

Obituary.

SIR PETER FREYER, K.C.B., M.A., M.D., M.Ch.,
Surgeon to St. Peter's Hospital; Lieutenant-Colonel
Bengal Army (ret.).

WE regret to announce that Colonel Sir Peter Johnston Freyer, K.C.B., Bengal Medical Service (retired), died at 27, Harley Street, London, on September 9th, aged 70. He was born on July 2nd, 1851, the son of the late Samuel Freyer of Ballynahinch, Galway, and educated at Erasmus Smith's College, Galway, Queen's College, Galway, Stevens's Hospital, Dublin, and Paris. He graduated as B.A. in 1872, and as M.D., M.Ch. in 1874, at the Queen's University, Ireland, in each case gaining first class honours and a gold medal; and in 1886 received the degree of M.A., *honoris causa*, from the Royal University, Ireland, which had by that time taken the place of the Queen's University. He entered the Indian Medical Service as surgeon on September 30th, 1875, passing first into the service, becoming surgeon-major and surgeon-lieutenant-colonel after twelve and twenty years' service respectively, and retiring on May 3rd, 1896. Nearly the whole of his service was spent in civil employment in the North-West Provinces, now the United Provinces of India, where he held the civil surgeoncies successively of Moradabad, Bareilly, Allahabad, Masuri, and Benares, and was also for a short time surgeon on the staff of the Lieutenant-Governor.

After he retired from the I.M.S. he began a new career in England as a consulting surgeon in his special line, the surgery of the urinary organs, and in 1897 was appointed surgeon to St. Peter's Hospital for Stone, London, an appointment which he held till his death. When the recent great war started, in 1914, he rejoined for service as consulting surgeon to Queen Alexandra's Military Hospital, to the Indian hospitals in England, and to the Eastern Command in general. From April 10th, 1918, to April 10th, 1919, he held a temporary colonelcy in the R.A.M.C., and on resigning that post was promoted to an honorary full colonelcy on the retired list, and also received for his services the C.B. on January 1st, 1917, and the K.C.B. on June 4th, 1917. In 1894 he represented the Indian Government at the International Medical and Surgical Congress at Rome, and in 1904 received the Arnott memorial medal for original surgical work.

Throughout his career, while he was a first-rate general surgeon, his special bent was towards the surgery of the urinary organs. He was the first surgeon in India to bring into regular practice and to popularize Bigelow's operation of litholapaxy for stone in the bladder; and after his retirement from India he may be said to have originated—he certainly perfected and brought into common use—the operation of suprapubic prostatectomy, one of the great advances of modern surgery.

He was the author of several works on his own speciality: *Litholapaxy*, 1885, with enlarged editions in 1886 and 1896; *Stone in the Bladder*, 1900; *Stricture of the Urethra and Enlargement of the Prostate*, 1901, third edition 1906; *Surgical Diseases of the Urinary Organs*, 1908; and articles on diseases of the prostate and vesical calculus in Burghard's *Operative Surgery*, vol. iii, 1907.

Any account of Freyer's career would be incomplete without some reference to the once famous fee of a lakh of rupees—100,000 rupees, at the then rate of exchange about £6,600—which he received from the Nawab of Rampur in the eighties. This was not a fee for a single visit or for a short course of treatment, but for a long course of regular treatment extending over sixteen months and including a serious operation. The patient was the brother of the then Nawab of Rampur, and for family reasons was very anxious to outlive his brother, the Nawab, and succeed to the principality as reigning Nawab. This, through Freyer's treatment, he was able to do. Immediately after his accession he made a public presentation to Freyer of the fee at the first darbar or court he held after his succession. The Government of India raised objections to the receipt by a medical officer of so large a sum of money, and (or so at least it was currently reported) first ordered him to return the money to the Nawab, and later either to do so or to retire from the service. Freyer declined to do either, on the ground that he had well earned the money, and in doing so had broken no rule of the service, but had only done what he was entitled to do. In the end this view of the case pre-

vailed. The grant and receipt of this large fee, however, was what gave rise to the rules and regulations regarding acceptance of fees from Indian chiefs and gentlemen of high position, which created so much heart-burning and ill-will in the Indian Medical Service some twenty years ago, and which remained a source of discontent until the rules were amended on fairly reasonable terms soon after the late Sir Pardey Lukis became Director-General, eleven years ago. Freyer was subsequently promoted to the first-class civil surgeoncy of Benares, one of the most lucrative stations in the province, where he was surgeon to the Prince of Wales Hospital. In the end he retired, partly for health reasons, having received a blow on the eye from a lunatic in the Benares Asylum, which caused him to fear loss of sight. The Nawab of Rampur, who died long ago, also appointed him his medical officer.

Mr. J. W. THOMSON WALKER writes:

With the death of Sir Peter Freyer the profession loses one of its most striking and virile figures, and his colleagues mourn the loss of a stimulating and interesting personality. Freyer had two careers, each of which was crowned with success. Of the Indian career I cannot write, for he spoke little of it to his friends, although he may have discussed it with his intimates. With his career in London I had the advantage of being in close touch.

The London period had a central pivot around which all else revolved—namely, suprapubic prostatectomy. The operation that goes by his name, and that by his powerful advocacy was rapidly adopted throughout the surgical world, occupied more than any other subject his thoughts and absorbed his energy during the last twenty years of his life. It was the one surgical subject that appeared to him really worth discussing with his colleagues, and the discussion sometimes overflowed from the operating room to the dinner table. It would be ungrateful, as it is unnecessary, to raise again the points of controversy that raged around Freyer's claim to have originated the operation of suprapubic enucleation of the prostate. But apart altogether from the question of priority, looking around one can see no one who could so rapidly and with such dramatic force and completeness have changed the whole outlook of prostatic surgery as he actually did.

As a surgeon Freyer had many peculiarities that shocked the feelings of the purists of aseptic surgery. But there was character about his surgery as there was in everything else about the man. On familiar ground Freyer's operating was decided, purposive and rapid, and in some operations, especially that of litholapaxy, the manipulation was graceful. His technique was simple, and did not vary during the whole time that I knew him in London. Two characters always impressed me in Freyer's operations: he was thorough and conscientious. He looked to the ultimate result far more than the casual visitor to his operating theatre, who saw only a somewhat dramatic timed operation on the prostate, might have imagined.

As a debater Freyer had a quick grasp of the essential points of a subject. It took him but a second to see the weak point of one argument and the strength of another, and he wasted little time on fine distinctions. He was a fluent speaker and had a vein of wit, at times not without a tinge of sarcasm. When roused by a subject near to his heart he spoke with much force. As a descriptive writer Freyer cultivated a simple, direct style that was always lucid and usually convincing. His vocabulary was not extensive, but it sufficed for the subjects that most interested him and on which he wrote with greatest authority. In writing he always kept the high road to the goal at which he aimed; by-paths leading to other view-points and shady lanes of philosophic doubt had no attraction for him. As a result, his articles and books were easily read and assimilated by a wide circle of varying knowledge.

It was, I know, a source of sincere pleasure to Sir Peter Freyer that in 1920 he was asked to become the first president of the newly-formed Section of Urology at the Royal Society of Medicine; and it will be fresh in the memory of the members of the Section how keenly and with what conscientious care, in spite of failing health, he performed the duties of president. Freyer's character, as it appeared to a colleague, was that of a man with tremendous driving force, great determination, and fixed purpose. It was unavoidable that a man of this character

should wound the susceptibilities of some, but there was a kindly and sympathetic vein in Freyer's character that was touched more easily than many imagined.

A former colleague writes: A good many members of the Indian Medical Service have, from time to time, attained to high professional eminence in this country after leaving India. But they have usually been men who, like Drs. Charles Murchison and W. S. Playfair, had only spent a few years in India, and resigned the service while still young men. It has been given to few, like Freyer and the late N. C. Macnamara, to serve for twenty years or more and gain success and reputation in India, and then to earn still greater success in England, after their retirement. For many years Freyer managed the annual dinner of the Indian Medical Service, and the success of these yearly reunions was greatly due to his excellent management. He was always ready to help junior colleagues with his advice and assistance, and was most popular with his brother officers. *Mullis ille bonis flebilis occidit.*

Previous to the removal of the body of the late Sir Peter Freyer for interment in his native place in the far west of Ireland, there was held, on September 12th, at 27, Harley Street, a memorial service, which was attended by about fifty of his most intimate friends and colleagues. The Irish Medical Schools' and Graduates' Association—on the executive of which he had served for seven years (the latter part being as Chairman of Council)—was represented by Sir Havelock Charles, G.C.V.O., Dr. Gubbins Fitzgerald, Dr. James Stewart, and Dr. Swift Joly.

T. ARTHUR HELME, M.D. EDIN., M.R.C.P. LOND.,
Consulting Surgeon, Northern Hospital, Manchester.

DR. T. ARTHUR HELME, whose death occurred at Rhosneigr, Anglesey, on September 5th, in his 61st year, was notable not only as a distinguished gynaecologist and obstetrician and a brilliant and successful operator, but as a leader of the profession in the arduous paths of medical politics. He was for a considerable time a member of the Central Council, and late president and honorary secretary of the Lancashire and Cheshire Branch of the British Medical Association, while during the war he was chairman of the Medical War Committee for Manchester and Salford.

Born at Lancaster, Thomas Arthur Helme was educated at the Royal Grammar School there and at the University of Edinburgh, graduating M.B., C.M., with honours, in 1885. At his final medical examination he was awarded the Buchanan scholarship, which carried with it the appointment of assistant to the professor of midwifery and gynaecology, and he was house-surgeon in the gynaecological wards of the Royal Infirmary and in the Royal Maternity Hospital. After holding these appointments he proceeded to Strasbourg, and as a result of his research work he was awarded a gold medal for the thesis for his M.D. degree, which he obtained in 1889. In 1890 he was appointed Freeland Barbour research scholar of the Royal College of Physicians of Edinburgh. He was a student also at University College, London, was an exhibitor and gold medallist in materia medica in the University of London, and obtained the diplomas of M.R.C.S. Eng. and M.R.C.P. Lond. in 1894.

He had already made a mark in his special department of medicine, so that it was rather a surprise to his friends when he joined the well-known Dr. John Priestley in general practice at Fallowfield, Manchester. He did not, however, find the work of general practice so congenial as he expected, and, on the opportunity arising, Dr. Helme applied for and was appointed to the post of resident obstetric surgeon at St. Mary's Hospital, Manchester. After fulfilling his term of office there he was appointed assistant gynaecologist, and subsequently honorary surgeon, to the Northern Hospital for Women and Children. Although always hampered by ill health he soon built up a large practice all over the north of England as a consulting gynaecologist, and he published numerous papers on his speciality in the medical journals.

To those who did not know Dr. Helme's very keen sense of public duty it may, therefore, have been surprising that such a busy consultant, handicapped by his health, was eager to give up so much of his time to the interests of his fellow practitioners and the profession at

large. He took a leading part in the campaign associated with the passage of the National Insurance Bill into law, and he never spared himself in endeavouring to uphold the dignity of the medical profession. When the Manchester Insurance Committee was formed he became a representative of the local medical profession upon it, and he was chairman of the Manchester Local Medical Committee.

One of the small band of Edinburgh graduates who have established the reputation of Manchester as a famous school of gynaecology, he always retained his interest in his old university, and was president last year of the Manchester Edinburgh University Club. Two years ago, before he had reached his sixtieth year, he was compelled to retire from the active practice of his profession on account of ill health, and was appointed consulting physician to his hospital.

Two of his brothers are medical men: Dr. J. E. Helme of Silverdale and Dr. G. Edgar Helme of Rusholme, Manchester; and another brother is Sir Norval Helme, lately M.P. for Lancaster.

We are indebted to Dr. T. A. GOODFELLOW for the following appreciation: Arthur Helme came to Manchester more than thirty years ago, and after a short, though what was to prove a valuable, experience in general practice, undertook the work of a consultant in obstetrics and gynaecology. He was a man of delicate physique, but of great determination; a sound diagnostician and a careful and successful surgeon, whose sympathy and kindness endeared him to his hospital and private patients alike. Early in his career he took a deep interest in medico-political work, and the profession in Manchester has probably never known a more devoted servant in this branch of activity. For many years Helme's personality was inseparably connected with the developments of the British Medical Association in Lancashire and Cheshire, and so it happened that when the crisis of the National Insurance Bill came his colleagues turned to him as their natural leader. There are many who remember with astonishment the amount of concentrated energy which a man of his constitution was able to devote to this work, for he was then in mid-career in a busy consulting practice, and his chairmanship of mass meetings of the profession, close committee work and innumerable conferences, both locally and in London, must have sufficed to satisfy the most ravenous appetite; but Helme felt that a great trust had been delivered into his hands, and his fixity of purpose permitted him to be satisfied with nothing less than the best that was in him. The final conference between the chairman of the Manchester Insurance Committee and delegates from a mass meeting, held at a late hour on the night before the Insurance Act was to become operative, is historical in that from it was evolved the "Manchester and Salford system" of working the Act, and the part taken in it by Helme—himself a strong opponent of the bill—was that of an able diplomatist. In 1915 a strong Medical War Committee was appointed by the whole profession—the most comprehensive and virile medical committee that Manchester has ever known—and there was never any doubt as to the selection of its chairman. In this office Helme's wide experience of the varying types of city and suburban practitioners, and his knowledge of the broad principles upon which the central organization was likely to act, were of very great value to his colleagues; the harmonious co-operation of non-panel and panel practitioners under the unique terms of the "Manchester Scheme," was to a great extent the outcome of his wise guidance and forethought. Ill health unhappily prevented him from presiding over the deliberations of that committee during the last eighteen months of its existence; but in his retirement he must have felt, as did so many of his colleagues, that his arduous labours on behalf of the medical profession and of the community had borne ample fruit.

GUSTAV MANN, M.D. EDIN., B.Sc. OXON.

MANY in England, especially Oxford graduates, will hear with deep regret of the death, at Tampico on July 18th, of Dr. Gustav Mann in his 57th year, following an acute attack of dysentery.

Gustav Mann was born at Darjeeling, the eldest son of Gustav Mann and Marianna Stovel. Having graduated in