

THE WAR.

MEDICAL ARRANGEMENTS OF THE BRITISH EXPEDITIONARY FORCE.

[From a Special Correspondent in Northern France.]

VOLUNTARY AID DETACHMENTS.

THERE are now about 120 ladies drawn from various Voluntary Aid Detachments employed in the capacity of nursing probationers in the British army hospitals in France. Their employment is regarded, I am told, as in the nature of an experiment, but if so it must be one as to the results of which considerable confidence is felt. The first appointments were made several months ago, and their number has been increased to the present total comparatively recently.

I have no information as to the exact distribution of these probationers, but gather that they are being sent to hospitals at which the work, though fairly heavy, is regular in its character, and thus allows of arrangements being made for some definite piece of work well within her power to perform being assigned to each newcomer, and for the scope for her energies being increased as her fitness for her occupation becomes apparent. The ladies first sent out were posted to hospitals where the work is habitually of the light-case-long-stay order, and where in consequence it was easy for the sisters to supervise the work of inexperienced assistants. It was on the strength of what was then observed that the subsequent further appointments were made.

All the ladies so far appointed have been nominated, I understand, by a special Voluntary Aid Detachment committee, which does its work under the aegis of the British Red Cross and the St. John Ambulance Societies. They are not free lances, but are engaged for work in France under a definite contract which secures to the War Office the command of their time for not less than six months, if it pleases, and provides for the payment to each probationer of a salary at the rate of £20 a year.

The requirements of the committee of selection include, I am told, the production of a birth certificate, and this fact perhaps accounts for the circumstance that all the members of Voluntary Aid Detachments I have met appear to be women of that indeterminate age which begins about 24 and ends about 40. They have also been young women of the best modern type—that is to say, well set up, healthy-looking individuals, somewhat offhand in manner, but obviously ladies, obviously well educated, and very keen on justifying their existence. Nor do I think I have been mistaken in these conclusions, for they are upborne by what has been said to me by persons of their own sex—namely, the nurses and sisters at hospitals at which they are employed.

The experiment, therefore, if as such it can still be regarded, seems certainly likely to prove a success. It may be added that there are reasons why this might initially be expected. Voluntary Aid Detachments have been in existence for a good many years, and though the part they are expected to play therein is a little vague, they are an officially recognized component of the general system of territorial defence. The units formed by them are semi-independent and their rules vary, but the work required of women members before they can be classed as "efficient" would in all cases seem to be calculated to eliminate individuals of the pillow-smoothing variety. Among other things it includes the passing of examinations in such subjects as cooking, first aid work, and home nursing. Even in peace time it is common, I believe, for enthusiastic members of Voluntary Aid Detachments to acquire some real knowledge of nursing by getting taken on for a time at hospitals and nursing homes; and since the war began the number of these members who have increased their knowledge in this fashion is very large.

There is also the reason that, despite the fact that the army hospitals in France are fully staffed by professional nurses, there must always be plenty of room in them for the labour of women who, however little special knowledge they may possess, are physically strong, mentally level-headed, conscientious in disposition, and ready to do what they are told. To make this evident, it need merely

be recalled that one of the special features of the majority of the hospitals in France is the frequency with which they change their populations. The duration of a patient's stay tends to be numbered by hours rather than by weeks or days, and this means that the amount of bed changing to be done is almost endless. The proportion, too, in the wards of cases which are entirely helpless, is much larger than in civil hospitals at home in ordinary times. For these and other reasons there is never any lack of work than can safely and rightly be given to probationers.

The ladies who are working in the hospitals are not the only representatives of Voluntary Aid Detachments to be seen in France. At one time and another several refreshment buffets or "rest stations" so called have been started by them, and one at least of these is still at work. For enterprises of this order Voluntary Aid Detachments are specially trained, and those organized of them over here were conducted so efficiently yet unobtrusively that it is a great pity that when opportunity for such work increased, it was absorbed by groups of workers less disposed to keep their light under a bushel.

STRETCHER CARRIERS.

A day or two ago an old acquaintance just returned from several months' Red Cross work with the French told me that on the section of the line on which he had been last employed the French depended a good deal on wheeled stretchers for carrying in the wounded from the trenches to the advanced dressing stations. The fact reminds me that several weeks ago at the head quarters of one of the Territorial field ambulances (No. 3 North Midland Field Ambulance, Lieutenant-Colonel Dent in command) I saw a full-sized working model of a new development in the way of appliances of this general order. It was not a wheeled stretcher, such as is used by the metropolitan police, nor a cycle stretcher carrier, such as is often to be seen in hospitals, but something betwixt and between. Its outstanding features were two parallel wire-built pneumatic-tyred wheels, united by an axle each end of which served as a centre point for an elliptic spring. These springs extended to an equal distance before and behind the wheels and their extremities were united by cross bars so shaped that any ordinary stretcher could be fixed firmly on them in a minute. So far the contrivance did not seem to vary materially from others of like kind that I had seen; but on examination it became apparent that it did in fact vary in a very important particular. The centre of the axle and the centres of the cross bars were hinged in such fashion that the whole machine could be closed up concertina-wise. Furthermore, when thus closed it occupied so little space that six like machines could easily be placed inside any ordinary empty ambulance. Consequently they could be brought up to the point where the ambulances would have to await their loads and be sent forward and hasten the arrival of the latter by relieving the stretcher carriers of their burdens.

An experiment shows that the appliance could be opened out and got ready for use by one man in about a minute, that two men could raise and fasten firmly to it a loaded stretcher within another minute, and that when thus loaded with a 14 st. passenger, one man could push the whole thing along at a run over a surface resembling a rough field, and including in its course one definite hillock. To carry the same passenger over the same ground by hand proved to be a trying task for the two men who undertook it, and, of course, its completion took a very much longer time. The machine, when I saw it, was not regarded as quite complete. It had been built in haste, and it was thought its construction might perhaps be improved in detail. Possibly this may be the case; but, anyhow, the idea deserves encouragement. To clear a battlefield quickly is always desirable, and when, as in present circumstances, the action is never really at an end, and when the time during which attempts to remove the wounded from the trenches can be made with reasonable safety is extremely limited, any increase in the rapidity with which the task can be performed must be of advantage. It was proposed, I understood, to call the appliance described the "Miller James stretcher carrier," after the officer and non-commissioned officer who respectively suggested and worked out its underlying idea.

CANADIAN ARMY MEDICAL SERVICE.

Just as Sir Alfred Keogh, when D.G.M.S. during peace time had organized the medical services of the country so successfully that when the great war broke out Territorial and other hospitals and their staffs were ready to stand the strain, so in Canada the present Surgeon-General Carleton Jones had during the last few years organized the medical services in every province. He had repeatedly visited England, had made himself thoroughly conversant with War Office methods, and had developed the Canadian service, so far as possible, along the lines of the R.A.M.C. Thus when the call came the Canadian Army Medical Corps was well prepared to work alongside the British, and, save for the unavoidable delay in procuring ordnance and other supplies, the formation of the various units has proceeded with singular smoothness and enthusiasm. Each province had its divisional service, and everybody and everything fell into line without confusion. Saying this, it has to be realized that conditions in Canada have of necessity introduced certain modifications, making the military organization approximate more nearly to that of the Territorials upon this side. The permanent members of the Army Medical Corps have formed a very small proportion of the whole body. Lieutenant-colonels and majors high up in the service in each province were, with rare exceptions, leading practitioners in one or other large city. But they were men who for years had played an active part in the development of the Army Medical Corps, while not a few had taken out a course at Millbank or Aldershot. When, therefore, Canada despatched her First Contingent, she sent with it not only the medical units of a division but those also for the lines of communication connected therewith, together with reinforcements—namely, 3 field ambulances and 1 clearing hospital, all now at the front; 2 general hospitals of 520 (subsequently upon establishment in France raised to 1,040) beds, 2 stationary hospitals of 200 (now 400) beds. The officer commanding of No. 1 General Hospital is Colonel Murray MacLaren, President of the Canadian Medical Association. To these have subsequently been added the personnel of the Duchess of Connaught's Canadian Red Cross Hospital, Taplow, manned and, we may add, nursed by the C.A.M.C., for in the Canadian Army Medical Service, unlike the British, the nursing sisters are an integral portion of the service, and not a separate department. This hospital, beginning with 100 beds in the tennis court at Cliveden, put at its disposition by Mr. Waldorf Astor, is now raised to 1,040 beds. Another hospital of 1,000 beds has been established at the Moore Barracks, Shorncliffe. There are, further, a mobile laboratory and sanitary section at the front and two Canadian convalescent hospitals, to which all Canadian patients in British hospitals are eventually drafted—one for 1,000 patients at Monks Horton, near Shorncliffe, the other with 100 beds at Bromley Park, the latter for Canadians from hospitals in the London district.

There has been a similar abundant offering along with the Second Canadian Contingent, so much so that recent graduates granted their degrees this spring entered the corps as privates, and in answer to an appeal from the War Office eighty of them have since arrival in England applied for and been granted commissions as temporary lieutenants in the R.A.M.C. This number does not include the many recent graduates who entered the R.A.M.C. direct. Following the example set by McGill University the hospitals of this contingent have taken on a more distinctively local character. Colonel Birkett, Dean of the Medical Faculty of McGill University, applied for and received permission to offer a general hospital officered by members of the teaching staff of that university, with non-commissioned officers and men largely from the undergraduate body, and nurses from the hospitals associated with the university. This constitutes No. 3 Canadian General Hospital, already established in France. Toronto University rapidly followed suit, and No. 4 General Hospital, under Colonel Roberts, is now at Shorncliffe waiting to embark. Queen's University, Kingston, Ontario, has provided No. 5 Stationary Hospital. Laval University, the French University of Montreal and Quebec, provides the personnel of No. 4 Stationary Hospital. No. 3 Stationary Hospital has been recruited from Western Ontario, and many of its personnel have

been drawn from the Western University of London, Ontario. In addition, there are three Field Ambulances and a Casualty Clearing Station belonging to this Division.

Altogether, therefore, Canada has already provided accommodation and care for between ten and eleven thousand patients.

But this does not exhaust all the offerings. The University of Alberta has offered to supply a hospital of 250 beds, that of Manitoba a stationary hospital for service in France, another offer has been received from the University of Dalhousie, Nova Scotia. The physicians of Vancouver have offered to supply the personnel of a general hospital of 1,040 beds, and their offer has been accepted by the Government. The same is true of Peterborough, Ontario, and its physicians. Lambton County Medical Association (Ontario) offered a unit of 200 beds, the offer being still under consideration, while, lastly, a series of ambulance dépôts are in course of organization throughout the Dominion. These will furnish reinforcements for the ambulance corps overseas.

HONOURS.

A SUPPLEMENT to the *London Gazette*, issued on July 3rd, announced that the King has conferred the Military Cross upon the following officers of the R.A.M.C. in recognition of gallantry and devotion to duty whilst serving with the Expeditionary Force:

Temporary Lieutenant John Marchbank Gillispie, M.B., R.A.M.C. On May 24th and 25th, 1915, at Ypres, he displayed conspicuous gallantry in ministering to the wounded under fire. He traversed the ground many times while under heavy shell and rifle fire, and dressed the wounded in the open. On the night of May 25th he went up to a wood near Bellegarde Farm and searched for wounded men close up to the German trenches. In every action his gallantry has been conspicuous.

Temporary Lieutenant John Hart McNichol, M.B., R.A.M.C. On May 24th and 25th, 1915, at Ypres, with untiring energy and gallantry attended to wounded men under heavy rifle and shell fire, saving the lives of many men. On the night of May 25th he searched a wood near Bellegarde for the wounded, attended to them, and had them brought in. This wood was close up to the German trenches. He has shown the greatest courage in attending to the wounded in action.

Assistant Surgeon Edwin Bunkall Messiner, I.S.M.D. For consistent good work, gallant conduct, and devotion to duty when X Battery, Royal Horse Artillery, was in action on May 9th and 10th, 1915. He went under shell fire to assist the wounded, and, although twice wounded, continued to perform his duties after having his wounds dressed.

DARDANELLES.

The following are the acts of gallantry and distinguished services at the Dardanelles for which the Distinguished Service Order has been conferred upon the members of the medical profession mentioned, as announced in the *BRITISH MEDICAL JOURNAL* of June 5th, p. 982:

Major Eugene Joseph O'Neill, F.R.C.S., New Zealand M.C. On April 25th and 26th, 1915, during operations near Gaba Tepe, for exceptionally good service and exhibiting initiative and resource in command of a bearer subdivision.

Captain Arthur Graham Butler, Australian A.M.C. (attached 9th Australian Infantry Battalion). During operations in the neighbourhood of Gaba Tepe on April 25th, 1915, and subsequent dates, for conspicuous gallantry and devotion to duty in attending wounded under heavy fire, continuously displaying courage of a high order.

CASUALTIES IN THE MEDICAL SERVICES.

ARMY.

Died.

LIEUTENANT WILLIAM REGINALD PRYN, R.A.M.C., is reported to have died in France in the casualty list published on July 7th. He was educated at Guy's, took the M.R.C.S. and L.R.C.P.Lond. in 1914, and, after filling the post of house-surgeon of the Royal Surrey County Hospital at Guildford, took a temporary commission in the R.A.M.C. on August 10th, 1914.

Wounded.

Captain H. J. Gorrie, R.A.M.C.(T.F.).
 Captain E. D. Gairdner, R.A.M.C.(T.F.), Dardanelles.
 Surgeon-Captain R. W. Branthwaite, R.A.M.C.(T.F.), Flanders.
 Lieutenant (temporary) H. Pearce, R.A.M.C., Flanders.

SONS OF THE PROFESSION AND MEDICAL STUDENTS.

In addition to the few names which have been given in recent issues of the JOURNAL, the following sons of medical men have been killed. The names given below, however, must be but a small proportion of the total, as all of them, except the two midshipmen, have fallen in the past two months.

Navy.

Geoffrey Charles Harold, midshipman, H.M.S. *Hogue*, lost when that cruiser was torpedoed in the North Sea on September 22nd, 1914, second son of Dr. Harold, of Harley Street.

Henry P. Lewis Jones, son of the late Dr. Lewis Jones, of St. Bartholomew's, midshipman, H.M.S. *Hawke*, lost when that cruiser was torpedoed in the North Sea on October 15th, 1914.

Lieutenant-Commander R. S. Parsons, R.N., fifth son of Drs. Charles Parsons, of Tunbridge Wells.

Army.

Ackerley, R. H., Lieutenant 3rd (attached 1st) Battalion Royal Welsh Fusiliers, son of Dr. R. Ackerley of Llanidindrod Wells, May 17th.

Baddeley, E. L., Major 8th Lancashire Fusiliers, eldest son of the late Dr. Baddeley of Whalley.

Banks, Charles Hunter Donaldson, Second Lieutenant 3rd Battalion Worcester Regiment, elder son of Dr. Charles Banks of Calcutta, died of wounds on July 1st, aged 23.

Beattie-Crozier, P., Captain 4th Rajputs, only son of Dr. J. Beattie-Crozier.

Blacker, G. F., Second Lieutenant 12th Gloucester Regiment, attached Northamptonshire Regiment, only son of Dr. A. E. Blacker of Clifton.

Blair, Sidney, Second Lieutenant 3rd (attached 1st) Battalion Royal Warwickshire Regiment, son of Dr. John Blair of Wigan, May 16th.

Bard, T. M., Second Lieutenant 11th South Antrim Battalion, Royal Irish Rifles, son of Major T. M. Bard, attached R.A.M.C.

Campbell, R. C. C., Captain 3rd King's Own Scottish Borderers, attached Highland Light Infantry, son of Colonel R. M. Campbell, C.B., C.I.E., I.M.S. (ret.), May 19th, of wounds received in April.

Chilton, F., Lieutenant 13th Argyll and Sutherland Highlanders, reported killed in the Dardanelles, was the only son of Dr. Charles Chilton, Professor of Biology in Canterbury College, Christchurch, N.Z. He was a student of medicine at Edinburgh University, and a member of the O.T.C. On the outbreak of the war he applied for and received his commission.

Edginton, R. W., Lieutenant 5th Royal Warwickshire Regiment, only son of Dr. R. W. Edginton of Edgbaston, Birmingham.

Empson, R. H. W., Lieutenant 5th Durham Light Infantry, elder son of Dr. J. Empson of Milborne Port, Somerset.

Evans, Eric, Captain 4th Royal Welsh Fusiliers, son of Mr. E. D. Evans of Wrexham, was studying medicine and had nearly completed his course.

Fox, W. H., Lieutenant 4th South Staffordshire Regiment, son of Dr. G. M. Fox of Walsall.

Frost, E. L., Lieutenant 4th South Lancashire Regiment, only son of Dr. Edmund Frost of Eastbourne.

Garrod, M., Lieutenant 6th Battalion London Regiment, second son of Dr. A. E. Garrod.

Harper, C. G., Lieutenant 10th Gordon Highlanders, eldest son of Dr. J. Harper of Rosary Gardens, London, S.W.

Heffernan, W. P., Second Lieutenant Royal Irish Regiment, second son of Mr. W. K. Heffernan, J.P., of Killenaule, Ireland.

Heywood, T. A., Second Lieutenant 4th East Lancashire Regiment, only son of Dr. T. W. Heywood of Darwen.

Hodges, W. H. W., Second Lieutenant 6th (attached 2nd) Battalion King's Royal Rifle Corps, elder son of Mr. H. T. Hodges of Walton-at-Stone, May 9th.

Hodgson, G. C., Lieutenant 7th Duke of Wellington's West Riding Regiment, elder son of Dr. G. Hodgson of Chertsey.

Maclehose, N. C., Lieutenant 8th Battalion London Regiment, younger son of Dr. N. M. Maclehose of Harley Street.

Mathew, G. C., Captain 2/2nd Gurkha Regiment, youngest son of the late Brigade Surgeon-Lieutenant-Colonel R. G. Mathew, I.M.S., May 10th.

Miller, J. E. B., Lieutenant Royal Irish Rifles, only son of Dr. J. E. Miller of Londonderry.

Orton, E. H., Second Lieutenant Scottish Rifles, younger son of Dr. G. H. Orton of Kensington, May 9th.

Pigott, Eric John Keefe Pemberton, Lieutenant Royal Irish Regiment, son of Dr. F. K. Pigott of Shrewsbury, June 24th.

Pollard, Eric, Lance-Corporal 8th Battalion K.R.R.C., who was killed by a shell, was the younger son of Dr. J. Ellery Pollard of Acock's Green, Birmingham. He was 17 years of age.

Riordan, H. de B., Captain Special Reserve, attached 2nd Battalion East Surrey Regiment, only son of Colonel W. E. Riordan, R.A.M.C. (ret.), May 10th.

Robertson, E. J. M., Lieutenant Royal Field Artillery, son of Dr. J. R. S. Robertson, R.A.M.C. (ret.), of Hayling Island.

Scott, T. R., Captain Royal Lancaster Regiment, eldest son of Dr. T. R. Scott of Musselburgh, May 10th.

Shaw, R. T., Second Lieutenant Special Reserve, attached 2nd Battalion Royal Sussex Regiment, elder son of Dr. Lauriston Shaw, May 9th.

Shepherd, Philip, Captain 1st Battalion Essex Regiment, eldest son of Dr. Philip C. Shepherd, Aylsham, Norfolk.

Spence, C. B., Lieutenant Royal Field Artillery and Royal

Flying Corps, younger son of Dr. James B. Spence of Burntwood, May 9th.

Stocker, T. F., Second Lieutenant Royal Engineers, elder son of Surgeon-Major E. G. Stocker, Wessex Engineers (T.F.), May 19th.

Thomson, Richard Edward John, Lieutenant 15th Sikhs, eldest son of Lieutenant-Colonel S. J. Thomson, C.I.E., I.M.S. (ret.), May 18th.

Trevor, F. P., Second Lieutenant 3rd Reserve Battalion Duke of Cornwall's Light Infantry, only son of the late Mr. A. T. H. Trevor, of Beaumaris.

Tuke, A. H. S., Second Lieutenant 3rd (attached 2nd) Battalion Northumberland Fusiliers, only son of Dr. T. S. Tuke, of Chiswick, May 9th.

Warren, Percy Soltau, Australian Contingent, eldest son of Dr. Warren, late of Melbourne, Dardanelles.

NOTES.

THE COMPILATION OF CASUALTY LISTS.

AN Eye-Witness present with General Head Quarters in France, after stating that the main duty of the Adjutant-General's Department is the provision of reinforcements, goes on to point out that it is responsible for the duties connected with casualties, discipline, prisoners of war, and sanitation. The office of the Director-General Army Medical Service is a department of the Adjutant-General's office:

A large branch of the work is carried out at one base, where, under the title of the 3rd Echelon, a staff of several hundred officers and men are employed.

"Reinforcements" include complete fresh units and formations of all arms sent out to increase the size of the army, and drafts of the different arms dispatched to fill up the gaps in the units already at the front. The former, as a rule, pass straight through to the front; the drafts form the floating population of the base dépôts.

Apart from the work of replenishing the army, there is that of recording and reporting casualties. A proportion of soldiers and officers disappear without leaving any trace of their fate. With regard to the others, before a man's name is sent home as a casualty it is necessary to identify him absolutely, and to ascertain his name, initials, regimental number, and unit, and what has happened to him. This is done at the base by a small staff detached from each unit or branch of the army in the field, which is employed in checking and verifying every piece of information received from the front regarding any member of its own unit and in maintaining a complete record of all its members in the shape of a sort of life-history. In the block of buildings where this work is carried on may be seen several rooms filled with soldier clerks from every unit of the service, British and Indian, working at small tables piled with papers, very much as clerks in a large bank or insurance office at home. Thirty copies of the casualty lists are sent home daily, amounting sometimes to 3,000 sheets of typed matter.

The Adjutant-General's branch is also responsible for the disposal of the effects and the wills of dead men and for their verification and for ascertaining their place of burial. In the latter task it is much assisted by the Graves Registration Commission, which consists of a small body of gentlemen who give their time voluntarily to the work of collecting information about the dead. They also furnish the graves with wooden crosses stencilled with the names of the buried and the date of their death. Finally, a not inconsiderable portion of the Adjutant-General's staff at the base is continuously and solely employed in replying to queries about casualties, of which as many as 200 sometimes come in on one day.

BALTIC AND CORN EXCHANGE HOSPITAL.

The Baltic and Corn Exchange Hospital Unit, the personnel of which is drawn from the R.A.M.C., St. John Ambulance, and British Red Cross Society, has been at work at Calais since last October. A report issued recently shows that Major Stedman, F.R.C.S. Edin., the officer commanding, has had the regular assistance of four surgeons, while other members of the profession have been temporarily employed. During the six months ending April 24th, 1915, 1,098 persons were admitted, and a statistical analysis is provided of those cases—747 in number—recorded in the clinical card index. The great majority of the patients were soldiers and officers of the Belgian army arriving from the front at the clearing hospital at the Central Railway Station at Calais or brought down by car from the field hospital of the 6th Belgian Division, and admitted on account of some condition urgently requiring treatment before they could be sent on by the hospital ships to England or Cherbourg, or by the *trains sanitaires* to the base camp in a distant part of France. The statistical tables which form the bulk of the report have been prepared by Dr. Lionel J. Picton, registrar of the hospital. A glance at them shows how various were the conditions with which the staff had

to deal, ranging from all kinds of injury due to projectiles to carcinoma of the sigmoid and appendicitis (12 cases). Cases of typhoid numbering 69 were treated in an annexe hospital; of these, 14 died. Of 25 cases among vaccinated persons, 3 died, while of 44 unvaccinated 11 died.

The report includes reprints of two papers on x-ray work by Lieutenant J. R. Caldwell, a member of the staff, which have appeared in the *Lancet*.

Those responsible are to be congratulated on the amount of valuable service disclosed, and we see that, since the conclusion of the period dealt with, a sudden and great increase in the number of wounded arriving at Calais has placed a further strain upon the resources of the hospital, and involved the opening of three new wards.

ARRIVAL OF HOSPITAL SHIP IN DUBLIN.

Early last week the hospital ship *Oxfordshire* arrived in Dublin with 673 wounded soldiers, of whom 226 were cot cases. Of the total number, 300 men were dispatched to Belfast in two trains, one from the Great Northern Railway and the other from the Great Southern and Western. Sixteen cot cases were taken in the Great Northern train and 20 in the other. Unfortunately, a wounded soldier died of internal hæmorrhage while he was being lifted from his cot to be brought ashore. The 373 cases were distributed among the various Dublin hospitals. The arrangements for conveying the wounded were entirely in the hands of the Irish Automobile Club, and fifteen of the club's ambulances were in use. As usual on these occasions, the men of the R.A.M.C. were assisted in disembarking patients by St. John Ambulance orderlies and Red Cross and Voluntary Aid Detachments. At the North Wall, where the patients were disembarked, were 50 St. John men and 8 Red Cross orderlies, while the patients were transferred from the ambulances to the hospital wards by 125 St. John Ambulance orderlies and 18 Red Cross orderlies. One hundred of the less severely injured cases were sent to the Dublin Castle Red Cross Hospital. Out of the 373 wounded allotted to Dublin, 192 were lying-down cases and 181 were sitting-up cases. The men all came from Flanders, and the majority of the wounds appear to have been inflicted with shrapnel.

WOUNDED ALLIES RELIEF FUND.

Hospital Work in France.

Since its acquisition by the Wounded Allies Relief Committee in February the Hôpital Militaire Anglais at Limoges has received well over two hundred surgical cases, specially selected by the French authorities as being particularly severe and complicated. In the same space of time there have been only eight deaths. At the Hôpital Militaire, 37A, Dieppe, the death-rate since February is only 0.5 per cent. This hospital receives the more slightly wounded and keeps most of its patients from within two or three days of their being wounded until they are completely cured. The administrator writes:

During the month of June Dieppe has gradually been emptied, according to a new regulation, which is that wounded are to be sent to certain sections of the country till they are full, leaving others to work off their cases. At the end of May there was not a bed to be had in Dieppe, now we have nearly a thousand, and are next on the list to be filled.

THE FRENCH RED CROSS.

Mr. James Donelan, M.Ch., M.B., Medical Referee, Comité de Londres, 9, Knightsbridge, Hyde Park Corner, S.W., writes: "The generous response of the profession to the appeal you were good enough to allow me to make in the *JOURNAL* of April 24th (p. 740) tempts me to beg again your kind assistance. A number of hospitals that previously made their own arrangements for their surgical staffs, owing to new regulations by the authorities, have now to be supplied through this organization. Vacancies now occur and will continue to do so for some months. I should, therefore, feel greatly obliged to any of my confrères desiring to offer their services for a month or more if they would write to me for application forms or any other information on this subject. If they should wish a personal interview, as I am doing this work in the intervals of practice, I must ask them to write for an appointment. There are a very few paid appointments for good operators willing to go for three or more months.

In the case of American surgeons, I am instructed to say that their co-operation is heartily welcome and most

valued. In order, however, that American surgery should be as worthily represented as it deserves, and in view of the fact that we have scarcely any criterion of the value of many diplomas, evidence of actual hospital appointments and of surgical work done therein will be required. Surgeons who have served with the American Red Cross in any but the hospitals of our allies are not eligible."

TYPHUS IN A GERMAN PRISON CAMP.

The Wounded Allies Relief Committee has received a letter from a trustworthy source in Switzerland stating that the camp for prisoners of war at Soltau, Germany, is in quarantine as the result of an epidemic of typhus fever. It is permitted to write and to send parcels to the prisoners, but they are, of course, not allowed to reply. The letter goes on to say that all necessary sanitary measures have been taken to stem the epidemic.

INDIA.

Bengal's Hospital Ship.

In the *JOURNAL* of July 3rd (p. 30) an account was given of the hospital ship, or rather flat, *Bengali*, fitted out for service in the river Tigris by the Bengal Volunteer Field Ambulance Corps. Unfortunately she has been at the bottom of the sea for nearly two months. An account of her loss is given in the *Pioneer Mail* of May 28th and June 4th. She left Calcutta on May 15th, in tow of the transport *Sikh*, the intention being to tow her from Calcutta to Bombay, and thence to the Persian Gulf. Bad weather was encountered soon after leaving the Sandheads, and she foundered in the Bay of Bengal, about 260 miles east of Madras, on May 17th. Fortunately her medical personnel were not on board at the time, intending to join her at Bombay, so when lost she had only a small working crew on board, who were all saved by the *Sikh*, no lives being lost. The medical staff, under Lieutenant-Colonel A. H. Nott, L.M.S., will go to the Persian Gulf for employment there as an ordinary land field ambulance.

SERBIA.

According to the *Morning Post* Professor Reiss, of Lausanne, has written from Kragujevatz, stating that, thanks to the timely assistance of the British and French Red Cross Missions, the health of the Serbian army is now very good, and the epidemic of typhus has been stamped out. Owing to vaccination on an extensive scale he thinks the danger of cholera may now be regarded as non-existent.

The *Daily Telegraph* of July 3rd contained a message from Mr. Granville Fortescue, stating that he had just returned from a ten days' tour in Serbia, where the sanitary condition showed a vast improvement. Typhus, he says, is rapidly dying out, in spite of the difficulty of instilling the simplest hygienic principles in the minds of the peasants. Foreign doctors and nurses find their progress checked by the indifference of the Serbian to medical supervision. The only danger that threatens is typhoid. Cholera he thinks a remote possibility. The Austrian prison camps are well organized, but the latrines are described as highly insanitary. In view of the myriads of flies, that increase as the summer advances, this constitutes a serious danger.

MONTENEGRO.

The two typhus units of the Wounded Allies Relief Committee for Montenegro will shortly be established at Nikshich and Podgoritza. The two Belgian doctors in charge of the Committee's hospital at Kragujevatz, Serbia, have been appointed lieutenants in the Serbian army. Subscriptions towards any part of this work will be gratefully received by the Committee's Honorary Treasurer, T. O. Roberts, Esq. (Manager), London County and Westminster Bank, 217, Strand, W.C.

MEDICAL OFFICERS WANTED.

Wanted, two good fox-hunting doctors, to join a Mounted Brigade Field Ambulance. Must take imperial service obligation. Pay and allowances as R.A.M.C. Applications to Captain Edwards, Hampshire Carabiniers, Bowood Camp, Calne, Wilts.

The late Dr. Samuel Herbert Habershon left unsettled property valued at £7,869.

DR. WILLIAM ARTHUR BRAILEY (consulting ophthalmic surgeon to Guy's Hospital) left estate valued at £10,003.

DR. DANIEL CARMICHAEL, of Newcastle-on-Tyne, late medical officer of health for Bedlington, left estate valued at £8,857 gross, with net personalty £8,060.

The Lyons City Library is collecting, under the title of "Bibliothèque de la Guerre," documents of all kinds relating to the war. They include the medicine and surgery of the war, hygiene and epidemiology, hospital administration, the relations of the war to public health, legal medicine, veterinary science—in short, all branches of medical science which have a direct bearing on present events. To Professor Lesieur, physician to the Lyons hospitals, has been entrusted the chief direction of the work.