AN EXPERIENCE THROUGH THE HALIFAX DISASTER

By CAPTAIN FREDERICK T. TOOKE, C.A.M.C.

Montreal

THE recent catastrophe at Halifax has apparently come and gone. Passed, perhaps to many at a distance whose near point is always fixed in relation to their preoccupation with the affairs of the moment and within their own very limited range of vision; an event never to be forgotten in life's experience on the part of those whose fortune drew them to the help of that unhappy city.

Call the event an accident, a blunder, the part of an organized plan, define it as you will, it must still remain a tragedy of the war and be particularly considered as such as any event that has happened in France or in Flanders. Far be it from me to dare to assume the rôle of an armchair critic at such a distance regarding what is happening overseas. I have, however, seen Halifax and I do happen to know what has happened there. A well-known officer of one of Canada's most brilliant battalions enjoying the distinction of a Master of Arts degree as well as a Distinguished Service Order decoration with bar, a scholar no less than a soldier, told me on driving me home to my billets one night after work, "the war has nothing on this, and I have seen the worst of it."

Be it an act of war in our own country, or approach it from any angle that may suit your own personal idea or opinion, however ridiculous or however improbable, I wish to state at the outset that I am glad that I was there. More than that, I would acknowledge with deep gratitude the privilege and the unusual opportunity accorded me, probably that of a lifetime, of helping suffering humanity; an occasion which might equally well have fallen to another and a duty that might have been fulfilled by another with more brilliant results if not by greater zeal and honesty of purpose.

The occasion could not have been staged with greater tragedy: the horror of its results could not possibly have appealed to anything other than what we are pleased to term our better selves. The whole affair was in many respects a revelation with respect to our regard for human nature.

A record of the events of any human experience, however satisfactory or however satisfying, is seldom published without being weighed down by an if or a but. Our recent adventure is no exception to such a general rule. My only regret is that our call for help from Halifax had not been made more immediate and that we could not have arrived on the scene twelve or eighteen hours earlier. It would appear that the delay was unavoidable for obvious reasons.

On December 8th, I was ordered by Lieutenant-Colonel Patch, A.D.M.S., Military District No. 4, to proceed at once to Halifax and report for duty to Lieutenant-Colonel F. McKelvey Bell, A.D.M.S., Military District No. 6. My only instructions were that with the recent explosion an unusual number of eye casualties had occurred and that an eye surgeon was urgently needed. I left by the first train available, taking a complete set of eye instruments. Through the courtesy and thoughtfulness of the authorities of the Royal Victoria Hospital who had heard of the order, Miss Etter of the nursing staff of the Ross Pavilion was detailed to accompany me for special duty. The trip to Halifax was uneventful but for its discomfort. We started out in a blizzard; much delay was experienced the first night driving against snow drifts. The following morning when connecting with the commissariat department at about ten o'clock, five hours late, we were put on very much reduced rations. Only two rather meagre meals were served by the dining car. Later on as the day grew dark, the electric light installation went out of order, a dim and almost inconspicuous light flaring up brightly only every few revolutions of the wheels. As we were dependent upon two candles during the intervening space of time the effect on the eyes was the same as frequently testing pupillary reaction, and the result was headache. Our delay of six hours was in many ways an unmixed blessing for we were able to get a second rather comfortable night on the train rather than undergo the anticipated difficulty of looking up billets in the early hours of the morning in a strange and devastated city.

We arrived at our destination on Monday morning at half past six o'clock. The day was dark and cold and the details of the city could scarcely be made out. The roof of the Canadian Government Railway Station had fallen in, innumerable cars and trucks were wrecked on the sidings, and we were compelled to make our way through a sea of broken glass and over countless obstacles, chiefly wreckage and coffins. One could not begin to count the latter. The sense of depression was almost unbearable. Not a sound could be heard, railway trains were not running, ours had only been the second

to arrive in Halifax, electric cars had been suspended, one could not even hear a motor horn. The streets seemed to be empty. The silence was intolerable and Halifax at first impression seemed to be in fact a city of the dead. We reported to Military Headquarters when I was assigned for duty of Camp Hill Military Hospital, taking Miss Etter with me.

A word of digression, however, regarding the source of the accident, its nature, and some of its effects. Probably a great deal of what I relate to you has already been furnished by the public press. Much detail might be supplied by many regarding the problematical nature of the explosion which I discreetly feel it better to avoid. In brief, the ammunition ship *Mont Blanc*, laden with tri-nitro-toluol in the hold and with benzol in tanks on the deck, was rammed by the Belgium relief steamer *Imo*. With the collision the benzol ignited, and the *Mont Blanc* was soon ablaze. A call was rung in for the Halifax Fire Department. The peculiar glare from the light as well as the ringing of the fire alarms attracted everybody to the windows, principally women and children. An attempt was made to scuttle the burning ship, but without avail. In less than half an hour's time a terrific explosion occurred as the result of the benzol and the tri-nitro-toluol coming together. One must visit Halifax and view its ghastly scars in order to estimate its awful result. Imagine an area bounded by Pine Avenue on the north, Dorchester Street on the south, Cote des Neiges Hill to the west, and St. Lawrence Main Street on the east. An area one and a half miles square was laid flat, not a dwelling was left intact, large trees were shattered. There was not one building in the whole of Halifax without broken glass. The home of the late Lieutenant-Governor McKeen, where I had the good fortune to be billeted, three and a half miles from the source of the accident, had more broken glass than one could count. A fortunate circumstance in many cases as in this was that the double windows had not been put up for the winter.

A few curious freaks showing the frightful force of the explosion. The anchor of the *Mont Blanc* weighing six tons was discovered in one of the dismantled Exhibition buildings three miles away. The ship's 4·3 gun was found a mile away over on the Dartmouth side. Many bodies were found with their clothing literally torn off them without their necessarily having been burned, while one man was carried through the air for a distance of a quarter of a mile, and landed on terra firma, his only misfortune apparently being that a keg of nails had been predestined for his point of alighting.

Verily the days of Münchhausen are still with us. This statement, however, I can vouch for, as the man gave evidence before the Naval Court of Enquiry the day before I left Halifax. But to return to my special mission and my own experiences.

I reported to Major Morris, officer commanding Camp Hill Hospital, the largest unit in action during the emergency. Camp Hill is a hospital designed, equipped, and intended in Halifax as others are contemplated in other Divisions, for returned men who have been invalided home. The estimated capacity of Camp Hill was two hundred and eighty beds, plus the sun parlors. By a fortunate coincidence there was a complete complement of medical officers, staff, and orderlies. Captain John Fraser, A.M.C., was also in Halifax with two hundred reinforcements for the Army Medical Corps waiting for transportation overseas. Owing to Camp Hill hardly having been in action there were only five nursing sisters on duty, two for relief work and one for night duty. When the crash came Camp Hill accommodated 1,630 patients. Let it be said to the everlasting credit of the V.A.D.'s that they nobly filled the breach. Also to that of Colonel McKelvey Bell, A.D.M.S., Military District No. 6, for the perfection and thoroughness of his organization. It was wonderful how quickly it was brought into action for such a crisis and how thoroughly and with what detail the work was carried on. I never saw a large body of men and women work so harmoniously together. Besides the regular workers associated with the Army Medical Corps, there were all sorts of helpers enlisted from all classes of society, making beds, scrubbing the wards, carrying food, feeding the helpless, caring for the children, washing dishes and helping in a hundred and one different ways; mistress rubbed shoulder with maid and char-woman, all imbued with the same desire to help. All the motors were commandeered and women frequently served as transport officers. Although at the dawn of a Christmas season one could shudder with the thought of "Peace on Earth", one was inspired and encouraged with the doctrine of "Goodwill towards Men".

Many of the wounded died the day they were admitted to hospital and for this reason, after the explosion it was quite impossible to prevent terror and panic on the part of the mob, and the rumour spread that the fire was making headway towards the arsenal at Wellington Barracks. A still more serious explosion was anticipated and the poor people fled to the parks, woods, and open places, away from the centre of the city, scantily clad with their ghastly wounds unattended. Here they were overtaken by a terrible

blizzard and rescued by stretcher bearers in a half frozen and almost exsanguinated condition. The mortality was in consequence at first terribly high, largely the result of exposure, exhaustion, and loss of blood, a circumstance for which nobody could be held directly responsible.

Every available bit of space at Camp Hill was taken up. Men, women, and children were first all collected in the same ward irrespective of their condition. Frequently three would occupy the same bed. Patients were even under the beds and between the beds lying on blankets as well as in the corridors. One made one's way through the wards with the greatest difficulty. The day of my arrival the numbers were reduced to nine hundred, and I would pay this tribute to Major Morris by saying that the hospital was carrying on in excellent order. The windows had all been repaired, each patient had a bed or mattress with warm clothing while an abundance of good nourishing food was served alike to patients and staff.

I was taken to a small back room lighted by a single electric globe. Here a man was operating who was introduced to me as Dr. Cox of New Glasgow. I pay my tribute to this small town specialist as well as to Dr. Putnam of Yarmouth, who later came to my assistance. The first mentioned bore the brunt of the first shock of the service. He left his work at home at a moment's notice and travelled one hundred miles to Halifax. He was left four miles out of the city groping about in the dark, frequently stumbling over dead bodies before he was able to reach the centre of the city. He at once put in a twenty-four hour continuous service and after a three hour rest had started again when I discovered him. Most of the night he had been working in the kitchen and operating on the floor. Dr. Cox from his appearance might have been anywhere from forty to sixty-five years of age, such was the result of fatigue in his expression and behaviour. He was manifestly exhausted and he told me that he had done so much work that his instruments would no longer cut. I sent him off to bed and proceeded to take over the service and sort out the material. There were about one hundred and twenty people in the one ward, practically all major operation cases. For this service I had two other oculists associated with me beside Dr. Cox to whom I have already referred. Dr. Cox left for his home the day after my arrival, one member of the staff developed a severe gastric disturbance due to overwork, while the third acquired a paronychia.

Left practically alone I consequently proceeded to form a

"Union Government". Dr. Ames, a general practitioner of Westville, Me., acted as surgical dresser, Mr. Haslam, a fifth year medical student, gave more chloroform and gave it better than I have ever seen it given before. Sergeant Wallace, a returned Army Service Corps man whose like I have yet to find for honesty, energy, and ability, acted as my orderly, while Miss Etter and I completed the team. From this time on operations were undertaken somewhat more cautiously, due to the fact that the most urgent had already been performed.

Let us make a very brief survey of some of the cases in one ward under my care. Anything like complete note-taking was quite out of the question. We were working under such pressure that it was impossible to dilate on a few very sketchy notes without feeling that the more important fact of treating the patients was being overlooked. Sergeant Wallace who was always at my heel with pad and pencil managed to collect these few facts from me which afford one a fair average of the hundreds of such cases in the hospitals of Halifax.

1. W. A. G. Right eye uninjured. Left eye, two long perforated wounds of the cornea, iris prolapsed. Iridectomy and edges of iris freed.

2. Unknown child. Wound of lid with marked induration of tissues. Examination under chloroform, eye uninjured.

3. Mrs. M. A. Both eyes and appurtenances torn to shreds. Remains enucleated, double dressing to orbits, multiple glass wounds of face and neck.

4. M. C. Child about three years. Laceration of left upper lid. Left eye completely destroyed. Lid sutured and remains of eye enucleated.

5. G. A. M. Laceration of lids of right eye, globe normal. Left eye perforated wounds of cornea. Iridectomy and lids sutured. Glass wounds in neck.

6. J. K. Left eye completely collapsed, enucleated. Right eye perforated wounds of the cornea, prolapsed iris, iridectomy.

7. Mrs. R. B. Multiple wounds of left cornea below at temporal side near ciliary margin. Presenting iris excised and flap of conjunctiva sutured over wound.

8. R. F. Multiple glass wounds of both lids. Dressed.

9. J. C. Abrasions of both corneæ. Dressed.

10. J. B. Complete destruction of both eyeballs, large fragments of glass removed from globes after enucleation.

11. Mrs. G. R. Multiple incisions of both lids. Dressed.

12. G. B. Right eye normal. Perforated wound of left sclera up and out. Sutured conjuctiva over wound and applied double dressing for a few days.

13. R. S. Right eye normal. Perforated wound of left cornea. Iridectomy, argyrol, atropine and bandage.

14. G. H. Slight abrasions of right cornea. Condition not serious.

15. A. L. Right eye normal, left eye collapsed, enucleated remains.

16. Mrs. T. A. E. Superficial abrasions of right cornea. Perforated wound of left sclera with prolapse of ciliary body. Excised prolapse and sutured conjunctiva over wound. Atropine, argyrol and double bandage. To be treated conservatively pro tem.

17. Mrs. D. McK. Left eye abrasions of cornea. Perforated wound of right cornea with prolapse of iris. Iridectomy, atropine, argyrol and bandage.

18. F. McK. Left eye normal, perforated wound of right cornea, prolapse of iris. Iridectomy, atropine, argyrol and bandage.

19. Mrs. A. D. Left eye normal. Long perforating wound of cornea extending into sclera and ciliary body. Two other parforating wounds of sclera. Eye enucleated.

20. E. B. Right eye normal. Multiple wounds of cornea. Anterior chamber completely filled with blood. Treat conservatively for a few days.

21. W. H. Left eye normal. Perforating wound of right cornea with prolapse of iris. Iridectomy, atropine and bandage.

22. Mrs. G. A. M. Left eye normal. Right eye completely destroyed. Enucleated remains of right eye and sutured lids.

23. Mrs. A. B. Right eye normal. Half inch perforation of left sclera from corneal margin backward, globe collapsed, enucleated.

24. Mrs. S. R. Right eye completely destroyed, enucleated, large corneal wound of left eye extending into ciliary body above. Conjunctival flap, atropine, argyrol and bandage.

25. A. S. Right eye normal. Extensive perforating wound of left cornea with prolapse of iris. Iridectomy, atropine, argyrol and bandage.

26. Mrs. C. S. Right eye normal, left eye completely destroyed, enucleated remains.

27. T. N. Left eye normal. Oblique wound of left sclera over ciliary body, ciliary body and vitreous presenting. Enucleated.

28. M. B. V shaped ragged wound of left cornea extending into the conjunctiva below. No apparent inclusion of iris or ciliary body. Atropine and bandage both eyes.

29. J. McM. Left eye normal. Perforating wound of the right cornea at nasal side, prolapse of iris. Iridectomy.

30. A. S. Right eye normal. Perforated wound of left cornea at limbus. Iris incarcerated. Iridectomy. Soft lens matter to be evacuated later. Double bandage.

31. F. S. Extensive necrotic wounds of lids and right side of face. Neither eye injured. Moist dressings to lids and face.

32. Mrs. P. Wound of right cornea extending 2 mm. inward to nasal side towards ciliary body. Iridectomy, atropine, and double bandage.

33. Mrs. H. McN. Wound of right cornea at limbus, iridectomy. Edges freed, atropine and bandage.

34. Mrs. S. R. Perforating wound of left cornea with prolapse of iris. Iridectomy. Right eye has already been enucleated.

35. F. B. Perforating wound of right cornea from limbus to centre of pupillary area. Iris incarcerated and fixed about pupil. Iris freed and iridectomy done.

36. Mrs. A. S. Ragged tear of right cornea above in vertical line. Inclusion of ciliary body and vitreous in wound. Treated conservatively. Perforated wound of left cornea below with presentation of iris covered by conjunctiva. Traumatic cataract. Atropine and double bandage.

37. Mrs. R. P. P. Small linear incision made over left lacrimal bone for escape of particle of glass. Moist dressing.

38. Mrs. M. V-shaped wound of cornea with deposit of lymph about edges. Hyphæma. Iris cannot be detected. Edges of wound freed, atropine and bandage.

39. M. D. Opening of conjunctiva over insertion of external rectus muscle for escape of glass particle.

40. L. D. Large perforating wound of right ciliary body above. Globe enucleated.

41. W. A. R. Right eye normal. Large corneo-scleral wound of left eye with prolapse of ciliary body. Enucleation of eyeball.

42. Mrs. W. Left eye completely destroyed. Extensive penetrating necrotic wound of lid. Oil silk inserted in orbit to prevent adhesions of lid to conjunctiva.

43. M. L. Perforated wound of right sclera at temporal side. Incarceration of ciliary body, excised. Perforated wound of left

cornea, prolapse of iris, wound granulating over, traumatic cataract. Atropine and double bandage.

44. Mrs. G. N. Right eye collapsed, panopthalmitis. Necrosis of tissues with œdema of lids. Enucleated, moist dressing.

45. Mrs. S. Both eyes so destroyed that organs cannot be distinguished. Extensive wounds of face and lids. Moist dressings.

46. A. P. Right eye normal. Perforating wound of left cornea 4 m.m. in length opening horizontally toward nasal side of corneo scleral margin. Iridectomy.

47. M. S. Right eye collapsed, enucleated. Left eye shows multiple incised wounds of cornea extending from centre of pupillary area to corneal limbus below. Wound gaping and vitreous presenting. Vitreous excised. Conjunctival flap and bandage.

48. B. C. Vertical incised wound of right cornea. Extends several mm. below the corneo-scleral margin. Wound has already been sutured and is apparently in a healthy condition. Cornea œdematous at temporal side. Atropine and bandage.

We had some exceedingly difficult enucleations where the lids had to be separated by retractors, so intense was the induration with the attendant necrosis of the conjunctiva. Secondary adhesions rendered our progress slow but in no case did we meet with any untoward complications while operating. In one or two cases I practised the Lister operation, separating the muscles and eviscerating the contents of the globe, at the same time excising most of the sclera and leaving only a small curtain of this tissue about the optic nerve. The idea of this procedure is presumably to offset infection backwards into the orbit. The reaction in these cases seemed to be much greater than in the simple enucleations where drainage forward, in my opinion, was better.

It must be remembered that the eye injury was frequently only an associated condition of the most ghastly incised wounds of the head, face and neck. These wounds were invariably caused by glass and could only be described as hideous, they were all too terrible. Much of our time was consequently taken up by attending to these wounds, the fact of dressing the eye being a mere coincidence. Practically every face wound was septic; nay more, each was welling out with a copious purulent discharge while other wounds appeared almost to be gangrenous. An earlier attempt had too often been made to bring the edges of these tears together by sutures, the stitches invariably sloughing out at one side, leaving the adjacent tissue more

necrotic. The faces appeared as though some filthy septic claw or rake had been dragged over the face as deeply as it could penetrate. In cases of retained glass a bloody serum kept being exuded rather than pus, this no doubt being due to the irritation caused by the restrained glass. In many cases it was marvellous how intense had been the injury inflicted upon one lid while the underlying eyeball had not been disturbed. On the other hand it was equally to be wondered at how often an eye was picked out by glass while the lid remained uninjured. I performed iridectomies, excised portions of presenting ciliary bodies in some desperate cases and attempted the repair of certain wounds of the cornea with fair success. In only one instance from my own series of cases did infection ensue. The exception was the case of a child who probably tried to remove her bandage. Any attempt at bacteriology would have been a burlesque. We made the best effort at asepsis that was possible under the circumstances. I could vouch for my instruments and dressings through Miss Etter's care. I could not employ rubber gloves as I abominate them in eye work. Perhaps there is a certain unrecorded virtue in the frequent application of "Queen's Laundry Bar" or some of the other commoner kitchen varieties of soap which seemed to come to my hand oftener than any other. Perhaps it was because I used strong bichloride till my hands began to cut, perhaps it was both; but more probably that because our luck was with us. A word for the conjunctival flap; we made use of it in numbers of cases both in scleral wounds as well as in incised wounds of the cornea and I do not hesitate to affirm that many of our successes were due to our assuming this precaution. Argyrol may have helped in certain cases while atropine was used along general lines as conditions warranted. When possible, all intraocular operations were left undisturbed for two days before I did the first dressing.

To show the wonderful reparative results achieved, I am able to state that Camp Hill Hospital was practically evacuated with the exception of about one hundred cases in ten days' time, the patients generally being transferred to civilian units or to homes organized for their care in some of the smaller neighbouring cities of the province, as Truro, Windsor, New Glasgow, Sydney. We had only twenty remaining in the eye ward, who were cases as a rule waiting for their homes to be reëstablished in Halifax or who were expecting accommodation with relatives or with friends.

In Camp Hill Hospital 1,500 units of anti-tetanic serum was given to each patient but only on the fifth day after the accident,

as a large enough supply could not be obtained at first in the emergency. We did not have a single case of tetanus. One case, I believe, did develop at the Victoria General Hospital, but the condition subsided under treatment, the patient unfortunately dying from a lobar pneumonia. I did not see one case of spreading gangrene although the *B. ærogenes capsulatus* was noted in four cases in another hospital. We further did not have any cases of erysipelas, although I suspected it in one case, the condition shortly subsiding as a false alarm, such to my peace of mind. There was no meningitis at Camp Hill.

Various reports have been circulated regarding the number of those permanently blinded as the result of the accident. My opinion is that most of these reports have been exaggerated although the number is sufficiently appalling. I estimate that five hundred people, or one person in every one hundred and fifty of the population of Halifax will be or should eventually be wearing an artficial eye. Many will not be able to wear an eye for the reason that there has been irreparable damage done to the lids and face as well as to the orbit. About two hundred people will be blind if figures count for anything. I base my figures on the following estimate. The *Halifax Herald* makes the statement that only 3,000 people were injured. If 1,500 were cared for at Camp Hill and if eight other units were doing work to full capacity, this number could be easily doubled, especially if one is to include the number of people who were receiving private attention in their own homes or dressing stations. In my opinion 25 per cent. of the casualties were eye cases, making 1,500. Figures compiled from my own wards show permanent blindness in 10 per cent. of the cases which would mean one hundred and fifty of the total number. This figure will doubtless be augmented to two hundred when late manifestations appear in a single remaining injured eye. There are some questions and problems which will never be answered, or to which history must vouchsafe a reply in the course of time. Were too many eyes removed? I hope not. My time was completely taken up at Camp Hill where I had all that I could attend to. Eye work was done at every other unit or hospital for which I cannot possibly answer. My opinion from my knowledge of the men entrusted with the work is that it was conservatively and conscientiously undertaken and carried out. Most of the enucleating at Camp Hill had been performed by my predecessors, Dr. Cox and Dr. McLennan, although a few choice specimens—probably a dozen—complicated cases were left over for my particular edifi-

cation. From the eyes which I saw remaining and where an honest endeavour had been made at operative repair, I can safely say that no eye was removed at Camp Hill that was not irretrievably lost. One may equally well ask the converse, were any injured eyes left where the site of injury might threaten subsequent sympathetic trouble? Where the other eye was injured, no, where both corneae were incised with iris and ciliary bodies presenting, yes. Our hands were absolutely tied under such circumstances. One had no alternative but to trust to a kindly providence and to hope for the best. The problem which is now confronting the oculists of Halifax is the fate of an eye where a late sympathetic trouble may ensue to an inclusion of the ciliary body or to the retention of a glass particle in the uveal tract. There is material for a book on plastic operations on the lids and face. No author will ever find more material in so short a compass.

One or two observations in conclusion. I would like to testify to the generous and spontaneous response made by the American medical profession and by the American people in general. It was not a response, for in most cases no appeal for help had been made. The act of service was a spontaneous manifestation of a kindly sympathetic people to neighbours in distress. These were generous and appreciative in the broadest sense of the term. I might mention in particular, the Boston unit, the Maine unit, the Providence unit. Each one came prepared to undertake all forms of work on the shortest possible notice. Take the Providence doctors and nurses who left on two hours' notice. They were travelling on Sunday and wanted some Red Cross insignia. No shops could be found open at any of the stations through which they passed. They finally compromised with the porter of the sleeper for a discarded green curtain and an old sheet. The Providence unit will always be remembered with regard in Halifax as the Order of the Green Cross. On their arrival at Halifax every hospital had a complete staff. Providence started in to do a first aid in a systematic manner by visiting all homes about the devastated area where families had bravely attempted to hold together and tabulating such cases as well as attending to the wounded. When one of the hospitals was later evacuated Providence took possession with a full complement of patients ready at hand.

It is useless for me to attempt to acknowledge in proper terms the kindly consideration and hospitality of the people of Halifax, civilian as well as military. All were most keenly sensitive of whatever help we were doing our best to afford. All they had was ours

and their homes were our billets. My social experience was an extremely happy one and in spite of my hard work I actually enjoyed myself.

An outstanding feature, and one which impressed me greatly, was the absolute abstinence from indulgence in alcohol. One may be a fanatic regarding the question from both points of view, another may be uncharitable enough to say that whiskey may always be had and never easier than in a dry town. I did not detect alcohol in the case of a single patient, relative, soldier, or medical officer at a time when indulgence might almost have been condoned with as an only apparent solace in grief and depression.

One of the most remarkable statements which I am able to make is that throughout my service, in the presence of death, of suffering, and following the destruction of all that life and home held for them, I did not see one single tear shed while I was in Halifax. I naturally except the children, where a painful dressing was a sufficient excuse. Were the people as a whole stunned, or did higher ideals seem to be uppermost and the most generous and kindly motives to possess all classes and all natures? Everybody served and served gladly, from the highest to the lowest, and those with minor injuries were happiest when trying to help others with wounds more serious than their own.

And so I have come to the end of my story. As the recital of my surgical experience, necessarily sketchy through the emergency of the situation, it is probably of little value; as the tale of a professional adventure it is possibly of some interest; as the testimony of an endeavour to help a heroic and deserving people, it is no more my own than I feel it to be that of all who have taken the trouble to read of my sojourn in Halifax.