anew in clean linen, their wounds redressed. Lying at ease, after having taken a light meal, they sleep peacefully. As I look at my watch and discover that it is past three o'clock in the morning, I feel a touch on my arm; it is—Mr. Reckitt, who wants to finish his "three spades." He alone, of the card-players, is not tired. . . .

I should like to have set down my recollections of the other administrative officers: of Mr. Fraser, Mr. Cobb (who left us too soon), of Mr. Middleweek and the rest, but space is lacking.

I must turn to the Medical Staff, to the acting-surgeons of American nationality.

When I arrived, the Médecin-Chef was Dr. Blake, a well-known New York surgeon, specialist in fractures and bone-grafting, inventor of a most ingenious suspension-apparatus which, later on, was adopted by all the French military hospitals.

Dr. Blake had on his staff four acting-surgeons, besides Mr. Harold Gage, a brilliant radiographer, who had arranged at great expense a complete installation for radiography and

radioscopy, and Dr. Kenneth Taylor, a bacteriologist, who prosecuted in his laboratory research work on the different kind of wound infections. It was from this scientific group that the first protests had been raised against the abuse of amputation and, under Dr. Blake's able superintendence, the Military Hospital V.R. 76 became an important centre to which the Service de Santé sent serious fracture cases with marked loss of tissue, aware that Dr. Blake, in his capacity of surgeon, was always for preserving rather than for cutting away, and we were able to judge for ourselves how efficacious was his method of bone-grafting, at a time when the surgeons in certain of the Paris hospitals were abandoning this process on account of the poor results obtained.

Dr. Blake, with his giant frame and his mien of a Roman emperor, impressed our *poilus*, but he looked at them with such sweetness and cordiality that they were quick to feel that he was a friend and to value at its just worth this heart of gold.

Informed as to the minutest details, interested in all his patients, acquainted with them all, he put the finishing touch to his labours as he escorted his wife through the wards and watched her distribute presents and good things to eat.

When his dream of having a hospital of his own in Paris was realised and Dr. Blake left Hospital V.R. 76 to start the hospital in the Rue Piccini, our wounded were in despair.

On August 15, 1917, Lieutenant-Colonel William Keller, surgeon in the American Army, succeeded Dr. Blake. Colonel Keller was an exceedingly clever operator, and on several occasions he had opportunity to show his powers by carrying out successfully operations which other surgeons considered impossible. Colonel Keller was an able organiser and he trained in his methods such clever surgeons as Dr. Case and Dr. Valdés. He had the gift of inspiring in the nursing personnel a spirit of healthy emulation, which was very satisfactory. Unfortunately he was obliged to resign in March 1918, as the American Government had appointed him head of the Medical Service in the fighting zone.

Major Penhallow, who succeeded him, came from England, where he had been at the head of an American War Hospital. In Boston he had made a great reputation as a surgeon and was the author of some remarkable works on modern surgery. Till the closing of the hospital he filled the post of Head Surgeon with unusual competence.

I should have liked to have picked out and published the most striking of the operations carried out by these surgeons. Such notes would have been valuable contributions towards the complete study of surgery during the war, but I have not been able to collect the necessary data. I hope, however, that the record may be ultimately made.

After having taken an impotent part in the tragic disorder of the Service de Santé in 1914-1915, and visited, as Médecin-Chef of a hospital train, ambulances and hospitals in all parts of the country, I was delighted to find at last in Ris-Orangis a model hospital, the hospital of my dreams. More than three thousand severely wounded French soldiers have benefited by it; these, I know, will never forget the care they received, but all France ought to know what she owes to the generous Founders and the eminent surgeons of the Military Hospital V.R. 76.

May these notes, by an impartial witness, rescue from oblivion this good work.

(Translation)

## THE GRATITUDE OF RIS

IN the month of August 1916, Mademoiselle Galland and Mademoiselle Rossignol, having noticed with regret that the coffins of the soldiers who died at the Johnstone-Reckitt Hospital were decorated only by the wreaths placed there by patients or the hospital staff, decided to associate the population of Ris with these tokens of gratitude by placing a "souvenir palm" on the coffins. To raise the necessary funds they made a collection on the occasion of each funeral.

The results were so satisfactory that, a year later, Mademoiselle Galland and Mademoiselle Rossignol decided to found the society which they called "The Gratitude of Ris." They were encouraged and helped by Dr. Aribert, who, since his arrival in September 1916, with the full support of the Administration of the Hospital and the Municipality, had caused the erection in the cemetery of tombs worthy of our soldiers, which were always well kept and adorned with flowers.

All the young girls accepted the invitation to join and M. Barreau, Mayor of the Commune, was made President. Rules were drawn up and the work was authorised by ministerial decree on June 1, 1917.

Its aims are :

- To honour the memory of soldiers who died for their country ;
- To offer moral support to their families ;
- To adorn and keep in repair their graves in the cemetery of Ris.

To-day this society counts more than three hundred members and these young girls carry on with energy and devotion the gracious task inspired by their French hearts.



*(Translation)*

## SOCIETY OF VOLUNTARY CIVILIAN STRETCHER-BEARERS

(RIS-ORANGIS SECTION)

FOUNDED on June 2, 1917, by Dr. Aribert to help in the transport and evacuation of the wounded and more particularly for the unloading of hospital trains at the station of Villeneuve-Triage, the Society of Civilian Stretcher-Bearers was composed of men who, exempt by reason of age or wounds from military duty, offered their voluntary services.

These stretcher-bearers attended the lectures and practice drills, held by the founder, to such good purpose that they soon became adepts and worked regularly for a year, unloading hospital trains and lifting wounded into the ambulances which were to transport them to the neighbouring hospitals, and principally to Hôpital V.R. 76.

The organisation did good service to our wounded, as it was started at a time when the number of military orderlies left at the disposition of the hospitals of the interior had been greatly reduced.

## APPENDIX

### PERSONNEL OF HÔPITAL MILITAIRE V.R. 76

#### FOUNDERS

JOHNSTONE, LADY

Reckitt, Harold J.

#### MÉDECINS-CHEFS

Kennedy, Foster, M.D., F.R.S. Edin. : June–Oct. 1915. (Irish.)

Blake, Joseph A, M.D. : Oct. 1915–March 1917. (American.)

Taylor, Kenneth, M.A., M.D. : Temporary, July–Sept. 1916.

Evans, Henry C. : Temporary, April–May 1917. (American.)

Keller, Lt.-Col. William : May 1917–March 1918. (American.)

Penhallow, Major D. P., U.S. Army : March–Sept. 1918.  
(American.)

Smith, Walter J. : Temporary, June–Sept. 1918. (American.)

#### ADMINISTRATION

Reckitt, Harold J. (British.)

Johnstone, Lady. (American.)

Marsden, Hugh J. E. : Jan.–June 1916. (British.)

Bower, Joshua : 1916. (British.)

Fraser, John M. : June 1916–May 1918. (British.)

Middleweek, Herbert J. : Aug. 1916–Jan. 1919. (British.)

#### MATRONS

Morris, Miss Emma (Mrs. Day) : June 1916–Jan. 1917. (British.)

Brouse, Miss (Mme. Payen) : Oct. 1915–Feb. 1916. (British.)

Robertson, Miss Christina (Mrs. Milne) : Feb. 1916–June 1917.  
(British.)

Clapp, Mrs. Gertrude : Aug. 1916–Oct. 1918. (Canadian.)

#### MEDICAL AND SURGICAL STAFF

Alexander, Dr. John : June–Nov. 1916. (American.)

Barlet, Dr. Jehan : Nov.–Dec. 1916. (French.)

Black, Dr. Frederick W. : 1916. (American.)

Buckley, Dr. Emma : Anæsthetist, July–Sept. 1918. (American.)

Butler, Dr. Charles T. : June 1916–Jan. 1917. (American.)

Caldwell, Dr. Guy : Jan.–March 1917. (American.)

Card, Daniel P., Major U.S. Army : May–July 1917. (American.)

- Case, Dr. Edward L. : July 1917–Nov. 1918. (American.)  
 Caverley, Dr. Charles E. : June–Oct. 1916. (American.)  
 Crane, A. A. : Sept.–Nov. 1916. (American.)  
 Crawford, Dr. Stanley E. : June–Nov. 1917. (American.)  
 Desjardins, Dr. A. U. : Dec. 1915–Sept. 1916. (American.)  
 Downs, Dr. : June 1918. (American.)  
 Dubled, Paul T. : Surgeon-Dentist, 1916–1918. (French.)  
 Edwards, George M., Major U.S. Army : May–Aug. 1917.  
 (American.)  
 Fisher, Dr. Howard : Physician to Hospital, May–Sept. 1915.  
 (American.)  
 Garretson, Dr. Thomas W. : July–Sept. 1918. (American.)  
 Giles, Dr. W. B. : June 1915–Jan. 1916. (American.)  
 Graves, Dr. Richard A. : Home Officer, May–Nov. 1916.  
 (American.)  
 Holbrooke, Dr. V. R. D. : Nov. 1915. (British.)  
 Howart-Wright, Dr. C. : 1916. (British.)  
 Ingalls, Dr. Albert P. : Aug. 1917–Jan. 1918. (American.)  
 Irwin, Dr. H. C. : Dec. 1916–June 1917. (American.)  
 Jordan, Dr. J. Wood : Aug.–Oct. 1917. (American.)  
 Mohan, Dr. H. : June 1915–Feb. 1916. (British.)  
 Morgan, Dr. David R. : April–June 1917. (American.)  
 Myers, Dr. Alonzo : Nov. 1916–July 1917. (American.)  
 Nicolson, Dr. W. P., Jnr. : June 1916–Jan. 1917. (American.)  
 Payen, Dr. : Nov. 1915–Feb. 1916. (French.)  
 Penfield, Dr. : 1916. (American.)  
 Pyle, Dr. Edwin F. : June–Dec. 1916. (New Zealand.)  
 Rhodes, Dr. Goodwin B. : Dec. 1917–June 1918. (American.)  
 Sabine, Dr. Jane K. : 1916. (American.)  
 Stragnell, Dr. G. : Feb.–March 1916. (American.)  
 Valdés, Dr. Basilio J. : July 1917–June 1918. (Filipino.)  
 Wright, Dr. Charles S. : March–June 1916. (Canadian.)  
 Wyant, Dr. James E. : June 1917–June 1918. (American.)  
 Yeates, Dr. Allan M. : June 1915–Feb. 1916. (Canadian.)

## TRAINED NURSING STAFF

- Archer, Miss B. C. (Mrs. Haskew) : July 1915–Jan. 1916.  
 (British.)  
 Baker, Miss R. A. (Mrs. G. B. Newton) : Feb. 1917–Sept. 1918.  
 (British.)  
 Banks, Miss Millie D. : April–Nov. 1916. (British.)  
 Beard, Miss Rose : May–Oct. 1916. (Canadian.)  
 Beatty, Miss L. T. : July–Dec. 1915. (American.)  
 Bentley, Miss Ruth S. : June–Nov. 1916. (American.)  
 Blackstone, Miss Eleanor F. : Jan.–July 1918. (American.)  
 Brimstin, Miss Catherine : Oct. 1916–April 1917. (Canadian.)  
 Buchanan, Miss Elizabeth : Nov. 1916–June 1918. (British.)  
 Callum, Miss M. : Nov. 1915–April 1916. (British.)

- Cameron, Miss E. Gladys : Nov. 1917–Nov. 1918. (Canadian.)  
 Carson, Miss I. V. : Nov. 1915–June 1916. (American.)  
 Charles, Miss M. : March–May 1916. (British.)  
 Clarke, Miss Rose : June–Sept. 1918. (British.)  
 Cowan, Miss Lyla : Aug. 1916–Oct. 1918. (Canadian.)  
 Crossfield, Miss Nellie : April–Oct. 1918. (British.)  
 Cross, Mrs. Alice M. : June–Oct. 1918. (British.)  
 Crysler, Miss E. Ferne : June 1917–Feb. 1918. (Canadian.)  
 Curphey, Miss E. : April–Oct. 1916. (American.)  
 Currie, Miss Crissie (Mme. Ph. Sandré) : April 1916–Oct. 1918.  
 (British.)  
 Dearden, Miss Alice : March–Sept. 1917. (American.)  
 Dewar, Miss Florence : Sept. 1916–Sept. 1918. (British.)  
 Dewar, Miss Margaret : Sept. 1916–Sept. 1918. (British.)  
 Dorrington, Miss Louise : July 1917–Jan. 1918. (Australian.)  
 Duguid, Miss Mary P. : Nov. 1916–Sept. 1918. (British.)  
 Dunning, Miss Matilda : April–Oct. 1916. (Canadian.)  
 Eadie, Miss Margaret W. : Feb. 1916–March 1917. (British.)  
 Emmons, Miss Eva : July 1916–June 1917. (American.)  
 Excell, Mrs. D. A. : July 1915–Oct. 1918. (British.)  
 Farr, Miss Winona M. : Oct. 1916–Feb. 1917. (Canadian.)  
 Fisher, Miss Sydney E. : May–July 1917. (British.)  
 Gale, Miss Mabel : April 1917. (Australian.)  
 Gallagher, Mrs. L. A. : July–Dec. 1915. (American.)  
 Garcia, Miss Cecilia V. : Feb.–June 1917. (American.)  
 Gardiner, Miss Anna E. : June 1917–Jan. 1918. (Canadian.)  
 Hartigh, Miss den : Oct. 1915–Feb. 1916. (Dutch.)  
 Hatch, Miss Caroline R. (Mrs. Kernochan) : Nov. 1916–Feb. 1917.  
 (American.)  
 Hayhurst, Miss Margaret : Dec. 1916–March 1917. (British.)  
 Hollands, Miss Agnes (Mrs. Kirk) : Aug. 1916–Feb. 1917.  
 (American.)  
 Hopkings, Miss Louise : July 1917–July 1918. (Canadian.)  
 Hungerford, Miss Mary C. : April 1917–May 1918. (Australian.)  
 Jamieson, Miss Agnes B. : June–Nov. 1916. (Canadian.)  
 Jessup, Miss Elsie M. : June–Dec. 1917. (American.)  
 Joice, Miss Mabel M. : March 1917–Jan. 1918. (Canadian.)  
 Kilbourne, Miss Olive A. : April–Oct. 1916. (Canadian.)  
 Kist, Miss Marie C. : Feb.–Oct. 1916. (Dutch.)  
 Kuhn, Miss Connie : Feb.–April 1916. (American.)  
 Le Sueur, Miss Helen : June–Dec. 1916. (Canadian.)  
 MacCullum, Miss Jessie : Oct. 1915–April 1916. (Canadian.)  
 Maclean, Mrs. A. Bruce. June 1916–June 1917. (British.)  
 McDonald, Miss Jessie : March–Dec. 1917. (British.)  
 McDowell, Miss Marie L. : Jan.–July 1918. (American.)  
 McKerlie, Miss Mary B. : Oct. 1916–March 1917. (Canadian.)  
 McKillop, Miss Elizabeth : Sept. 1917–April 1918. (British.)  
 Metcalfe, Miss Berthe C. : Aug.–Sept. 1918. (British.)

- Miller, Miss K. Loten : Oct.-Nov. 1915. (British.)  
 Mitchell, Miss Minnie A. : May 1916-April 1918. (Canadian.)  
 Moffatt, Miss A. Maud : Aug. 1915-Jan. 1916. (Canadian.)  
 Mutch, Miss : Nov. 1916. (Canadian.)  
 Neary, Miss. : Sept. 1916-Oct. 1918. (American.)  
 Niven, Miss Isabella : May-Dec. 1916. (British.)  
 O'Toole, Miss Margaret : Oct. 1915-March 1916. (Irish.)  
 Parrish, Miss Paralee : April 1917-June 1918. (American.)  
 Paul, Miss Robina : July-Oct. 1918. (British.)  
 Porter, Miss Elizabeth : June 1917-Oct. 1918. (American.)  
 Powell, Miss Helen C. (Mrs. A. W. Carnichael) : June-Nov. 1916.  
 (Canadian.)  
 Powell, Miss S. E. : June-Dec. 1915. (American.)  
 Ptolemy, Miss J. M. : Jan.-March 1917. (Canadian.)  
 Purvis, Miss Rachel : May-Dec. 1916. (Irish.)  
 Ricketts, Miss Kate E. : 1915. (British.)  
 Rodgers, Miss Ellen A. : 1915. (Australian.)  
 Ross, Miss Jean G. : Dec. 1916-June 1917. (British.)  
 Roussin, Miss Zoe P. : Dec. 1916. (British.)  
 Reijers, Miss A. M. (Mme. Brix) : Oct. 1915-July 1916. (Dutch.)  
 Selby, Miss Jane : Nov. 1915-June 1916. (Canadian.)  
 Spence, Miss Lilliane G. : May 1917-Oct. 1918. (Canadian.)  
 Stephen, Miss Mary E. R. (Mrs. John Powelson) : Aug.-Nov. 1916.  
 (British.)  
 Sutherland, Miss Margaret : Jan.-July 1918. (British.)  
 Thomson, Miss Margaret : April-Oct. 1916. (Canadian.)  
 Threlkeld, Miss Mary T. : June-Nov. 1918. (British.)  
 Viggars, Miss Ruth : Oct. 1915-Dec. 1916. (Canadian.)  
 Wallace, Miss : May 1917-Oct. 1918. (American.)  
 Walters, Miss Hilda : June-Dec. 1916. (British.)  
 West, Miss Edith : Oct. 1915-March 1916. (British.)  
 Willmott, Miss : Oct. 1915. (British.)  
 Winning, Miss Margaret : Nov. 1915-Sept. 1916. (British.)  
 Wood, Miss Margaret : Nov. 1917-Oct. 1918. (Canadian.)  
 Wright, Miss Grace : Feb.-April 1916. (British.)  
 Young, Miss Margaret : June-Dec. 1916. (British.)  
 Glekie, Mme. de. (French.)  
 LeQuitiz, Mme. Henri. (French.)

## VOLUNTARY NURSES

- Conner, Miss Dorothy : Aug.-Sept. 1917; June-Aug. 1918.  
 (American.)  
 Congreve, Lady : July 1915-July 1916. (British.)  
 Deane, Miss Eileen D. : March-June 1918. (British.)  
 Gardiner, Miss Mabel : Aug.-Sept. 1918. (American.)  
 La Rocque, Miss Theodora : July-Sept. 1916. (American.)  
 Lebedt, Mlle. M. : Oct. 1915-Feb. 1916. (French.)  
 Lebedt, Mlle. S. : Oct. 1915-Feb. 1916. (French.)

- Leshner, Miss Theresa : Aug.—Sept. 1917; June—Aug. 1918.  
(American.)  
Lyall, Miss Marion. Dec. 1916—Sept. 1918. (American.)  
Lyons, Miss Elsie R. : Dec. 1916—Oct. 1918. (American.)  
McFadden, Miss Eleanor : Nov. 1917—Oct. 1918. (American.)  
Paterson, Miss L. H. : Oct. 1915—Jan. 1916. (British.)  
Ryder, Lady Frances : May—Sept. 1916. (British.)  
Skinner, Mrs. Allen : June 1918—Jan. 1919. (British.)  
Verner, Mrs. M. H. : June—Sept. 1915. (Irish.)

## X-RAY DEPARTMENT

- Gage, Harold C. : Chief Radiographer, Feb. 1915—Nov. 1918.  
(British.)  
Yeates, Dr. G. M. : Radiologist, Aug. 1915—June 1916. (Canadian.)  
Slater, Miss Mabel : Physicist and Assistant Radiographer, March—  
Sept. 1918. (British.)  
Beer, Frederick T. : Assistant Radiographer, July 1915—Feb. 1918.  
(British.)  
Applegarth, R. G. : Assistant Photographer, Jan. 1916—Jan. 1918.  
(N. Zealand.)  
Frost, Frederick J. : Assistant Photographer, Sept. 1916—Oct. 1918.  
(British.)

## LABORATORY

- Taylor, Dr. Kenneth : Nov. 1915—March 1917. (American.)  
Davies, Miss Mary : Nov. 1915—March 1917. (British.)  
Buxton, Dr. Bertram : May—Oct. 1916. (British.)  
Holman, Dr. William L. : Dec. 1916—July 1917. (Canadian.)  
Magee, Capt. Hugh E. : Dec. 1915—Nov. 1916. (Irish.)  
Levy, Dr. Robert Jean : 1916. (French.)  
Carver, Miss Gertrude : Secretary, Nov. 1915—March 1917.  
(British.)  
Larcher, H. : Assistant.  
Stanton, S. H. : Orderly. Sept.—Dec. 1915, (British.)

## ANÆSTHETISTS

- Buckley, Dr. Emma.  
Hayhurst, Miss Margaret }  
McDonald, Miss Jessie } Nurses.  
Thomson, Miss Margaret }

## CHEFS DES AMBULANCES

- Grotrian, Frederick : July—Nov. 1915. (British.)  
Grotrian, Herbert B. : Nov. 1915—Feb. 1916. (British.)  
Bower, Joshua : Nov. 1915—March 1917. (British.)  
Fraser, J. M. : March 1917—April 1918. (British.)  
Middleweek, H. J. : May 1915—Sept. 1916. (British.)

## VOLUNTARY DRIVERS

- Blundell, Walter : Aug.-Oct. 1918. (British.)  
 Burdon Muller, Rowland : Dec. 1915-Jan. 1918. (British.)  
 Bury, Lindsay : Aug. 1916-Aug. 1917. (British.)  
 Cobb, Harold C. : Jan. 1916-Nov. 1918. (British.)  
 Grotrian, Herbert B. : July-Nov. 1915. (British.)  
 Jones, Jeremy Peyton : Oct. 1915-June 1916. (British.)  
 Phillips, A. Houston : May-Nov. 1917. (British.)  
 Vaughan-Wilkes, L. C. : July-Oct. 1915. (British.)

## PAID DRIVERS AND MECHANICS

- Biddles, Miss Lilian G. : Feb. 1918. (British.)  
 Christie, Percy H. : July 1915-Oct. 1918. (British.)  
 Gillequin, Georges. (French.)  
 Lambert, Ernest E. : June-Sept. 1916. (British.)  
 Lepelletier, Maurice. (French.)  
 Murrough, Miss McCarthy : Feb.-Nov. 1918. (British.)  
 Spiers, Charles F. : July 1915-Sept. 1918. (British.)

## LINEN-ROOM STAFF

- Colby, Miss Julia C. (Mrs. Macleod). (American.)  
 Davison, Miss Lena. (British.)  
 Foret, Mme. T. (French.)  
 Galland, Mlle. M. (French.)  
 Greenham, Mrs. (British.)  
 Dommett, Miss H. (American.)  
 Lyall, Miss Agnes. (American.)  
 Maclean, Miss Lorna. (British.)  
 Mayer, Madame. (French.)  
 Rossignol, Mlle. L. (French.)

## DIET KITCHEN STAFF

- Kennedy, Mrs. Foster : June-Oct. 1915. (Irish.)  
 Davison, Miss Lena : Oct. 1915-May 1918. (British.)  
 Hunt, Miss. (British.)  
 "Marie." (French.)

## BANDAGE-ROOM STAFF—VOLUNTARY.\*

- Duer, Miss Caroline : Oct. 1915-Dec. 1916. (American.)  
 Desjardins, Mrs. : Dec. 1915-Sept. 1916. (American.)  
 Douane, Mlle. Hélène : Nov. 1915-Oct. 1918. (French.)  
 Grosvenor, Miss Margaret (Mrs. Peyton Jones) : April-June 1916.  
 (British.)  
 Mohan, Mrs. : Nov. 1915-Feb. 1916. (American.)

\* Unfortunately no list was kept of the names of the ladies of Ris who worked in the Bandage-Room.

## HOUSEKEEPING DEPARTMENT

- Barugh, Miss : July 1915–Feb. 1916. (Irish.)  
 Desjardins, Mrs. : Dec. 1915–Sept. 1916. (American.)  
 Hunt, Miss Constance : Feb. 1916–Sept. 1918. (British.)  
 Irwin, Miss Mary : Oct. 1915–Jan. 1916. (Irish.)  
 Lyons, Miss E. R. (American.)  
 McWean, Miss Jessie : 1916. (British.)  
 Neild, Miss Elsie M. : Sept. 1917–June 1918. (British.)

## PARIS BUYERS

- Ball, S. J. (British.)  
 Bimont, Mme. (French.)  
 Burdon Muller, R. (British.)  
 Stanton, S. H. (British.)

## ORDERLIES

- Larcher, Henry : Head Orderly, July 1915–March 1917. (British.)  
 Bruce, William D. : Head Orderly, May 1916–Aug. 1917.  
 (British.)  
 Levett, Charles W. : Head Orderly, July 1915–Oct. 1918.  
 (British.)  
 Atkins, Alfred : June 1917–Oct. 1918. (British.)  
 Bardsley, H. W. : Aug. 1917. (British.)  
 Carless, Walter : Oct. 1916–Feb. 1918. (British.)  
 Cooke, Jack : Nov. 1915–Feb. 1916. (British.)  
 Cresswell, James C. : Carpenter, Aug. 1915–April 1916. (British.)  
 Dahm, Nicolas : May–Dec. 1916. (Luxembourgeois.)  
 Davies, F. A. : Aug. 1916–May 1917. (British.)  
 De Jersey, Henry : Aug.–Oct. 1916. (American.)  
 Dyke, J. M. : Mess and Pharmacy, July 1915–Jan. 1916.  
 (British.)  
 Dymant, Arthur R. : Aug. 1917–Feb. 1918. (British.)  
 Fair, Myron R. : Oct. 1915–March 1917. (British.)  
 Greenhalgh, Israel A. : Aug.–Dec. 1916. (British.)  
 Greenhalgh, William H. : Sept.–Dec. 1916. (British.)  
 Harrison, Thomas : Nov. 1915–May 1916. (British.)  
 Horrocks, Albert S. : Sept. 1916–Dec. 1917. (British.)  
 Johannessen-Adrian, B. C. : May–Dec. 1916. (Norwegian.)  
 Langdon, George M. : Nov. 1915–Sept. 1916. (British.)  
 Langton, Percy J. : Sept. 1917–May 1918. (British.)  
 Leggett, Charles : July 1915–April 1916. (British.)  
 Mairet, Philip A. : May–Dec. 1916. (British.)  
 Marchant, Stephen G. : Nov. 1915–Jan. 1918. (British.)  
 Matthews, William : May 1916–Feb. 1917. (British.)  
 Miller, Ernest V. : June–Aug. 1917. (British.)



- Moore, Joseph R. : July 1916–Sept. 1918. (British.)  
 Porter, Arthur H. : Aug. 1916–Oct. 1918. (British.)  
 Robert, J. : Jan. 1916. (British.)  
 Stanton, S. H. : Nov. 1915–Jan. 1916. (British.)  
 Simpson, William E. : July 1915–Oct. 1918. (British.)  
 Wilson, S. A. : Aug.–Nov. 1915. (British.)  
 Wookey, E. : July 1915–April 1916. (British.)  
 Wyatt, Henry P. : Aug. 1915–April 1916. (British.)

## VOLUNTARY ORDERLIES

- Bennett, Frederick T. : Sept. 1916–March 1917. (British.)  
 Ellis, Edward A. : May 1916. (British.)  
 Fordham, Christopher M. : Aug.–Sept. 1916. (British.)  
 Fordham, Montague : April–Oct. 1916. (British.)  
 Lothingington, Richard : Jan.–May 1917. (American.)  
 Maitland, Rev. Rowland W. : May–July 1916. (British.)  
 Twose, George M. R. : March–Aug. 1916. (American.)  
 Wild, Thomas N. : June–Aug. 1916. (British.)  
 Zelliacus, Konni : Oct. 1915–July 1916. (Finn.)

## OFFICE STAFF

*Administrative :—*

- Atkins, Alfred : June 1917–Oct. 1918. (British.)  
 Ball, Sydney J. : Oct. 1915–March 1917. (British.)  
 Davies, Frederick E. : June 1916–June 1917. (British.)  
 Dunstan, M. E. : June 1916–Died Oct. 1916. (British.)  
 Hardman, H. C. : Dec. 1915–May 1916. (British.)

*Medical :—*

- Boiseau, Mlle. Renée : April 1917–Sept. 1918. (French.)  
 Germond, Mlle. : Sept. 1917–March 1918. (French.)  
 Haack, Miss Van den K., March–Oct. 1916. : Keeper of French Records.  
 Hervieu, Mlle. Germaine (Mme. Pierre Moors) : April 1916–Oct. 1917. Assistant Secretary. (French.)  
 Le Paulmier, Mlle. M. : Oct. 1915–Sept. 1918. Secretary. (French.)  
 Racine, Mlle. Simone : May 1918. Assistant Secretary. (French.)  
 Revenel, Mlle. Assistant Secretary. (French.)  
 Questel, Albert : Jan.–April 1917. Secretary to Dr. Blake. (French.)

## BOY SCOUT

- Congreve, John : Aug. 1916. (British.)

## STOREKEEPER

- Kay, William : June 1916–Sept. 1918. (British.)

## OFFICERS D'ADMINISTRATION GESTIONNAIRES

Morel, Capitaine : Officer d'Administration de 1<sup>ère</sup> classe en 1915.  
 Augendre, Monsieur :     "     "     "     2<sup>ème</sup>     "     "     1916.  
 Aribert, Dr. A. :     "     "     "     3<sup>ème</sup>     "     "     1916-1918.

## AUMÔNIERS

Chapeau, L'Abbé : July 1915-Oct. 1918.  
 Flavigny, L'Abbé.

## FRENCH NON-COMMISSIONED OFFICERS AND SOLDIERS

Daubenton, Gustave.  
 Legoud-Weber, Pierre.

Pavie, Ernest.  
 Wolf, Emile.

Ballot, Henri.  
 Basnian, Arthur.  
 Bellivier, Auguste.  
 Bouvalot, Louis.  
 Bousquet, Leon.  
 Charlotin, Eugène.  
 Gaillard, René.  
 Guhue, Jean.  
 Kappler, François.  
 Larue, Elie.  
 Laurent, Jean.  
 Leroux, Léon.

Mathieu, Charles.  
 Noël, Charles.  
 Pellegrain, Ernest.  
 Prévost, Marcel.  
 Prudent, Auguste.  
 Richard, Lucien.  
 Roger, Auguste.  
 Rombaut, Louis.  
 Sandré, Gabriel.  
 Simon, Frédéric.  
 Tremel, Tugdual.  
 Zimmermann, Louis.

## FRENCH WOMEN ORDERLIES

Mesdames :

Beaufils.  
 Bergerot.  
 Blanlocil.  
 Bodquin.  
 Damaison.  
 Delacourt.  
 Delbos.  
 Geermeyns.

Lemaitre.  
 Lestrade.  
 Phillip.  
 Ple.  
 Poterre.  
 Rocher.  
 Rondot.  
 Sennegon.

DECORATIONS CONFERRED BY THE FRENCH GOVERNMENT ON MEMBERS OF THE RIS HOSPITAL STAFF, AT THE HOSPITAL OR ELSEWHERE

LA MÉDAILLE D'OR DES AFFAIRES ÉTRANGÈRES

*Order of Elizabeth (Belgian)*

The Hon. Lady Johnstone.

LA MÉDAILLE D'OR D'HONNEUR

Miss C. Robertson (Mrs. Milne).

LÉGION D'HONNEUR

Joseph Blake, M.D.

Major Card.

Kenneth Taylor, M.D.

Harold Cobb.

Major Edwards.

Lieut.-Colonel William Keller.

LA CROIX DE GUERRE

Joshua Bower.

With bronze star.

Miss Dorothy Conner.

Miss Theresa Leshner.

Mrs. Julia A. C. Reckitt.

} With silver star.

LA ROSETTE D'OFFICER DE L'INSTRUCTION PUBLIQUE

J. M. Fraser.

Harold C. Gage.

LA MÉDAILLE DE VERMEIL DE L'ASSISTANCE PUBLIQUE

Miss C. Robertson (Mrs. Milne). Miss Lena Davison.

LA MÉDAILLE D'ARGENT DE L'ASSISTANCE PUBLIQUE

Mrs. D. Excell.

Frederic T. Beer.

LA MÉDAILLE DE BRONZE DE L'ASSISTANCE PUBLIQUE

S. G. Marchant.

C. W. Levett.

W. E. Simpson.

P. H. Christie.

C. F. Spiers.

LA MÉDAILLE DE LA RECONNAISSANCE FRANÇAISE

*2nd Class*

Dr. Edward P. Case.

Mrs. Lilian A. Decker.

Miss Caroline Duer.

Mrs. Morton Plant.

Mrs. Julia A. C. Reckitt.

Basilio J. Valdés, M.D.

## 3rd Class

|                         |                        |
|-------------------------|------------------------|
| Rowland Burdon Muller.  | Lindsay Bury.          |
| Mrs. Gertrude Clapp.    | Miss Lyla Cowan.       |
| Miss Lina Davison.      | John Mathison Fraser.  |
| Harold C. Gage.         | Herbert J. Middleweek. |
| Miss Ella Niven.        | Miss Elizabeth Porter. |
| Dr. James Edward Wyant. |                        |

## L'INSIGNE D'HONNEUR

*Destiné à récompenser les Infirmières qui, avec constance et assiduité, se sont dévouées auprès de nos blessés.*

|                             |                     |
|-----------------------------|---------------------|
| Miss Lena Davison.          | } Insigne d'Argent. |
| Mrs. Deborah Excell.        |                     |
| Miss Constance Hunt.        |                     |
| Mademoiselle Hélène Douane. |                     |

|                       |                      |
|-----------------------|----------------------|
| Miss Minnie Mitchell. | } Insigne de Bronze. |
| Miss Ella Niven.      |                      |
| Miss Florence Dewar.  |                      |
| Miss Margaret Dewar.  |                      |
| Miss Crissie Currie.  |                      |
| Mrs. Gertrude Clapp.  |                      |
| Miss Lyla Cowan.      |                      |

*Decorations were also conferred on the following:—*

|                   |                   |
|-------------------|-------------------|
| Miss Mary Davies. | Miss Carver.      |
| Miss McWean.      | Frederick Davies. |
| Miss Eadie.       | R. G. Applegarth. |

## REPORT OF SURGICAL SERVICE

## HÔPITAL V.R. 76, RIS-ORANGIS

The following report covers the first fifteen months of the active service of this hospital, the period from October 1, 1915, to January 1, 1917.

*General Character.*—The hospital is a base hospital treating only surgical cases among wounded soldiers. It is situated at Ris-Orangis, about twelve miles from the gates of Paris. It has a capacity of 210 beds, and is the operating centre for a group of nine hospitals which are attached to it.

With the hospital is associated the Robert Walton Goelet Fund for War Research.

The hospital has an ambulance service consisting of six cars for the transportation of the wounded. During the period covered by this report these cars have transported 2806 wounded soldiers between the receiving stations and various hospitals.

*Cases Treated.*—The majority of the wounded have been received from two to ten days after injury, and have, of course, had preliminary treatment in hospitals near the front.

Trains arriving from the front are unloaded and the cases distributed throughout the district by the hospital ambulance corps, only the more severely wounded men being brought to this hospital.

The number of wounded treated during the period covered by this report is 1034. The condition of these patients on entrance is shown in the table below :—

|   |                   |
|---|-------------------|
| <i>Infected fractures</i> . . . . .             | 535 (52% of 1034) |
| Thigh . . . . .                                 | 58 ( 5½% „ )      |
| Fractures involving knee . . . . .              | 31 ( 3% „ )       |
| Leg (one or both bones) . . . . .               | 106 (10% „ )      |
| Ankle . . . . .                                 | 26 ( 2½% „ )      |
| Foot . . . . .                                  | 11 ( 1% „ )       |
| Arm . . . . .                                   | 71 ( 7% „ )       |
| Fractures involving elbow . . . . .             | 29 ( 3% „ )       |
| Forearm (one or both bones) . . . . .           | 61 ( 6% „ )       |
| Wrist . . . . .                                 | 9 ( 1% „ )        |
| Hand . . . . .                                  | 18 ( 2% „ )       |
| <hr/>   |                   |
| <i>Total fractures of extremities</i> . . . . . | 420 (41% „ )      |
| Pelvis . . . . .                                | 9 ( 1% „ )        |
| Shoulder girdle . . . . .                       | 34 ( 3½% „ )      |
| Ribs . . . . .                                  | 16 ( 1½% „ )      |
| Cranium . . . . .                               | 51 ( 5% „ )       |
| Face . . . . .                                  | 3 ( ¼% „ )        |
| Vertebral column . . . . .                      | 2 ( ⅕% „ )        |
| Chronic bone sinuses . . . . .                  | 12 ( 1% „ )       |

Among these cases :—

|   |              |
|---|--------------|
| Those with fractures in two locations numbered . . . . .              | 36 ( 3½% „ ) |
| Those with fractures in three or more locations numbered . . . . .    | 5 ( ½% „ )   |
| Those with one fracture and a previous amputation numbered . . . . .  | 10 ( 1% „ )  |
| Those with two fractures and a previous amputation numbered . . . . . | 2 ( 5% „ )   |
| Those with previous amputations numbered . . . . .                    | 61 ( 6% „ )  |

*Flesh Wounds* :—

The number of flesh wounds without fracture was . . . . . 484 (47% „ )  
 They were chiefly muscular wounds of the extremities.

In addition to these, the following cases may be specially noted :—

|  |    |                |
|--|----|----------------|
| Penetrating wounds of the chest . . . . .    | 65 | ( 6½% of 1034) |
| "    "    "    abdomen . . . . .             | 19 | ( 2% " )       |
| "    "    "    brain . . . . .               | 15 | ( 1½% " )      |
| Wounds of the ear . . . . .                  | 3  | ( ¼% " )       |
| "    "    eye . . . . .                      | 6  | ( ½% " )       |
| "    "    large nerve trunks . . . . .       | 27 | ( 2½% " )      |
| Arterio-venous aneurisms (carotid) . . . . . | 2  | ( ⅒% " )       |
| Miscellaneous wounds . . . . .               | 51 | ( 5% " )       |

*Cause of Injury.*—The wounds by various missiles may be divided as follows :—

|                         |     |
|-------------------------|-----|
| Shell . . . . .         | 666 |
| Ball . . . . .          | 140 |
| Grenade . . . . .       | 31  |
| Shrapnel . . . . .      | 18  |
| Miscellaneous . . . . . | 49  |
| Unknown . . . . .       | 130 |

*Special Infections associated with Wounds :—*

|                        |    |            |
|------------------------|----|------------|
| Gas gangrene . . . . . | 14 | (deaths 3) |
| Tetanus . . . . .      | 6  | (deaths 2) |
| Septicæmia . . . . .   | 9  | (deaths 4) |

*Operations.*—Five hundred and thirty-four operations requiring general anæsthesia have been performed in the operating-room. These were performed for the following purposes :—

|   |     |
|---|-----|
| Removal of foreign bodies . . . . .                             | 158 |
| "    "    fragments of dead bone . . . . .                      | 122 |
| Incision and drainage . . . . .                                 | 93  |
| Re-amputation or revision of stump . . . . .                    | 14  |
| Nerve sutures . . . . .   | 11  |
| Hernias . . . . .   | 11  |
| Revision of wounds . . . . .                                    | 15  |
| Appendectomy . . . . .  | 10  |
| <i>Amputation</i> . . . . .                                     | 8   |
| Removal of foreign bodies from lung or pleural cavity . . . . . | 9   |
| Drainage of pleural cavity . . . . .                            | 6   |
| Correction of fractures . . . . .                               | 5   |
| To arrest hæmorrhage . . . . .                                  | 4   |
| Bone graft . . . . .  | 6   |
| Resection hip . . . . .   | 2   |
| Resection elbow . . . . .                                       | 1   |
| Miscellaneous . . . . .   | 60  |

Operative mortality . . . . . 1 (thymic death)

*Amputations.*—Out of 420 infected fractures of the extremities only eight amputations were performed. This is less than 2 per cent. of the cases, a remarkably low rate for injuries of this severe type. The reasons for amputating follow:—

*Left thigh : 5:—*

1. Infected fracture of thigh and both bones involving knee-joint.
2. Infected fracture of thigh with wounds of knee and foot.
3. Infected fracture of thigh and knee; septicæmia.
4. Spontaneous tuberculous arthritis and osteomyelitis of knee-joint.
5. Infected knee; secondary hæmorrhage of popliteal artery.

*Right leg : 1:—*

Infected fracture of both bones; multiple wounds of soft parts; tetanus; pulmonary tuberculosis.

*Left leg : 1:—*

Infected fracture both bones and involvement of ankle-joint.

*Right foot : 1:—*

Multiple wounds right leg and foot.

*Deaths.*—In spite of the very serious character of the majority of the cases treated, there have been only twenty deaths—a mortality rate of 2 per cent. About half of these deaths were due to causes other than the injury for which the patients were admitted. The following were the causes of death:—

|  |   |
|--|---|
| Streptococic pyæmia or septicæmia . . . . .                  | 4 |
| Acute gas gangrene (two received in advanced stage). . . . . | 3 |
| Acute tetanus . . . . .                                      | 2 |
| Acute osteomyelitis of the femur . . . . .                   | 2 |
| Brain abscess or hernia . . . . .                            | 2 |
| Pulmonary tuberculosis . . . . .                             | 2 |
| Amœbic dysentery . . . . .                                   | 1 |
| Thymic death . . . . .                                       | 1 |
| Purulent peritonitis . . . . .                               | 1 |
| Apoplexy . . . . .   | 1 |
| Myocarditis and purulent arthritis . . . . .                 | 1 |

It is impossible to conclude the surgical report with the same detail as the foregoing one for the first fifteen months, which was prepared during the full activities of the hospital and with the full histories of the cases to hand.

At the time of evacuation, previous to closure, the stress of work on the doctors and clerical staff was such as to render it impossible to carry out such analysis, and the histories of the

patients had to be turned over to the bureau of the Service de Santé.

However, the foregoing report is essentially applicable to the latter period, which dates from January 1, 1917, to the date of closing, August 1918.

The cardinal features of the period are here set out as follows :—

|   |       |
|---|-------|
| Number of Cases treated, 1st period . . . . .           | 1034  |
| "    "    "    2nd    "    . . . . .                    | 1414  |
| Total number of Cases treated, full period . . . . .    | 2448  |
| Deaths, 1st period . . . . .                            | 21    |
| "    2nd    "    . . . . .                              | 32    |
| Mortality Rate, 1st period . . . . .                    | 2%    |
| "    "    2nd    "    . . . . .                         | 2.26% |
| Deaths due to accidents brought into hospital . . . . . | 3     |
| Staff Death (Medical Case) . . . . .                    | 1     |
| Total, whole period . . . . .                           | 56    |

#### SURGICAL ACTIVITIES

*Operations :—*

The number of operations for war injuries requiring General Anæsthetic was, 677

Among the more important were :—

|  |      |
|--|------|
| Head, Brain and Neck . . . . .                   | 31   |
| Thorax . . . . .                                 | 52   |
| Abdomen and Pelvis . . . . .                     | 55   |
| Limbs (not amputation) . . . . .                 | 455  |
| Amputations (Upper Extremity) 2 . . . . .        | } 14 |
| "    (Lower    "    ) 12 . . . . .               |      |
|  | 607  |
| Miscellaneous . . . . .                          | 70   |
| Operations for other than war injuries . . . . . | 59   |
| Total for 2nd period . . . . .                   | 736  |
| Total for whole period . . . . .                 | 1270 |

Operations above enumerated include :—

|  |     |
|--|-----|
| Removal of foreign bodies (successful 141) . . . . .               | 148 |
| Additional number of foreign bodies removed in the wards . . . . . | 57  |
| Removal of dead bone (sequestration). . . . .                      | 118 |
| Nerve suture . . . . .   | 4   |
| Secondary suture of wounds . . . . .                               | 13  |
| Bone grafts . . . . .  | 11  |
| Transplantation of tendon . . . . .                                | 5   |
| Tendon suture. . . . .   | 1   |
| Gastroenterostomy . . . . .  | 1   |
| Liberation of nerve . . . . .                                      | 5   |



## Foreign bodies removed from :—

|                   |   |
|-------------------|---|
| Spine . . . . .   | 1 |
| Thorax . . . . .  | 7 |
| Abdomen . . . . . | 3 |
| Liver . . . . .   | 1 |
| Cervicæ . . . . . | 2 |

## Deaths include :—

|                           |   |
|---------------------------|---|
| From septicæmia . . . . . | 3 |
| „ tetanus . . . . .       | 1 |

It should be mentioned that over one period of stress, cases were being received almost directly from the battlefield and were in such bad condition that the mortality was high, several deaths occurring in the first forty-eight hours.

Other activities are set out in the narrative, and, except for the list of further publications, need no further mention here.

ORIGINAL WORKS PUBLISHED BY MEMBERS OF THE  
STAFF OF HÔPITAL MILITAIRE V.R. 76, RIS-  
ORANGIS, S. ET M., FONDATION JOHNSTONE-  
RECKITT

JOSEPH A. BLAKE, M.D., Lieut.-Col., Medical Corps, U.S.A.

Gun-shot Fractures of the Extremities.

La Suspension avec Extension dans le Traitement des Frac-  
tures des Membres.

Attelle pour le Transport des Fractures des Extrémités  
Inférieures, *Archives de Médecine et de Pharmacie Militaires*,  
Juillet, 1916, p. 57.

KENNETH TAYLOR, M.A., M.D., Pathologist, American Hospital,  
Paris.

Factors Responsible for Gaseous Gangrene.

Frequency of Chest Complications among the Wounded.

Mechanism of Saline Dressings.

Note on a Case of Self-Inoculation with the *Bacillus Aerogenes*  
*Capsulatus*.

The Use of Quinine Hydrochloride Solution as a Dressing  
for Infected Wounds.

The Use of Quinine in the Treatment of Experimental  
Gaseous Gangrene. With Notes on the Value of Quinine  
Hydrochloride as a General Antiseptic.

Treatment of Bacillus Pyocyaneus Infection.

La Gangrène Gazeuse, *Archives de Médecine et de Pharmacie Militaires*, Juin 1916, p. 838.

Observations on the Pathology and Bacteriology of Gas Gangrene, *Journal of Pathology and Bacteriology*, Vol. XX. 1916, p. 384.

Tissue Fragments and Wound Infections, *Annals of Surgery*.  
Note sur Deux Cas Mortels de Gangrène Gazeuse Méta-  
statique, *Archives de Médecine et de Pharmacie Militaires*,  
Septembre 1916, p. 353.

Two Fatal Cases of Metastatic Gas Gangrene, *Lancet*, Decem-  
ber 28, 1916, p. 1057. French version published in *Archives  
de Médecine et de Pharmacie Militaires*.

Gas Gangrene: Its Course and Treatment, *Johns Hopkins  
Hospital Bulletin*, Vol. XXVII., No. 308, October 1916.  
French version published in *Les Archives de Médecine et  
de Pharmacie Militaires*.

Specificity in Antiseptics, *Lancet*, February 24, 1917. French  
version published in *Archives de Médecine et de Pharmacie  
Militaires*.

MARY DAVIES, Bacteriologist, the "Robert Walton Goelet  
Research Fund," Hôpital Militaire, V.R. 76.

L'Antiseptisation des Vêtements Militaires comme Moyen  
Prophylactique de L'Infection des Plaies de Guerre.

Treatment of Cloth by Antiseptic Substances in Relation to  
Wound Infections.

H. E. MAGEE, Capt., I.M.S.

A Comparison of certain Antiseptics in respect to their  
Diffusibility, Action on Leucocytes and Action on Fer-  
ments, *Edinburgh Medical Journal*, February 1917.

FOSTER KENNEDY, M.D., F.R.S., Edin.

Stock-brainedness, the Causative Factor in the so-called  
"Crossed Aphasias."

The Nature of Nervousness in Soldiers, *Transactions of the  
American Neurological Association*, May 1918.

Infective Neurontis, *Archives of Neurology and Psychiatry*,  
December 1919, Vol. II.

HAROLD C. GAGE.

Simplified X-ray Methods, *Archives of Radiology and  
Electrotherapy*, June 1917.

Contents:—

1. Localisation of foreign bodies.
  2. Stereoscopic radiography of the limbs.
  3. Observation on fractures.
  4. The use of bromide paper.
- 11 Illustrations, 2 plates.

- A Tube and Plate Carrier for Bedside Radiography, *Archives of Radiology and Electrotherapy*, No. 218. 2 Illustrations. (Presented at the French Military Conference.)
- X-ray Examinations for Foreign Bodies in the Eye and their Localisation. Translated and extracted from the original in French for publication in the American R.C. *War Medicine*. Original article by Dr. J. Belot and Dr. Fraudet in *Journal de Radiologie*. 4 Illustrations in the extracts.
- Extracted and published by *The British Medical Journal*. No. 1 above, item 2.
- Localisation of Foreign Bodies. By request for publication in the American R.C. *War Medicine*. 4 Illustrations.
- Bromide Paper and its Place in War Economy, *Archives of Radiology and Electrotherapy*. 7 Illustrations. Nov. 1919.
- Localisation of Foreign Bodies in the Eye. Revised and enlarged translated extract. By request. In *Archives of Radiology and Electrotherapy*. 12 Illustrations.
- Tube Centering and Projection, *Archives of Radiology and Electrotherapy*. 5 Illustrations.
- An Auxiliary Switch-board as an Aid to Short Exposures, *Archives of Radiology and Electrotherapy*. 2 Illustrations.
- Simultaneous Fluoroscopy in Two Planes, *Archives of Radiology and Electrotherapy*. 4 Illustrations. Dec. 1919.
- Translated into French, for publication in *Journal de Radiologie*.
- Lateral Radiography of the Spine in Suspected Injuries of the Spine, *Archives of Radiology and Electrotherapy*. Jan. 1919.
- Translated into French, for publication in the *Journal de Radiologie*.

## BOOKS BY H. C. GAGE.

- X-Ray Observations for Foreign Bodies and their Localisation*. With Frontispiece, 2 Plates and 55 Illustrations.
- This book comprises the subject-matter of lectures given to Medical Officers of the American Army at the clinic at Ris-Orangis by the author. Published by request. (Wm. Heinemann.)
- X-Ray Diagnosis of Bone Conditions in Compound Fractures of the War*. 156 Illustrations, many full page.
- This book comprises the subject-matter of lectures given to Medical Officers of the American Army at the clinic at Ris-Orangis. Arrangements now being made for publication.

## DEATHS IN RIS-ORANGIS HOSPITAL

|                       |   | <i>Date.</i> |
|-----------------------|---|--------------|
| *Soldat               | Durngat, Paul Gaston . . . . .              | 19.10.15     |
| * „                   | Jalabert, Georges Victor Jean . . . . .     | 31.10.15     |
| *Caporal              | Grandcoing, Pierre . . . . .                | 27. 4.16     |
| *Soldat               | Driencourt, Arthur Jules Philemon . . . . . | 3. 5.16      |
| * „                   | Iputcha, Michel . . . . .                   | 5. 5.16      |
| * „                   | Antoine, Léon Gustave . . . . .             | 9. 5.16      |
| * „                   | Pauchard, François . . . . .                | 2. 6.16      |
| * „                   | Boullier, Jean Baptiste Georges . . . . .   | 8. 6.16      |
| * „                   | Camus, Gaston . . . . .                     | 27. 6.16     |
| *S/officier           | Louvrier, Felix . . . . .                   | 29. 6.16     |
| Maréchal<br>des Logis | Péchin, Pierre Frederic . . . . .           | 5. 7.16      |
| Maitre-<br>Pointeur   | Malle, Kleber . . . . .                     | 14. 7.16     |
| Soldat                | Dothal, Pierre Eugène . . . . .             | 29. 7.16     |
| * „                   | Pollet, Henri Joseph . . . . .              | 5. 8.16      |
| *Sergent              | Duchemin, Robert Charles . . . . .          | 17. 8.16     |
| „                     | Saint-Marcoux, Antoine . . . . .            | 1. 9.16      |
| *Soldat               | Tardivon, Léon François . . . . .           | 13. 9.16     |
| Caporal               | Gimilac, Henri . . . . .                    | 16. 9.16     |
| *Soldat               | Régent, Georges Jules Elie . . . . .        | 29. 9.16     |
| * „                   | Monnier-Benoit, Jules Edouard . . . . .     | 2.10.16      |
| * „                   | Plancher, Louis Gabriel . . . . .           | 15.10.16     |
| * „                   | Roussel, Auguste . . . . .                  | 9.12.16      |
| Caporal               | Le Guillon, Maxence . . . . .               | 13.12.16     |
| Soldat                | Bonnoron, François . . . . .                | 21.12.16     |
| Lieutenant            | Borel, Henri Louis . . . . .                | 24. 1.17     |
| Soldat                | Labeau, Armand Louis . . . . .              | 27. 1.17     |
| * „                   | Delga, Georges Gaston . . . . .             | 17. 2.17     |
| * „                   | Garo, René . . . . .                        | 6. 5.17      |
| Adjudant              | Voyeau, Alexandre . . . . .                 | 10. 5.17     |
| *Soldat               | Jouglens, Pierre Paul . . . . .             | 17. 5.17     |
| * „                   | Laduz, Joseph . . . . .                     | 18. 5.17     |
| * „                   | Vial, Claude . . . . .                      | 21. 5.17     |
| * „                   | Riffard, Cyprian Marius . . . . .           | 3. 6.17      |
| * „                   | Haerrig, Marius Virgile . . . . .           | 14. 6.17     |
| * „                   | Dubas, Émile Louis . . . . .                | 28. 7.17     |
| Caporal               | Laurent, Joseph . . . . .                   | 22. 8.17     |
| Soldat                | Theron, Lucien Desiré . . . . .             | 28. 9.17     |
| „                     | Jolly, Eugène Louis . . . . .               | 6.11.17      |
| „                     | Paul, Adolphe . . . . .                     | 6. 1.18      |
| „                     | Ferrière, Raymond . . . . .                 | 3. 4.18      |

\* Buried in Ris-Orangis Cemetery.

|            |                                      | Date.    |
|------------|--------------------------------------|----------|
| Soldat     | Le Quilliec, Jean . . . . .          | 3. 4.18  |
| „          | Faugeras, Jean . . . . .             | 7. 4.18  |
| „          | Bourgeois, Victor . . . . .          | 10. 4.18 |
| Brigadier  | Dhuez, Louis . . . . .               | 11. 4.18 |
| Soldat     | Raimbaut, François . . . . .         | 18. 4.18 |
| Caporal    | Lenne, Leon . . . . .                | 30. 4.18 |
| Sergent    | Fombeur, Lucien . . . . .            | 18. 5.18 |
| Soldat     | Bourdelle, Antoine . . . . .         | 20. 5.18 |
| Lieutenant | Chateau, François . . . . .          | 2. 6.18  |
| Soldat     | Pezard, Alexandre . . . . .          | 24. 6.18 |
| „          | Potier, Gaston . . . . .             | 27. 6.18 |
| Sergent    | Fourmier, Charles . . . . .          | 28. 6.18 |
| „          | Duhayon, Albert . . . . .            | 29. 7.18 |
| Soldat     | Demelin, Paul . . . . .              | 14. 8.18 |
| <hr/>      |                                      |          |
| U.S. Army  | Reedy, Pepe . . . . .                | 22. 7.18 |
| Office     |                                      |          |
| Staff      | Dunstan, Mark E. (British) . . . . . | 18.10.16 |

## NUMBER OF DAILY PATIENTS

|                     | 1915 | 1916 | 1917 | 1918 |
|---------------------|------|------|------|------|
| January . . . . .   | —    | 2131 | 4646 | 4189 |
| February . . . . .  | —    | 2494 | 3640 | 3119 |
| March . . . . .     | —    | 2538 | 3428 | 3071 |
| April . . . . .     | —    | 3990 | 2518 | 4235 |
| May . . . . .       | —    | 4791 | 4292 | 4392 |
| June . . . . .      | —    | 4298 | 5102 | 3773 |
| July . . . . .      | —    | 4848 | 5066 | 3909 |
| August . . . . .    | —    | 5091 | 4380 | 5499 |
| September . . . . . | 391  | 4893 | 4704 | 982  |
| October . . . . .   | 2137 | 5352 | 3956 | —    |
| November . . . . .  | 2101 | 5004 | 4701 | —    |
| December . . . . .  | 2415 | 5090 | 4686 | —    |

## NATIONALITIES OF PATIENTS

|             |          |            |
|-------------|----------|------------|
| English     | French   | Russian    |
| Scottish    | Tunisian | Belgian    |
| Irish       | Moorish  | Italian    |
| Welsh       | Algerian | American   |
| Canadian    | Annamite | Portuguese |
| Australian  | Swiss    | German     |
| New Zealand | Czech    |            |

## INVENTORY OF WARD EQUIPMENT

- Bedsteads.  
 Mattresses.  
 Pillows.  
 Bedside locker, or table.  
 Large tables for patients to dine at.  
 Bed tables for bed patients.  
 Writing-table, ink, pens, etc.  
 Blotting pads.  
 Screens.  
 Chairs for each bedside.  
 Easy-chairs.  
 Lounge-chairs.  
 Wheel-chairs.  
 Trolleys  
 Chart-holders.  
 Thermometers (clinical).  
 Thermometers (bath).  
 Large enamelled basins for patients to wash in.  
 Bed rests.  
 Bed-pans.  
 Commodes.  
 Urinals.  
 Urine specimen glasses.  
 Dressing cart containing :—  
   1. Small basins.  
   2. Receiving basins.  
   3. Irrigating apparatus.  
   4. Instruments.  
   5. Needles and cat-gut.  
   6. Dressing drums.  
   7. Towels.  
   8. Oiled Silk.  
   9. Tourniquet.  
  10. Tubing.  
  11. Glass syringes.  
  12. Hypodermic syringe.  
  13. Serum syringe.  
  14. Catheters.  
  15. Spirit lamp.  
  16. Adhesive plaster.  
  17. Safety-pins.  
  18. Splints.  
  19. Bottles with all the different antiseptics, etc.  
  20. Rubber gloves.  
  21. Dressing coats and aprons  
  22. Dressing mackintoshes.  
  23. Lotion pitchers.  
  24. Soiled dressing pails.  
  25. Binders and bandages.  
  26. Bandage scissor.  
  27. Plaster scissor and knife.  
 Instrument steriliser.  
 Basin steriliser  
 Local anæsthetics.  
 Gas.  
 Chloroform.  
 Ether.  
 Inhalers.  
 Water-beds.  
 Rubber rings.  
 Hot-water bottles, and covers.  
 Receiving and bathing blankets and mackintoshes.  
 Stomach tube.  
 Sputum glasses.  
 Aspirator.  
 Suction cups.  
 Cupping glasses.  
 Enema, tube and funnel.  
 Intravenous outfit.  
 Bowel irrigation outfit.  
 Catheters.  
 Carrel treatment outfit.  
 Elastic bandage for Beer's congestion.  
 Leg and arm baths.  
 Splints of all kinds.  
 Extension apparatus with all the different appendages for suspending fractured legs and arms.

- Orthopædic outfit : mechanical apparatus prepared for the movement of stiffened joints, and for the strengthening of weak muscles.
- Crutches.
- Walking-sticks.
- Stretchers.
- Stretcher blankets.
- Stretcher pillows and covers.
- Test table with all the different agents for testing urine, vomit, sputum, etc.
- Washstand.
- Ewer and basin.
- Soap dish.
- Nail brushes.
- Graduated medicine glass.
- „ minim glass.
- „ pint measure.
- Poison cupboard.
- Dish towels.
- Bath towels.
- Hand towels.
- Dressing towels.
- Tablecloths.
- Washcloths.
- Blankets.
- Bedspreads.
- Sheets.
- Drawsheets.
- Pillow-cases.
- Night-shirts.
- Pyjamas.
- Night socks.
- Dressing-gowns.
- Slippers.
- Day-shirts.
- Sunnets.
- Drawers.
- Body belts.
- Day socks.
- Hospital suits.
- Bags for patients' clothes.
- Small bags for each bed for treasures.
- Dishes.
- Soup bowls.
- Meat plates.
- Pudding plates.
- Mugs.
- Spoons.
- Dividing spoons.
- Ladles.
- Knives and forks.
- Salt and pepper dishes.
- Bread baskets.
- Pitchers (for milk, wine).
- Trays.
- Large dinner tins for meat, vegetables and pudding.
- Soup pail.
- Enamelled bath for washing dishes.
- Floor brushes.
- Scrubbing brushes.
- Floor polisher.
- Shovel.
- Dust-bins.

### INVENTORY OF PHARMACEUTICAL SUPPLIES TO WARDS

*Drugs, etc. :—*

- |                 |                    |
|-----------------|--------------------|
| Alcohol 95.     | Brown Mixture.     |
| Alcohol 50.     | Castor Oil.        |
| Ammonia (Arom). | Carb. Acid (Pure). |
| Aristol.        | Carb. Acid (120).  |
| Argyrol.        | Cit. of Mag.       |
| Balsam of Peru. | Mag. Sulph.        |
| Boracic Acid.   | Collodion.         |
| Brandy.         | Cresyline.         |

*Drugs, etc. (continued) :—*

|                         |                        |
|-------------------------|------------------------|
| Elix. Lactopep.         | Peroxide.              |
| Elix. L.Q.S.            | Powder for Backs.      |
| Elix. Terpene and H.    | Rhu. and Soda Mixt.    |
| Embrocation.            | Silver Nit. Pencils.   |
| Ether.                  | Sirop Hypophosphites.  |
| Formol.                 | Sirop of Codeine.      |
| Glycerine.              | Talc.                  |
| Heusner's Glue.         | Tinc. of Iodine.       |
| Hand Lotion.            | Tinc. of Soap (Crude). |
| Iodether (5 per cent.). | Tinc. of Soap (Sur).   |
| Liq. Vaseline.          | Veronal.               |
| Mouthwash.              | Zinc Oxide.            |
| Olive Oil.              | Amyl Nitrite.          |

*Granules, Lozenges, Pills and Tabloids :—*

|                  |                |
|------------------|----------------|
| Aspirine.        | Phenacetin.    |
| Caffeine Cit.    | Potass. Brom.  |
| Calomel.         | Quinine Sulph. |
| Camporæ et Opii. | Salicylicum.   |
| Cathartic Comp.  | Salol.         |
| Chloral.         | Sodii Bicar.   |
| Morphine.        | Urotropine.    |

*Hypod. Tabs. and Ampules :—*

|                  |                 |
|------------------|-----------------|
| Apomorphine Hyd. | Glyceryl. Nit.  |
| Atropine Sul.    | Huile Camphree. |
| Cocaine Hyd.     | Morphine Sul.   |
| Digitalin.       | Strychnine Sul. |
| Ether.           |                 |

*Ointments, etc. :—*

|            |                       |
|------------|-----------------------|
| Boric.     | Vaseline Ster. Tubes. |
| Mercurial. | Zinc.                 |
| Vaseline.  | „ and Mercurial.      |

*Supplies, etc. :—*

|                           |                   |
|---------------------------|-------------------|
| Adhesive Plaster.         | Bath (Leg).       |
| Air Cushions and Pillows. | Cupping Cups.     |
| Anatomiser.               | Ethyl Chl. Spray. |
| Bath (Arm).               | Eye Cups.         |

*“ Dakin Outfit ” :—*

|                     |                         |
|---------------------|-------------------------|
| Flasks (complete).  | Bistouries.             |
| Fittings, 1 Way.    | Catheters.              |
| „ 2 „               | Dakin Syringes (large). |
| „ 4 „               | „ „ (small).            |
| Rubber Applicators. |                         |



- |                            |                      |
|----------------------------|----------------------|
| Forceps, Artery.           | Razors.              |
| „ Dissecting.              | Rectal Tubes.        |
| „ Dressing.                | Rubber Applicators.  |
| „ Long-Handled Dressing.   | „ Bandage.           |
| Funnels.                   | „ Gloves.            |
| Glass Irrig. Tips.         | „ Tissue.            |
| „ Connectors L. and S.     | „ Drainage Tubing.   |
| „ Y Tubes.                 | Scissors (Dressing). |
| Hot-Water Bottles.         | „ (Surgical).        |
| Ice Bags.                  | Spatulas.            |
| Irrigation Cans.           | Spirit Lamp.         |
| „ fittings for same.       | Spong Sticks.        |
| Irrig. High Colon Tubes.   | Stomach Tubing.      |
| „ “Drip” Outfits.          | Syringes.            |
| Lifters.                   | „ (Hypo) Glass.      |
| Measure Glasses (English). | „ „ Metal.           |
| „ „ (French).              | Test-Tubes.          |
| Medicine Tumblers.         | Thermometers, Bath.  |
| Needles (Oil).             | „ Med.               |
| „ (Subcut).                | „ Wall.              |
| Probes.                    | Tongue Depressors.   |
| Probe Needle.              | Tourniquet.          |

WHAT A BED AT THE HOSPITAL COST

|                        | £        | s.       | d.       |
|------------------------|----------|----------|----------|
| Bolster . . . . .      |          | 2        | 9        |
| „ slips . . . . .      |          | 1        | 6        |
| Blankets . . . . .     |          | 13       | 10       |
| Mattress . . . . .     |          | 12       | 6        |
| Bedspreads . . . . .   |          | 3        | 6        |
| Sheets (two) . . . . . |          | 8        | 4        |
| Bedstead . . . . .     | 1        | 2        | 6        |
| Pillow . . . . .       |          | 2        | 0        |
| „ cases . . . . .      |          | 1        | 6        |
| <b>Total . . . . .</b> | <b>3</b> | <b>8</b> | <b>5</b> |

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*[If, in the lists of Donors to the Hospital Funds and Supplies, any names are omitted, this is due to lack of a complete record, and the Administrator tenders sincere apologies.]*

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 Reckitt, Sir James.  
 Reckitt, Lady.  
 Reckitt, P. B., Esq.  
 Reckitt, Harold J., Esq.  
 Reckitt's, Messrs. & Sons, Ltd.,  
 Hull.  
 Reckitt's, Ltd., Office Staff,  
 U.S.A.  
 Riggs, F. B., Esq.  
 Robins, G., Esq.  
 Salomon, W., Esq.  
 Salone, H., Esq.  
 Sampson, Mrs. D.  
 Sanders, Mrs. George M.  
 Satterlee, Herbert L., Esq.  
 Satterlee, Mrs. H.  
 Scott, Mrs.  
 Shephard, Mrs.  
 Smith, Mrs. Carol Harriman.  
 Stannard, W., Esq.  
 Stoddard, Louis C., Esq.  
 Stoddard, Mrs. L. C.  
 Taylor, M. H., Esq.  
 Taylor, Mrs.  
 Terry, Miss Bertha H.  
 Thaw, Benjamin, Esq.  
 Thomas, Mrs. Ralph.  
 Thorne, E., Esq.  
 Thorne, W. D., Esq.  
 Timmins, Miss Nora.  
 Torrence, Henry, Esq.  
 Towse, G., Esq.  
 Tuckerman, Paul, Esq.  
 Upton, Mrs. R.  
 Warner, Miss Euphemia J.  
 Warrand, the Rev. H. K.  
 Warren, G. A., Esq.  
 Warren, H. K., Esq.  
 Weil, Miss Minnie Strauss.  
 Wilputt, Louis, Esq.  
 Winestead and Frodingham  
 estates, tenants of.  
 Winner, M. C., Esq.  
 Winslow, Mrs.  
 Wood, Mrs. A. E.  
 Wreathall, C. C., Esq.

New York Committee, per Mr. Herbert Satterlee.  
 Refugees Relief Fund, U.S.A.  
 Société des Usines Metallurgiques, per Monsieur A. Bouchain.  
 Societies of the Ten Allies. (Proceeds of Costume Ball.)  
 War Relief Clearing House, New York, per Mr. Horace Andrews.

## ARTIFICIAL ARMS AND LEGS FUND

(Inaugurated by Dr. and Mrs. Foster Kennedy)

|                       |                  |
|-----------------------|------------------|
| Cameron, Miss.        | Mitchell, Miss.  |
| Hooker, Mrs. Elon.    | Polhemur, Mrs.   |
| Johnstone, Hon. Lady. | Porter, Miss.    |
| Lyll, Miss H.         | Wedel, Baron de. |
| Milne, Mrs.           | Woods, Miss.     |

## GIFTS OF SURGICAL APPLIANCES AND APPARATUS

|                           |                                |
|---------------------------|--------------------------------|
| Blake, Dr. Joseph.        | X-Ray apparatus from inhabi-   |
| Conner, Dr. Lewis.        | tants of Ris in recognition of |
| Kennedy, Dr. Foster.      | the work of the Out-Patients,  |
| Menzies of Menzies, Lady. | Dept.                          |

## GIFTS OF MOTOR-CARS AND AMBULANCES

|                             |                               |
|-----------------------------|-------------------------------|
| Bower, Joshua, Esq.         | Reckitt, Harold J., Esq.      |
| Burdon Muller, Roland, Esq. | British Sportsmen's Ambulance |
| Cobb, Harold, Esq.          | Fund, per Lady Johnstone      |
| Fraser, J. M., Esq.         | and Lord Lonsdale.            |

## GIFTS IN KIND

|                               |                               |
|-------------------------------|-------------------------------|
| Blake, Dr. and Mrs. Joseph A. | Gerard, Monsieur.             |
| Conner, Dr. Lewis.            | Guenepin, Madame.             |
| Decker, Mrs. William.         | Hervieu, Monsieur.            |
| Duer, Miss Caroline.          | Lemoine, Monsieur and Ma-     |
| Haseldine, Mrs.               | dame.                         |
| Hoyt, Miss Maud Buckingham.   | Léon, Monsieur.               |
| Johnstone, Hon. Lady.         | Marcille, Madame.             |
| Kennedy, Dr. Foster.          | <i>Firms</i> :—               |
| Lockwood, W., Esq.            | Colman, Messrs.               |
| Morris, Mrs.                  | Chiswick Polish Co., Ltd.     |
| Reckitt, Lady.                | Hartley, Messrs. W. P.        |
| Reckitt, Mrs. Harold J.       | Prescott, Messrs. J. L. & Co. |
| <i>Neighbours at Ris</i> :—   | Reckitt, Messrs., & Sons      |
| Benard, Madame A.             | (Hull).                       |
| Clement, Madame.              | Suet Frères, Messieurs.       |
| Drancy, Monsieur.             | Wilkin, Messrs., & Sons.      |

*Societies :—*

- American Red Cross, Paris.
- British and Belgian Relief Fund (Women's Branch), New York.
- British Red Cross Society.
- British War Relief Association, New York.
- Compton Red Cross Work Party.
- East End Red Cross Society of Pittsburg.
- Eli Bates Red Cross Shop.
- French Red Cross (Comité Britannique), London.
- Hartford Chapter, American Red Cross.
- Hove War Supply Depot.
- Little Green Red Cross Workroom.
- Mayfair War Relief, New York.
- Queen Mary's Needlework Guild, Surgical Requisites Association.
- Richmond, Virginia.
- Shady Side Presbyterian Church, Pittsburg.
- Surgical Dressings Committee, New York.
- Upper Montclair, New Jersey, Red Cross Society.
- War Hospital Supply Depot, Canterbury.
- Wellington House, London.

The first part of the report  
 is devoted to a general  
 description of the  
 country and its  
 resources. It is  
 followed by a  
 detailed account of  
 the various  
 industries and  
 occupations of the  
 people. The  
 report concludes  
 with a summary  
 of the principal  
 facts and a  
 list of the  
 names of the  
 persons who  
 were engaged  
 in the  
 work.

## FINANCIAL STATEMENT AND BALANCE SHEET

IN making a final statement for Ris Hospital it is convenient to divide it into three periods. The first was the period of the hospital's construction and its maintenance for the first year. For this period Lady Johnstone and Mr. Reckitt were entirely responsible. Overlapping it and running into the second period, were three or four months when personal friends of Lady Johnstone and Mr. Reckitt materially assisted the finances.

The second period begins May 1, 1917, when Mr. Reckitt and Mr. J. M. Fraser guaranteed £10,000 for the running of the hospital during the current year. They were not called upon for this guarantee, thanks to the support of the New York Committee and the increased subsidy from the French Government, but both assisted the finances of the hospital, as the expenses for the year considerably exceeded £10,000.

From May to September 1918 Mrs. Morton Plant continued her monthly donation and, with the money realised from the sale of some of the hospital effects, the expenses of this period were met and a small balance left in hand.

This balance will be used to erect in the Ris cemetery a permanent memorial to the soldiers who died in the hospital.

HÔPITAL MILITAIRE V.R. 76, RIS-ORANGIS (S. et O.) FRANCE  
HÔPITAL DES TROIS DRAPEAUX

(JOHNSTONE-RECKITT UNIT)

GENERAL INCOME AND EXPENDITURE ACCOUNT

From May 1, 1918, to September 30, 1918 (the date of closing of Hôpital V.R. 76)

| EXPENDITURE                                       | <i>French francs</i> | INCOME   | <i>French francs</i> |
|---|----------------------|--|----------------------|
| To Alterations and Repairs to Buildings . . . . . | 3,437.20             | By Donations                                   | 96,610.75            |
| " Coal, Lighting and Water . . . . .              | 14,901.10            | General Funds . . . . .                        | 6,481.37             |
| " Linen, Housekeeping and Furnishing . . . . .    | 3,689.20             | Special " . . . . .                            |                      |
| " Provisions . . . . .                            | 159,419.69           | " British Committee of French Red              |                      |
| " Medical Stores . . . . .                        | 5,310.55             | Cross (Loan per contra) . . . . .              | 54,000.00            |
| " Laundry . . . . .                               | 18,003.15            | French Government . . . . .                    | 71,961.30            |
| " Stationery, Postage, Telegrams, etc. . . . .    | 1,511.10             | Maintenance of Patients . . . . .              | 69,332.80            |
| " Bank Charges . . . . .                          | 76.27                | Special Allowances . . . . .                   | 2,628.50             |
| " Salaries and Wages . . . . .                    | 42,490.65            | " Interest . . . . .                           | 555.65               |
| " Equipment of Personnel . . . . .                | 2,644.45             | Total Receipts . . . . .                       | 229,609.07           |
| " General Expenses . . . . .                      | 4,456.65             | " Balance of General Income and Expenditure    |                      |
| " Motor and Garage Expenses . . . . .             | 4,074.70             | Account as at April 30, 1918 . . . . .         | 71,701.38            |
| Total Expenses . . . . .                          | 260,014.71           | " Balance being Deficit carried to Liquidation |                      |
| British Committee of French Red Cross             |                      | Account . . . . .                              | 12,704.26            |
| (Loan repaid per contra)                          |                      |  | 301,310.45           |
|   |                      |  | 12,704.26            |
|   |                      |  | 314,014.71           |
|   |                      |  | Fr. . .              |
|   |                      |  | Fr. . .              |

HAROLD J. RECKITT,  
Hon. Treasurer.

The above Statement of Income and Expenditure has been examined with the Books and Vouchers, and I certify it to be in accordance therewith. I have obtained all the information and explanations I have required.

ALFRED ATKINS, A.C.I.S.,  
Hon. Auditor.





HÔPITAL MILITAIRE V.R. 76, RIS-ORANGIS (S. et O.) FRANCE  
 HÔPITAL DES TROIS DRAPEAUX  
 (JOHNSTONE-RECKITT UNIT)

LIQUIDATION ACCOUNT  
 FINANCIAL STATEMENT

As at 31st October, 1919.

RECEIPTS.

|   |                  |
|---|------------------|
| To Sale of Property, Motor Ambulances, etc. . . . .     | 17,020-00        |
| Less Expenses of Reparation prior to sale, etc. . . . . | 4,715-50         |
|   | <u>12,304-50</u> |
| „ Hospital Equipment. . . . .                           | 21,150-00        |
| „ Sundries per Lieut. Aribert . . . . .                 |                  |
| „ Interest . . . . .                                    |                  |

*French francs.*

38,454-50  
 273-40  
 984-32

Frs. .

34,712-22

PAYMENTS.

|  |           |
|--|-----------|
| By Sundry Expenses of Evacuating Hospital, etc. . . . .                          |           |
| „ Miscellaneous Expenses . . . . .   |           |
| „ Total Liquidation Expenses . . . . .   |           |
| „ Balance of Income and Expenditure Account, being Deficit transferred . . . . . |           |
| „ Balance, being Cash at Banks :—<br>Morgan Harjes & Co., Paris . . . . .        | 12,864-80 |
| „ American Express Co., London<br>£52 7s. 1d. . . . .                            | 1,413-56  |

*French francs.*

7,598-10  
 131-50  
7,729-60

12,704-26  
20,433-86

Frs. .

14,278-86  
34,712-22

HAROLD J. RECKITT,  
 Hon. Treasurer.

The above Liquidation Cash Statement has been prepared from the Books and available Records, and examined with Vouchers, and I certify it to be in accordance therewith; and in my opinion it exhibits a true and correct view of the affairs of the Hospital as shown by the Books. The Sale of Assets is taken as stated by the Administration Officers of the Hospital. The Cash at Banks has been verified by Certificates from the Bankers in Paris and London.

ALFRED ATKINS, A.C.I.S.,  
 Hon. Auditor.





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