

## ROYAL NAVY AND ARMY MEDICAL SERVICES.

THE AMBULANCE ARRANGEMENTS AT THE  
CORONATION.

WITH the experience of two Jubilees taking place in June in blazing hot weather, both the military and the police authorities made ample preparation for possible casualties amongst the troops and the public when arrangements were made for the Coronation processions to take place on June 26th and 27th. With the sultry weather which marked those days and the crowds which had been drawn to the metropolis for the occasion, there is little doubt that even the very complete arrangements made would have been severely taxed. The postponement of the ceremony to August 9th, and the consequent alteration in the original plans, resulted in the collection of less dense crowds than had been expected, and the cooler weather made the long waiting of both troops and spectators less trying, and the total number of casualties was comparatively small, and fortunately there were but few that were serious.

The military ambulance arrangements were drawn up by Colonel Gubbins, Principal Medical Officer of the Home District, and included medical aid in the various rest camps for the troops who were brought to London from a distance, and had to spend a night or two under canvas, as well as ambulance arrangements for the troops lining the streets for the procession. Each rest camp had one or more medical officers, including retired army medical officers or volunteer medical officers who had offered their services for this duty. The original scheme in June, when several thousands of troops would have been encamped for a week in the parks or billeted to schools necessitated the employment of officers and men from the Royal Army Medical Corps (Vol.) from the provinces and Scotland, and although the modified scheme for the postponed ceremony required a much smaller number of medical details, all the companies of this corps which had volunteered for duty in June were invited to send reduced detachments for duty on August 9th.

For the procession the *personnel* engaged in professional work included stretcher squads with the troops lining the streets, ambulance stations where wagons were in readiness to convey any serious cases to hospital, dressing stations where less serious cases might receive attention, and field hospitals, providing altogether some 250 beds. The field hospitals were located in Kensington Gardens, Hyde Park, Battersea Park, Regent's Park, Lambeth Palace, and St. James's Park; and, in addition, arrangements were made for cases to be received in the civil hospitals in the neighbourhood of the route, namely, St. George's, Charing Cross, St. Thomas's, and Westminster. Dressing stations were also formed within the precincts of Westminster Abbey.

The total number of officers and men of the R.A.M.C. employed on professional work was: Regulars and Militia, 20 officers and 200 non-commissioned officers and men; Volunteers, 20 officers and 328 non-commissioned officers and men. With the exception of the accident to the detachment of Indian troops at Whitehall, and a sergeant of Driscoll's Horse who was thrown and badly hurt, the casualties were few and unimportant.

The police ambulance arrangements for the assistance of the public were drawn up by Mr. MacKellar, the Chief Surgeon of the Metropolitan Police, who has had a long experience of what is required when large crowds are collected. In addition to the St. John Ambulance Brigade, which furnished stretcher bearers and nurses, with litters and ambulance wagons, the Hospitals Association offered the services of trained nurses and litters. The medical officers and men of the London companies Royal Army Medical Corps (Vol.), who were not on duty with the troops, and detachments of the Bearer Companies of the London Volunteer Infantry Brigades also assisted the police in rendering ambulance aid to the public.

As is to be expected there were many persons who became faint and required assistance, but the number (about 1,500) was comparatively small, as the day was pleasantly cool.

## ROYAL NAVY MEDICAL SERVICE.

THE undermentioned Surgeons having completed twelve years' full pay services have been promoted to be Staff Surgeons from July 28th:—H. W.

FINLAYSON, M.B., F. FEDARB, M.B., R. C. MUNDAY, E. C. CRIDLAND, M.B., F. BRADSHAW, B.A., M. J. O'REGAN, M.B., and R. F. BATE.

The following appointments have been made at the Admiralty: GEORGE S. SMITH, Fleet Surgeon, to Deptford Victualling Yard, September 2nd, and to the *President*, additional, for survey of stores at Deptford Yard, from July 26th to September 1st inclusive; FREDERICK FEDARB, M.B., Staff Surgeon, additional, for survey of stores at Deptford Yard, from July 26th to September 1st inclusive; CHARLES W. SHARPLES, Fleet Surgeon, to the *President*, for Deptford Victualling Yard, August 4th, the appointment of Fleet Surgeon G. S. SMITH being cancelled; OCTAVIUS W. ANDREWS, M.B., to the *Diana*, August 1st; ROBERT HARDIE, M.B., to the *Resolution*, August 1st; WALTER G. AXFORD, Staff Surgeon, to the *President*, lent, to Chatham Dockyard, August 6th; EDWARD C. CRIDLAND, M.B., Surgeon, to the *Northampton*, August 6th; ERNEST C. LOMAS, M.B., D.S.O., Staff Surgeon, to the *Hawke*, for medical charge on the voyage, August 6th, and to the *Vulcan*, undated; DANIEL J. P. MCNABB, Staff Surgeon, to the *Hawke*, for medical charge on the voyage home, undated; HENRY E. RAPER, Surgeon, to the *Vulcan*, undated; GEORGE E. DUNCAN, Surgeon to the Royal Marine Depot, August 6th; N. H. MUMMERY, Surgeon, to the *Sans Pareil*, August 6th; HENRY W. FINLAYSON, M.B., Staff Surgeon, to the *Terpsichore*, re-appointed on promotion, July 28th; FRANK BRADSHAW, B.A., Staff Surgeon, to the *Hermione*, reappointed on promotion, July 28th; RICHARD F. BATE, Staff Surgeon, to the *Indefatigable*, reappointed on promotion, July 28th.

## ROYAL ARMY MEDICAL CORPS.

SURGEON-GENERAL SIR W. D. WILSON, M.B., K.C.M.G., at present in South Africa, has been selected for appointment as Principal Medical Officer in Ireland.

Deputy Surgeon-General JOSEPH WATTS died at Upper Norwood on August 1st, in his 60th year. He was appointed Assistant-Surgeon April 5th, 1855; Surgeon, April 11th, 1868; Surgeon-Major, March 1st, 1873; Brigade-Surgeon, February 18th, 1881; and Honorary Brigade-Surgeon on retirement from the service, May 3rd, 1884. He was in the Indian Mutiny Campaign in 1857-8, including the Siege of Lucknow by Lord Clyde, the occupation of the Alumbagh from October 25th to November 18th, and the defeat of the Gwallor Contingent at Cawnpore on December 6th, 1857. He received a medal with clasp, and was granted a year's service.

Colonel W. S. PRATT, M.B., now Principal Medical Officer at Gibraltar, has been appointed Principal Medical Officer at Salisbury Plain, *vice* Colonel W. B. SLAUGHTER, transferred to Woolwich as P.M.O.

Colonel R. EXHAM, C.M.G., has been appointed P.M.O. at Devonport, *vice* Surgeon-General Evatt, M.D., appointed P.M.O. to the Second Army Corps.

Lieutenant E. W. HERRINGTON, on relinquishing his temporary commission for service in South Africa, is granted the honorary rank of Lieutenant in the army, with permission to wear the uniform of his corps, July 19th.

The decoration of the Order of the Medjidieh of the 4th class has been conferred upon Captain H. E. HAYMES "in recognition of services rendered by him to the Khedive of Egypt while employed in the Egyptian army."

The *London Gazette* of August 8th states that the officer promoted Colonel in the *Gazette* of July 22nd, 1902, should have been described as Lieutenant-Colonel W. S. A. PRATT, M.B., and not as therein stated. [The name was, however, correctly given in the announcement made in the BRITISH MEDICAL JOURNAL of August 2nd.]

Captain G. E. PHIPPS is placed on temporary half-pay on account of ill-health, July 6th.

Colonel J. D. ERGE, M.D., C.B., has been appointed Principal Medical Officer in Natal; Colonel W. B. ALLIN, M.B., P.M.O., Cape Colony; and Colonel J. A. CLERY, M.B., C.B., P.M.O., Transvaal and Orange River Colony.

Colonel Leake will not for the present proceed to Colchester for duty as P.M.O. there, and the appointment of Colonel Slaughter as P.M.O., Woolwich and Thames District, is postponed for the present.

Surgeon-Lieutenant-Colonel HENRY LAMB died at Southampton on August 2nd from angina pectoris, at the age of 64. He was appointed Assistant Surgeon, October 1st, 1866; Surgeon, March 1st, 1873; Surgeon-Major, November 3rd, 1875; and Honorary Brigade-Surgeon on retirement May 18th, 1881. He was in the New Zealand war in 1865-6, including engagements at Paterangi and Waiari, and the subsequent operations of the campaign (medal); and in the Zulu war in 1879 (medal).

## THE PAY OF MAJORS R.A.M.C.

MAJOR R.A.M.C. writes: Re the increased rate of pay of officers R.A.M.C. serving in India, I see the majors are to be left out in the cold. Now take the majors of both grades, their pay and allowances, including lodging, servants, fuel, light, horse, and stabling; add this together, and multiply 31 for a thirty-one day month; and reduce total to rupees: then compare with Indian consolidated pay and allowances. The result you will find at first sight appears that these officers draw a few, very few, rupees a month, more in India than at home at current exchange—namely, £1 equals Rs.15. Now if to this you add that at home these officers draw a travelling allowance when travelling, and are also allowed very much more baggage free, are allowed a Government tent carried by Government, and camp allowance when under canvas; also detention allowance when temporarily detained in a station; while in India they get none of these allowances, but in addition have to provide a tent at their own expense, and pay carriage for same out of their own pockets while on the march, you will find that the major R.A.M.C. really draws less pay and allowances in India than at home, as in this country he is much out of pocket at every move—and they are legion—while at home he is nearly recouped for all this extra expense entailed by every move.

The loss is greater in the case of the senior grade major than in that of the junior grade, as at home the difference in pay between the grades is 3s. daily, while in India it is only about Rs. 20, equal or roughly 1s. 4d. daily, not 50 per cent. of the home. Taking all these reasons into consideration, I think it will only be just to raise the Indian consoli-

dated pay and allowances of majors R.A.M.C. Otherwise we are punished for serving in this decidedly uncomfortable climate, where some of us spend two-thirds of our service, instead of receiving extra pay, as do all other branches of the service, most notably the R.E. Corps.

#### ARMY MEDICAL RESERVE.

**SURGEON-CAPTAIN R. SHIRLING, M.D.**, is promoted to be Surgeon-Major, August 2nd.

#### INDIAN MEDICAL SERVICE.

**LIEUTENANT-COLONEL J. MCCONAGHEY, M.D.**, Bengal Establishment, is promoted to be Colonel, from June 16th. He was appointed Assistant Surgeon, March 30th, 1872, and became Brigade-Surgeon-Lieutenant-Colonel, April 7th, 1898. He is confirmed in the appointment of Inspector-General of Hospitals, Punjab, from June 16th.

Major T. C. MOORE, Madras Establishment, 2nd Madras Infantry, is permitted to resign the service, from May 23rd. He joined the department as Assistant Surgeon, March 31st, 1887, becoming Major twelve years thereafter.

The Secretary of State for India has sanctioned certain improved conditions of service in the Army Hospital Corps in India. The changes include an increase in the rates of pay of certain ranks, extra pay for attendance on contagious and infectious cases, increase of kit money, increase of good conduct pay, and revision of the proportions of different grades. The establishment is to be increased from 2,601 to a strength of 3,010, which includes provision for a reserve of 10 per cent. to replace casualties.

#### "THE INDIAN MEDICAL SERVICE.

**SANITAS** writes: I observe that Lord Roberts, in his address to the newly-commissioned officers of the Indian Medical Service, stated that "the Indian Medical Service is well paid; the pensions are good." I regret that, after having served several years, and having had a practical experience of the conditions of the Service, I am quite unable to agree with Lord Roberts's dictum. The pay is the lowest earned by any of the services in India excepting the Salt and the Post Office, the pensions are the same as those drawn by the other Medical Services, whose members do not spend the whole of their lives in the tropics. It must be remembered that recently only three commissions in the Indian Medical Service, out of 27 offered, were accepted by newly-qualified men who had done a year or so plague duty in India, and hence were in a position to judge whether the conditions of the Service were favourable or not.

#### ROYAL GARRISON ARTILLERY (VOLUNTEERS).

**SURGEON-LIEUTENANTS F. F. GERMAN, 1st Lancashire, and S. FARMER, 1st North Riding of Yorkshire**, are promoted to be Surgeon-Captains, August 2nd.

**Surgeon-Captain A. COSGRAVE, 9th Lancashire**, is promoted to be Surgeon-Major, August 2nd.

**Mr. G. HADDOW, M.B.**, is appointed Surgeon-Lieutenant in the 1st Warwickshire, August 2nd.

The appointment of Surgeon-Lieutenant O. EATON, 1st Devonshire, which was announced in the *London Gazette* of July 15th, 1902, bears date June 14th, 1902, and not as therein stated.

The undermentioned Surgeon-Captains are promoted to be Surgeon-Majors, dated August 9th: **J. W. MOYR, M.D.**, and **R. B. GRAHAM, 1st Fife-shire**; **R. J. BRYDEN, 1st Kent**; **J. F. TABB, 2nd Kent**.

**Surgeon-Captain S. LINTON, M.B.**, 1st Fife-shire, is promoted to be Surgeon-Major, and to remain supernumerary, August 9th.

#### ROYAL ENGINEERS (VOLUNTEERS).

The undermentioned Surgeon-Captains are promoted to be Surgeon-Majors, dated August 2nd: **J. J. Y. DALGARNO, M.B.**, 1st Aberdeenshire; **C. H. WILLEY, M.D.**, 1st West Riding of Yorkshire (Sheffield); **G. O. C. MACKNESS, M.D.**, Submarine Miners (Tay Division).

**Surgeon-Captain W. A. DINGLE, M.D.**, East London (Tower Hamlets) is promoted to be Surgeon-Major, August 9th.

#### VOLUNTEER RIFLES.

The undermentioned Surgeon-Captains are promoted to be Surgeon-Majors, dated August 2nd: **A. D. WEBSTER, M.D.**, and **W. H. MILLER, M.D.**, the Queen's Rifle Volunteer Brigade the Royal Scots (Lothian Regiment); **W. M. HAMILTON, M.D.**, 3rd Volunteer Battalion the Lancashire Fusiliers; **G. W. SIDEBOTHAM, 4th Volunteer Battalion the Cheshire Regiment**; **J. H. HACKING and C. AVERILL, M.D.**, 4th Volunteer Battalion the Cheshire Regiment; **C. T. GRIFFITHS, 1st Volunteer Battalion the South Staffordshire Regiment**; **F. J. KNOWLES, 2nd Volunteer Battalion the Prince of Wales's Volunteers (South Lancashire Regiment)**; **C. E. DOUGLAS, M.B.**, **C. N. LEE, M.B.**, **J. MACKAY**, and **D. H. KYLE, M.B.**, 6th (Fife-shire) Volunteer Battalion the Black Watch (Royal Highlanders); **P. P. WHITCOMBE, M.B.**, 15th Middlesex (Queen's Westminster); **G. H. DARWIN, M.D.**, 2nd Volunteer Battalion the Manchester Regiment; **J. A. P. ARNOLD, M.D.**, 5th Volunteer Battalion the Durham Light Infantry; **R. POLLOCK, M.B.**, and **A. D. MOFFATT, 3rd (the Blythswood) Volunteer Battalion the Highland Light Infantry**; **J. R. F. CULLEN, M.B.**, 1st Dumbartonshire.

**Surgeon-Lieutenant S. H. JOHNSON, 2nd Volunteer Battalion the East Yorkshire Regiment**, resigns his commission, August 2nd.

**Surgeon-Major E. WILLIAMS, 2nd Volunteer Battalion the Royal Welsh Fusiliers**, is promoted to be Surgeon-Lieutenant-Colonel, August 2nd.

The undermentioned Surgeon-Captains are promoted to be Surgeon-Majors, dated August 9th: **C. J. Marsh, 2nd Volunteer Battalion the Prince Albert's (Somersetshire Light Infantry)**; **J. S. WILSON, M.D.**, and **Volunteer Battalion the South Staffordshire Regiment**; **J. A. JONES, 2nd Volunteer Battalion the Welsh Regiment**; **C. DOWNING and J. T. THOMPSON, M.B.**, 3rd Volunteer Battalion the Welsh Regiment; **H. P. TAYLER, M.B.**, 1st Wiltshire; **H. J. MACKAY, M.B.**, 2nd Volunteer Battalion the Wiltshire Regiment.

**Messrs. JOHN PAXTON and ALEXANDER CRUICKSHANK, M.B.**, are appointed Surgeon-Lieutenants in the 2nd (Berwickshire) Volunteer Battalion the King's Own Scottish Borderers and the 5th (Deeside Highland) Volunteer Battalion the Gordon Highlanders respectively, August 9th.

#### ROYAL ARMY MEDICAL CORPS (VOLUNTEERS).

**CAPTAIN D. WALLACE, M.B., C.M.G.**, Edinburgh Company, is promoted to be Major, August 2nd.

**Mr. G. GORDON, M.B.**, is appointed Lieutenant in the Glasgow Companies, August 2nd.

#### 1ST LOTHIAN BEARER COMPANY.

**SURGEON-CAPTAIN A. MACDONALD, M.B.**, from the Queen's Rifle Volunteer Brigade the Royal Scots (Lothian Regiment), to be Surgeon-Captain, and to command under Paragraph 55a Volunteer Regulations, July 23rd.

**Surgeon-Captain C. B. KER, M.B.**, from the Queen's Rifle Volunteer Brigade, to be Surgeon-Captain, July 23rd.

**Surgeon-Lieutenant A. A. ROSS, M.B.**, from the Queen's Rifle Volunteer Brigade, to be Surgeon-Lieutenant, July 23rd.

#### VOLUNTEER INFANTRY BRIGADES.

**SURGEON-MAJOR A. D. WEBSTER, M.D.**, the Queen's Rifle Volunteer Brigade the Royal Scots (Lothian Regiment), to be Brigade Surgeon-Lieutenant-Colonel while holding the appointment of Senior Medical Officer to the 1st Lothian Brigade, June 1st.

#### VOLUNTEER MEDICAL SERVICE UNIFORM.

**CAPTAIN H. WAITE, V.M.S.**—The distinguishing belts of the medical service are black with gold bands (or, in the volunteer service, silver bands). These are now worn by the R.A.M.C. only in full dress. The Sam Browne belt is worn by all arms and departments of the regular army in other orders of dress, and is in no way distinctive of any particular branch of the service. Officers of the R.A.M.C. have a distinctive uniform, which in itself indicates their department. Regimental medical officers wear the uniform of the regiment, and when on duty require some mark to distinguish them from the combatant officers. This is furnished by their departmental belts. If a regiment or corps has not adopted the Sam Browne belt, the medical officer should, like the other officers, continue to wear the belts hitherto in use. The organization mentioned is in no sense an official body, and has therefore no authority to issue directions to volunteer medical officers in general.

#### FOREIGN SERVICE ROSTER.

**JUSTITIA** writes, pleading for the re-establishment of the foreign service roster for the R.A.M.C. At present, he states, inquirers are informed that either no roster exists or the question of one is under consideration. At present officers are being sent abroad, or continued abroad, without reference to their original position on the roster. It is a serious matter for those with families, and causes much discontent. No doubt the question involves many difficulties, but our correspondent thinks there are two fair means for its readjustment. (a) To leave the roster as it was in October, 1899, the period between then and June, 1902, not to count as foreign service; and the officers where possible to be returned to their original station. (b) The time each officer has served in South Africa to be deducted from his next foreign tour; for example, if an officer completed one year in South Africa, to be sent, say, to Bermuda, of two years there instead of three. Perhaps the latter alternative is the most feasible, and is said to be the one upon which the R.E. and A.S.C. are going to act.

\*The readjustment of a foreign service roster, so completely upset by the war, is clearly as difficult as it is necessary. The second alternative of our correspondent seems fairly equitable, but any scheme can only be carried out slowly, and will doubtless hit some individuals hardly. The foreign service roster will be brought into a normal and healthy condition just as the undermanning of the service is remedied, of which we think we see signs. Meanwhile, we feel certain everything will be done by the authorities to mitigate the hardships which the upset of the roster has caused.

#### ENTERIC FEVER AMONGST THE BRITISH TROOPS IN INDIA.

**MAJOR T. MCCULLOCH, M.B.**, contributes to the Appendix of the Army Medical Department Report for 1900 an interesting and important article on the spread of enteric fever amongst the British troops in India. Owing to imperfections of diagnosis we cannot place much reliance on early statistics, but after about 1870, when the disease began to be better recognized, it is observable that the number of recorded cases progressively increased. At first this increase is largely attributable to the recognition of the true nature of infections which had in former times been erroneously set down as malarial or continued fevers, but towards 1880 the gradual increase in the death-rate from all fevers combined, as well as enteric, began to show that the last was steadily gaining ground. This disproportionate increase of enteric began to be pronounced between 1882 and 1888, and in the next ten years (1889 to 1898) the increase of its ravages was steady and rapid. There is, however, some satisfaction in knowing that, in spite of the greater certainty in the diagnosis of doubtful cases since the introduction of Widal's test, there has been a large decrease both in prevalence and mortality during 1899 and 1900. This diminution is ascribed partly to improved sanitation of barracks, and inoculations with antityphoid serum, and partly to other causes, which unfortunately cannot be regarded as permanent, such as the suspension of the ordinary reliefs, with the consequent absence of the usual influx of young and particularly susceptible subjects, and the continued absence of field service which always brings enteric in its train. Out of the lengthy statistics adduced, the following figures concerning the total admissions and deaths

from enteric amongst the troops may be quoted as being of especial interest:

	Total.		Ratio per 1,000.	
	Admissions.	Deaths.	Admissions.	Deaths.
1897 ... ..	2,050	556	31.8	8.62
1898 ... ..	2,375	654	36.3	10.00
1899 ... ..	1,392	348	20.6	5.14
1900 ... ..	970	289	16.0	4.77

The case mortality from enteric fever in India is high. For the ten years 1891-1900 it averaged 26.5 per cent., and in 1900 reached a percentage of 29.8. It is noticeable that European women are remarkably free from the disease, but when they are attacked the mortality is exceptionally high. Taking the last three years recorded, when their average strength was about 3,000, there were in 1898 38 cases, with a mortality of 39.4 per cent.; in 1899, 18 cases, with a mortality of 39 per cent.; and in 1900, 22 cases, with a mortality of 31.8 per cent. The incidence of enteric amongst the troops demonstrates the predisposing influences of youth and recent arrival in the country. In 1898, for example, when 50.3 per cent. of the British troops were men under 25 years of age, 71.4 per cent. of the cases of enteric occurred among men between the ages of 20 and 25; out of every 100 men who had been less than a year in the country, 9.15 were attacked and 2.43 died; and these recent arrivals furnished altogether 44.5 per cent. of the total number of cases.

As regards seasonal prevalence, it is regularly observed that the maximum occurs in April for Bengal, in May for the Punjab, and in August or September for Bombay and Madras. Major McCulloch discusses at length the causes which may be held responsible for the spread of the disease, and in commenting on the dangers arising from the faulty disposal of typhoid excreta, lays particular emphasis on the enormous amount of pollution which may be caused by cases of typhoid bacilluria, if the requisite care is not taken to secure the disinfection of the urine as long as the specific organisms are present in it. When infected material is left exposed in the open it may either find its way into water supplies by way of the soil or be carried by flies or dust storms into direct contact with human food or drinking water. Native carelessness in the use of water from infected sources in the preparation of food seems accountable for some of the cases, and then there is always the danger when troops are on the march that their water supply may run short and they may slake their thirst at the first source available, regardless of all warnings as to the risk they incur. In dealing with the question of prophylaxis, Major McCulloch refers to the sanitary improvements in the water supplies and cooking arrangements which have already been carried out, and points out the work which still remains to be done. The ideal of a pure water supply delivered by closed pipes direct into the interior of cookhouses is still in many instances an unfulfilled desideratum. The disposal of excreta is an urgent problem. The usual system of trenching the night-soil and then sowing the ground with a quickly-growing crop is far from satisfactory in the rainy season, when the soil becomes waterlogged, and in some stations the method of incineration is being tried as a substitute. To diminish the danger arising from typhoid bacilluria it is suggested that a routine treatment of all typhoid patients with urotropin might be adopted. In view of the particular susceptibility of young and recent arrivals it is recommended that, wherever practicable, a regiment from England should not be allowed to spend its first year of service in India at a station where enteric fever is notoriously prevalent. Our readers will gather from our account of Major McCulloch's useful article that it suggests many interesting points of comparison with recent experiences in South Africa.

#### SURGICAL OPERATIONS AT NETLEY.

The Appendix to the Army Medical Department Report for 1900 states that, during the year 1900-1901, 307 operations were performed at the Royal Victoria Hospital, Netley, with the following results: 251 were completely successful, 26 partially successful, 6 failed, 10 patients died and 18 remained in hospital. A large proportion of the cases were due to the after effects of wounds or diseases amongst troops engaged in South Africa. There were 66 operations for removal of sequestra after gunshot wounds, together with 5 operations on nerves and 5 for ununited fracture due to similar causes. Of the 9 cases of abscess of the liver the majority were due to dysentery contracted in South Africa. Amongst the sequelae of enteric fever it is interesting to note that there was a case of suppurative appendicitis.

#### THE ARMY NURSE CORPS IN THE UNITED STATES ARMY.

The United States War Department has, we learn from the *Journal of the American Medical Association*, issued orders relative to the nurse corps established by the Bill passed February 2nd, 1901. The order details the duties, pay, status, quarters, etc. It is ordered that army nurses shall be assigned to duty at military hospitals, and at hospitals where more than one nurse is serving one will be assigned to duty as chief. The tour of duty without the limits of the United States will usually be at least two years. Nurses are appointed for three years. A nurse must be a graduate of a hospital training school, and must pass satisfactory professional, moral, mental, and physical examination. All applications should be made to the Surgeon-General. After appointment the nurse is to serve for three months in the United States, during which period she will receive special instruction in army nursing. Her pay and allowance on active service is to be 40 dollars a month in the United States, and 50 dollars when abroad. Chief nurse will receive from

45 to 75 dollars. Nurses will be furnished with quarters according to accommodation available at each hospital. Each nurse will receive one ration in kind per day, and when stationed where rations cannot be furnished will receive commutations of rations at 75 cents per day. The total duration of leave of absence with pay will be thirty days, and an additional month without pay will be granted when the service will permit. A nurse who has served faithfully and satisfactorily for at least six months and received an honourable discharge will be placed on the reserve list. A nurse will be dropped from the reserve list upon reaching the age of 45 years, or if she ceases for five years to practise her profession, or if she becomes permanently incapacitated from illness, or other good or sufficient reasons.

#### THE APPEAL FOR THE FAMILY OF THE LATE LIEUTENANT-COLONEL BRODIE, R.A.M.C.

ON behalf of the widow and orphans of Lieutenant-Colonel J. F. Brodie, R.A.M.C., for whom an appeal was made in the *BRITISH MEDICAL JOURNAL* of the 24th May, Colonel Leake, 42, The Common, Woolwich, begs to acknowledge, with many thanks, the following additional contributions and to express his cordial appreciation of the kind words of sympathy which accompanied them:—

	£	s.	d.
Lieutenant-Colonel R. H. Forman, R.A.M.C.	...	1	0
Lieutenant-Colonel F. W. L. Hodder, A.M.S.	...	1	0
(Honorary Brigade-Surgeon) ... ..	...	1	0
Captain J. G. McNaught, R.A.M.C.	...	1	0
Captain C. E. Pollock, R.A.M.C.	...	1	0
Previously acknowledged ... ..	...	48	8
Total to date ... ..	...	52	11

#### AN ACKNOWLEDGEMENT.

SURGEON-GENERAL H. S. MUIR begs to acknowledge with thanks donations towards the "Y Fund" from Surgeon-Majors Beavor (Scots Guards), Rayner (Royal Horse Guards), D. Elcum (I.M.S., retired); Lieutenant W. M. Houston (I.M.S.); Mr. C. H. Browne (late A.M.D.); Drs. Thomas and Nash (South Africa); "A.B.C." "D.E.F." and "X.Y.Z." (anon. from South Africa), and the following officers R.A.M.C.: Colonels R. Exham, H. Martin; Lieutenant-Colonels R. J. S. Simpson, E. O. Wight, R. H. Sawyer; Majors Matthias, J. M. Nicholls, J. Donnet; Captains J. McDermott, Austin O'Flaherty, W. E. Hardy, A. H. Young, J. H. Power.

The Fund now amounts to £525.

We are asked to state that the subscriptions have been given in response to an appeal made privately to members of the profession for benevolent aid in a distressing case which has been described in a letter sent to a limited number of medical men. Should any reader desire further particulars, with a view to expressing practical sympathy, a copy of the letter will be forwarded on application to Surgeon-General Muir, 26, Kensington Garden Terrace, W.

## PUBLIC HEALTH

AND

### POOR-LAW MEDICAL SERVICES.

#### THE OFFICES OF M.O.H. AND REGISTRAR OF BIRTHS AND DEATHS.

A CORRESPONDENT inquires whether medical men, and especially medical officers of health, hold the appointment of registrars of births and deaths. We believe that in a few remote country districts this combination of appointments occurs; though it is very uncommon. We see no reason why the appointments should not be much more frequently combined. There is, in our opinion, nothing *infra dignitatem* in a medical officer of health holding this post. The combination was recommended many years ago by the late Dr. Farr, though he had in view chiefly the holding of the post of superintendent registrar of births and deaths. In making application for the post of district registrar, a medical man would require to consider whether he was in a position to devote the necessary time to his office duties, and whether he could ensure that he or his authorized deputy could always be relied upon to attend at the regulation hours for registration. Under such circumstances great sanitary advantages might accrue from the combination of the post of registrar and of medical officer of health. Suspicious death certificates would be more likely to be detected than under present conditions; early inquiries as to preventive measures would be secured, advice to relatives on points raised by the cause of death could be given at a time when it would be most likely to be effective, and the machinery of registration and of public health administration would be brought into that close conjunction which is necessary for obtaining the greatest good to the community.

#### WANTED A UNITED IRISH LEAGUE DOCTOR.

CONSEQUENT upon the resignation of Dr. Wyse, the Board of Guardians of the Tullamore Union proceeded at a recent meeting to order advertisements to be issued for a medical officer for the Philipstown district of that Union. An interesting discussion ensued thereon. According to reports which appear in the *Irish Times* and the *Cork Constitution*, the Chairman, Mr. W. Adams, J.P., proposed that the advertisement should state that a United Irish Leaguer would get the preference. Mr. Leneham stated that he had refused his vote to a candidate because he was not a member of the League. Mr. Bermingham could see no connexion between the medical profession and the United Irish League. This observation did not meet with the approval of the other guardians, except Mr. Wyer, who said they wanted a man with medical qualifications and not League qualifications, to which Mr. Henery replied that they had a Branch