

two persons are called the *commissaires* of the Society, and it is their duty to study every matter connected with its preparations for work in war time, and to express joint opinions on questions affecting its duties in the event of mobilization. They must confer together whenever requested to do so either by the President of their Society or by the Minister for War, and must furnish to each of these persons minutes of their proceedings; at the same time, the War Office must keep them informed of any official instructions or dispatches which bear upon their work.

Similarly in each district of an army corps the Society is officially represented by a local delegate accredited to the officer in command and to the principal medical officer. If this delegate has any proposals to make as to the work in his area he sends a copy of them to the Central Council of his Society on the one hand, and to the War Office, through the principal medical officer, on the other. In addition, on January 1st and July 1st he must submit to the principal medical officer a statement showing the position of the Society locally both in regard to material and *personnel*, and on this the principal medical officer of the district bases a half-yearly report to the War Office on the available voluntary-aid resources of the district.

Finally, there is a consultative body, called the *Commission Supérieure*. This is formed of six representatives of the three societies (their presidents, or persons deputed by them, and their three civil commissaires), and six representatives of the Government (the three military commissaires, the officer in charge of medical mobilization stores, a naval medical officer, and a quartermaster of the Army Medical Service, who acts as secretary). This body must meet at least once a year, and sits under the presidency of the Director of the Army Medical Department; its duties are to express an opinion on all questions connected with voluntary aid in time of war submitted to it either by the societies themselves or by the War Office.

#### THE FUNCTION OF THE SOCIETIES.

The function of these societies is to make all such preparations and arrangements as may enable them in time of war (1) to create, in the area of operations, in open towns and elsewhere, as requested by the War Office, auxiliary hospitals for sick and wounded soldiers crowded out of the regular army hospitals; (2) to establish similar hospitals on the lines of communication; (3) forward all gifts for the sick and wounded collected by them, wherever directed by the War Office; (4) arrange for "rest stations," where patients in ambulance trains may receive refreshment, and, when necessary, be disembarked for temporary treatment.

In addition, the societies can provide hospital ships, and share the work of the Army Medical Department in the task of providing Territorial temporary hospitals. There are schools, colleges, hotels, and the like, scattered throughout each district, with whom arrangements have been made, so that on the outbreak of war they can be taken over, and at once converted into hospitals.

The societies are not allowed to work with the advanced troops, and the employés of such of their hospitals as are on the lines of communication are subject to military jurisdiction. Wherever situated they have, during war, an army medical officer told off to each of them for purposes of general superintendence and maintenance of discipline. The societies provide their own hospital equipment and stores, etc., but may be helped by the War Office if need be, and in any case receive an allowance of 1 fr. a day for each patient they treat. The general system of dieting and interior economy must, as far as possible, resemble those of the regular military hospitals.

#### WORK DURING PEACE TIME.

The work of the societies during peace consists in collecting funds and training volunteer orderlies and nurses. Each of the societies has adequate arrangements for this purpose.

The hospital provision made by them is very large; thus, one society has ready everything required for immediately establishing sixty-nine fully equipped "Rest stations," while of auxiliary field hospitals the principal society has twenty-six, each ready equipped for 100 beds. Six of the auxiliary field hospitals, it may be noted, were

employed during the South African war and with the China field force, two having been lent to the Boers and two to the British Red Cross Society.

The hospital arrangements of the societies do not exist merely on paper. No auxiliary field hospital can be included in a half-yearly report to the War Office unless it is really ready in every respect as regards complete equipment, funds for its upkeep for a certain time, and a complete staff—professional, administrative, and subordinate. The names, indeed, of all the principal officers of each hospital are furnished in each report. The auxiliary territorial hospitals are classified in three categories—those which will be ready to receive patients on the ninth day after mobilization, and have everything in hand for at least two months' work; those which require sixteen days' notice, and have only half the necessary *personnel*, material, and funds for two months' work; and those which are still less well prepared. All the societies have many temporary territorial hospitals, one of them being prepared, if need be, to open 20,000 beds in different parts of the country whenever required.

The gross income of the societies is very considerable, the largest of them having, besides valuable stores, a reserve sum of Fr. 8,000,000 (£320,000), and an annual income from members' subscriptions of between Fr. 400,000 and Fr. 500,000 (£16,000 to £20,000). They communicate with one another through their local official delegates and their representatives on the superior commissions. There is a good deal of friendly rivalry between them as to which can keep itself best prepared according to the standards fixed by the Medical Department of the War Office.

### THE TREATMENT OF VENEREAL DISEASE IN THE ARMY.

THE final report of the Committee deputed by the Advisory Board to inquire into this subject has been issued. It will be recollected that three previous reports have been published, the first dealing chiefly with current literature; the second contained statements of various surgeons and physicians representing expert opinion on this subject in British military and civilian practice; the third was a record, prepared by Major C. E. Pollock, R.A.M.C., of the opinions of experts abroad, and an account of the treatment at present employed both in military and civilian practice on the Continent of Europe. In this final report we find the principal conclusions which the Committee draws from the information previously published, together with practical recommendations as to treatment.

As regards the thorny subject of the prevention of venereal disease, the Committee concludes that in the United Kingdom, at any rate, any attempt to grapple with this problem by methods of compulsory isolation and treatment is neither practicable nor expedient. It rightly believes that better results will be obtained by the diffusion of the knowledge of the serious consequences of these diseases and the provision of effective treatment for both sexes under conditions to which no penal stigma is attached. So far as syphilis is concerned, it emphasizes the fact that all the evidence at its command is in favour of the administration of mercury in its treatment. Whether the drug should be administered by the mouth or by inunction and injection is a matter on which experts differ, but, from the evidence at its disposal, the Committee concludes that in military practice administration of mercury by inunction and injection is likely to prove more efficient than by the mouth.

It then proceeds to analyse the evidence as to the best means of administering mercury by inunction and injection. For the former procedure the following formula is recommended: R Ung. hydrarg. grs. xl; adipis lanae (B.P.) grs. xx; mix thoroughly and wrap in wax paper. One such packet to be rubbed in daily, the act of inunction lasting thirty minutes. The scheme of a suggested course of treatment by inunction, extending over two years, involves five distinct courses—namely, first and second courses each of 42 daily inunctions, with a three months' interval between the first and second, and the second and third; the third course involves 30 daily inunctions, followed by an interval of six months, then comes a fourth course of 30 daily inunctions, followed by another break of six months, ending up with a fifth course of 20 daily inunctions.

For this injection of soluble salts of mercury the Committee suggests the following formula:  $\mathcal{R}$  Hydrarg. perchlor. gr. viij; sodii chloridi gr. iv; aq. destill.  $\mathfrak{m}$ 400. Ten minims of this solution, containing about one-fifth of a grain of perchloride, are to be injected three times a week till the symptoms abate, then twice weekly till all symptoms have disappeared. As in an ordinary case, to produce beneficial results, about  $1\frac{1}{2}$  gr. of metallic mercury a week must be given for six weeks, and, as the perchloride contains some 74 per cent. of metallic mercury, it follows that to inject the required 9 gr. of metallic mercury some sixty injections of 10 minims each of the above solution must be given. This may be considered to constitute a full course, and is, indeed, a much larger amount than is usually given. For the injection of insoluble preparations it is an essential that the mercury shall be suspended in as small an amount of medium as possible. As a result of careful experimentation, it has been found that not more than 1 gr. of mercury can be suspended safely in 8 minims of an ordinary oily medium. The cream most frequently used in the army contains 1 gr. of mercury in 10 minims, and is only slightly more bulky than is absolutely required. It is suggested that this cream, made according to the following formula, be retained as a standard preparation, namely:  $\mathcal{R}$  Hydrarg. 1 oz., adipis lanæ (B.P.) 4 oz., paraffini liquidi (carbolisat. 2 per cent.) to 10 oz. Mix; the mercury and the wool fat being measured by weight and the liquid paraffin added by volume. Fifteen minims of this cream, containing  $1\frac{1}{2}$  gr. of metallic mercury, may be regarded as the full dose; it corresponds practically to the 10 cm. dose of Continental writers. The Committee gives details to be observed in the general routine treatment of syphilis by intramuscular injections of mercury; these do not permit of condensation, but are eminently concise and practical. The scheme of treatment, extending over twenty-two months, involves a first course of six weeks, with one injection a week; then comes an interval of two months, followed by two more months of treatment by fortnightly injections. After a four months' interval a third course of treatment during two months with fortnightly injections is carried out; after this a six months' interval leads up to the final course, which lasts four months, the injections being made monthly. If each injection be made to contain  $1\frac{1}{2}$  gr. of mercury, a total of 27 gr. will have been administered in the whole period of treatment.

If mercury is to be given by the mouth, the Committee is disposed to advocate for routine practice a pill containing 1 gr. of the grey powder. A course of treatment by this method should extend over twenty-one months broken up into five courses of three months each, with one month interval after the first, second and third courses and a three months break between the fourth and fifth courses. To meet the circumstances of constant change so liable to occur in military life, the following scale of equivalents under different methods of treatment are given: One injection of mercurial cream containing  $1\frac{1}{2}$  gr. of metallic mercury is equivalent to three injections of a soluble salt such as the perchloride containing  $\frac{1}{2}$  gr. in each injection, or to seven inunctions of mercurial ointment, using 20 gr. of mercury daily, or to twenty-one pills each containing 2 gr. of grey powder, three pills being given daily. These equivalents represent energetic treatment for one week.

The report contains further useful information as to mercurial baths, and the treatment of syphilis by other than mercurial methods, and concludes with an analysis of the evidence relating to the treatment of gonorrhoea. The Committee lays stress upon the necessity of accurate diagnosis, the great importance of employing the two-glass test, and of determining the extent of the urethra infected as well as the stage of the inflammatory process. The days are gone when gonorrhoea could be regarded as an inflammatory catarrh, capable of being treated by general measures with rest. Recognizing the specific nature of the gonococcus, treatment should be directed to the destruction of the infective agent, the precise mode of treatment varies according to the stage of the disease and the part attacked. In cases of acute anterior urethritis, the Committee advocates treatment on Neisser's plan, using solutions of protargol varying in strength from  $\frac{1}{4}$  to 2 per cent. In cases of acute posterior urethritis, irrigation with a solution of potassium permanganate of the strength of 2 gr. to the pint of water is regarded with

favour. In the more chronic cases, irrigations with nitrate of silver or albargin, of each one in 2,000, seem to be most successful. Although these and other detailed procedures fulfil the requirements of present-day knowledge in the treatment of gonorrhoea, the Committee makes the significant observation (p. 14) that the appliances and staff provided in the venereal divisions of our military hospital are at present not sufficient to carry out treatment on the lines indicated.

This final report and those which have preceded it are so good that we hope the Advisory Board will not rest satisfied with having shown what is the best treatment in a class of case notoriously difficult to manage, but continue to press that arrangements be made in all our military hospitals for the effective practice of all modern methods of treatment.

## MEDICAL NEWS.

DR. VICTOR GEORGE ALEXANDER has been appointed a Justice of the Peace for Johannesburg.

THE foundation stone of the first wing of the reconstructed Bolingbroke Hospital at Wandsworth Common will be laid on May 5th, when the Princess Royal will receive purses.

THE Friday evening addresses at the Royal Institution of Great Britain will be resumed after April 27th, when Professor John W. Gregory will speak on ore deposits and their distribution in depth. On May 25th Dr. Leonard Hill will deliver a discourse on compressed air and its physiological effects.

THE Factory Girls' Country Holiday Fund, of whose work we have spoken with appreciation more than once, is again appealing for support. Its purpose is to assist women employed in factories to spend a short time in the country. Subscriptions may be sent to the Honorary Treasurer, St. Peter's Rectory, Saffron Hill, E.C.

THE annual meeting of the metropolitan auxiliary of the Temperance Collegiate Association will be held at St. Martin's Vestry Hall, Trafalgar Square, on Friday, April 27th. The objects of the association are to promote and encourage the systematic study of the temperance question in all its aspects; (a) by the provision of an examination Board, (b) by the award of prizes and certificates, (c) by the promotion of classes for the systematic study of temperance subjects. The association is unsectarian and non-political in character, and its examinations are open to men and women.

THE Balneological Society held its provincial meeting this year at Bath on March 31st. The earlier part of the day was given up to an examination of the Royal Mineral Water Hospital and a discussion of thermal bath treatment. In the evening the Fellows first dined together at the Empire Hotel, having Sir Thomas Chavasse and the Mayor of Bath as their guests, and then attended a reception by the Mayor and Corporation at the Pump Room. The following day they attended service in the Abbey, and visited the bathing establishment. The afternoon was spent at Winsley Sanatorium, where an address was given by Dr. Lionel Weatherly on open-air treatment.

THE annual general meeting of King Edward's Hospital Fund for London took place on April 6th, the proceedings including the reading of a letter from the Prince of Wales, President of the Fund, commenting on the work of the year. The accounts showed that last year about £250,000 was added to capital, which now stands at over a million. It is estimated that the normal income from all sources will in future exceed what has hitherto been the ordinary rate of expenditure—namely, £100,000 a year. The expenses of administration constituted only 0.75 per cent. of the amount collected. The Council's report stated that a new form of hospital account has been prepared and is now being submitted to the consideration of the various bodies concerned. The Council see no objection to subscribers to hospitals earmarking their contributions as either for the hospital alone or for the hospital and its medical school, the matter being one for each subscriber's own consideration.

At the annual meeting of the Metropolitan Hospital Saturday Fund Association on April 7th, the report submitted showed that receipts from workshops and business houses had reached £25,930, a total higher than has ever before been attained. The sum distributed,