Sir Charles Burtchaell's reports, memos, etc

Publication/Creation

1903-1913

Persistent URL

https://wellcomecollection.org/works/stg29w5h

wellcome collection

Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
https://wellcomecollection.org

Any further communication on this subject should be addressed to—

The Secretary,
War Office,
London, S.W.,

and the following number quoted.

Confidential

Copy.

War Office,
London, S.W.

4800/7/2730 A.M.D.1.

19th August 1903

Sir,

I am directed by the Commander in Chief to acquaint you that at recent visits paid to certain Military Hospitals by the visiting sub-Committee of the Advisory Board for Army Medical Services, a very unsatisfactory state of affairs was revealed which points to the fact that there has been a marked lack of supervision on the part of General Officers Commanding the Troops at stations where military hospitals exist, andof Medical Officers.

2. Lord Roberts regrets that this should be so, and requests that you will invite the attention of General Officers Commanding Districts, Principal Medical Officers and Officers Commanding Stations where military hospitals are established in your Command, to the provisions of paragraph 1699 Kings Regulations & impress upon them how absolutely necessary it is for them to frequently visit the military hospitals in their districts or at their station, in order that they may satisfy themselves, not only that those Institutions are conducted conformably to the regulations, but in order that they may be able personally to encourage medical officers to make the most of the means at their disposal for the benefit of the inmates.

3. The Commander in Chief desires it to be understood that where medical Officers on the active or retired lists are not

The General Officer Commanding

at Home.

employed, Officers Commanding at those stations have a special and direct responsibility for the administration of their station hospitals, that the necessity forthose Institutions to be frequently visited by them becomes enhanced, and that he looks to them to afford medical Officers every facility and encouragement which will tend to the carrying out of their duties in a satisfactory manner.

4. I am also to request that Principal Medical Officers serving under your Command may be informed that Lord Roberts considers it is by moving about their Districts, supervising and assisting those serving under them, that the best results are likely to be obtained, and His Lordship trusts that General Officers Commanding will use their utmost endeavours in this most important matter with a view to ameliorating the condition ofsick and wounded soldiers in hospital and increasing their comfort.

I am,

Sir,

Your obedient Servant,

(Sd) T.K. Kenny

Adjutant General to the Forces.

RAMC 446/1

Any further communication on this subject should be addressed to—

The Secretary,
War Office,
London, S.W.,

and the following number quoted.

COPY

War Office,
London, S.W.

4800/7/2975 A.M.D.1.

28th December 1906.

Sir,

I am commanded by the Army Council to forward to you the accompanying extracts from the Annual report for 1906 of H.R.H. the Inspector General of the Forces.

These remarks made under the head of "Physical Training" may be considered from two standpoints (1) the training of Recruits (2) the duties and responsibilities of medical officers to healthy troops.

The Army Council attaches much importance to these comments and invites your consideration and earnest cooperation on the lines sketched below.

The Physical training of the Recruit.

This question is engaging the attention of a Committee of experts, but a considerable period will elapse before their conclusions arepublished. In the meantime much can be done to avoid the tendency to overstrain the heart, which is now undoubtedly far too common amongst recruits, by exercising the powers you already possess, and by utilizing to the best possible advantage the skilled advice with which you are already provided.

The duties & responsibilities of Medical Officers to healthy Troops.

Owing to the great changes made in recent years in the education & administration of the R.A.M.C. the professional efficiency of Executive Medical Officers is an assured

The General Officer
Commanding in Chief.

fact, it is therefore now quite feasible to adopt the suggestions of H.R.H. that the Administrative Medical Officer "should not, as now, shut himself in his office".

The Army Council feel that the very close connection of P.M.O's and A.M.O's with Hospitals which exists, could now be much relaxed, not alone without loss of efficiency but with advantage, and the work of these officers with healthy troops augmented; their attention being concentrated on the maintenance of the health of the Troops, sanitation, recruiting, prevention of wastage, mobilization and other kindred matters of Military importance; they would thus act as staff officers over a wide field wherein their military medical knowledge will be of no use to us. At present they are considered as solely heads of a Department, a position in which no scope is available for the exercise of special attainments certain to beof value to the Army if opportunely and tactfully used.

It has unfortunately been the tendency of later years to widen the interval between the combatant and medical services but they should no longer be allowed to drift apart. The Army Council desire to impress upon you that issues vital to the efficiency of the Army are involved in this matter and suggest that your personal attention should be given to the selection of Medical Officers for the charge of effective troops in Barracks, special regard being paid to the personal qualifications of these officers, as in Barracks and in the out-patient departments they will have facilities of intercourse with regimental Officers; if these medical Officers are well selected, and moved as seldom as possible, beneficial results both to individuals and to the service will follow.

The Council feel that the spirit of H.R.H's remarks should be fully appreciated and that every effort made to carry them out; in order to effect this your personal interest and direct supervision is desirable, and as there

is an urgent necessity for method and co-ordination in these matters I am to ask that you will submit an expression of your views, and an account of any steps you propose to adopt at an early date.

I have the honour to be

Sir,

Your obedient Servant,

'(Sd) R.H. Brade.

Extract from Annual Report of the Inspector General of the Forces.

I have long been of the opinion that we have not been working on common sense lines, and that we have been expending an immense amount of energy in "breaking down" our recruits and young soldiers. I called attention to this in my last years reports.

I am glad to know that the Director-General, Army Medical Service has now taken this important matter on. What is wanted is a rational system of physical training, which will develop the recruit into a good marcher, and render him capable of withstanding the ordinary fatigue incidental to a soldiers life (we do not want acrobats or men with an abnormally developed muscular system) and we do not require expensive gymnastic apparatus to effect this. The heart is the organ most required for marching purposes our aim, therefore, should be to train the heart and not so much the muscular system. Our present system is damaging to the heart; of this I am convinced from constantly seeing recruits at physical drill at our depots.

The physical training of the recruit is as much the interest of the medical as the combatant officer, and they should work together. The medical officers interest, as a rule, is centred in his Hospital but he possibly pays perfunctory visits to the gymnasium.

The Administrative Medical Officer should be in close touch with his General over these and kindred matters, and he should not as now, shut himself in his office, but look closely into all matters likely to prevent soldiers going to Hospital.

Very much more might be done in our Army in prevention of Disease and the consequent waste of men. Combatant & medical Officers must work together in this. Prevention is better than cure. I am confident that if this matter be properly taken up and the necessary funds and appliances granted great economies will result both in men and hospitals. We have realized at last

that a misapplication of energy as regards "physical drill" has done much to cause waste & fill our hospitals. A vast deal more can be done in the direction of preventable disease, and a wider diffucion of sanitary knowledge amongst all ranks. Beyond placarding our barracks with notices as regards the evils of spitting and a few desultory lectures we have done very little and that little without method.

I feel certain I have the support of the Director General and the whole Medical profession in calling attention to this very important question, especially in view of the difficulties of recruiting and the preventable waste of men now going on. Any measures that will materially reduce the latter however costly they may at first sight appear, must eventually be a real economy both in peace and war.

We must aim at more co-ordination between the medical and combatant branches and not leave all matters of barrack sanitation to an already overworked Quartermaster who has no scientific or practical knowledge of the subject.

Report 31, dated 28.11.04 "Reports of Officers with Japanese Army" mostly written in his own hand + signed by Sir Ian Hamilton who was British Representative with the Japanese Army in the Russo-Japanese War
Addressed to Lieut.-Gen Sir. Wm. Nicholson KCB

As there was no M.O. in Manchuria decided to do what he could to supply deficiency in filling up the various out-headings on medical outfit required by the C.in.C he therefore endures a reply by a Surg.-Capt of the 1st Army. Has a high opinion of Japanese MOs as surgeons with deft fingers and keen eyesight. Trained by Germans.
Hopes Japanese Students may come to England
The report gives a full description of Japanese methods in Antiseptic Surgery (first field dressing), various forms of dressings. Japanese have 2 surgeons to a battn. 1 Surg. Major, 1 major any. per company.
The whole organization of the Medical Services is fully dealt with, which appear to be very complete & efficient.

REPORT ON THE MEDICAL SERVICES IN THE RUSSO-JAPANESE WAR WRITTEN BY
SIR IAN HAMILTON
WHO WAS BRITISH ATTACHÉ TO THE JAPANESE

MEMORANDUM

From:- Assistant Professor of Army Health.

Professor of Army Health

(i) "Listening for the Drums" - Chapter XIII - The Prophetic Letter - gives Sir Ian Hamilton's background to Mardonia.

(ii) Sir Wm Nicholson is mentioned in the index. R.U.S.I. have supplied the additional info on his career:-

M.S. to C in C India	1890-93
A.G. India	1900-01
D.Q. Mob & Mil Opns	May 01 - Feb 04
Chief Mil Attache to Imp Army in Manchuria	04 - 05
A.M.G.	05 - 08
C.I.G.S.	08 - 12
F.M.	1911
Died	1918

Date:-

Colonel.

R.F. 11/11/64

RAMC 446/12

FM

Memorandum of Officers with Japanese Army

Fr [redacted]

To Head Quarters 98/57 - -

Report No 31. 26.11.04.

Sir, I have the honor to inform you that the Secret Memorandum of instructions sent to me over the signature of the Commander in Chief in India contained a Medical Subject Heading divided into eleven sub heads. As there is no Medical officer in Manchuria who represents India I have ~~brought it well~~ to do what was in my power to supply the deficiency - accordingly on the 8th of May I sent in a report on the hospital ship HAKUAI MARU and as there are no hospital trains yet constituted in Manchuria this left me nine sub headings to deal with. I now enclose a statement by a very clever Surgeon Captain in the Head Quarters Staff of the 1st Army and this will, I hope, cover the whole ground as far as it can be covered at present. If however any other specific information is required I beg that I may be sent specific questions drawn up very clearly and fully by a medical officer, when I will endeavour to obtain an answer from [redacted]

Memorandum

FR [redacted]

To

friends in the Japanese medical service.

2. Before coming to the statement or interview I will write a few lines on the personnel of this Department as it ~~appears to the ordinary layman~~. With the Japanese, as with ourselves, the Medical Officers are very well educated and have a proportionately good opinion of themselves. In examining a patient they are markedly conscientious and careful and seem to me less grudging of their time and more determined to grasp all the facts of the case than some of their European confrères. Nature has created them with all the potentialities for becoming supremely good operators. The Japanese hand is in itself the most effective instrument (for delicate work being) imaginable perfectly shaped and proportioned and furnished with deft, capable fingers. Keen eyesight and no nerves are also good qualifications. As doctors however I should think that they may be wanting in that imaginative intuition which enables the great physician to diagnose the invisible disease & just as Napoleon could see what his enemy was doing on the far side of lofty mountains. The Japanese medical service is purely

Memorandum

FROM [redacted]

German, in its methods and, alas, even in its ideas. The Japanese are so clever in selecting the best models that I fear this must be taken as proof presumptive that German medical

TO

Ent Sta Hall & Mageon & Sons, Tientsin

science is better equipped and further advanced than ours, which is a lamentable state of things, for doctors are even better qualified than Missionaries to spread far and wide the renown and virtues of the country which taught them. Needless to say the treatment adopted by the Japanese medical officers is purely German as well as all the technical scientific terms. Thus they do not wash wounds before dressing whereas English Doctors always wash a wound if they can. Doctor PAIRA MULL told me that an expert could see at a glance by the way Japanese Doctors clean their hands after operating that they were taught in Germany and not in England. In stitching an abdominal wound they adopt the German method of one stitch for the muscle and one for the skin whereas the English Surgeon makes one stitch do for both, and so it is down to the very smallest details. I cannot but express a hope that after this war something may be done to attract Japanese medical students to England.

4/

Memorandum

FRO[redacted]

To

Surely by granting certain special facilities
~~to students~~ to students we could draw some of them
at least to our Colleges whence they would return
to Japan with Anglo Saxon and not German ideals.

Ent. Sta. Hall. A. Magnan & Sons, London

I say, after this war, because the department is
terribly shorthanded at present and every one in
it is doing double work.

3. I now give the statement, absolutely verbatim,
and will make no comment except to say that I
share the dislike of the Surgeon Captains to the
Civilian medical recruits who have been called
in to help on the Manchurian battlefields. I met
one of them on the top of a mountain one day and
experienced quite a disagreeable adventure owing
to his ignorance of military customs and
uniforms which caused him to persist in mistaking
me for a Russian -

1.° Antiseptic Surgery - "We don't use much of
antiseptics in first-treatment. Each soldier carries a
little bag called in Japanese HO TAI NO in which
you find antiseptic cloth, oil paper and bandage and the soldier, if wounded, applies first
the cloth, then the oil paper and then the bandage.
If this is not enough then he must get back
to the Surgeons for more extensive treatment.
In the hospitals it is a larger question

5/

Memorandum

FROM

To

Stat. Sta. Hall. A. Megson & Sons. Leeds

and then we apply modern methods but — we have developed nothing new in practical methods of securing asepsis in wounds. I might add, however, that — in the use of iodoform we do not apply it directly but first cotton cloth first, a direct application stimulates too much.

"Prior to this war we had a first aid dressing prepared from ashes of straw which were placed in a little bag and pressed over the wounds; the effect was to dry the wound quickly and it had also an antiseptic effect. It was invented by Dr. KI-KU-CHI.

6-

Memorandum

FROM

TO

Est. Eta. Hall. & Mayfarm & Sons. Leeds

This method is not much used at the present ~~time~~ time.

"Our soldiers are trained in peace to use first aid dressings and habitually apply them very intelligently, assisted in the worst cases by their comrades. The care with which they are applied is very noticeable, And in case of slight wounds and to some extent with severe wounds, this finishes the treatment. In such cases where the dressing has been carefully done and the bandage does not become too much soiled it is better to leave it without change.

1

Memorandum

From

To

Exc. Sta. Hall. A. Megson & Sons. Leeds

So yan see the 1st dressing is very important. If it is badly done re-dressing becomes necessary and in this way the wound gets worse.

"Where the wound is larger, such as is made by shells necessitating measures to stop the flow of blood, or bones have been fractured, the case is different. In these cases the 1st aid dressing is of the greatest importance and is customarily applied on the field by the Surgeon with the troops, called in the Japanese language, "KA-RI,-HO-TAI-JO" Car-ri-ho-tai-no"

2nd Point. Special points with

8.

Memorandum

From

To

Ent. Sta. Hall. A. Mackern & Sons, Leeds

reference to the medical and surgical care of the wounded under war conditions.

"While I have no doubt that many practical methods have been developed in our extensive experience in this war, of caring for the wounded, none have been reported as yet; in fact few reports of this character have been received. After the war we shall doubtless have many medical papers on this or other similar subjects.

"In each Infantry regiment we have 2 Surgeons to each battalion.

Memorandum

FROM [redacted]

To

Est. Sta. Hall. A. Mayson & Sons. Leeds

or 6 in all, 1 chief nurse for each battalion + 1 nurse for each company; i.e. 6 Surgeons, 3 chief nurses and 72 nurses. In battle they form advance dressing stations and in this war have often been exposed to hostile fire.

"In each Division we have one sanitary Corps with one Captain Surgeon as chief and 10 assist. Surgeon Lieuts. The number of nurses I do not know. Each Sanitary Corps is supplied with 90 stretchers and generally 4 men are assigned to a stretcher.

"The bearers carry the wounded from the firing line to dressing stations (aided

10

Memorandum

From

To

Ent Sta Hall. A Mc Geen & Sons. Leeds

in this work by combatants when there is time); thence to the ambulance stations and from there to the Field Hospitals. The ambulance stations are supplied with instruments and considerable surgical work, including some amputations, is done there. It is the duty of the Chief Surgeon of the Division to choose the sites of the Ambulance Stations and of the Field Hospitals as well.

"Each battalion carries with it (Pack transportation) 2 medical trunks containing simple drugs & medicines and some surgical instruments, and

Memorandum

FROM

To

Fst. Sta. Hill & Megson & Sons, Leeds

nurses carry in knapsacks bandages and dressing appliances.

"I can not give you in detail the personnel of the field hospitals but it includes 1 Surgeon Major who is chief, 2 Captain Surgeons and a quite large number of Lieutenant-Surgeons. The field hospitals are well equipped. The equipment includes one operating table and complete supplies of medicines and instruments and they are thus fully prepared for all kinds of work. Their cooking arrangements are independent ~~from~~ of the troop organisations and they have also their independent treasury

12/

Memorandum

FROM

TO

Ext. Sta. Hall. A. Mayson & Sons, Leeds

from which they supply their patients with delicacies and special diet: When the field hospitals move forward, as they must, with the fighting line their places are taken by the Stationary hospitals to which their patients are transferred. The work of transferring the patients is undertaken by the Medical transport staff which has made extensive use of Chinese carts for this purpose. On the battle of Sha-ho the work of caring for the wounded fell greatly behind owing to the large number of casualties and every Field hospital, of which there are but four to a division

13.

Memorandum

FROM ~~[illegible]~~

TO

(X) The peace organization allows for 5 or 6 per Division. I was already aware the Guards had only 3. Sault.

Ent. Sta. Hall. A. Megson & Sons. Leeds

and some of the divisions have only 3, had its capacity (200 patients) taxed 4 or 5 times over. (X)

"The medical transport of a division is commanded by a regular Captain assisted by a Captain Surgeon and associated with the latter are several surgeons. Its duties are to transport the patients back from the field to other hospitals. As I have said it employs for this purpose native wheeled transport. It has the further duty of establishing patient stations ~~[illegible]~~ en route where patients can rest ~~at~~ over night and at these they keep a few supplies for the comfort

14

Memorandum

FROM

TO

Exr. Stn. Hall. A. Megson & Sons. Leeds

of the patients. The station at the YEN-TAI Colliery is one of this character.

"I should have stated that every thing in the way of medical service, back to and including the field hospitals belongs to the fighting troops and is regulated by the medical staff of the division. The standing hospitals pertain to the line of communications and there is also the still larger hospitals called the ~~depot~~ Depot & Reserve Hospitals. When the field hospitals move their places are taken by the Stationary (standing) hospitals. In this way the standing hospitals must move in time and then

15

Memorandum

From

To

Int Sta Hall. A Megson & Sons, Leeds

the medical officers on the line of communications organize the depot-hospitals. The one at LIAOYANG is of ~~the~~ that character. In these latter the Red Cross begins to participate in the work.

"There is also the Medical Staff of the Line of Communications; that is the Commanding Officer of the line of the communications has a medical staff. It has to do with the establishment of the depot-hospitals and the transport of the wounded over the line of communication to ports of embarkation for Japan."

16.

Memorandum

FROM

TO

Post Six Mill. A. Megson & Sons, Leeds

3rd Point:- Means employed to prevent camp diseases, especially typhoid fever.

"Both in Korea and Manchuria the native inhabitants have no idea of sanitary regulations; dirty houses and unprotected wells are the rule with them. under such conditions anything in the way of infections or contagious diseases was possible. accordingly we resorted to the method of inspecting every house in the villages where troops were billetted, this was done even when the stay was limited to one night, and when contagious or infectious disease were found the houses and their water supplies were avoided.

17.

Memorandum

FROM

TO

Lett Sta. Hall. A. Megson & Sons, Leeds

If the stay was protracted we did a great deal of cleaning and made careful examination of well water using only the best. If the conditions found in a village were generally bad we had the troops encamp. Orders were issued forbidding men from purchasing food supplies from natives until inspected by medical officers; also from drinking unboiled water. To this last prohibition there was one exception made, we permitted the men to drink from natural springs. These regulations were generally obeyed by men particularly by those with considerable trainning but coolies

Memorandum

FRO[redacted] 18

To

Ent Sta Hall. A Negretti & Sons. Leeds

on the line of communications we could not ~~control~~ control so well in this regard. Conditions were best in the 12th Division whose Commanding General gave special attention to this matter.

"During the long delay at Feng-fang-Chow a Special Sanitary Committee was appointed and a general cleaning of the town was had, troops being used for this purpose. The work was supervised by regimental commanders and under them by battalion & comp. Commanders. The gendarmes and this committee went among the natives and into their houses inspecting for diseases.

19

Memorandum

FROM

TO

Ent. Sta. Hall. A. Megson & Sons, Leeds

The sick were reported to the Military administrator and thereon treated by the army medical officers free of charge. This practice was followed subsequently at other places. The gendarmes were specially charged with the work of inspection particularly of food supplies and performed it very efficiently. Where infectious diseases were discovered the water closets were closed and cleaned and the house disinfected. Lime was the only disinfectant used.

"In this way we took general precaution against epidemic disease and we have had none to deal with except

20.

Memorandum

FRO

To

dysentery and typhoid in a small way."
Asked if latrines had generally been
provided for men in camps or bivouac
he replied that they had been where
they stay was protracted but ~~where~~
that where the halt was for one day only
this work had not been carried out
the refuse matter from the Company kitch-
ens was generally disposed of by draining
it into a stream and where this was not
practicable they resorted to cess-pools.
"The Japanese have a national habit of
cleanliness which assisted no greatly
in preserving the health of the Army. Not
only do they take frequent baths but they

Memorandum

FROM 21

TO

Printed by Hall & Megson, Leeds

are clearly and orderly in their bivouacs."

Point-5:- Value of methods of instruction of medical personnel (officers & men) as tested by war conditions.

"Military work must be specially regulated & some of the methods in use by Army Surgeons differ from those of the ordinary practitioner. In our medical service many civilians are temporarily employed. Their lack of knowledge of military affairs prevents them from ~~[illegible]~~ winning the confidence of the officers or respect of the men. Their work is much delayed by numerous requests for supplies & means not attainable

22

Memorandum

From

To

Dot Gu Hall. A Mason & Sons, Leeds

in the military service. The result has been very unsatisfactory. We consider special military training for our Surgeons very important. Many medical officers who are seeing their first field service in this war are performing their duties with great efficiency because of their special training in manoeuvers. Marked differences are to be observed between the Surgeon with military training and the civilian Doctor temporarily employed in bearing up under the hardships of the field service. The value of the special training is quite well established. We use the civilian employee

23.

Memorandum

FRO[redacted]

To

Ent Sta Hall & Megson & Sons, Leeds

only because of the limited supply of trained surgeons.

Our military surgeons are of three classes; first the graduates of the Imperial University, second the graduates of other medical colleges and third licensed holders; and their efficiency is in that order. Of these three classes the first is the least and the third the most numerous. It is the policy of the Chief of the Medical Bureau of the War Department to limit promotion to grades above that of Major Surgeon to graduates of the Imperial University. The most important

Memorandum

From 24

To

posts in the field work of the Army are reserved for the University graduates who also are given charge of the base hospitals at home. Those who have taken a medical education abroad are treated in matters of promotion & assignment as the University graduates. "The better educated men (privates) volunteer to transfer as nurses and in this way and by special enlistment the medical force is built-up. They are specially trained in the hospitals and with the troops & special text books are provided for their instruction".

Point 6: Utilization of volunteer

Memorandum

FRO 25

To

medical aid private societies in caring for sick & wounded.

"We have made the fullest use of the Red Cross whose work commences in the depot-hospitals & extends back to the reserve and base hospitals and to the hospital ships; besides these are the several Red Cross hospitals at home. Of course in all these hospitals & ships the regular surgeons have the chief places.

"We have also employed many physicians who have offered their services and who do not belong to any society. Some of them were professors

Memorandum

FROM

To

in medical colleges and schools, they were employed mainly in the base hospitals and always under an Army surgeon."

"The sanitary conditions of the 1st Army have been remarkably good during the entire period of its field service. In the matter of epidemic diseases its favorable record has we think no parallel in the history of war. This we think is attributable for the advance made in medical sciences and to the excellent care which officers & men took of themselves and to the precautions observed by our medical officers.

Memorandum

FRO 27

To

Fortunately for us Cholera has not prevailed in Manchuria to any great extent this year. Just how prevalent it has been can not be determined until we have the Russian & native statistics. We are apprehensive as to what the conditions may be next year.

"In the matter of transport of sick & wounded our methods are very far from perfect and we must make marked improvement in this regard before we can pride ourselves in the matter of equipment. As I have stated the Chinese Cart was our principal reliance in moving patients back from

Memorandum

FRO[illegible] 28

To

[illegible]

field hospitals; in getting the wounded back from the firing line to the dressing and ambulance stations & field hospitals we had only the stretcher. We had no wheeled litters or mule litters.

"Diseases greatly decrease fighting capacity and the medical instruction of officers & men is quite as important as their instruction in combatant duties. We give our officers a course in sanitation at our military colleges and the men are instructed by lectures given partly by medical officers and partly by officers of the line

Memorandum

From 29

To

but much more instruction along these lines is needed. It is noticeable that the men educated classes, like 1 year volunteers, take better care of themselves than the ordinary private and are rarely on the sick list."

Point 7: Proportion of Medical personnel to the Combatant force and the distribution of this personnel with regiments, ambulance companies and field and base hospitals.

The reply to this enquiry was to the effect that it covered matters beyond the limits which a Staff Captain was permitted to discuss. Data had already been given as to this—

30

Memorandum

To

tribution of personnel to regiments, ambulance companies, or rather sanitary corps, and field hospitals but beyond this it was not permissible to go.

To a request however for a return of Sick and Wounded for the 1st Army by months which would distinguish between infectious & ordinary diseases, and would show the classification of wounds whether by bullet, shell or bayonet, the Surgeon Captain was good enough to respond by furnishing the exceedingly interesting tables which I now append -

I have the honor to be

Sir

Your obedient Servant

Jas Hamilton Lieut Genl

Genl Sir William Nicholson K.C.B.

Memorandum

To

P. S.

Although I did not mean to make any comment - I must add a line to explain the success of the Japanese in preventing epidemics. The secret of this success lies in the fact that in all their endeavors they are aided, not only by the natural cleanliness of the men to which the Surgeon Captains referred, but also by their very zealous and intelligent cooperation in the battle against disease. The Japanese soldier is so terrified lest he should chance to miss a fight by going on the sick list that he listens to & scrupulously observes any regulation which has been made for the benefit of his health. Even if he was half dead with thirst he would deny himself water until it had been boiled & so in all things. I am &c.

SOUTH AFRICA
1903 . 1911

Later Sir Charles Burtchell

Pope

RAMC 446/3

Khartoum, Sudan.

Dec. 3rd 1911.

My dear Colonel,

I received your letter asking me for any information I can give you with regard to the work of the regimental medical officers and Bearer Company during the action at Magersfontein, & what I can remember is quite at your service. As you know during the period of Lord Methuens advance to Kimberley I was a very junior officer, & naturally did not trouble myself much with regard to anything which did not come immediately into my sphere of duties. The Highland Brigade Field Hospital was, I believe under the command of Col Murray and our Bearer Company which was made up of Cape Medical Staff was under Colonel Hartley V.C. No information was, as far as I am aware given by the S.M.O. of the Brigade to the regimental medical officers as to what positions would be taken up by the Field Hospital and dressing station, & no information could be given as until the action actually begun after the night march, no positions could be determined upon. I was, as you are perhaps aware, during the action at Magersfontein attached to the 2nd Seaforths, & on the morning of the 10th December 1899 was warned by the O.C. Lieut-Colonel Hughes Hallett that the battalion would move out of camp early in the afternoon & march with the brigade towards the Boer position. The regimental stretcher bearers, all bandsmen, sixteen in number, with band Sergeant Hoare & a Lance Corporal, whose name I forget, were put at my disposal. We marched slowly towards the Boer position and about 3-30 p.m. when our Artillery began to shell the supposed site of the enemies trenches. This went on until nightfall when we were ordered to lie down where we were & get what rest we could until midnight when the brigade would advance for an attack on the Boer position, to be delivered at dawn. During the afternoon of the 10th December the Brigade was not under fire at all & we had no casualties. At midnight we fell in and the Brigade advanced towards the enemy, each battalion in mass of quarter columns, the Black Watch leading followed by the Seaforths, Argyll & Sutherland & the Highland Light Infantry. At

1.

later Sir Charles Burtchaell

Duke

RAMC 246/3

Khartoum, Sudan.

Dec. 3rd 1911.

My dear Colonel,

I received your letter asking me for any information I can give you with regard to the work of the regimental medical officers and Bearer Company during the action at Magersfontein, & what I can remember is quite at your service. As you know during the period of Lord Methuens advance to Kimberley I was a very junior officer, & naturally did not trouble myself much with regard to anything which did not come immediately into my sphere of duties. The Highland Brigade Field Hospital was, I believe under the command of Col Murray and our Bearer Company which was made up of Cape Medical Staff was under Colonel Hartley V.C. No information was, as far as I am aware given by the S.M.O. of the Brigade to the regimental medical officers as to what positions would be taken up by the Field Hospital and dressing station, & no information could be given as until the action actually begun after the night march, no positions could be determined upon. I was, as you are perhaps aware, during the action at Megersfontein attached to the 2nd Seaforths, & on the morning of the 10th December 1899 was warned by the O.C. Lieut-Colonel Hughes Hallett that the battalion would move out of camp early in the afternoon & march with the brigade towards the Boer position. The regimental stretcher bearers, all bandsmen, sixteen in number, with band Sergeant Hoare & a Lance Corporal, whose name I forget, were put at my disposal. We marched slowly towards the Boer position and about 3-30 p.m. when our Artillery began to shell the supposed site of the enemies trenches. This went on until nightfall when we were ordered to lie down where we were & get what rest we could until midnight when the brigade would advance for an attack on the Boer position, to be delivered at dawn. During the afternoon of the 10th December the Brigade was not under fire at all & we had no casualties. At midnight we fell in and the Brigade advanced towards the enemy, each battalion in mass of quarter column, the Black Watch leading followed by the Seaforths, Argyll & Sutherland & the Highland Light Infantry. At

the first sign of dawn the Brigade was halted & the leading Company of the Black Watch deployed; before the other Companies could do so a single shot was fired from the Boer trenches, which we found we had unknowingly almost walked into, was followed by an extremely heavy fire. We lay down, and the order was given by Lt-Col Hughes Hallett to fix bayonets. This was done, but in a few seconds the men, apparently of their own accord, rose up and extended in a mass to the right & left. In the confusion I lost my stretcher bearers & with the exception of Band Sergt Hoare did not see any of them during the day. In about half an hour it was quite light enough to see everything distinctly & I did what I could for the numerous wounded which were on the ground. Fortunately before leaving the regimental transport I had filled my own haversack with bandages & packets of lint. These came in very useful & owing to the wounded all belonging to kilted regts it was possible to dress injuries of the legs very quickly as no time was expended in ripping up trousers & taking off putties. The first field dressings carried by the men were extremely useful & in most cases were all that was required. During the course of the morning I worked along the right of our line and came upon some mounted infantry mixed up with the Highlanders. Here I found the Cape Medical Staff were doing most excellent work. The number of stretchers they had at their disposal were (before I came upon them) already engaged in carrying wounded to a dressing station about 1000 yards in rear, but the men not engaged in carrying were, under the command of one of their junior officers whose name I forget, occupied in dressing the numerous wounded who had not yet been removed. When I arrived at this part of the field it was about half an hour after the Scandinavian Commando had been captured. Having obtained a further supply of bandages from one of the men of the Bearer Company I returned again along our line & came on Lt-Colonel Hughes Hallet & near him were two wounded officers, besides several men many of whom were hopelessly wounded. One of the wounded officers ~~named~~ Major Robinson Of the Argyll & Sutherland Highlanders was shot through the body & the jaw & was almost speechless. I dressed him

as well as I could & also the other wounded. Having noticed a folded stretcher lying on the ground at some little distance I ran to it & brought it up, opened it & placed Major Robinson on it. I then asked the men if any of them would volunteer to carry him down the slope to a less exposed place. Our men were replying vigorously to the Boer fire at the time & the place where we were was far from healthy. Two men immediately got up & carried him off under a really hot fire, which, however, did them no harm. About this time Band Sergt. Hoare took the other wounded officer, Capt. Featherstonehaugh I believe his name was, on his back & carried him out of action. Having done all I could here I went off to search for more wounded & met Douglas who was attached to the Black Watch on the same errand. We separated after a short conversation & I never saw him again until the second day after, when he was in the hospital train going down to the base severely wounded by a shrapnel bullet in the face. It was quite hopeless to attempt to remove the helpless cases even if we had stretchers and bearers as the fire was too hot and to attempt to do so would only have resulted in more casualties. The less severely wounded slowly worked their way to the rear by themselves, in many cases helping each other along. About mid-day I saw the Seaforth water cart, & the Scotch cart carrying the medical and surgical panniers advancing up the slope on the left of one of our batteries which was in action . I went to it & filled up my haversack with dressings and refilled my water bottle & then returned to the line where the wounded were. At this time the fire had died down somewhat & it was possible to move about more freely. The advance of the Gordon Highlanders to reinforce the Highland Brigade then took place & this revived the action. The day was very hot and the chief sufferings of the wounded were from want of water which in most cases it was impossible to relieve. About 3 p.m. the Brigade retired about 1000 yards & formed again. At this period the Boers opened fire with their Artillery but their shooting was very poor and they burst their shells far too high. I retired with the brigade & found that I was again close to the Bearer Company. One

of their Ambulances came up and advanced towards the Boer position to attempt to get in as many of the seriously wounded as might be possible, with it went Colonel Beevor R.A.M.C, about four men of the Cape Medical Staff, & myself. We soon filled it with wounded but while engaged in putting in Colonel Dowman & Captain Gordon, both of whom were seriously wounded & both of the Gordon Highlanders, the Boers opened such a heavy fire on us that we had to send the ambulance back. After this we separated, going up to the scene of action of the morning to continue the work of dressing as many of the wounded as we could find. A private of Cape Medical Staff accompanied me and we dressed many wounded, but their great want was water & our water bottles were soon empty. I gave away all the morphis tabloids in my dressing case to the seriously wounded, but what was wanted was a supply of injection of morphis which could be given at once to wounded whom it was impossible to remove. I never afterwards went into action without a supply. While on this duty we got quite near to the Boer trenches, which were full of men, they soon noticed us, however, and drove us away with rifle fire. When it began to get dark we retired & I rejoined my unit. On my way back I met two stretcher parties from the Field Hospital returning with loaded stretchers. The next morning the brigade retired to camp at Modder River & on arrival all the uninjured M.O's were at once put on duty at the Field Hospital to look after the numerous wounded.

The action at Koodoosberg you apparently do not wish me to describe so I will content myself with saying the work of the M.O.i/c of the troops holding the Southern end of the flat top kopje was an easy one I was the M.O. in charge during the action and it was comparatively easy to remove the wounded as the bearers were only exposed to heavy fire for a very short distance, about 100 yards, as after this ground had been traversed complete shelter from rifle fire could be obtained by descending the kopje side for a few feet. The Boer shrapnel and ring shell did not do much harm. The ambulance wagons of the Cape Medical Staff Bearer Company could also advance to the foot of the hill unseen by the enemy & were, while so doing, only

exposed to a dropping unaimed fire.

In my opinion a M.O.i/c of a unit in action should dispossess himself of all idea of being able to remove wounded. To attempt to do so only causes more casualties. The most important thing for him to do is to dress as many of the wounded as soon after they have been hit as possible. The importance of this, to my mind, cannot be exaggerated. In my experience a wound inflicted by a modern rifle bullet nearly always remains aseptic if a first field dressing has been skilfully supplied. This is of the first importance in gunshot fractures of bones. A wounded man is unable to apply a first field dressing properly & his comrades seem to be seldom able to do so with any degree of skill. In my opinion the regimental bearers should be very carefully trained in first aid & should, when a battalion goes into action, leave their stretchers with the field ambulance. Their duty then will be to dress as many men as possible under such supervision as the M.O. i/c of the unit may be able to give. The position of the Medical Officer and the bearers is [illegible] with the firing line, so that the wounded may be attended to promptly. Under the present system every regimental steretcher bearer is, when serious fighting is taking place, occupied carrying wounded to the rear long before the battalion has reached decisive ranges, when the wounded are really numerous. I noticed this during the advance over exposed ground on the morning of the battle at Paardeberg. The duty of getting in the wounded should be left entirely to the Field Ambulance. In my opinion I consider that every regimental bearer & every N.C.O. & man of the Royal Army Medical Corps should be trained how to give an hypodermic injection of morphia & should be provided, when on active service & an action is expected, with a syringe the capacity of which is only that of a full dose of the B.P. injection of morphia. After giving a man a full dose he should affix a red label, or some easily noticeable badge, to the coat of the wounded soldier so that the Field Ambulance may know that the man is under the influence of morphia. Of course only the seriously wounded should be given morphia. In modern war it will be rarely possible for the wounded to be taken in before many hours have elapsed and the diminution of

human suffering which will ensue if the majority of severely wounded can be put under the influence of morphia will be very great. Of course it will be impossible to sterilize the needle used but the danger from this is not great enough to in anyway contra-indicate its use. Accidents may & surely will happen, but the vast majority of the severely wounded will be enormously benefited. They, after an injection, will, at any rate for some hours, feel neither thirst nor pain. I am sure that very many persons will disagree with my views with regard to the position of the M.O. & the stretcher bearers in action on the ground that numerous casualties will occur from among them. In a severe action there is no doubt but that they will suffer heavily but the work that will have been done will be worth the loss. Soldiers, too, always like to know that if they are wounded they stand a good chance of being attended to and their sufferings relieved. Thee effect on the morale of troops by this is obvious.

With regard to my views concerning the five R.A.M.C. men who are now attached for water supply duties to each battalion on mobilization - My opinion is that when an action is imminent such men should be withdrawn for duty with the Field Ambulance. The good they will do there will more than counterbalance the possibility of a few men acquiring water borne ~~diseases~~ diseases owing to the want of trained supervision over water supply.

The above are my ideas & I must apologize for having written at such length about the action at Magersfontein. On the 19th of this month I am going as S.M.O. of a small expedition to the Mangalla Province. We are going to suppress a tribe of Dinkas whose slave raiding & homicidal tendencies cannot be controlled by persuasion . My ten years with the Egyptian Army are up on 2nd May 1912 & then I return to duty with the Corps again.

Hope you are fit.

Yours sincerely,

(Sd) Howard Ensor.

P.S.

I hope it will not be so hot a show when we get into grips with the White Nile Dinkas as it was on the 11th December 1899.

(Sd) H.E.

Medical and Surgical report of the work done by the British Red Cross Units to Servia, for the Serbo-Turkish War 1912-1913.

SUMMARY OF WOUNDS.

Class.	Nature of Wounds.	No.	Remarks.
I	Gunshot Wounds of the Head.	5	
II	:: :: : : Face.	4	
	:: :: : : Eye.	1	
III	:: :: : : Neck.	3	
IV	:: :: : : Chest.	9	
V	:: :: : : Abdomen.	3	
VI	:: :: : : Back.	4	
	:: :: : : Spine.	1	
VIII	:: :: : : Upper Extremities.=		
	:: :: : : Shoulder.	6	
	:: :: : : Humerus.	5	
	:: :: : : Forearm.	8	
	:: :: : : Hand.	5	
	:: :: : : Thumb.	1	
IX	:: :: : : Lower Extremities.=		
	:: :: : : Hip.	1	
	:: :: : : Thigh.	10	
	:: :: : : Knee.	5	
	:: :: : : Leg.	23	
	:: :: : : Ankle.	7	
	:: :: : : Foot.	6	
	:: :: : : Toe.	1	
	:: :: : : Heel.	2	
	:: :: : : Buttock.	5	
	Total.	= 114	

SUMMARY OF WOUNDS.

Class.	Nature of Wounds.	No.	Remarks.
I	Gunshot Wounds of the Head.	5	
II	:: :: : : Face.	4	
	:: :: : : Eye.	1	
III	:: :: : : Neck.	3	
IV	:: :: : : Chest.	9	
V	:: :: : : Abdomen.	2	
VI	:: :: : : Back.	4	
	:: :: : : Spine.	1	
VIII	:: :: : : Upper Extremities.=		
	:: :: : : Shoulder.	6	
	:: :: : : Humerus.	5	
	:: :: : : Forearm.	8	
	:: :: : : Hand.	5	
	:: :: : : Thumb.	1	
IX	:: :: : : Lower Extremities.=		
	:: :: : : Hip.	1	
	:: :: : : Thigh.	10	
	:: :: : : Knee.	5	
	:: :: : : Leg.	23	
	:: :: : : Ankle.	7	
	:: :: : : Foot.	6	
	:: :: : : Toe.	1	
	:: :: : : Heel.	2	
	:: :: : : Buttock.	5	
	Total.	= 114	

Notes on Wounds treated in the British Red Cross Hospital at Uskub during the Serbo-Turkish War 1912-1913.

In this report it is not proposed to give any account of the ordinary surgical cases treated in the British Red Cross Hospital. Numerous patients were admitted suffering from various surgical ailments but these cases showed no points which would not be met with in ordinary practice.

The hospital was managed by the British Red Cross Society's units from 24th November 1912 to 20th January 1913, on which date the greater number of cases were transferred to Servia by hospital train and the remainder taken over by the Servian Medical Service, in all 58 days.

Number of Patients.

During this time 637 patients were admitted 91 of which were suffering from gunshot wounds.

Number of Wounds.

The number of wounds treated was 114 some patients having been hit more than once. One case of shock due to the effect of a shell bursting close to the man is not included in this number. From the small amount of wounded it is not possible to deduce many facts with regard to the weapons used and their effect.

Days in Hospital.

The average number of days in hospital for each patient was 26. The number of deaths from wounds was 5.

Note taking.

In order to have some system on which medical officers could work when taking notes, a list of questions to be put to each patient was drawn up as a guide, as follows :-

Name.
Regiment.
Place and date of battle.
Date of admission to hospital at Uskub.
Situation of wound, entrance and exit.
Nature -:-:-:-:- , Septic, Aseptic, Explosive etc., any fracture or complication to be noted.
Cause do. do., Bayonet, Bullet, Shrapnell etc.
Range - if known.

Treatment.
Disposal, - Discharge, Convalescent, Dead, etc.
Days in hospital.

In addition to the above efforts were made to find out by whom and how soon after the receipt of the wound, the First Field Dressing was applied.

Range.

With regard to the range at which the bullet was received the patients frequently gave answers which differed from their previous ones. It is doubtful if a man is able to give a reliable answer to this question except in rare cases.
We found that they frequently gave the range but did not know the direction from which the bullet came.

Sepsis.

The majority of cases were septic after the long journey in Ox-wagons from Monastir and Prilep. The wounds were received between the 16th and 19th November and the men arrived at Uskub on the 26th and 28th. In most cases first field dressings had been applied within a short time of the receipt of the injury, but had been interfered with or changed. None of the wounded arrived in our hospital with their first field dressings still on them.

Personal Hygiene.

The personal hygiene of the patients was not good. During the attack on Monastir regiments were standing for hours in swamps.

Water and Fuel.

There was difficulty about obtaining clean water. That from the shallow well in the compound and from the municipal water supply was thick and muddy. It required clarifying before boiling and for the latter both wood and oil were scarce.
Water could only be boiled in small quantities in paraffin oil tins on Primus stoves or on the wood stoves in the wards.

Dressings.

The dressings used were those in the Field Medical and Surgical Panniers 1905 Pattern, cyanide gauze and wool. We found in the

hospital a supply of absorbent wool and plain sterilized gauze in paper packets which had been left by the Turks.

Iodine.

The antiseptic chiefly used was an alcoholic solution of Iodine, 2% in rectified spirit. Some medical officers used 4%. With regard to the skin irritation which is said to result from the use of Iodine in combination with antiseptic gauze containing mercurial salts, we did not meet any cases of it. The Iodine was painted round the wound with cotton wool or applied with a small spray, as recommended by a Surgeon in the Royal Navy. It is a good and economical method of applying Iodine, but the vulcanite parts of the spray soon become corroded and useless.

Operations.

The operations performed were chiefly for the evacuation of pus. There was one case of trephining and one amputation of the lower extremity for gangrene.

Anaesthetics.

The anaesthetics used were Chloroform, Ether and Novocain or Eudrenine. There was a supply of Ether in the hospital dispensary when we took over.

S - Bullet.

As the Turks used both ogival and pointed bullets and there did not appear to be marked differences in the skin at the entry or exit of perforating wounds, the only sure way of deciding what form of bullet caused the injury was to find it lodged in the tissues. In these cases the remaining velocity was necessarily low and the wounding effect lessened.

Some idea of the effect of the pointed bullet might be got by comparing the numbers killed outright or left on the field as unfit for transport with the numbers in former wars when the ogival variety alone was used. Some Swiss Surgeons who were attached to a Servian Divisional Dressing Station at Monastir, expressed the opinion that the damaging effect of the pointed bullet was not greater than that of the ogival. This opinion was

was supported by other surgeons we met in Uskub.

One case of shock was due to a high explosive shell bursting near a man was noticed.

D.A. stated that on November 18th during the attack on Monastir he was rendered unconscious by a shell bursting near him. On coming round he experienced great pain all over his body. On arrival at Uskub he showed no signs of injury, but complained of pain in the head and back. He received no special treatment and was discharged to garrison duty on 29th November. It was a mild case and the only one of the kind admitted.

Head.

Five wounds of the head were observed, one of which died. These were septic on admission.

M.S. wounded at Prilep on 6th November. Range unknown, lay all night in the snow. Arrived at Uskub on 28th November. On admission he had a septic wound of the scalp 3" long extending from a point a little in front of the vertex backwards and to the right. Vomiting. Partial paralysis of the limbs on left side. Operation under chloroform. A depressed fracture 1½" long with a fissure extending into the right parietal bone was found. Brain substance was protruding through a tear in the dura. The opening in the cranium was enlarged and many fragments of bone removed - some had been driven well into the brain. Scalp sutured after drainage tube had been inserted. Copious discharge of cerebro--spinal fluid. Patient died on 4th December. At the post-mortem septic meningitis was found.

V.B. stated that he was wounded at Monastir on 21st November, and that he was unconscious for three days. Arrived at Uskub 28th November. Small clean cut wound ½" ~~long~~ above the centre of the left zygomatic process. The left temporal region was more prominent than the right. No pain on pressure. Patient complained of vague pain in the frontal region and was dull and stupid. When asked he gave his age as 8 years. No optical symptoms. Discharged to furlough on 20th December. This man had also a wound of the right scapula. The bullet had passed through the spine of the scapula.

Neck and Spine.

The following injuries of the spine are interesting:-

G.P. states that a shell burst near him on November the 18th during the attack on Monastir wounding him in the back of the neck and bruising his limbs and body. He lay in water for 10 hours. No first field dressing was applied. A catheter was passed three days after the injury. Next day he began to suffer from incontinence of faeces. He arrived at Uskub on November 28th. There was a small roughly oval suppurating wound over the spine of the 4th cervical vertebra. Bruises over trunk and legs. Left leg swollen and oedematous. Both arms and the left leg completely paralysed. Slight movement at the right ankle. Sensation unimpaired. Severe cystitis and incontinence of urine and faeces. Tendency to a bed-sore on his sacrum.

He was placed on an air-bed, two of which had been brought out by the Scottish unit, and Urotropine administered.

he gradually improved and when transferred to the hospital train on January 20th, he had regained control of his bladder and rectum and could move all his joints except his left shoulder. When supported he was able to move his legs in an ataxic fashion. During his convalescence he suffered from severe priapism and shooting pains in his legs. His bladder was washed out with Collargol 1 in 10,000. Little was done for this case beyond treating the cystitis and taking care that he did not develop bed-sores. The fact that the latter were avoided was due to the care and attention of the orderlies who had the difficult duty of nursing him. A cousin of this man who was a patinet in the VI Reserve Hospital in Belgrade during the Serbo-Bulgarian War told us that this patient ultimately recovered complete use of his limbs.

O.A. wounded at Monastir on November 17th by a small bore bullett at 800-1000 yards. Entrance wound healed one inch to left of spinous processes at the level of the disc between the 6th and 7th dorsal vertebra. No exit wound. The patient had suffered greatly from exposure after being wounded. He had a deep bed-

bed-sore on his sacrum. Paralysis of both lower limbs, which was stated to have come on gradually. Sensation lost. No reflexes. Retention of urine. In spite of being kept on an air-bed and all efforts to treat the bed-sore this patient became steadily worse and died on the 30th December.

At the post-mortem it was found that the bullet had cut the cord at the level of the 8th dorsal vertebra and there was a small hard cicatrix adherent to the membranes at this level. The bullet was not found.

S.B. wounded at Monastir on November 18th and arrived at Uskub on November 28th. The injury was said to have been caused at a range of about 150 yards. Entrance wound suppurating, circular 1" in diameter at the outer margin of the left erector spinae muscle on a line between the 4th and 5th lumbar spinous processes. No exit wound. Partial paralysis of the lower limbs. There was also a perforating wound of the right arm with fracture of the humerus. As there was allarge amount of purulent discharge an anaesthetic was administered and fragments of bone removed. Some clear fluid and pus escaped. The discharge continued but the patients condition was otherwise unaltered, when his temperature and pulse rose. He became unconscious and died on December 11th. At the post-mortem it was found that the bullet had passed through the laminae of the 4th lumbar vertebra, between the branches of the cauda equina and lay vertically, point upwards on the posterior surface of the body of the 4th lumbar vertebra. The opening into the spinal canal admitted the tip of the index finger. Suppurative meningitis was present. The notes do not state whether the bullet was of the pointed variety or not.

Chest and Thorax.

Nine cases of wounds of the chest and thorax were treated. In three the bullet had passed through the thorax and caused no symtoms. In one Haemothorax resulted.

S.C. wounded at Monastir on November 17th while fording a river. He was carried to the bank where he lay for three nights exposed

exposed to snow and cold. He arrived at Uskub on 26th November. Wounds healed under scab. Entrance wound ¼" above left nipple, exit 3½" from the spinous processes, (the notes do not state at what level)., no apparent bone injury. After admission he developed Haemothorax with slight rise of temperature and displacement of the heart to the right. He was aspirated twice and his temperature gradually went down, although the fluid drawn off appeared to contain some pus.

Abdomen.

Two cases of penetrating wounds of the abdomen were treated. One was interesting from the fact that faecal fistulae were present when he arrived at Uskub, and the other which ended fatally illustrated the bad effect of transport on these cases.

T.T. wounded at Monastir on November 19th. Arrived at Uskub on 28th. Entrance wound healed over the tip of the 8th right costal cartilage. Exit healed between the 11th and 12th ribs, four fingers breath to the right of the middle line. The patient was very wasted, pulse 104, no pyrexia. He had a constant cough with purulent expectoration. Pain, rigidity, and tenderness in the right flank. A large amount of foul smelling blood and pus was evacuated under chloroform and the opening drained. No tear could be felt in the liver. The patient died soon after the operation. A post-mortem examination was not made owing to the number of other cases to be attended to.

D.S. also wounded at Monastir, five bullets having passed through him. He arrived at Uskub on 28th November in a very collapsed condition. Two bullets had entered the left side of his abdomen, (the exact position of the wounds is not stated). One had emerged in the left lumbar region, and the other passed through the left iliac bone 1½" below the crest. Faeces escaped from both exit and entrance wounds caused by the latter bullet. All the wounds were suppurating but healed rapidly with the exception of the wound through the ilium which was still discharging a small amount of pus when the hospital was handed over.

Shoulder.

Shoulder.

There were six cases of wounds about the shoulder. They were of no particular interest except one in which one the bullet had passed through the head of the humerus and was extracted under the skin of the supra-spinous fossa. The bullet was extracted before the patient reached Uskub. The wounds healed rapidly but movement at the shoulder joint was limited.

Upper arm.

Four wounds of the upper arm were complicated by fractures of the humerus and one by partial paralysis of the musculo-spinal nerve.

J.B. septic shrapnell wound with fracture of left humerus just above the insertion of the deltoid. Angular splint followed by Plaster of Paris. Good union resulted.

G.C. two bullet wounds of the left upper arm at 50 yards, one bullet had lodged and was extracted. It was of the pointed variety and was lying vertically with the point downwards. The humerus was fractured 1" above its mid-point. Put up in Middledorfs triangular splint. Good result.

S.V. Shrapnell at range of 200 yards. Entrance wound circular ½" in diameter through the anterior fibres of the deltoid. Bullet lodged. Comminuted fracture of the humerus below the surgical neck. Put up in Middledorf's splint. Pus tracked into the axilla and on incision some pieces of lead were removed. Firm union with slight deformity outwards.

Elbow.

An out-patient, groom of the Turkish vali, had been shot at close quarters in the streets of Uskub during the disturbances following the battle of Kumanovo. The bullet had entered the left forearm over the radius in its upper fourth and passed through the elbow, tearing the triceps tendon. At the time he came for treatment there was great swelling and discharge from the joint and ankylosis at an angle of 120° resulted. He ultimately had good use of his arm though the elbow was quite stiff.

Forearm.

Only one case of wound of the fore-arm was of interest. In this case the bullet passed through the lower end of the radius and lodged in the body.

D.S. wounded at Monastir on 18th November during a bayonet charge. A first field dressing was applied at once and not touched for 3 days. On his arrival at Uskub 12 days later there was nothing to show that the wrist had been injured except two small scars. The scar of entrance was small and round over the middle of the radio-carpal joint behind, and the exit, slit-like on the anterior surface 1" higher up the right arm. The bullet had then lodged in the body. There was no impairment of movement in the wrist.

Hand.

Of the wounds of the hand there was one very severe case which at first looked as if it would require amputation.

T.N. wounded at 1200 yards range in the left hand fracturing the 2nd, 3rd, 4th and 5th metacarpal bones. On his arrival at hospital the hand was very swollen and tender. There was a great discharge of pus and the axillary glands were enlarged. The hand was freely incised, drained and kept in an antiseptic bath. Chloroform was administered several times and more incisions made. He improved slowly and the last note made on his case was that the movements of all except the little finger was good.

Thigh.

Of 11 wounds of the thigh there was only one case in which the femur was fractured. It was treated on a "Hodgen's splint". In another patient the bullet had lodged near the neck of the femur and counter openings were made for drainage. The bullet could not be located.

In the following case the wound was caused by a pointed bullet.

S.M. wounded on 18th November and arrived at Uskub on 26th in a very weak and worn out condition. There was a septic gaping open oval wound on the inner side of the left thigh just above the

the knee. The back of the thigh was swollen, tender and discoloured. This was incised but very little pus evacuated. The discharge from the wound continued so a second incision was made behind the knee with better result. The patients tempera--ture remained high, his spleen was enlarged and his motions light colored and loose. He was suspected of having contracted enteric fever as there was a great deal of the latter disease about. After being transferred to the enteric ward, further incisions were made in the thigh and a quantity of fetid pus evacuated. At the post-mortem examination a pointed bullet was found at the upper part of the thigh in the hamstring muscles. As far as can be remembered the bullet had turned over in the tissues. Death was due to absorption from the septic wound.

Knee.

Three cases of wounds of the knee are as showing the small amount of injury done by the small bore bullet.
In one the bullet passed from side to side under the patella ligament and in the other the entrance wound was at the side of the patella and the exit in middle of the popliteal space. The first was discharged to garrison duty in 17 days after his injury. The second had no pain, swelling or limitation of movement and could have been discharged early if it had not been for a septic shrapnell wound of the thigh. In the third case the patella was fractured at a range of 200-300 yards. Some loose fragments were removed under chloroform and the capsule sutured. He was discharged to furlough a month after the receipt of the injury.

Leg.

Twenty three or nearly 1/5th of all wounds treated in the British Red Cross Hospital were wounds of the leg. They were very septic and the pus tended to track along the fascial planes, necessita--ting free incisions and drainage. One amputation through the thigh was performed for gangrene and another case which had previously lost both legs from frost bite required re-amputation as the flaps had retracted.

V.P. wounded at Monastir on 16th

V.P. wounded at Monastir on 16th November arrived at Uskub on 28th. Entrance wound septic in the calf of the left leg - exit in front. Explosive. Comminuted fracture of the Tibia and Fibula in the middle third. Losse fragments of bone were removed under chloroform and the leg put in Plaster of Paris. Windows were cut for drainage. The leg was dressed daily and the wounds wiped out with Iodine. When the discharge had ceased the edges of the posterior wound were undercut and successfully drawn together under local anaesthesia. Union was very slow and the leg was still in plaster when the case was handed over to the Servian authorities.

S.G. wounded at Prilep on 17th November and reached Uskub on 26th. This man was shot at 10-15 yards by one of his own sentries. The bullet passed through the soft parts of the right leg and fractured the left tibia above the ankle. Amputation through the middle third of the right thigh was required for gangrene. Anterior and posterior flaps were made and the femoral vessels controlled by Lynn-Thomas' forceps tourniquet. Part of the anterior flap sloughed and re-amputation was probably required later.

B.M. Entrance wound on the outside of the left leg in front of the middle third of the fibula. Exit over the subcutaneous area of the tibia in the middle third. Both wounds moderately septic. No displacement or fragmentation fo the bone. It would be interesting to know what type of bullet caused this wound which appeared to be a clean perforation.

T.G. Bullet wound received on 17th November at a range of 200 yards. Reached Uskub on 28th. Entrance in the centre of the calf of the left leg - exit 1" in diameter at the mid point of the tibia. Very septic. Tibia fractured in the middle third. The leg was blue and greatly swollen. Afterbfree incisions had been made and drainage tubes inserted it was slung in an improvised Salter's sling and continuous irrigation with a watery solution of Iodine practised. At one time it looked as if the limb could not be saved.

When transferred to the Servian military hospital it was on the mend and the discharge was much less.

Foot and Ankle.

These cases were very septic and required free incision as pus tended to collect under the plantar fascia.

W.I. received a shrapnell wound on the dorsum of the left foot on the 21st November. No first field dressing was applied and he received no treatment till the following day. When he reached Uskub on 26th November the superficial tissues on the dorsum and outer side of the left foot were gangrenous from the toes to the ankle. The leg was red and swollen up to the head of the fibula. Loose pieces of slough were cut off with scissors and the foot kept in an Iodine bath, while fomentations were applied to the leg. The sloughs separated in time and the tendons on the dorsum were all exposed. The area never became clean enough to skin graft and when the cases were handed over there was still an extensive granulating area on the outer side of the foot.

Notes on Medical cases treated at the British Red Cross Hospital at Uskub during the Serbo-Turkish War 1912-13.

The medical affections of this campaign did not differ from those met with during the South African War where the climatic conditions were somewhat the same as we experienced at Uskub.

Enteric Fever.

There were 44 admissions for this disease with 7 deaths, 4 of which died on the day or day following admission. They were admitted after undergoing several forced marches from Monastir to Uskub. All except the apparently dying were treated with Anti-Typhoid Vaccine, in progressive raising doses from 1 to 8 mill. These cases showed the usual improvement in symtoms as noted by others who used this form of treatment. From our experience we came to the conclusion that the initial dose of 1 mill is to small and latterly we were giving in our first doses 2½ mill., with very good results.

We had one very interesting case of Enteric fever among the British staff of the hospital. This man served during the South African War, and prior to embarking he was given one prophylactic dose of Anti-Typhoid Vaccine. He contracted Enteric fever in South Africa and nearly died. Soon after our arrival at Uskub cases of enteric fever were admitted so the whole of the British staff were inoculated, this man developed very severe reactions after each dose. 11 days after his last dose of vaccine he developed symtoms of enteric fever and subsequently died of it. I related this case to Colonel Sir William Leishman F.R.S., K.H.S. and he was of the opinion that no matter what was done for this man he would have contracted enteric fever as he appeared not to have been able to develop any immunity from the disease.

A large number of cases of this disease were collected in the Servian Red Cross Hospital for Medical diseases at Uskub, and as we had a large amount of vaccine with us we gave a proportion of

of it to Medical Major Dr Petrovitch, Reserve, to be tried and his results are as under:-

Amongst 460 cases treated with the vaccine there were 3.29.% deaths and amongst 220 cases not so treated there were 16.89.% of deaths.

On taking out of the statistics all deaths occuring within 24 hours of admission there were 2.249 % of deaths amongst the inoculated and 12.89 % among the non inoculated. These results are very good.

Dysentery.

There were 20 admissions with 4 deaths. This disease calls for no special remarks. The cases that died were admitted in a collapsed condition. The other cases were mild and rapidly yielded to treatment for Bacillus Dysentery.

Pneumonia.

Four deaths out of ten cases was a very high mortality but they had been carried in carts for some four days before admission and had become very debilitated.

Rheumatic Fever. and Rheumatism.

There were 73 admissions with this affection with no deaths. Climatic conditions were responsible for these admissions coupled with the fact that the men wore cotton instead of flannel shirts.

Bronchitis.

There were 195 for this disease and one death. The same remarks apply to this disease as to Rheumatic Fever.

Debility and Fatigue.

There were 43 admissions for these affections. The hard work of a campaign coupled with irregular and course food was responsible for these admissions. It is wonderful the amount of work the Servian soldier could do on a loaf of bread. All that these cases wanted was sleep and food, chiefly sugar and jam, and they rapidly improved.

Other General Diseases.

Other General Diseases.

Under this heading there were three admissions and 1 death. The case that died suffered from Purpura Haemorrhagica; it was a well marked case.

Digestive Diseases.

Gastritis and Gastro-Enteritis accounted for the 62 admissions under this heading.

No cases of Scurvy or Typhus Fever were admitted and we did not hear of any admissions in other hospitals for these diseases.

A. E. Wilson Douglas
Major R.A.M.C.

(Pp) H. St. L. Carter
R.A.M.C.

Report to the British Red Cross Society on the work done by their Unit during the Serbo-Bulgarian War 1913.

R.A.M.C. Mess,
Grosvenor Road,
London S. W.

From,

Major H.E.M.Douglas R.A.M.C.
Commanding British Red Cross Unit to Servia.

To,

The President,
British Red Cross Society,
9 Victoria Street, London S. W.

London S. W.
Sept.23rd 13.

Sir,

I have the honour to forward report of the work done by the British Red Cross Unit to Servia, during the Serbo-Bulgarian War 1913.

It has been divided into :-

1. Narrative.
2. British staff working in the hospital other than that of the British Red Cross Unit.
3. Extracts from Servian newspapers relative to the work done by your unit.
4. Letter under confidential cover.

I have the honour to be,

Sir,

Your obedient Servant,

H.E.M.Douglas.

Major R.A.M.C.

R.A.M.C. Mess,
Grosvenor Road,
London S. W.

From,

Major H.E.M.Douglas R.A.M.C.
Commanding British Red Cross Unit to Servia.

To,

The President,
British Red Cross Society,
9 Victoria Street, London S. W.

London S. W.
Sept.23rd 13.

Sir,

I have the honour to forward report of the work done by the British Red Cross Unit to Servia, during the Serbo-Bulgarian War 1913.

It has been divided into :-

1. Narrative.
2. British staff working in the hospital other than that of the British Red Cross Unit.
3. Extracts from Servian newspapers relative to the work done by youb unit.
4. Letter under confidential cover.

I have the honour to be,

Sir,

Your obedient Servant,

H.E.M.Douglas.

Major R.A.M.C.

Narrative.

The British Red Cross unit to Servia for duty during the Servio-Bulgarian War consisted of :-

Major H.E.M.Douglas R.A.M.C.
Captain H.St.M.Carter R.A.M.C.
Orderly A Bond.
Mr W.Petrovitch.

left London on the 21st July 1913 and arrived at Belgrade during the night of the 23rd - 24th. On the 24th Captain Carter and I reported our arrival to the British Minister, and afterwards called on Colonel Soundermeyer, Chief of the Servian Medical Service, Belgrade, who expressed his great appreciation on our return to Servia to assist in the care of their wounded and sick. Colonel Soundermeyer informed us that he was sorry he was unable to send the unit to a hospital in the interior of Servia, as all the wounded were being brought to Belgrade. He then requested the unit to take over and work No. 6 Reserve Hospital that was situated in a Primary school near the railway station: this we agreed to do.

The hospital contained 295 beds and was under the charge of a Dr Ivanovitch: the British staff of which consisted of Dr. C. Schuler and English surgeon who was employed by the Servian Government, Lady Paget the wife of the British Minister at Belgrade, 5 trained nurses and 6 untrained lady assistants. There was also an English lady who did the X ray work of the hospital but was attached to No.5 Reserve Hospital where the X ray apparatus was installed. There was a numerous staff of Servian dressers and Servian ladies working in the hospital. I arranged with Colonel Soundermeyer that the unit would be directly responsible to him for the care of all sick and wounded admitted, and that Dr Ivanovitch would undertake the administrative duties of the hospital. The unit at once took over the patients in the hospital consisting of 261 wounded soldiers : each surgeon was given wards and we proceeded to dress cases that required immediate attention. Arrangements were then

then made for our surgical material and stores to be brought to the hospital. The building was well situated for conversion into a hospital: there were two large rooms containing 54 beds each and numerous smaller rooms containing 13 to 17 beds. There was a small room at the end of the building which was used as an operating theatre: it was used furnished but was somewhat hot during the afternoon: opposite to this room was a small room which was used as a dressing room.

Each surgeon was given a room to do his dressings in, and all cases were brought to one of these rooms to be dressed: this saved a lot of time and allowed us to cope with the large number of dressings that we had to do daily.

As a rule all operations were done during the afternoon.

Soon after we took over the hospital I arranged for tea, bread and butter to be served between 10 and 11 a.m. for all members of the staff: this not only fulfilled a want felt by the British staff but brought the Servian helpers in the hospital into intimate contact with us, and was the means of cementing the most friendly relationship between all members of the hospital staff, which happy condition existed throughout the period we remained at the hospital.

On the 4th August, Lady Paget, Miss Laggett, a trained nurse, and Miss Goree, an untrained lady assistant, left for England, and Miss Saunders, another untrained lady assistant, left on the 12th August for a holiday prior to returning to her work in Sofia. These ladies were replaced by Madame Grovitch, wife of the Servian Charge-de-Affairs London, and two trained nurses.

The Army returned to Belgrade on the 24-8-1913 and we were fortunate in that it marched by one side of the hospital, we were therefore able to arrange that all our cases should see the triumphant return of their comrades. Each patient was given a small Servian flag, tea or coffee, sandwiches, cakes and cigar--ettes; these small attentions were greatly appreciated.

Our patients having greatly reduced in numbers I arranged for the return of the unit, as I considered that the period of our

our usefulness had come to an end with the demobilization of the Army. We were instructed by Colonel Soundermeyer to hand over our cases to Dr Schuler which we did on the 2-9-1913.
During the time we had charge of the hospital we treated 538 patients of which 521 were surgical and 17 medical cases. There were 5 deaths. Numerous operations were performed under general and local anaesthetics.
The unit was fortunate in having a convalescent hospital to which they could send their slightly wounded cases, and those that required dressing every 3rd or 4th day; in this way we were able to have a large turn over of cases. On leaving the hospital we handed over 62 cases. Among the cases that we treated there were 3 patients those that were under the care of your units in the previous war, it was most pleasing to witness their simple gratitude for the care and attention they had received.
The surgeons of your unit and Lady Paget were presented with the 1st Class of the Order of the Servian Red Cross, and the other members of the British staff with the 2nd Class of the same order.
The day we handed over the hospital the Servian ladies entertain-ed the British staff to tea, and they presented to Captain Carter and me some small presents, this was followed by a most touching farewell both on the part of the Servian ladies and men with whom we had worked, and our patients.
One trained nurse and five untrained lady assistants returned to England with your unit. We left behind to look after our cases Dr Schuler, Madam Grovitch and 3 trained nurses.
I was unable to arrange for the presentation of the British Red Cross Badges by Lady Paget to the Servian Officers and ladies who assisted your units in the previous war, as she left Belgrade beforeany arrangements could be made. I therefore handed to the President of the Servian Red Cross, his badge with the compli-ments of the Patron, President and Members of the council of the British Red Cross Society and expressed their thanks for the great assistance and help he had extended to the previous British Red Cross missions to Servia. The other badges I handed to

to Colonel Soundermeyer for distribution.

The British Red Cross stores that remained over on our departure I handed over to Dr Schuler with instructions that if any remained over on his closing of the hospital, he was to hand them over to Servian Red Cross Society.

I arranged that the panniers etc., should be returned to England by goods train.

The unit arrived in England on the 5th September 1913 and disbanded.

British staff working in the hospital, other than that of the British Red Cross Unit.

****

The staff consisted of,(1). Dr C. Schuler who was employed by the Servian Government, he was good in his professional work and did all that was required of him to do.

(2). Lady Paget, the wife of the British Minister, Belgrade, had been working in the hospital for over two months before we arrived. She spared neither herself, her time or her money on behalf of the wounded soldiers. She equipped and managed two wards in which were accumulated all the serious cases in the hospital. I am unable to express the deep gratitude that all her patients had for her. Lady Paget's work in connection with the care and attention she gave to the sick and wounded Servian soldier could not be forgotten by those who came in contact with her in the hospital.

(3). Miss Laggett, (Trained Nurse), arrived in the hospital with Lady Paget, she worked so hard on behalf of the sick and wounded that I found it necessary to place her on the sick list to prevent her from breaking down.

(4). Miss Gorse, (untrained lady assistant), a friend of Lady Paget, she did very good work.

These three ladies left for England on 4-8-1913.

(5). Miss M.Henley, (Trained Nurse), was sent to Servia by the Balkan relief fund. Prior to her leaving for Servia she was instructor to the Voluntary Aid Detachment, British Red Cross Society at Cheltenham. She was a very capable nurse, and I made her matron of the hospital after the departure of Lady Paget.

(6). Miss B.Henderson, (Trained Nurse), was originally sent from India to Greece by Mr Ralli during the previous war: on the termination of her engagement, she was returning to England, via Servia. When the Serbo-Bulgarian War started she offered her services to the Servian Government, and was subsequently attached to No.6 Reserve Hospital. She had charge of one of the large wards and supervised two of the smaller wards.

(7). Miss E.Saunders, (untrained), had spent some time in Bulgaria, and had assisted in nursing the Bulgarians during the previous war. She was in Belgrade when the late war started, so she offered her services to the Servian Government. She was a good nurse, worked very hard and was most useful as she could speak the language. She left for England on the 11-8-1913.

(8). Miss C.Saunders, (untrained), sister of the above, but no experience so did the rough work in the wards.

(9). Miss L.Ratcliff, (untrained), was a Commandant of a Voluntary Aid Detachment at Cheltenham. Although untrained she soon learnt the rudiments of nursing, and at the end of a month she could be trusted to do the ordinary duties of a nurse.

(10). Miss King, (untrained), the same remarks apply to this lady as to Miss C.Saunders.

(11). Miss Whishaw, (untrained), was a Quartermaster of a Voluntary Aid Detachment at Cheltenham, she did the rough work in the wards very well.

(12). Miss Mathews, (untrained), was sent out by the Balkan Relief Fund. She did the X-ray work of the hospital, but worked at No.5 Reserve Hospital where the X-ray apparatus was installed.

(13). Madam Grovitch, wife of the Servian Charge-de-Affairs, London, arrived on the 12-8-1913 with two trained nurses and was attached to the hospital for duty.

(14). Miss Hodges, (Trained Nurse), arrived with Madam Grovitch and worked in one of the large wards.

(15). Miss Henesley, (Trained Nurse), same as above.

"Tribuna" of Aug. 6/19. 1913.

"..... Thanks to the zealous work of these ladies, (i.e. Mrs S.Grouitch and two trained nurses), as well as to the English doctors and all their assistants, there rules in the VIth Reserve Hospital, (Savamahla), an exemplary order and cleanliness and the wounded are shown the most tender attention, service and care.

We consider it our pleasant duty to express our most sincere gratitude to these noble ladies as well as to the whole English sanitary mission".

Almost the equivalent account has also appeared in "Piemonte" of the same date.

W.M.P.

"Samouprava" Aug. 13/26. 1913.

THE ENGLISH MISSION.

in the VIth Reserve Hospital.

Even after the departure of the noble wife of the British Minister Lady Paget - the English physicians and nurses of the VIth Reserve Hospital, under the direction of their well experienced and industrious Surgeon-Major Dr Douglas, are taking with great enthusiasm, the most tender care of our brave and heroic wounded, showing them all possible attention, not only in order to speed their recovery but also to maintain them in the very brightest disposition.

The VIth R.H. is situated in the "Savamahla" - primary school - whence the wounded of that hospital were able to contemplate the triumphal march of our victorious army, whom the citizens of Belgrade and their guests, welcomed with the highest enthusiasm and greatest joy.

The English doctors and nurses of that hospital had arranged that all the slightly and gravely wounded should be enabled to see clearly their victorious brothers when they were entering triumphally, the gates of Belgrade.

8

We have seen a wounded warrior whose right side is totally paralysed, owing to a wound in his head, and who was not able to lay otherwise in his bed, but on his back. His bed was placed by one of the English surgeons - Dr Carter - so that the head part was was elevated water to enable that gravely wounded man to see distinctly his brothers who returned sound and safe home, and participate in their happiness.

In front of the court-yard and on the balcony and windows, all the wounded of that hospital had been ranged, whence they waved with our national colours, which were made at the expense of the English Mission, thus saluting their war-comrades.

Just as during the sojourn of Lady Paget, the English Mission still continued procuring at their own expense and distributing regularily amongst the wounded warriors, food-stuff and other delights. On the day of our warriorss arrival every wounded of the VIth R.R. has obtained in the morning some bread and butter, cheese, ham and salamis, cigarettes - and later some cakes and coffee.

In the name of our dear wounded warriors, we beg to present to the noble members of the English Mission, our most cordial thanks. May God be graciously pleased to reward them richly for the good deeds they showed us!

Accent

S E C R E T.

Notes and Observations made by
Major H.E.M.Douglas and Captain
R.St.M.Carter R.A.M.C. during
the Serbo-Bulgarian War 1913.

R.A.M.C. Mess,
Grosvenor Road,
London S. W.

Secret

From,
Major H.E.M.Douglas,
Royal Army Medical Corps.

To,
The Commandant,
Royal Army Medical College.

London S. W.
Sept.23rd 13.

Sir,

I have the honour to request that you will forward to the War Office, the attached notes and observations collected and made by Captain H.St.M.Carter, Royal Army Medical Corps, and myself during the Serbo-Bulgarian War 1913.

I have the honour to be,

Sir,

Your obedient Servant,

H.E.M.Douglas

Major R.A.M.C.

R.A.M.C. Mess,
Grosvenor Road,
London S. W.

Accept

From,

Major H.E.M.Douglas,
Royal Army Medical Corps.

To,

The Commandant,
Royal Army Medical College.

London S. W.
Sept.23rd 13.

Sir,

I have the honour to request that you will forward to the War Office, the attached notes and observations collected and made by Captain H.St.M.Carter, Royal Army Medical Corps, and myself during the Serbo-Bulgarian War 1913.

I have the honour to be,

Sir,

Your obedient Servant,

H.E.M.Douglas

Major R.A.M.C.

Secret.

Remarks on the Silk and Catgut, sterile, 30 - inch lengths, in the Field Medical and Surgical Panniers 1905 Pattern.

The Panniers were provided by Messrs Maw & Son for the British Red Cross Party which left for Servia on 21st July 1913.
We respectfully submit our experience of these ligatures for consideration.

Glass tubes.

The glass tubes are hard to break even when held in gauze. If gauze is not used there is a liability to cut the fingers. If the tube does not break over that part in which the ligature is lying it is often difficult to extract the latter as the calibre of the tube is too small for a pair of forceps.

Gummed labels.

The gummed labels come off when the tubes are placed in lotion and the two kinds cannot then be rapidly distinguished, and further the unused tubes are mixed up and put away in the wrong tins.

Ligature.

The ligature comes out of the tube in a small skein and is difficult to untangle without much waste of time and undesirable handling. It is then often so knotted that it is useless. For the latter reasons we gave up using these ligatures.

With regard to the breaking of the tubes it might be possible to issue them already notched with a file and by the use of tubes of different colored glass it would be easy to distinguish the different kinds of ligature.
For use in the Field it is essential that any ligatures should be easily and rapidly handled and that they should not be too fine a the work would not be of a very delicate nature, and we respect--fully submit that the present ligatures do not comply with these conditions.

2.

Secret.

Sample of Wool, Absorbent, Compressed.

In the report on the work of the British Red Cross Society's Units at Uskub during the Serbo-Turkish War, we drew attention to the effects of over-compression on the gauze and wool. It is one of the supply provided by Messrs Maw & Son for the British Red Cross Society's party which proceeded to Servia last July.

Description of a Motor Ambulance belonging to the Servian Government.

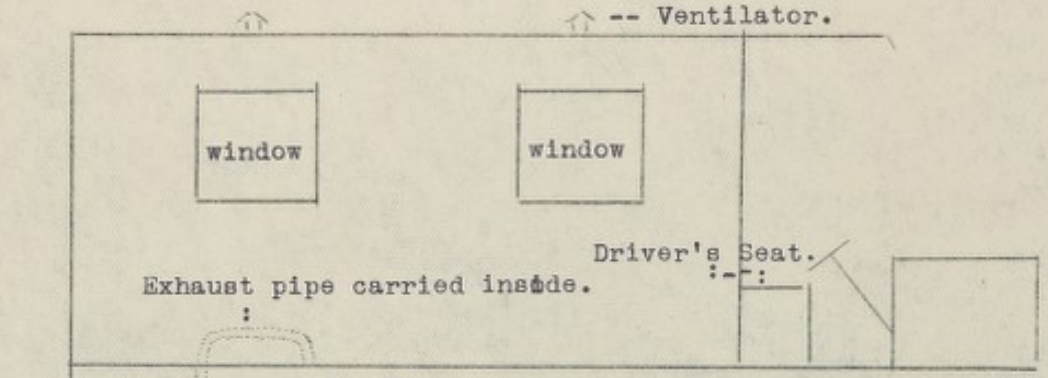
This motor ambulance was used to convey the wounded from the railway station to the various hospitals in Belgrade.
It was made by the Neue Automobil Gesellschaft of Berlin.
It had chain transmission.
The exhaust pipe was carried up through the floor of the wagon to warm it. Its accommodation was 12 lying down on stretchers, or 20 sitting, or by only using the upper tier of stretchers it was probably possible to carry 4 lying down and 20 sitting.
The orderly in charge sat in front with the driver.
It was not possible to take any measurements.
On the roof were two ventilators, and iron loops to which articles could be strapped.
There were five windows - two on each side, two behind in the doors and one in front. Steps were attached behind to faciliate loading.
Attached to the sides were four long falling seats for the use of sitting up patients. Lying down patients were on special stretchers which are described later. These stretchers were strapped by the runners to shelves which were slung on hooks, bolted to the sides and iron stanchions, by means of spiral springs.
These shelves or carriers were arranged in three tiers on each side of a central gangway there being six altogether on each side.
Each shelf had eight spiral springs, two at each corner, four above and four below, and these springs hooked on to the walls and iron stanchions lessened the shaking over rough roads.
The method of fixing the springs to the walls and shelves is shown in the accompanying rough diagram marked "A".
The stretchers for this motor ambulance were made so that the handles telescoped in order that they might fit on to the shelves. They were 7 feet 6 inches long with the handles out and 6 foot when they were pushed in. Three curved rigid iron traverses kept the poles apart.

The canvas was in two pieces, one for the head rest and the other for the body of the stretcher. Both were laced on.
The head rest could be raised or lowered by an iron ratchet which caught on an iron transverse bar.
The pillow was strapped to the head rest.
A diagram of the stretcher is attached marked "B".
The orderly in charge said that this motor ambulance, was very comfortable, and if that is the case when it is running in Belgrade, it should be comfortable almost anywhere.

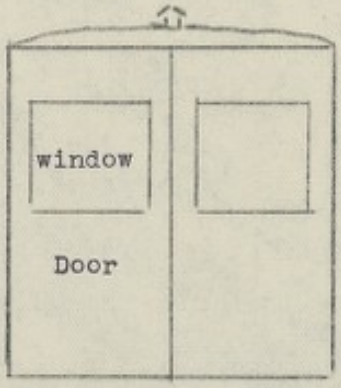
==========

3

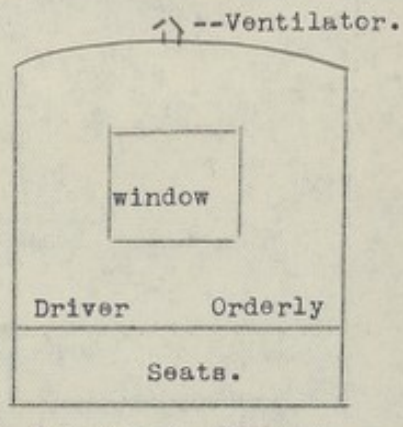
Motor Ambulance - Servian.



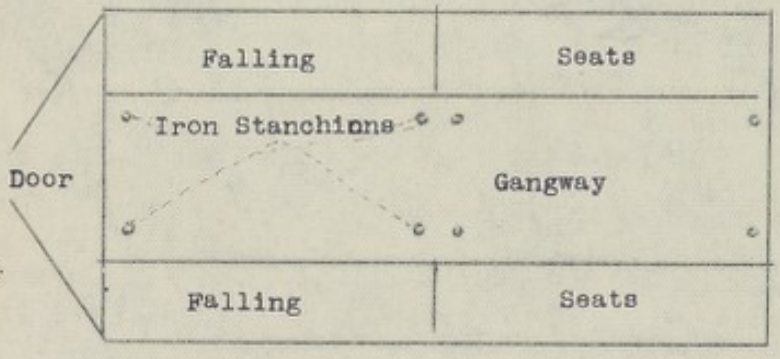
Side Elevation.



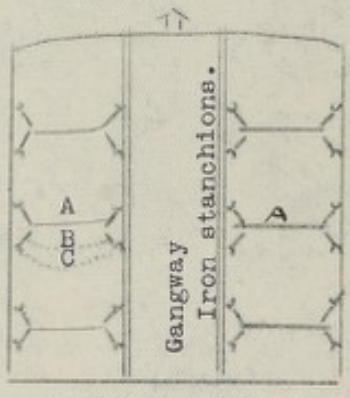
Rear Elevation.



Front Elevation.

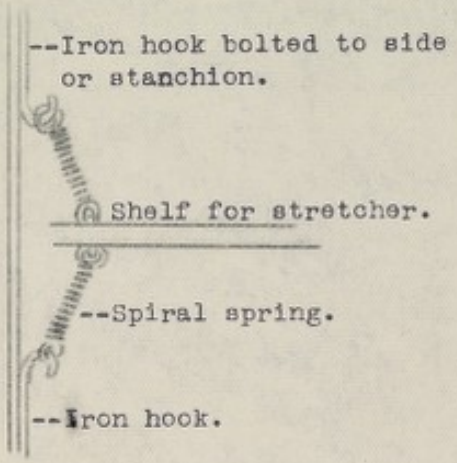


Plan.



Inside Elevation
A. Shelf for stretcher
B. Spiral spring
C. Iron hook.

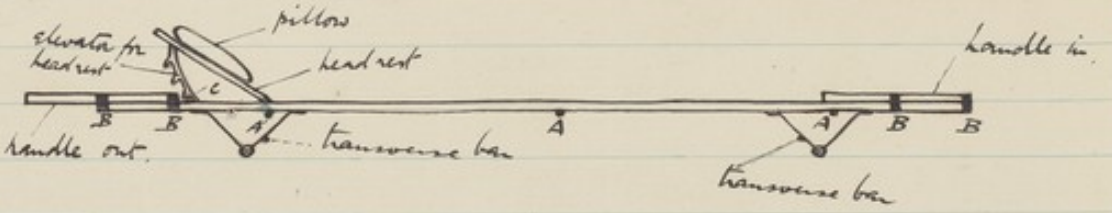
Method of slinging the shelves for carrying stretchers.



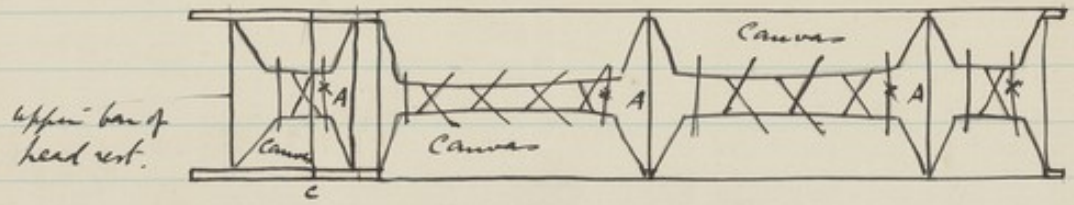
Not to Scale.

B.

Stretcher for Motor Ambulance Service.



Side elevation.



Plan (underneath stretcher).

A. fixed traverses curved downwards
B iron bands to hold handles
C. transverse iron bar in which the head rest-elevator catches.

Length handles out.	7 foot 6 inches
" " in	6 feet.
Width	22 inches
Height with headrest down.	7½ inches.

Not to scale.

Notes on some cases of concussion due to the bursting of high explosive shells, observed in Belgrade during the Serbo-Bulgarian War 1913. ----------

These notes are submitted as this is the first time that we have met cases of this nature, and we consider that they are due to the bursting of high explosive shells near the person injured without infliction of any wound.

We were informed by Dr Schliep a German surgeon who was attached to a Dressing Station of the ~~Bonok~~ Timok Division that of 5000 wounded that passed through the dressing station 350 suffer--ed from shell concussion. From figures which we saw in the possession of Dr Leon Riverchon, Major, 2nd Class Assistant Professor at Valde Grâce, Paris, they showed that of all injuries by shell fire, 1/6th were due to shell concussion. We regret that we were unable to obtain any further information, although we made efforts to do so.

P.M. age 28, occupation telegraphist, stated that he was standing working a field telegraph during the battle of Istip on 1st July when a shell burst 4 or 5 yards in front of him. He was struck by earth and knocked down. Several men near him were killed. He was unconscious for half an hour and had haemorrhage from his mouth, nose and ears. Five or six hours later slight tremor came on and became more severe next day. It affected both his arms and legs. He said he had never suffered from his ears before. When examined on the 28th July, his speech was hurried and irregular but sensible. He had a fine tremor of both arms and legs. Eye-sight good, hearing on the right side defective. On examination there was a foul purulent discharge from the right ear. From the large granulations he had probably old standing middle ear disease. The ~~drum~~ drum of the left ear was normal. His knee jerks were increased. Plantar reflex normal. Treatment Valerian and Arsenic. On the 7th August the tremor ceased. The man appeared to be of a highly strung disposition.

D.L. age 23, occupation farmer, serving in the regular infantry stated that on the 30th June at the Bregalnitza during an attack on a hill, a shell burst six feet from him. He bled from the

the mouth, nose and ears and was unconscious for half an hour. From the description of a nurse who saw him on his arrival in Belgrade, his face and head were swollen, his eyes black, and his face scorched. His neck and shoulders were bruised. He never had a rise of temperature. When examined on the 25th July, he looked the picture of misery, though there were no signs of injury about him. He was a big strong man. He had a constant short dry cough for which no cause could be found. Reflexes normal. Bromide and Valerian were administered without effect. Improvement began when it was clearly explained to him that the only thing that kept him in hospital was his cough. He had undoubtedly received a great shock, but there was probably some element of hysteria in his condition.

V.M. age 32, stated that at Tzrni Kamar on 24th July, he was kneeling and firing in a trench. He was told that two shells fel into the trench killing several men and covering him with earth. He was unconscious for two hours and had bleeding from his ears, nose and mouth. When he came round he could not see clearly, and his hands shook. On examination on 6th August, he complained of buzzing and slight deafness in his right ear. No apparent injury to the drum. His sight is unimpaired. Normal Knee jerks. There was a fine tremor in his fingers. This man had no treatment and the tremor soon disappeared.

M.M. age 30, Reservist, 1st Class, 9th Infantry Regiment of the Danube Division. In the Turkish War, he had been present at the battles of Kumanovo, Istip, Prilep and Monastir. During the Bulgarian War his regiment went straight to Kriva Palanka from Kumanovo. On 7th July, during an attack they were stopped by artillery fire. While lying down a shell fell between him and a friend. He was blown in the air about 3/4, yards but was not wounded. The patient says that the first thing he remembers was that about three hours afterwards he was in a Dressing Station and unable to answer questions properly. He had buzzing in both ears and pain in his eyes, more especially the right. The shell

shell fell on his left side. When examined on 5th August he was unable to see/o ~~Spaces~~ faeces with his right eye. The vision of his left was normal. There was a retinal haemorrhage on the inner side of the right fundus and some dilated veins. The field of vision on the outer side of the right eye was contracted. The patient was somewhat nervous. Knee jerks slightly increased. No plantar reflex. No ear symtoms.

P.S. age 48, Reservist 3rd Class, 3rd Regiment Morava Division, stated that he fought only at Dashtchani Klavenatz on 22nd July. He belonged to one of three companies who were surrounded by the Bulgarians. As they were retiring at night a shot fell amongst them and killed one of his friends and he himself was covered with earth. Later a party dug him out and took him to a field hospital. He is unable to say at what distance from him the shell burst but he was 10 yards away from the friend who was killed. He was rendered unconscious and only came to in hospital. He bled from and nose, and passed blood in his urine and faeces. He vomited for about 11 days. He had had pain in his ears - no eye symtoms. He was unable to move his limbs for 11days. No increas--ed reflexes present, (9th August). He perspired freely while being questioned and is somewhat nervous. He said that two other men suffered from the same symtoms as he did.

R.M. age 21, 2nd Brigade. He states that the shell burst about 20 yards from him. He felt a sharp pain in his stomach and then found that he was ruptured on the left side.

M.B. age 23, 5th Regiment Drina Division. Was at the battle of Ovche Polge and afterwards at Yezovo Polge, where he received his injury on the 30th June. He was in the firing line when a shell fell about six yards in front of him. He became unconscious and when he came to he saw the hole made by the shell. His regiment had gone on and when he rejoined he reported sick and was sent to Veles. He says that he felt sick in his stomach, weak in his legs and that he was deaf in his left ear. He did not bleed from his ears, nose or mouth but suffered from vertigo. He was unable to

to sleep on account of pains in his legs and stomach. Ears and reflexes normal. Sweats easily. The man is slightly neurotic.

Notes on the untrained lady assistants of British origin, some of whom had been trained and were members of Voluntary Aid Detachment, British Red Cross Society.

The enthusiasm for work and the useless amount of energy displayed by these ladies was marvelous.
For the first month these ladies were in the wards they were useless for nursing duties, and more often in the way than otherwise, but we are pleased to say that towards the end of our stay in Belgrade, these ladies were becoming quite useful, and two of the six that worked in the hospital were quite good.
From our experience we do consider that one trained nurse and two members of a Voluntary Aid Detachment who had done three months training in a hospital would be a useful and a cheap combination to be sent to any Red Cross Hospital where lady nurses are required.

Notes on voluntary lady helpers working under the Servian Red Cross attached to No.6 Hospital.

We were unable to find out the number of these ladies, or who was the chief lady among them. They varied in ages from 10 to 70: the general rule was that they came when they pleased, which was usually every third day. They worried over their patients a good deal when they came but appeared to have forgotten them during their absence. They were capable of finding out the most marvelous symtoms in their patients. Their chief occupation in hospital was the making of coffee and worrying the surgeon to obtain special privileges for the patients they had a special liking for.
The romances in this hospital must have been many, for there was quite a lot of flirtation done.
One lady more constant than the others slept in the wards with her patients and seldom left it. No complaints were ever made by this lady or by the gallant soldiery.

Although this condition was the general rule, there were some ~~three~~ ladies who came regularly, worked hard and did their work extremely well, and it is a pleasure to remember the ladies who worked hard and well to alleviate the sufferings of their gallant countrymen.

::

Observations on wounds of the hands and feet.

A large proportion of the wounds in the hospital were either in the hands, especially the right hand; and feet: we were forced to the conclusion that the majority were self inflicted wounds. Two cases in the hospital were under arrest, awaiting trial for inflicting wounds on themselves.

==========::==========