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external environment. In adult aphasics there is much variability in response to the words of others and in the spontaneous use of words.

By contrast the speech of aphasic children is characterised by uniform, predictable and fully focussed reactions. Their mistakes are similar to the mistakes of normal children at certain stages of their development.

The results of educating such children by special methods are truly remarkable, and the reader of this work cannot but admire the patience and perseverance of teachers such as Dr Ewing. His book is a valuable and original contribution to a somewhat neglected subject, and it should be carefully read by every otologist and pediatrician.

Douglas Guthrie.

OBITUARY

RICHARD KERSHAW.

By the death, after a long and painful illness, of Richard Kershaw, the highly respected Secretary of the Central London Throat and Ear Hospital, oto-laryngology in the metropolis has lost a prominent landmark.

A man of delicate frame, but of unusual gifts of mind and strength of character, Kershaw, to the service of this, his only child, devoted the whole of his life; not only, be it noted, his workaday life, but his play-day life as well.

He entered the hospital, then a very modest institution, half a century ago at the bidding of the founder, the late Lennox Browne, for whose gifts he always expressed the highest admiration.

In those far-off days laryngologists cultivated (perhaps a little self-consciously) something of an Ishmaelitish bearing, while in return the prominent physicians and surgeons of the time looked upon their claims and accomplishments with deep distaste. Special throat and ear hospitals, officered exclusively by those exuberant pioneers and their allies, were therefore suspect. No good could come out of them.

What enlivened matters still further was that the laryngologists themselves were highly distrustful of one another, and they had no hesitation in saying so, with an emphasis that to us is at once painful and ridiculous. In a word, laryngology at its birth, and for long after, was very unhappy.

Into this tumult Kershaw was precipitated while still in his youth; but although a Yorkshireman, and by no means deficient in fighting qualities himself, he had the tact and wisdom to go his own way, without abetting and so adding to the jealousies and enmities of the sensitive men about him.

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As the older champions one by one made their exits from the scene a milder generation entered, and Kershaw's influence on the side of peace and goodwill undoubtedly helped to reduce the animosities that the earlier protagonists had aroused. Yet he contrived to soothe external susceptibilities without abating one iota of his faith either in the speciality or in its special hospital.

At our time of day, after fifty years of struggle for recognition, we can frankly admit that in the special hospital there are drawbacks as well as advantages; but the latter preponderate and the special hospital has come to stay. Perhaps its greatest, its essential danger lies in the ever-present risk of personal enmities arising in a body of men all of necessity competitors in one small branch of medical practice. Of this danger Kershaw was keenly aware, but by the force of his character and the weight of his prestige, by his tact and skill in the handling of men, he succeeded not only in preventing explosive disintegration, but in welding together the heterogeneous elements into a united body with but one single end and aim—the success of his hospital.

Personally, Kershaw was a most lovable character—all the more so as he had a hot temper, which, however, his fellows sooner or later discovered to be, for the most part, a mere diplomatic instrument, to be handled or dropped according to its effect. In the course of time he naturally became the ruling power at hospital, but he was never unreasonably autocratic, and throughout his whole career the softness of his heart could always be depended upon to neutralise his occasional bluntness of speech. For the way to his mind lay through his generous feelings, and those associated with him, surgeons, students, nurses, clerks, and, above all, patients, were quick to learn this key to his character, and to use it—often to their own advantage.

Since his retirement through ill-health, and his replacement by an energetic and talented successor, the hospital has undergone a great change—a revolution indeed; but he lived to see and glory in the reformation, realising, as did all who had worked with him, that it was he who had made all these welcome advances possible. From the time when the hospital began as a small dispensary looked at askance by the great, if looked at at all, until its rise to an establishment not unworthy of their respect, Kershaw's was the hand that guided it and Kershaw's was the faith that sustained it through long, weary days of doubt and discouragement.

In olden times it was the custom, when a great building was begun, for some volunteer to immolate himself in the foundations in order to strengthen and secure them against the malice of unfriendly powers. The splendour of a like self-sacrifice still occasionally casts its gleam over our own common-place world, and if you wish for an example, go to Richard Kershaw. You will find him in the foundations of the new Central London Throat and Ear Hospital.

D. M.