or roof of the cell was of stiff and transparent plastic which allowed adequate visibility. He claimed that air-borne infection could be eliminated by this method without undue restriction of normal surgical technique.

Mr. R. S. MURLEY (London) put forward a plea for improving the surgeon's workshop. More theatres were required and better physical conditions had to be achieved. Keeping down movement and numbers was an important factor, and undue heat and moisture would be reduced by the removal of sterilizing plant from the theatre confines and the establishment of central sterile supply departments. He described the usual systems of ventilation—the piston and the jet—evincing a preference for the latter, but he emphasized that no precautions of this nature

could overcome the problem of a carrier of pathogenic organisms working in the theatre and infecting patients.

Professor E. HUSFELDT (Copenhagen) said that he had had great help from the combination of a consultant bacteriologist studying all outbreaks of infection and an experienced theatre sister who spent her time in all parts of the hospital looking for faults and errors in technique.

Dr. F. F. GERBODE (San Francisco) thought that the low rate of infection in his hospital was probably due to the clean air and a good climate. He emphasized the need for clean hair in the theatre staff, and urged that theatre clothes should be changed for each operation. All long-stay patients should be washed daily

and their clothes and bed linen changed too.

Mr. D. B. LONGMORE (London) described an "igloo" type of temporary theatre that could be erected within any room and its plastic walls kept inflated with a stream of sterile air. This type of theatre had been used successfully and safely for perfusion cases in the theatre of the National Heart Hospital.

Dr. LUNDQUIST (Göteborg) showed that 2 to 4 p.m. were the most dangerous hours for operating from the point of view of infection (assuming an early-morning start). A tired staff and more junior surgeons were possible reasons, and the solution offered was that a theatre after six hours' work should be "rested."

MEDICAL HISTORY

John Haddy James

In a year which commemorates the 150th anniversary of the battle of Waterloo readers of the *B.M.J.* should also call to mind one who not only was present at that famous incident but later worked with Charles Hastings in 1832 to establish the Provincial Medical and Surgical Association, out of which grew the British Medical Association. An opportunity to become acquainted with the young John Haddy James has recently been made possible by Miss Jane Vansittart,¹ who has brought together letters and notes from the diaries of this remarkable and entertaining character.

James was born in Exeter in 1788. Here he started his medical training, which was completed at Barts under the great John Abernethy. The latter must have had considerable affection for James, because he confided to his pupil many details of the conflicts in which the master became embroiled.² After qualifying M.R.C.S. in 1830 James joined the First Life Guards as assistant surgeon and thus was drafted to the Low Countries after Napoleon had escaped from Elba and was gathering his army for the attack on England and Prussia.

Severe Campaign

James says very little about the military aspects of the battle; one would not expect much from a surgeon who was far too busily occupied with urgencies of his own job. As he said, "The campaign has been a very short one, but it was very severe for the few days it lasted, and I never in my life remember anything equal to the fatigue I experienced, partly owing to the want of provisions, for the whole business was so sudden, that we had no time to make any arrangement. After the commencement, it became necessary for the medicals to retire under cover, for we

were at first as much exposed to the enemy's fire, which was very severe, as any other description of people." The background of war in Napoleonic times is well drawn and the life of the people of France after the war is described with delightful enthusiasm mixed with horror. There is a pleasant naïveté about the writing, characteristic of a young Anglo-centric provincial medical man at that period of British history. At the same time the style of the writing and the detailed descriptions are those of a careful observer and of a persistent recorder.

The second part of the book deals with the march on Paris and its occupation. It is full of the most happy descriptions of places and people. French feeding habits at home and in the restaurants, the theatres and art galleries, the Parisian Sunday, the churches, monuments, and palaces, all are described with zest. At the end of six months of the occupation there was the march back to Calais, and the rude awakening on arrival in Dover has a certain topicality.

Provincial Medical Education

After return to Exeter, within three years James won the Jacksonian Prize of the Royal College of Surgeons for his essay on "Inflammation." He was a strong advocate of provincial medical education. He had much to do with developing a medical school at Exeter and with the foundations of its excellent medical library. His keenness in these matters led him to support Charles Hastings, and in 1842 he was the president of the British Medical Association at its Annual Meeting in Exeter. A year afterwards he was elected an original Fellow of the Royal College of Surgeons of England under its new Charter of 1843. James published a number

of interesting papers. Apart from his book on *Inflammation*, which went through several editions, he was interested in fibroid tumours, amputations, and aneurysms of the external iliac artery. He was in fact one of the first to tie the common iliac artery for this condition. He is credited with having experimented with suction extraction methods for difficult pregnancies, but I can find no published paper on this. One of his most important contributions, as described by Rocyn Jones,³ was the presentation in Liverpool in 1839 of a method of treating fractures of the femur by continuous weight traction. This paper much impressed Hugh Owen Thomas of that city. The method is commonplace to-day, but when introduced it long antedated Buck, to whom it is often attributed in the United States of America.

James was an inveterate note-taker. His Waterloo diaries are but a minute part of the voluminous records that he left of clinical work, written and illustrated delicately in his own hand, and also records of his and his wife's farming properties. He was a man of many parts—gruff and dictatorial after his Abernethian background but warm-hearted beneath it all. A great worker for medical education, the sort of man of whom Wakley wrote in the *Lancet* in 1858: "Medical schools," he said, "in the provinces, possessed many advantages in teaching methods and facilities which were seriously deficient in the London medical schools."

Now education has come back full circle to Exeter with the development of its very active Postgraduate Medical Department in the University and some extremely interesting research projects, one of which, providing a detailed morbidity survey in the City of Exeter, has just been announced.

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