

I could judge the scheme was not succeeding, and mainly so because the patients seemed to think that they were being exploited as cheap labour. But the gardener in charge assured me that the labour they put in was of little value, as it was so irregular and half-hearted. On one occasion when I had paid a visit to see how they were getting on at work, not a man of them had turned up. On making inquiries later from the men themselves, I found that they had all gone to see a funeral in a church-yard they passed on their way to work, and they seemed to consider that a good and sufficient reason for their absence. That confirmed the gardener's opinion for me, and I wondered if it was any use trying to help people who would not try to help themselves!

The children were the bright spot of my consumptive sections. It was amongst them that I first fully realised the amazing recuperative power of children to disease. They were sent in by the M.D. in charge of the City Tuberculosis Dispensary—sometimes almost in a dying condition. Yet time and again they rallied, and cases that were fairly advanced would be discharged as arrested in a comparatively short time, some with and some without tuberculosis treatment. They were a very happy lot these sanatorium children, about 50 of them with Sister C. to mother them. They inhabited a rambling old hill on the crest of the hill overlooking the town. So there was abundance of fresh air in their school-room and dormitories, with only the green fields around them. Such a contrast to the overcrowding of an industrial midland town.

I did not observe the peculiar mentality of the consumptive amongst the children—perhaps that helped in their more rapid cure. In the soldiers' block it was always in evidence. It took Sister S. all her time to manage them, and she went to no end of pains to make the soldier boys happy. But they held an indignation meeting because they had no work, yet when work was found for them they grouched at doing it; we got so used to indignation meetings in their quarters that I came to consider them as peculiar to the consumptives. It was only a storm in the teapot always and easily smoothed over, but I have wondered since if that inadaptability towards life is not partly responsible for the unsatisfactory progress of

phthisis in general. My colleague who had charge of the early cases among the civil patients assured me that she had the same to contend with. After about three months of this, I had the ill-luck to contract an infection of two fingers whilst performing a tracheotomy. It took the form of an indolent ulceretius, which would not heal. After trying every remedy in the B.P. for some weeks, they healed rapidly with local applications of anti-dip, serum. That clinched the diagnosis as a "dip" wound infection, to my thinking, but in the then hurry of life, I had not made a culture at the time. It ran me down, so I decided to spell off for a few weeks. My next sphere of usefulness was as house surgeon at Victoria Hospital for children in Chelsea. I started work here just two weeks after leaving Leicester, as, when I interviewed the Board, they asked me to come on duty in advance of the advertised time, the previous H.S. having left for illness and they were understaffed. I had applied without knowing the locality. When I went there I found it was in one of the pick spots of London. It was built on a corner overlooking the Chelsea Pensioners' Hospital grounds, and the Chelsea Embankment was at the end of Tiber Street, with the Battersea Park just opposite. The Hospital consisted of 104 beds, half surgical and half medical, and an enormous out-patient department, as it supplied the Chelsea, Battersea, Pimlico, and Fulham districts. Here the work was less responsible, as there was a staff of visiting honoraries for wards, out-patients, and specialties. But all these men were doing double or treble duty as, replacing others on active service, so much of the routine work was left to the staff. I stayed on here as H.S. for twelve months, so saw several R.O.'s and M.P.'s come and go. Except for two periods of a few weeks each, we were all women residents; I enjoyed the work immensely, and found surgical children a most interesting study from the psychological side too. They suffer far less than adults, as there is not the anxiety of anticipation. They take anaesthetics exceedingly well, and often sat up and asked for supper a few hours after. Comparatively seldom was there just operative sickness, which causes quite half the suffering with adult surgery. One saw very little sepsis—that bugbear of the military surgery—ex-