

The medico-military arrangements of the Japanese army in the field, by Surgeon-General W. Taylor, Principal Medical Officer, South-Eastern District

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Aldershot Military Society.

*THE MEDICO-MILITARY ARRANGEMENTS
OF THE
JAPANESE ARMY IN THE FIELD,*

BY

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M.D.,*

PRINCIPAL MEDICAL OFFICER, SOUTH-EASTERN DISTRICT.

TUESDAY, 12th NOVEMBER, 1895.

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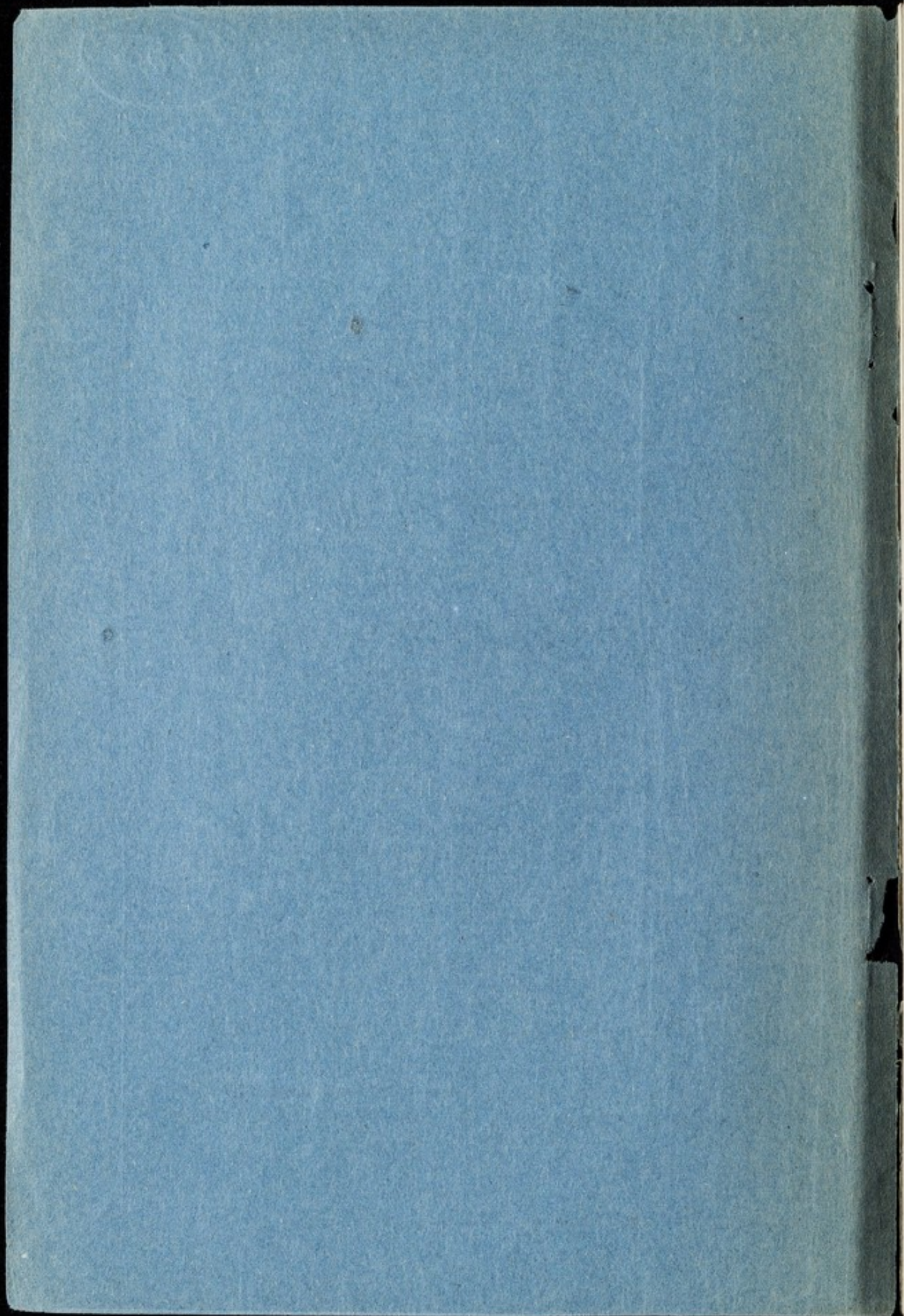
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LV.

Tuesday, 12th November, 1895.

Major-General Sir WILLIAM BUTLER, K.C.B., Commanding 2nd
Infantry Brigade, in the Chair.

THE MEDICO-MILITARY ARRANGEMENTS OF
THE JAPANESE ARMY IN THE FIELD.

By Surgeon-Colonel W. TAYLOR, M.D., P.M.O.
South-Eastern District.*

To have been asked to read a paper before this Society is an honor as well as a privilege for which I desire to thank you, Sir, and the members of the Society.

It would take a great many hours to give an adequate account of the Medico-Military arrangements of the Japanese army in the field, and it has been a puzzle to me to discover how to give the best idea of them in the limited time at my disposal.

It is in no sense an exaggeration to say that the almost miraculous progress in internal development made by Japan in recent years, and more especially in the organization of her Army and Navy, was unknown to Western nations up to the date when the late war with China broke out. That she possessed a Military service of a certain strength, and made up of the different branches considered necessary parts of a modern army, was doubtless known to the intelligence departments of the European nations, but not one of these had the slightest idea of the high state of efficiency to which the military organization had been brought, or of the splendid discipline, hardihood, and bravery of the soldiers of which the Japanese Army is composed. I think I state truly the general impression when I say that the nations of the West looked upon the Japanese much as adults look at children playing at soldiers. They knew that little more than 30 years ago the Japanese fought with two-handed swords and with bows and arrows, that they wore fantastic suits of cumbrous armour, and they could not realize that in such a short time they had not only thrown away the old armour and weapons but had raised a large army almost perfect in its organization, complete in every department, and had established arsenals in which every modern arm was manufactured—rifles, machine guns, &c. No more was it

* Owing to his absence on foreign service the author has not had an opportunity of revising the proof sheets.

appreciated that Japan had physicians and surgeons of the highest standing, many of whom had taken first honors in American and European schools, and some of whom were, and are, pioneers in bacteriological and other branches of scientific research.

In organizing her army she did not leave out any necessary part of the military body. It was made complete in head, trunk, and limbs. Its departments were carefully perfected, and recognizing the fact that trained soldiers are worth looking after and caring for, that it is necessary to keep them in health, to cure their diseases and to heal their wounds, and also that our humanity demands the relief, or at any rate the alleviation, of all suffering, she organized her Army Medical Department, and later, in 1877, founded the Hakuaisha, or Society of Benevolence, which, in the words of its constitution, "has for its object the relieving of the wounded and of the sick on the fields of battle and the taking care of them."

To give you as much information as the time at my disposal will permit, it will be best to lay before you first a rapid sketch of the constitution of the Medical Department in time of war, and secondly to give you some details of its actual working in the field.

First then, the organization, beginning with the Regimental Medical Organization.

Infantry regiment—

- 2 Senior Medical Officers (Surgeons Lieutenant-Colonel, Major or Captain).
- 4 Surgeon-Lieutenants.
- 3 Chief Attendants.
- 12 Ordinary Attendants.
- 48 Reserve (*i.e.* regimental) bearers.
- 6 Panniers (3 horses) and 12 stretchers (1 horse).

Cavalry battalions—

- 1 Surgeon-Major or Surgeon-Captain.
- 1 Surgeon-Lieutenant.
- 1 Chief, and
- 1 Ordinary Attendant.

No panniers or stretchers, only the medical and surgical bag carried by each chief attendant.

Battalion of Artillery—

- 1 Surgeon-Major or Surgeon-Captain.
- 2 Surgeon-Lieutenants.
- 1 Chief, and
- 6 Ordinary Attendants.

Equipment—2 panniers carried on a wagon in field, and on a pack-horse in mountain artillery.

Battalion of Engineers—

- 1 Surgeon-Major or Surgeon-Captain.
- 1 Surgeon-Lieutenant.
- 1 Chief, and
- 2 Ordinary Attendants.

No panniers or stretchers, only the medical and surgical bag carried by each chief attendant.

Battalion of Transport—

- 1 Surgeon-Major or Surgeon-Captain.
- 2 Surgeon-Lieutenants.
- 3 Chief Attendants.

In case of need these numbers can be added to, to form the station medical establishments which are not limited in numbers.

Every officer, under officer, non-commissioned officer, and soldier carries in a pocket in the left hand corner of the skirt of his tunic a first field dressing. It consists of antiseptic gauze, oiled paper, triangular bandage, and one safety pin.

Each company of infantry has four men thoroughly trained in stretcher drill and first aid. They wear, on going into action and at all drills, a red band round the left arm. They are not Red Cross men under the Geneva Convention. Their duty is to help in the removal of wounded from the field until the bearer companies begin their work, when they return to the ranks as fighting men.

These reserve bearers form temporary (regimental) dressing stations until the real ones are established by the bearer companies.

It is laid down in regulations that the personnel of the regimental medical services shall be present in the fighting line, and give first aid, passing the wounded to the rear. When dressing stations have been established the personnel is to be divided into two parts, one to proceed with the pack horses carrying the medical and surgical equipment to the dressing station, and the other to work in the fighting line. If there is no dressing station the pack horses with the equipment remain with the regimental reserves.

The medical officers with the fighting line are directed to distribute themselves immediately behind it and, if possible, in places where they can secure shelter while attending to the wounded. These stations are to advance or retire with every movement, however short, of the fighting line.

Signals may be put up to show where medical officers are, but they must not be such as will attract the enemy's fire. Each of these stations is held by one medical officer and one attendant. In the fighting line use is made, as much as possible, of the dressings in possession of each and every officer and man. Those carried by the attendants are not used except under pressing necessity.

The Medical Staff Corps (bearer column) consists of two parts, viz., the centre and two bearer companies.

The personnel of the centre is as follows:—

- 1 Captain, called captain of the Medical Staff Corps, mounted, chosen from any regiment in the division for a week or day.
- 2 1st or 2nd Class Under Officers (1 clerk, 1 superintendent cook).
- 1 Surgeon-Major as Chief Medical Officer, mounted.
- 1 Surgeon-Captain, mounted.

- 6 Surgeon-Lieutenants, mounted (in Guards Division 4).
- 1 2nd or 3rd Class Pharmacist Officer.
- 3 Pharmacists (in Guards 2).
- 10 Chief Attendants (in Guards 8).
- 26 Attendants, Under Officers (in Guards 20).
- 1 Commissariat Officer, 2nd or 3rd class.
- 1 Clerk, 1st Class Under Officer.
- 1 Transport Under Officer, mounted.
- 3 Transport Soldiers, mounted (1 at least a shoeing smith).
- 36 Transport Carriers with 36 pack horses (Guards 33).
- 2 Servants.
- 9 Grooms (Guards 7).

Total 104—11 officers, 43 under officers, 50 men, 49 horses.

The personnel of a Bearer Company :—

- 1 Captain of Company, mounted (may be a lieutenant).
- 1 Under Officer.
- 2 Sub-division Commanders, 1st class under officers.
- 6 Section Commanders, 2nd class under officers.
- 145 Bearers (1 trumpeter, 1 tailor, 1 shoemaker) (Guards 109).
- 1 Horse-boy (soldier).

Total 156 (in Guards 120), viz., 1 officer, 9 under officers, 146 men, and 1 horse.

Each bearer company consists of two sub-divisions, and each sub-division of three sections.

There is a Medical Staff Corps or bearer column for each division named after the division to which it belongs. Its duty is to establish dressing stations, transport the wounded from the fighting line, receive and give them the necessary aid in the dressing stations, and convey them to the field hospitals. The equipment is as follows:—Medical and surgical field panniers, 4 (2 horses); reserve panniers, 8 (4 horses); stretchers, 96 (8 horses); tents, 2 (2 horses). The tents cannot be carried one complete on each horse, wherefore they cannot be separated, and must be retained with the sub-division most likely to require them.

Reserve clothing, 1 horse; provisions, 7 horses; cooking utensils, 6 horses; remaining equipment, 4 horses, 2 spare horses. Total 36.

Dressing Stations.—These are divided into three sections, each distinguished by a different colour (flag or banner).

- | | |
|-------------------------------------|------------|
| a. Receiving and Forwarding Section | ... Blue. |
| b. Operating Section | ... White. |
| c. Dressing Section | ... Red. |

(a) In the receiving and forwarding section the wounded are relieved of their arms and accoutrements, knapsacks, &c., and of any valuables they may possess, a list of all being made on the spot and

handed over to the under officer acting as clerk. Their names, if they cannot give them, are ascertained either from the inside of their tunics or from a brass plate which every officer and man wears round his neck, and on which are engraved his regiment and number in case of a soldier, and regiment and name in case of an officer. In the meantime the general condition of the patient and his wound are attended to and he is passed on to either the dressing or operating section, or direct to the field hospital.

To avoid confusion it is the rule for the receiving and forwarding portions of this section to be separated by a short distance.

The wounded are treated in order of the severity of their wounds without regard to the order of their arrival.

Each wounded man bears a tally giving his regiment, name, and the nature of his wound or wounds, and stating what has been done for these in the fighting line. Cases requiring immediate attention have a white, and those not urgent a red tally. Every patient passed through this section is recorded in a list which is submitted to the Division Medical Staff Office and there filed. The personnel of this section is as follows—one medical officer, one chief attendant, and one or two attendants.

(b) Operating section—white. Personnel—one surgeon-major, the chief of the centre usually, two or three medical officers as assistants and some chief attendants.

(c) Dressing section—red. Personnel—one medical officer and some chief attendants.

The most detailed instructions are given in the regulations for the movements of the dressing stations, and the selection of sites for them.

The Field Hospitals are organized as follows:—

- 1 Chief, Surgeon-Major, mounted.
- 1 Surgeon-Captain, mounted.
- 4 Surgeon-Lieutenants, 1st or 2nd.
- 1 Pharmaceutist Officer, 2nd or 3rd class.
- 1 Commissariat Officer of the Intendance Staff.
- 6 Chief Attendants.
- 3 Pharmaceutists.
- 6 Attendants.
- 34 Orderlies.
- 1 Mechanic.
- 2 Clerks.
- 6 Soldiers as clerks and cooks.
- 1 Transport Under Officer, mounted.
- 3 Transport Soldiers (1 at least a shoeing smith), mounted.
- 38 Carriers, with horses.
- 6 Servants.
- 2 Grooms.

Total 116—8 officers, 18 under officers, 90 men, and 44 horses.

The following forms the Equipment of the Field Hospital:—

1. Medical and Surgical Equipment, consisting of—
 - 4 Field Panniers.
 - 8 Reserve Panniers.
 - 4 Tents.
2. Clothing.
3. Reserve Clothing.
4. Diet Materials.
5. Cooking Utensils.
6. Camp Utensils.
7. Treasure Chest.
8. Officers' Baggage.

For the transport of these articles there are 38 horses, thus distributed:—

For Field Panniers	...	...	...	...	2
„ Reserve Panniers	...	...	...	...	4
„ Tents ..	...	...	...	...	4
„ Clothing	...	...	...	...	13
„ Diet Materials	...	...	...	...	5
„ Cooking Utensils	...	...	...	...	4
„ Camp Utensils, Treasure Chest, Officers' Baggage and Reserve Clothing...	...	...	...	...	3
„ Spare animals	...	...	...	...	3
				—	
					38

Two days' portable rations (cooked) are carried by each of the personnel, and two days' ordinary rations for each (rice uncooked), on the reserve horses.

For saddle horses, one day's portable ration, and for each pack horse two days' portable rations are carried. One day's ordinary food is carried by each horse.

Besides one day's portable rations, one day's ordinary food for saddle horses is carried by the reserve horses.

The personnel and equipment are so organized as to permit of being broken up into two divisions.

Field hospitals are ordered to be located near the dressing stations, so as to readily receive the wounded from them and from the fighting line.

The regulations give with the most minute detail instructions regarding the functions, location, movement, and management of the field hospitals. They are distinguished in daytime by a white flag with a red cross and a national flag, and at night by a red lamp. The distribution of the accommodation is ordered as follows:—

1. Administrative Officer (including financial) in the centre.
2. Receiving and Despatching Office.
3. Wards.
4. Operating Theatre.

5. Dispensary, including store for medical and surgical equipment, and for the mechanic (cutler).
6. Kitchen.
7. Bath Room (sometimes dispensed with).
8. Mortuary, in separate and detached buildings.
9. Latrines, in separate and detached buildings.
10. Recreation Room.

From the field hospitals sick and wounded are sent to the rear or towards the base by the hospital transport staff. There is one for each division organized under the direction of the chief of the Divisional Medical Staff, with the assistance of the chief of the Divisional Intendance Staff, for lodging, food, &c., and of the transport battalion commander for carts, coolies, horses, &c. The transport staff is under the divisional commander until it reaches the *Etape* jurisdiction.

- 1 Chief, Major or Captain.
- 2 Medical Officers.
- 1 Chief and 2 Ordinary Attendants.
- 1 Clerk, 3 orderlies, 3 servants.
- Total—3 officers, 4 under officers, 6 men.

The *Etape* Medical Staff governs the medical service on the lines of communication. It consists of:—

- 1 Surgeon-Lieut.-Colonel or Surgeon-Major, as chief of the *Etape* Medical Staff.
- 1 Surgeon-Captain or Surgeon-Lieutenant.
- 1 Pharmacist (only when there is no reserve medical store).
- 1 Under Officer.

The chief is under the orders of the *Etape* commander, except in purely departmental matters on which he receives orders from the Field Medical Commander. He acts as adviser to the *Etape* commander in all matters affecting health and sanitary conditions. He directs and controls all medical personnel, both temporary and permanent, within *Etape* jurisdiction, but he is not authorised to impose permanent duties on those who are only temporarily under his authority. He is to travel throughout his district to inspect and assure himself of the diligence of all under him, to ascertain whether treatment is properly carried out, and whether proper kindness and consideration are shown to the patients.

The Reserve Medical Staff organised at the time of mobilization with the territorial division, and under the divisional commander until *Etape* jurisdiction is reached, when it comes under the *Etape* commander, is for duty with stationary hospitals on the lines of communication, though it is named after the division to which it belongs and with which it was organized.

The Reserve Medical Staff of each division is as follows:—

- 1 Chief, a Surgeon-Major, mounted.
- 2 Surgeon-Captains.
- 4 Surgeon-Lieutenants.

- 1 Pharmacist Officer, 3 Pharmacists (under officers).
- 1 Commissariat Officer.
- 14 Chief Attendants, 40 Attendants (under officers).
- 8 Servants.
- 1 Horse Boy.

Total—9 officers, 57 under officers, 9 men, 1 horse.

Its duty is to establish hospitals, and to pass the sick and wounded back to the base.

Each division has also a reserve medical store with the following establishment:—

- 1 Chief Store Master (Lieutenant of Transport), mounted.
- 2 Transport Under Officers, 6 Transport Soldiers (2 shoeing smiths), mounted.
- 1 Pharmacist Officer, 2 Pharmacists.
- 2 Mechanics, 1 Clerk.
- 1 Servant, 1 Horse Boy.

Total—2 officers, 5 under officers, 10 men, 9 horses.

It is under the divisional commander until the *Etape* jurisdiction is reached. It is to keep in store such equipment and hospital clothing as the division in the field may require. It is also to supply the equipment necessary for the stationary, field, and *Etape* hospitals, and for the Hospital Transport Staff.

Each army in the field has its own army medical staff, consisting of:—

- 1 Chief, a Surgeon-General or Surgeon-Colonel.
- 1 Medical Officer (secretary).
- 2 Chief Attendants (under officers).

The chief is under the army commander, and directs and controls the medical affairs of the army. Although under the army commander, in all purely departmental and professional matters he receives his orders from the field medical commander.

There is also a medical staff for each division, with a surgeon-colonel or surgeon-lieutenant-colonel as chief, with—

- 1 Medical Officer.
- 1 Pharmacist Officer.
- 2 Chief Attendants (under officers), as his personal staff.

He is under the orders of the division commander, except in matters of a purely departmental or professional nature, in which he takes orders from the chief of the Army Medical Staff. He is the responsible adviser on all matters affecting the health of the division, and is responsible for the care and treatment of its sick and wounded.

General Hospitals at the Base.

Establishment:—

- 1 Chief (Surgeon-Colonel, Lieutenant-Colonel, or Surgeon-major).
- 2 to 3 Medical Officers.
- 1 to 4 Pharmacist Officers.
- 1 Commissariat Officer.

- 3 to 5 Chief attendants.
- 1 to 6 Pharmaceutists (under officers).
- 2 to 8 Commissariat under officers or men.
- 30 to 40 Attendants.
- 1 to 2 Mechanics (to look after instruments).

42 to 70 Officers and men.

For every increase of 40 patients over 120 the establishment was given the addition of one medical officer, one chief attendant, and 10 to 13 attendants.

The chief of the reserve hospital is under the commander of the territorial division. He administers the whole of the internal affairs of the hospital, and is responsible for the faithful discharge of the duties of all under him. He is to formulate regulations for the reserve hospital on the lines of those for barracks and hospitals in time of peace.

N.B.—Every territorial station hospital throughout the country may become a reserve hospital for such sick or wounded unable to return to the ranks.

At Grand Army Head-Quarters is the Field Medical Commander. He is the centre and head of the entire medical service of the army or armies in the field.

The Grand Head-Quarters of the Army during the late war was, as you know, at Hiroshima. The chief of the medical department of the War Office during peace time becomes the field medical commander in time of war.

He has as his personal Staff:—

- 1 Surgeon-Lieutenant-Colonel or Surgeon-Major.
- 1 Pharmaceutist Officer.
- 2 Clerks.

He is under the Chief of the Staff or Quarter-Master-General. He administers the whole of the field medical service, from the regimental medical establishments at the front to the base or reserve hospitals at home, and has to exercise personal supervision over all.

He is directed to be in constant communication with the War Office in order that he may be able to perform his duties with the greatest possible certitude. He is to establish unity in the army, division, and *Etape* medical services, and is to make use of the members of volunteer societies, under the directions of the Minister of War, and so has authority over these societies.

Having given a skeleton outline of the medical organization, permit me now to try and give you some idea of how it worked in the field during war.

At Port Arthur there were opportunities of seeing how every part of the medical machine worked, except, perhaps, the reserve and *Etape* portions, which were not required, the wounded having been cared for in the field hospitals either till they recovered, or were able to be put on board ship and sent direct to Japan in hospital transports.

In the fighting line everything was done that could possibly have been done. Lives were saved on the spot where the men fell by the prompt application of tourniquets, and large arteries were even ligatured under heavy fire. I saw two men brought back to the dressing station from the line of attack on one of the forts, both of whose lives were saved by ligature—one of the femoral another of the axillary artery; the tallies in each case gave the particulars of what had been done under difficulties, but with every care, and asked for immediate attention to the wounds which had only been protected by the first dressing. The wounded were removed from the field without any delay, just as quickly and quietly as they always were on the bi-weekly parades of the bearer columns in time of peace. If regiments were engaged far ahead, the regimental (reserve) bearers did the work until the bearer companies came up, when they again took their places in the ranks; there was no loss of time. The medical officers and attendants were everywhere, and although I cannot affirm this, I believe that not a single life was lost which could have been saved. At the dressing stations which, as the country was hilly and gave lots of good shelter from the fighting line, were never far away, straw was laid down in the shade of trees for the receiving section, hot coffee, beef tea, soup, and stimulants were ready and given to the wounded as they were brought in; the urgent cases were sent to the dressing or operating sections, where their wounds were carefully examined, if necessary, cleaned and re-dressed, or perhaps only the dressings required readjusting. Everything in the way of aseptics was available, all the instruments were in sterilizing solution; lotions of carbolic acid, corrosive sublimate, and boric acid, as well as iodoform, boric acid absorbent cotton, oakum, antiseptic gauze, bandages, sponges, all these were at hand. The operating tables, made of the bodies of light transport carts from which the wheels were removed, and to which legs were attached, were arranged, some of them as tables for the instruments or materials, the others for operating, and the medical officers and attendants all wore clean white aprons. Every wound was dressed as carefully and as thoroughly as it could have been done in any London hospital, and as the dressing was finished each man was put into a stretcher and sent on to the field hospital, which, in this case, had been established in a convenient building about 300 yards off.

There were several very serious cases dressed while I was present at that particular dressing station, some of which must have been very painful, yet I did not see chloroform administered once. The medical officers said they did not like it, from fear of shock, and the men themselves preferred to have their wounds dressed without it.

One man who had a very severe wound in the back of his right wrist caused by a piece of shell, necessitating a great deal of painful trimming, cutting, and stitching, which occupied quite 20 minutes, was found, when that wound had been dressed, to have a still more serious one in the axilla, which required much longer attention, yet he never

uttered a sound, or moved a muscle further than to bite his lip and compress his lips firmly. In this case the splinter of shell which had lodged in the wound in the axilla had been removed in the field, and a first dressing applied. At this dressing station there were four medical officers assisted by the chief and ordinary attendants, and its working was perfect.

The same can be said of the other dressing stations at Port Arthur. They were all in the very best working state of efficiency. There was no hitch anywhere. Every man knew what he had to do, and how to do it; he knew where to find everything he wanted or that he was expected to find when wanted. It was quite evident that each and every man was thoroughly familiar with the name, use, and whereabouts of every article of equipment, and that they had rehearsed many times before on the peaceful parade ground what they were doing now on the battlefield. They had fully recognised the importance of the work they would some day have to do under difficulties, and they had been made, when its practice was easy, perfect in it.

Here was shown the benefit of thorough training of all concerned, and of having been made familiar by frequent and regular practice with every article of equipment, and every duty likely to devolve upon them.

At Wei-hai-wei, on the 30th of January, the steadiness which results from drill, or practice, was demonstrated in a splendid manner. A regiment which, in forgetfulness of the warning of the marshal commanding, in his orders of the night before, that troops were not to be exposed on the beach of the harbour for fear of drawing upon them the fire of the Chinese ships still there, and in the excitement of pursuit of thousands of the enemy in flight, advanced across the flat sandy beach for some distance and suddenly found itself under fire from the quick-firing and machine guns of three Chinese ships and from torpedo boats at a distance ranging from 200 to 600 yards. Admiral Fremantle's flag lieutenant (Ogilvy), the American Military Attaché, and myself had followed up the advance line, and just at this moment stood on a ridge overlooking the beach at the end of it by which the regiment had passed, and we saw what was coming, though apparently those in command of the regiment did not. The regiment, which was in line, was taken in flank, and at the first discharge over 80 men were down, and the saddles of the mounted officers (two) were empty. It was quite evident that the regiment was in danger of being soon annihilated; but some one had his wits about him, for in a few seconds every man was on his face, and soon we saw that they were all crawling, or making rushes while stooping, towards a ravine to their left—the fire coming from their right. There the regiment re-formed; but while the men were creeping away we saw suddenly the medical officers and stretchers spread over the field at some distance from one another. They walked in that storm of bullets as

quietly as if on the parade ground at Tokio, attended to the wounded, picked up the dead, and carried them quietly to the shelter of the ravine. In 20 minutes there was not a dead or wounded Japanese soldier on the beach. It was a splendid act of heroism, originating from a proud patriotism which refused to leave a dead or wounded comrade to the enemy, and the result of constant training in every detail of duty.

But, gentlemen, there is something more than mere training required to produce such a spirit of self-sacrifice in the performance of duty as the Japanese troops displayed. What gives it? We all know the Japanese are brave as a race, but no one knew how brave; no one could have known that they possessed that docility of disposition which makes them tolerant of severe discipline, willing to bear hardships and privations without a murmur, aye, with unflinching cheerfulness and good nature. Though unaccustomed to the rigours of a severe winter the Japanese soldiers bivouacked on ground frozen and covered with snow; they marched in the face of driving winds—blizzards—for miles and miles, over rough stony ground, slippery with ice or frozen sleet or snow, starting at 2 or 3 o'clock in the morning, and frequently not getting to the end of the march till late at night, and all the time with the thermometer below zero. Aye, some of them even marched in such conditions with frostbitten feet, their boots, or rather shoes—for they were not served with boots—having become worn, and offering no protection. I can never forget two men of the transport corps on the march from Yung Cheng to Wei-hai-wei. We overtook them crossing a range of hills. It had been snowing or hailing for two days, had thawed in the sun the day before, and the road or path was covered with ice. A regular blizzard was blowing in their faces as they led their animals carrying ammunition along. There was a deep ravine on one side, and as we overtook them we saw what their difficulties were in driving their ponies on such a dangerous road. Suddenly one pony slipped and rolled over into the ravine, the two men standing and gazing at him till they saw him arrive safely at the bottom. It was enough to make them swear, but Japs do not swear, there is not, I am told, a swear word in the language. They looked at each other and, frozen and cold though they were, their sense of the ridiculous was too much for them, so they burst into loud laughter. Then one of them went down and led the pony up by a path, went back three times for the three boxes of ammunition, and having loaded up again they proceeded on their way rejoicing. How many times on that long and trying march similar misadventures befell them I cannot say, but I know many of the train did not get in to the next halting place till midnight. It was a common thing on that march to see men whose small two-wheeled baggage cart had upset and rolled down a hillside or cliff and got broken, going cheerfully back for a spare one which they knew to be behind, and to begin the journey over again almost. At the battle of Asan, I think it was, a whole battalion

found itself in a very tight place indeed, in front of high walls and exposed to the fire from the men lining them. The guide who was to have led them to a gate was missing, and two officers had to be sent on to search for it. It was a critical period of the action. Men were falling fast, and the regiment could not remain in its exposed position, so the officer in command marched it right up to the wall of the city and made the men sit down close against it. It was just getting dark, things were looking dismal, and the position in which the regiment was, close under the wall, was conducive rather to depression; some one shouted out, "This won't do, let's have a song," and there, crouched close under the walls, with the enemy above them, the men sang out their regimental song. In a few minutes one of the officers returned, having found the gate, and the regiment was led to it, and got into the town just in time to capture it before complete darkness set in. But that spirit, which is common to the whole army, is not all that is needed to account for the behaviour of the Medical Department. It is necessary that the service on which the men are engaged should have the sympathy of others and especially of their comrades, of the country. Nothing damps zeal so much as being ignored or being without the interest of our fellow-men. Fault-finding, constant fault-finding and neglect, never produces a good result. No matter what a man's calling, trade, or profession may be he wants to be encouraged and to feel he has others interested in his work, and in sympathy with him, and so must the men of any service. There is nothing so devoid of excitement and interest as playing at being wounded or sick. It is not exhilarating in itself, it therefore requires all the more encouragement from others; but even in their ambulance drills the Japanese were in earnest, and the whole army interested and in sympathy with the medical department. The officers and men of the Japanese army have appreciated that fact, and they, therefore, give every encouragement to their medical department in learning and practising its duties. The bi-weekly drills of the bearer columns are perfect in that respect. I had the privilege of seeing several, and the last I saw was while the last force mobilized was waiting at Hiroshima to embark, it was hoped, for Peking. It was the bearer column of the division of the Imperial Guards. A regiment was on parade and a regular field day and sham fight were gone through. The whole of the medical department of the division was there, the regimental bearers, the bearer column, and companies. Wounded fell here and there in the most realistic way, and were attended to on the spot, and either helped to walk to the dressing station or carried as the case required. The road to the dressing station was indicated by small flags. Here everything was laid out ready as for real service. All the three sections were in perfect working order, the instruments and materials were all ready, the former in sterilizing solution, the medical officers and attendants were in their white aprons; hot coffee, beef tea, and soup were ready, and everything

was prepared for actual use. The wounded were brought in and dealt with as their wounds required, and were passed on to the field hospital, which was about 400 yards further on, the road to it also being indicated by direction flags. At the field hospital twenty beds were ready, the reception and operating sections were working, the form of operation was gone through, and the wounded dressed, and the drill was not considered complete until every wounded man had been put to bed, given food, and in some cases even medicine. The whole parade was watched with the greatest interest by officers of every rank, from the Royal Prince Commanding the division to the last joined third lieutenant. Of course only a few officers were actually on duty, but the others were interested, and were voluntary spectators, not one of whom left until the whole thing was over. There need be, there should be, no jealousy between any part of an army and its medical department. There may be rivalry, which amounts to jealousy, among different regiments, but not between any part of an army and its medical staff.

In conversation with the Surgeon-General afterwards I asked whether it was not extravagance (waste) having all the equipment in use, and some of it, such as sterilizing solutions, &c., actually expended. He replied, nothing can be extravagant which is likely to lead to the saving of a Japanese soldier's life. I felt the rebuke. He also told me that it was only with frequent or constant use of the equipment, panniers, and their contents, that the familiarity which is so essential is attained, and, moreover, he said, defects and deficiencies in equipment which would be serious if discovered only in the field were occasionally found out at these parades. The men too, he said, are tried, and if they are found not to be thoroughly acquainted with the equipment, and efficient in their work, they are sent back to make themselves so, and some one is made to see that they do so.

The foreign officers who saw these parades were very much impressed with the thoroughness with which they were carried out, and the great interest taken in them by officers of every rank, corps, and department in the service at the place. Such interest will put any corps or department on its mettle. The Japanese civilians, as well as the army, are proud of their medical services, however, and they have every reason to be. They have encouraged and fostered these services and the result is what might have been expected. No false economy is allowed to interfere with the benefit to be derived from these drills and parades for instruction. There is no obstacle put in the way of using, and becoming thoroughly acquainted with, every article of equipment. On the contrary, it is the duty of those in authority to see that every officer and man has daily opportunity of learning his work and of being made familiar with every article of the equipment he may some day have to use to save the lives of officers and soldiers, wounded while fighting their country's battles. The field hospitals worked just as smoothly and as efficiently.

Tents, though always at hand, were rarely used, as both at Port Arthur and at Wei-hai-wei empty Chinese houses were found available and utilized, one or two tents, perhaps, being pitched for the protection of the equipment, or for use as bath rooms, dispensary, or operating theatre.

The accommodation was always distributed as laid down in regulations mentioned a few minutes ago, except that baths and recreation rooms were not always provided.

The third day after the occupation of Port Arthur the three field hospitals were brought into the town and established in the large Chinese military hospital, over which a huge white flag with a red cross was flying when the Japanese troops entered, though there were no sick or wounded in it, but only soldiers who had thrown away their arms and cast off most of their uniform.

The building was well arranged for a station hospital, with large wards, all the necessary offices and a separate block for administration; but it was, like every thing else Chinese, in an indescribable state of filth.

That condition the Japanese, strange to say, did not take steps to remedy as it required, and this leads me to dispose of one of the only serious blots I saw in the working of the medical services.

In this particular instance there is no doubt it would have taken days, or perhaps weeks, to have cleansed the building thoroughly, but two or three of the more recent filth strata might have been removed with advantage. Notwithstanding their habits of personal cleanliness, their fondness for baths, and the spotless absence of dirt or dust that characterizes their houses in their own country, in the field the surroundings of hospitals were far from what they should have been in this respect.

The wards, operating and dressing rooms, and their furniture were perfectly clean, the instruments and materials aseptic, the aprons of the medical officers and attendants spotlessly white, yet in some cases the immediate surroundings, even the door steps by which the patients were brought into the operating room, were in the most insanitary condition. Here was the one great failure; yet even this, when later cholera appeared among the troops, was attacked most vigorously, and with a display of well directed energy so characteristic of the Japanese officials when the necessity for it is once recognized. Towns in temporary occupation, which were in such an insanitary condition as could only exist, I hope, in China, and were such as to ensure the prevalence of any and every disease due to dirt, were cleansed, drained, and put under such regulations as prevented the appearance of a single case of cholera, or other disease arising from want of proper sanitation. Speaking of cholera, it was not anticipated; certainly for months nothing was done to prevent its advent; even at places like Talienwan, which was the base in the occupied country of the armies in the Liao-tung peninsula through which all reinforcements passed to the army and all invalids were sent back to

Japan. But when the disease did appear it was met in force, and a regularly organized establishment started, not only for the treatment of cases, but for the prevention and study of the disease. Many of us have seen how short handed we have had to meet epidemics of cholera in India, where two or three (one or two I can say from personal experience) medical officers have been left to deal with an epidemic in which twenty to thirty men have died in seven or eight hours. That is not how things were done by the Japanese. When the disease appeared they put forth their strength to combat it at Taliénwan. For dealing with cholera alone there was a regular department established, consisting of an administrative office with clerks for records and special reports, and statistics; an officer and staff of gendarmes for inspection and quarantine control; of bearers for carrying those attacked; medical officers for the examination of all suspicious cases, and for establishing quarantine lines and carrying out quarantine regulations on board ship as well as on shore; and besides all these, a bacteriological section for the special study of the disease and the accurate diagnosis of doubtful cases, presided over by an expert, a pupil of Professor Koch. And this all in time of war, in the enemy's country, and after all but the last divisions of the Japanese army had been mobilized and were in the field. One could not help wondering at what seemed to be the inexhaustible resources of the country, and admiring the spirit and quiet determination of its officers.

From the field hospitals the sick and wounded were sent to the base in the enemy's country singly either in stretchers (doolies) or small hand carts, or in numbers in the large carts of the country hired from and driven by Chinese. The stretchers were not warm enough for the severity of the climate, and as the average distance from post to post was six Japanese ri (14.64 miles), it is not difficult to imagine the discomfort of a patient, however many blankets he may have had, lying on a stretcher with a canvas bottom (generally with his uniform on), and being carried that distance in a blizzard, or at any rate a high wind, with the thermometer below zero. The carts were without springs, and as the roads were of the most primitive description it can be easily realized that the journey of the sick or wounded soldier was not a pleasant one. All the same, I wish to state that everything was done that was possible in the circumstances and in the country with the equipment they had. In many articles of their equipment the authorities saw the necessity for improvement. Hospital ships carried the invalids back to Japan. The base hospital was established at Hiroshima, where Grand Army Head-Quarters were located. It is a town of about 75,000 inhabitants, about a mile and a half inland from the splendid roadstead of Ujina, near the eastern entrance to the Inland Sea. It is the head-quarters of one of the military districts, with one regiment as its ordinary garrison, and a station hospital for 200 men. It will be remembered that when war was declared His Imperial Majesty the Emperor proceeded to

Hiroshima, taking with him the Grand Army Head-Quarter Staff, and it was resolved to make it the base of operations. That having been decided, it became necessary to provide among other things a base hospital with adequate accommodation for the number of sick and wounded that might be expected from the seat of war. The existing hospital, as has been already said, could not accommodate more than 200. That was its highest limit. War was declared in June, 1894. On the 5th of that month the 5th division of the army was mobilized. On the 8th of July, after Grand Army Head-Quarters had gone to Hiroshima, it was ordered that the garrison should become the reserve (base) hospital, and it was decided to occupy the old parliament buildings as one division and to build three temporary divisions in convenient vacant spaces of the town. Suitable sites were selected on the day (8th July) on which the order was given, they were approved, and building directed to be commenced, and on the 30th of the same month the three new divisions were completed, *i.e.*, new buildings capable of accommodating 2555 patients, with offices, kitchens, operating theatres, stores, and all necessary accessory buildings had been erected and made ready for occupation in twenty-three days. Each of these divisions had its own administrative and other offices. One of them consisted of thirty-two separate buildings. These were all connected by a covered way. The new buildings were of wood, beautifully finished, raised three feet above the ground and with covered ways connecting them all. The general plan was the same, so far as the space permitted, in all the three divisions, *viz.*, two columns of buildings containing two wards for twenty beds each on each side of a covered way. I am sorry I cannot show you the plans. They are most interesting, but are being copied or lithographed for my official report, which had to be issued without them. The buildings were roofed with shingle, were well lighted by large glazed windows and warmed by stoves.

The rapidity with which these hospitals were constructed is not more surprising than the smallness of the sum it cost to build them. The average cost of each building (not division of the hospital, for, as I have said, one of the new divisions consisted of thirty-two buildings) containing two wards for twenty patients in each, a large central room with bath rooms, latrines, and urinals was, for those with ordinary wards, 780.66 yen (£78 1s. 3d.) The buildings with separate small wards for serious cases cost more, *viz.*, 950 yen, or £95. I could not help, though I always strive to avoid comparisons, thinking of a certain mobilization scheme in which it was suggested to build temporary wooden huts for base hospital purposes in some of the open spaces of a large town, in which every conceivable material could be obtained in any quantity. When the proposal went on it elicited the official reply that it would take at least six months to collect the materials, and a kind of sea-sick sensation crept over the feeling of conscious superiority with which I had gone to Japan.

I have said that Hiroshima is about a mile and a half by road from its port Ujina, and about two and a half or three miles by river. It was soon found that the best way of taking the sick and wounded to the base hospitals was by river in sampans, but it was also found that it was necessary, after the discomforts and fatigues of a long and possibly rough sea voyage, to give the sick and wounded a rest on arrival at the port of disembarkation. On the 12th of November, therefore, an auxiliary hospital or rest house for sick was opened at Ujina. It consisted of two temporary wooden buildings for the accommodation of 300 patients. They were built close to the shore, and a landing place was made where the sick could be comfortably either disembarked or embarked. There, in that auxiliary hospital, they were relieved of their uniform, arms, and accoutrements, and were given hot baths and hospital clothing, and allowed to rest for from twelve to twenty-four hours. They got food and medical comforts, were told off to different divisions of the base hospital at Hiroshima, each bearing a wooden tally on which was the number of the division to which he had been told off. The journey up the river was generally made in the evening. Each sampan took from four to eight patients, according to the nature of the cases and the amount of lying down accommodation required. A hospital attendant accompanied each sampan which had serious cases.

In the way I have hastily and I feel very imperfectly sketched, the sick and wounded of the Japanese army were treated, cared for, and carried from the fighting line to the base hospital at home.

Before concluding I will with your permission, Sir, say a few words on the spirit which permeated the whole of the Japanese army, and inspired it to deeds of daring, endurance of hardship, and privation, with a cheerfulness which was most remarkable. That there was some mysterious inspiriting influence diffused throughout the whole army was plain to every foreign officer who had the privilege of seeing the troops in the field. What was it? Where did it come from? The training of the soldier was severe, he was never allowed to be idle, he never wanted to be; even what might have been his spare moments were given up willingly, cheerfully, to make himself proficient in some part of his duty. On board ship, regiments were put through physical drill, company by company, on the forecastle or deck, and the zeal, energy, and *go* with which each man did it struck every onlooker. The drill was not allowed to become irksome by being continued too long at one exercise; five or ten minutes physical drill was followed by the singing of the regimental song, the men of the company forming a large circle with an officer, or under officer, and non-commissioned officers in the centre, one of whom read out the words, two lines at a time, the whole then taking it up and singing it with a will. In a fleet of fifty or sixty transports, it was most inspiriting to hear the different regimental airs wafted across the sea from ship to ship. The song was followed, perhaps, by a game at touch, or some other requiring equal activity, all joining in with the

greatest interest and good nature; then a return to ten or fifteen minutes of the more severe and routine physical drill, all, to the very last, done with the same *go* and energy, every muscle braced, every nerve taut, as at the beginning. The same energy, zeal, faithful service, and self-sacrifice were shown whether the troops were in divisions, regiments, or in small parties, as well as by individuals on lonely sentry posts. The same incentive to devoted service was evidently at work everywhere. What was it? I feel convinced it sprang from an ardent patriotism, from a very deep and intense feeling of loyalty to His Imperial Majesty the Emperor. I had not time or opportunity to travel about much in Japan, but wherever I went, I was strongly impressed with the devotion of the people to the Emperor. I happened to be at Nikko on the day on which His Imperial Majesty returned to his capital, Tokio, from which he had been absent nearly ten months. All the houses and shops in Nikko were decorated with flags, just as if the Emperor had been coming there. I asked my landlord, a most intelligent man, who spoke English fluently, the reason of the decorations, seeing that the Emperor was not coming to Nikko. He replied, we do not put up our flags and lanterns that the Emperor may see them, or because he will see them, but because we love him, and rejoice that he has returned to his capital and palace after having had to endure for so long the anxieties of the war in a small house with no comforts.

Every Japanese believes, he is brought up in the belief, that the greatest privilege of his life is to be permitted to lay it down for Japan, and for the Emperor. Japanese mothers bring up their children, both sons and daughters, to cherish this faith as the grand mainspring of their lives. We read in travellers' books of the charming winning manners, and of the cheerfulness and light-hearted gaiety of Japanese women. But there is a much deeper and nobler side to their natures. The care and early training of Japanese youth is left almost entirely to the mothers. Every man in the country, whether a minister of state, skilled mechanic, or coolie, is busy from daylight to dark. The children receive their earliest impressions and have their characters formed by their mothers. The latter are made of sound stuff, just such sterling stuff as must bear and bring up boys who will grow into men of endurance, self-denial, and real true pluck, men who must with the proper training become true soldiers. A story was told me by a gentleman holding a high position in Tokio, which illustrated this spirit which I believe to exist in the women of Japan, and which has such influence on the race and in the making of her soldiers.

A young lady of high position, the daughter of one of the nobles, was married a few months before the war broke out to a captain of one of the first regiments to proceed on service. With the news of one of the earliest engagements came the tidings that he was among those killed. His father was informed and he at once proceeded to convey the sad tidings to his daughter-in-law. The shock was a severe one,

but she received it with dignity, and, with the winning manner of all her countrywomen, congratulated her father-in-law that his son should have been privileged to fall fighting for Japan and for the Emperor. Then she went to her own father, and having told him the sad news, said, "Congratulate me, dear father, that I have had a husband who has had the honour and happiness of laying down his life for Japan and for the Emperor."

On her return home she wrote to her father and to her father-in-law to tell them that if she had had a child it would have been her duty to have lived that she might bring him up to feel it his highest privilege to die for Japan and for the Emperor, but as she had no children it was her duty to go to her husband.

Having arranged her own affairs, she took her husband's photograph, placed it in the little sacred niche which is found in every house, and kneeling before it committed suicide.

We may not approve of the deed, or of the opinions which prompted it, but we cannot doubt that a country whose women are actuated by such a high sense of duty, however mistaken, and who are permeated with such feelings of loyalty to the sovereign, and inspired with such devoted patriotism, must become a nation of soldiers who will be brave and loyal even unto death.

DISCUSSION.

Major-General H. M. BENGOUGH, C.B.: I should like to ask whether the regimental stretcher-bearers are furnished from regiments, taken from the ranks, or whether they form a separate corps.

The LECTURER: They form part of the regiment, and fall out immediately the regiment goes on parade and immediately it goes into the field. They number four per company.

Brigade Surgeon Lieutenant-Colonel J. A. CLERY, Army Medical Staff: I should feel obliged if Surgeon-Colonel Taylor would afford some information as to the supply of transport to the bearer companies. Would he please state whether the transport forms an integral part of the bearer company or is it furnished from outside sources as in our army? I should also wish for some information about the number and nature of ambulances or wheeled transport of the bearer companies. Is there any other means of removal of wounded provided in addition to stretchers, or is reliance placed on them alone?

The LECTURER: The transport staff is what is described as the "Hospital Transport Staff." There is a special transport staff organised at the time of mobilization with each division—that is to carry patients back from the field hospitals throughout the lines of communication. Light two-wheeled hand carts were drawn by coolies, and coming down from the North Road use was made, for large numbers of sick, of Chinese country carts without springs, which were very uncomfortable. The Japanese had recognised the necessity for providing some better means of transport and this is a diagram of a conveyance used at the base which allows the man to lie down. One coolie will draw that for miles, but the actual means of transport in use was the stretcher.

The CHAIRMAN: The absence of roads would account very much for the absence of vehicles or for their not using them.

The LECTURER: Yes.

Brigade Surgeon Lieutenant-Colonel CLERY: Surely stretcher-bearers alone would be unable to evacuate the dressing stations and remove wounded from the field of battle to field hospitals which would be some two or three miles distant from the scene of action.

Surgeon Major-General H. F. PATERSON, M.D. : The able lecture we have just listened to has given us so many questions to consider that one does not know where to begin. The first fact that impresses itself upon my mind is that it has given us a great deal to reflect upon before putting questions. I am sorry to say that, in my opinion, our military medical organization does not appear to be so advanced as that of Japan. We have to learn from a country that has only just taken its place as one of the great powers—much to learn and much to think about. Our organization is evidently not yet up to the standard it ought to reach.

Major-General B. A. COMBE, C.B. : May I ask, as the number of medical officers must have been enormous, and Japan has been so short a time a civilized nation, where she got them all from.

THE LECTURER : In Tokio there are medical schools, engineer schools, and schools for the study of all the "ologies," even seismology. The greatest authorities on earthquakes come from Japan, and all the most interesting records and data have been collected there. They have an Imperial Medical School for civil life, besides which there is an Army Medical School where all young medical men who wish to join the army pass from. There they can be trained if they make up their minds to go into the army. Besides that there is a similar school for candidates for the navy, to enter which candidates must pass in English. Nearly every officer in the navy speaks English, but on the other hand nearly every medical officer in the army speaks German, as many of the lectures in the Army Medical School are delivered in German. There was hardly a Japanese military medical officer who spoke English. They nearly all speak German and a great many of them French. The army was passing through a stage of transition. The uniform was half French and half German. In the year, I think 1869, Japan made up its mind to bring itself into a state of western civilisation, and sent forth a commission to find out which was the best army in the world, which the best navy, the best system of education, and the best religion. This commission went through all the countries of Europe and also through the United States. They chose the French army and British navy as their models, adopted the American system of education as their pattern, but said they had found no religion in any of the countries worth adopting (laughter). In regard to religion their central college seemed to be becoming the centre of free thought. I was present at one of the Japanese festivals at Nikko, where a bridge is kept for the Emperor to ride over, and the procession I saw showed the decadence of religious belief in Japan. Instead of the high priests little boys were dressed up as high priests, in fact the whole thing was becoming a farce. They are turning their attention to practical affairs and spending their money in a practical way, by improving their army and navy to meet every emergency that may arise.

Brigade-Surgeon Lieutenant-Colonel CLERY :—There was a large number of medical officers and it would be interesting to know how many were embodied in this war.

THE LECTURER : I do not know that I have the exact number of medical officers in the field, but besides those belonging to the Army Medical organization there were in the field the Red Cross Society of Japan, numbering altogether 1170. The establishment of medical officers is tremendous. You heard what I read of the establishment of the bearer companies and field hospitals. It is the Japanese spirit always to do everything thoroughly. If the establishment of transport for a particular unit is, say, 100 in round members, you never find them with 89 or 97, but more likely with 120.

THE CHAIRMAN : You state that there were between eleven and twelve hundred medical officers. What was, roughly speaking, the strength of the force mobilized and how was it formed?

THE LECTURER : Into six divisions. I have not really totalled it all up—their scale is so elastic, especially on the side of expansion.

THE CHAIRMAN : I think we may fairly summarise the admirable lecture we have listened to by saying that it has been a revelation ; it has been so to me at any rate. It naturally fell into two parts, that part in which the lecturer treated of the personnel and numbers as laid down by Japanese regulations. That was all very well. We have these things ourselves ; we have these tables of establishments.

He, however, came to a second part, and to me that second part contained the revelation I have spoken of. I was not at all prepared to find that all these regulations, orders, and numbers worked into the perfect practical success which Surgeon-Colonel Taylor has described. There came in the triumph of the organisation and preparation, and I have no doubt that a good deal of it is explained by the fact that although they (the Japanese) studied all systems they finally adopted the German organisation. [The LECTURER: After the Franco-German war.] That we have much to learn from the Japanese I have not the shadow of a doubt. (Hear, hear.) I should say that even Germany has something to learn from them, because in turning to one of the latest German military works I find that the medical service in war is summarised by one of their best authorities in these words "The system of evacuating the sick forms the basis of the entire military medical service in the field." No doubt there is a great deal of truth in this definition, but that the Japanese have gone beyond it is clear to every one who has listened to Surgeon-Colonel Taylor. There seems to enter into their whole system not only admirable organisation and perfect preparation but a thorough spirit of humanity, and we know the military medical service in the field is a compromise between the realities and horrors of war and the calls of humanity. A man is first shot and then cared for. It seems a contradiction thus to wound and tend, but it is a contradiction which has been daily growing, and curiously enough is found to keep pace with the highest fighting power—it is the victorious army that has the best military medical organisation. I will not detain you longer than to ask you to join me in expressing to Surgeon-Colonel Taylor our fullest measure of thanks. He went far beyond the dry details which might have satisfied us—he touched upon matters which affect every one in the country and are particularly important to us. In conveying to him our extreme satisfaction with his work, I beg to assure him that I only regret that to-day His Royal Highness the Duke of Connaught has not been able to be present to share with us the valuable lesson which we have had. (Applause.)

The LECTURER: I beg to thank you most sincerely for the patient and kind way in which you have listened to the few remarks which I have strung together. The task has not been easy; it has been to me rather a difficulty to know what to speak about, as the subject is so large. There is so much outside of that which is official, so much that is of a narrative character, which I saw with my own eyes, that would interest you as soldiers, that I feel regret that I have not taken a somewhat different line. I think it is interesting to know how complete the Japanese army has been supplied with every medical aid. The Japanese soldier is ready to go anywhere. If you tell a Japanese soldier to stay until he is relieved he will stand there though the legions of hell came upon him. He knows the people behind him are thinking of him and caring for him, and that if anything happens to him everything will be done for him, and that enables him to go on. The Japanese liberality in the establishment of their medical officers is something wonderful. The whole of the army was in the field when the cholera broke out, and it was perfectly marvellous where the extra medical officers came from. As I said, the means adopted to prevent the spread of the disease and to stamp it out were most extraordinary. There was another extraordinary thing which struck us all at Port Arthur, which fell on the 21st November. On the 20th there was a very strong reconnaissance in force made to ascertain the position and reconnoitre the front of the forts. During that day the Chinese made a sortie from the gap in the hills, and if the Japanese had taken advantage of that, one of its divisions, or one and a half brigades, could have gone in. I ventured to say, "Why did you not go in; why do you not go in now? You could have done it easily." The reply was, "It is in orders that Port Arthur will be captured on the 21st" (laughter). That is the way all their orders were issued. The Marshal issued his orders after this form, "At 12 o'clock Fort so-and-so will fall, and at 1-30 Fort so-and-so" (laughter). At Wai-hai-wei, in January, the attack on the eastern forts on the 30th was ordered thus.—"The eastern forts will be captured by 7-30 a.m. I shall be on the hill at 8 o'clock." The forts were captured by 7-30 and the marshal was there (laughter and cheers).

