want to make you comfortable.” He said: “No, sister; do not do that. I am carrying important messages and they must get to the English commander tonight. I do not know where my bag is.” When I gave it to him he said: “Will you promise not to let it out of your sight?” When I told him I would take the messages for him he said: “Will you swear to it?” So I swore to him. Think of my horror when I learned that this brave boy was subject to court martial on the ground that he did not take proper precaution against accident in the discharge of his important duties. I know, however, that he lived, and I am glad of that.

It was a happy time for us when Mrs. Dike told us that the American Women’s Hospital was coming over to work with us. The work which we have started will go on.

AMERICAN COMMITTEE FOR DEVASTATED FRANCE

DR. ALICE WELD TALLANT

One thing which Dr. Kelly has left out is the reason why she was thrown out of the car. She was riding on the step so that some refugees could have her place inside the automobile and that is how the accident occurred. In spite of her dislocated thumb she went right on working for the people and it was not until I had arrived to join the unit that she took the time to go to Paris to have her thumb attended to.

My service with the committee began in the midst of the great German drive at the end of May, 1918. I took the last train that went through from Paris to Vic-sur-Aisne, the committee’s headquarters, at the time of this offensive. The advance had been so rapid that before the people knew it the Germans were almost upon them. There were two French hospitals which were in the path of the offensive and they were so taken by surprise that one lost practically all its material, although able to evacuate its patients, while the other, in spite of the approach of the Germans, could get no official word to evacuate, and did not get its patients out before the arrival of the enemy. This gives some idea of the suddenness of the attack.

On my arrival at Vic-sur-Aisne, in the midst of the offensive, I have a rather confused recollection of hot sun, dusty streets crowded with troops, guns so near that the house shook and the windows rattled with the shock, and a big French observation-balloon in the field in front of our house. In the afternoon I went
with Dr. Kelly to make a medical visit at a farm on top of a hill, and while there we saw the balloon fired on by a German plane and set on fire; the Frenchman fortunately escaped, coming down in a parachute. On the whole, Vic seemed to be a good place to move out of, and we did move at five o'clock that afternoon.

We spent the next week helping the villagers to get away from danger, taking them at first to the nearest railroad center, so that they could get down to Paris by train. Unfortunately, the chief aim of the Germans at that time seemed to be the bombing of railroad centers, and in one they exploded an ammunition train and set fire to a train full of refugees, many of whom were burned to death or badly injured. After that we had to take our people to Senlis, a town much nearer Paris, so that they might be safe. Dr. Kelly and I were at Senlis for two days looking after the refugees and also working at the French evacuation hospital there, where we saw some fearfully wounded soldiers brought in.

The hospitals were all crowded with wounded at this time and in need of help, so Dr. Kelly and I were sent to the head of the medical service in the French Sixth Army to offer our services wherever there might be special need. He placed us in a large evacuation hospital at Coulommiers, about twenty miles from Château-Thierry, and there we stayed for the next two months, although I too was thrown out of an automobile and was not able quite to finish the month of July. We worked in the receiving-ward, or triage, as the French call it, which means sorting out.

When we went to the hospital we were told to put a gold stripe on the sleeve of our uniforms, to show that we were officers, since all the doctors there were officers. When we had been there five weeks the head of the medical service, in the course of an inspection of the hospital, said that he thought we might be considered as having done intensive work, and that we might therefore add a second stripe, although usually a year was required for that promotion. All the French doctors in the hospital seemed to be delighted that we had this recognition, and were very cordial in their congratulations. Indeed, I cannot say enough of the kindness and courtesy which they showed us.

As our hospital drew its patients from the Château-Thierry district we had plenty to do during the fighting in June and early July. The wounded were more likely to come in at night, because there was more fighting then, and also it was a better time to send the ambulances out, since there was not as much danger of their being bombed by the Germans. It was very dark in the receiving-ward, and the great building was about as homelike as a train-
shed. The windows were all darkened and there were only two small lamps in the place, one on the desk near the door and the other in the triage room for the doctor on duty. This was covered with a dark green shade and threw only a little light on the table where it stood. Things would begin quietly in the evening, and then off in the distance we could hear the chug-chug sound of an ambulance. It would come nearer and nearer, and finally we would hear it driving up the hill and into the courtyard of the hospital. Then the orderlies would go out with a smoky lantern and the wounded would be brought in.

After registering them the first thing was to see that they had antitetanic serum, which was the rule for everyone who was wounded. Sometimes men who had been wounded several times at short intervals had severe attacks of urticaria as a result of the repeated injections. I know how it feels, for the time that I fell out of the automobile I was given antitetanic serum, and I had a most beautiful case of urticaria. After the men had been given their injections they were sent in to us in the triage room. We often had to change the dressings, to see just what the condition was, because the diagnoses made at the front were necessarily made hastily and could not be expected to be always correct. Often we had to look to be sure that a tourniquet had not been left on too long. If there were shrapnel wounds we often sent the patients to the x-ray room, to make sure that no pieces were left in the wound. It was our responsibility to decide what should be the treatment for the men and where they should be sent. Many of the minor cases were kept in a big ward adjoining the triage room and came in every day for dressings and treatment, so that we had a regular surgical clinic. We did not do much real operating. The other doctors laughed once at my sewing up a cut in a man’s ear, and told him he was lucky to have a woman doctor who cared so much about looks.

At first it was a very discouraging time, for no one knew whether the Germans might not get to Paris. Then after a time the tide began to turn and the soldiers, as they came in, began to give us good news and told how the Americans were helping, and from that time on things began to go in the right direction until finally Château-Thierry was taken, and then we knew that it was all right.

It is hardly necessary to say that the wounded who came to us were brave. I never saw but one Frenchman making a fuss, I could hear him from the next room, and I thought that he must be terribly wounded to be complaining so. When I went in to see what was the trouble, I found him with an excellent and pro-
fine flow of language—not to say profanity—on the subject of the Boche who had hit him, and his particular grievance was that he had not been able to do up that Boche. He certainly was making noise enough to make up for all the others who had been so quiet.

After we had been on duty all night, we had twenty-four hours or more off duty; that left us time to continue with the civilian work to which our committee was pledged. A part of the committee was located in a small town about ten miles nearer to Château-Thierry, and there we were able to have a dispensary two afternoons a week and visit the sick and the refugees. Toward the middle of July, when we heard that the American Women’s Hospital was coming to Neufmoutiers, we were able to start two dispensaries in that neighborhood so that they would be ready for their doctors.

With the capture of Château-Thierry and the rapid advance of the Allies a new problem arose in the village work, and Dr. Kelly and I went to Château-Thierry with a group of our unit to care for the people who were coming back to the villages in that region. It was a very busy time, for there was a great deal of sickness on account of the unhealthy conditions, the heat and the plague of flies. We had an epidemic of diarrhea and dysentery to deal with—335 cases within six weeks—and just as that was subsiding with the cooler weather the grippe came along. By the end of September we handed over five of our six largest dispensaries to the American Women’s Hospitals, for we were so busy that we were glad to have their help, and passed on the dispensaries with happy hearts. We thought then that we were going to have an easier time, but Dr. Kelly was sent up to our old headquarters at Vier-sur-Aisne, where the people were dying of grippe, and for seven weeks each of us was working alone in her own place. At the end of November I joined her and for the rest of the time we worked together.

From August 1 to April 18 we did civilian work, with the additional care of some soldiers who came to our dispensary at Vier-sur-Aisne, and had to be seen at their barracks when they were very sick. Roughly speaking, our figures during this time show 2500 patients, not counting the soldiers, and 9600 visits. We got so tired writing our records at night that I am afraid we left out some of them.

The happiest thing about the work was to know that now the people are permanently back in their homes. When we were working with the Smith Unit it was very sad to think of all the people who were separated from their families. But we lived to see the happiness of the families who were reunited and their joy.
when the spring came and they went out to work in their gardens, knowing that they would not be driven away again. The last memory that I have is the sight of the people, men and women, old people and children, all out digging in the little gardens in front of their houses.

**OBSERVATIONS IN OPHTHALMOLOGY (HÔTEL DIEU, PARIS)**

**DR. MARY GETTY**

It was my good fortune to be in Paris last October, and while there through the courtesy of Dr. Borsch, of Paris, I was able to see the clinical and operative work of the eye department of the Hôtel Dieu.

Professor de Lapersonne, one of the leading ophthalmologists in France, is at the head of this work. I met him but did not see him operate, as he was leaving for a much needed rest.

Major Duval, of Lille, had charge of the clinical work, which was every morning except Sunday from 9 to 12. The clinic in size and material is about the same as that of any of our large hospitals. The patients are given a card and history sheet at the registrar’s desk.

Major Duval saw all new cases and as many of the old ones as required special care.

There were five assistant doctors who did routine work, such as testing for glasses, taking vision, making ophthalmoscopic examinations, treating inflammatory cases and giving hypodermic medication. One nurse who helped Major Duval and two others assisted in treating inflammatory cases.

I sat by Major Duval and saw him diagnose and treat the cases. He was most kind and courteous, giving each one a thorough examination. The French doctors tell their patients what the trouble is and go into detail as to treatment. I had learned that from the patients I saw in our village and dispensary work.

Major Duval was using the same remedies that we do: yellow oxide of mercury ointment, iodoform, atropin, ichthyol, eucain and eserin. They dispensed the eserin in olive oil washed with alcohol, which they claimed kept the eserin from spoiling. As cyanide of mercury was the only remedy available, they were giving it intramuscularly in specific cases.

The French use the indirect method in ophthalmoscopic examinations, while we use the direct, as we claim that the finer details-