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longer than the receptacles, two of which, costing 8 rupees each, are necessary, and as they are constantly being moved they only last about one year.

(2) If the grease-filter is adopted sullage carts can be abolished and the water disposed of in absorption gardens, thus effecting a further large saving to the Government.

(3) The filter is not liable to overflow, as the water runs off at once. The effluent being free from grease, flies are not attracted, and they can have no access to the filter itself.

SANITARY AND MEDICAL CHARGES IN INDIA.

BY MAJOR W. TIBBITS.
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There is perhaps no more conservative portion of the Empire, as regards the organisation of the medical services, than India. Changes have always come about many years after their adoption at home and in the Colonies. We have only to instance the regimental system, abolished at home in 1873, but continued in India in a modified form as late as 1882 or thereafter. Even to this day the shadow of the past still clings to India.

Officers of the Corps are detailed to the medical charge of a unit, which comprises the charge of the officers and their families, and the sanitary duties in connection with the unit. There is no such appointment as “Medical Officer in Charge of Officers, Women and Children” as we know it at home and in the Colonial stations. It would appear that the conservatism above referred to is the only reason why the present method of apportioning duties still continues.

The advantage of having one medical officer in charge of all officers, (except staff), women and children in the station is, I think, obvious. It is an economy of labour as regards ourselves and the greatest advantage to the different units in the station. Everybody knows who is the proper medical officer to apply to in case of sickness, and the constant changes, so undesirable from every point of view, are avoided. I know personally of a case in which a medical officer has been in sanitary and medical charge of no less than four different units in the course of a year, and these frequent changes are unavoidable under the present method in India.

I therefore advocate the appointment of one medical officer to the charge of all officers (except staff), the women and children and the family hospital, that when possible he should be a specialist in the diseases of women, and that he should do no duty in the Station Hospital. The appointment should be made as permanent as possible, say for two years.
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Next, in regard to sanitary duties, I would refer the reader to an article in the Journal of April, 1906, by Lieutenant (now Captain) C. A. J. A. Balck, R.A.M.C., headed "Regimental Sanitation in India." He suggests the appointment of a Station Sanitary Officer, or "Medical Officer of Health," to each station, and with his suggestion I think many will agree. Frequent changes in appointments to "sanitary charge" of units would here again be avoided. The officer appointed would, as Captain Balck advocates, be the technical adviser of the Senior Medical Officer on all sanitary matters and keep a diary for the Senior Medical Officer's inspection. He would necessarily have to be a specialist in sanitary science and would carry out all bacteriological work of the station. I would further advocate that he perform all duties in connection with the inoculation against enteric fever of all drafts and regiments arriving in the station, including the keeping up of the statistics of inoculation, thus obviating the necessity for the so-called "attached" medical officer to newly arrived regiments in India for this purpose. In this way the inoculation statistics of the whole station would be under the control of one officer. We should thus have three appointments in every station, except, of course, in the very small ones, viz.: (1) Officer in medical charge of officers, women and children, and family hospital; (2) Station Sanitary Officer; (3) Staff Surgeon. In medium-sized stations, two of these appointments might be combined.

I venture to put forward the suggestion that, were such a scheme as I have tried to indicate adopted, it would result in an all-round advantage, not only to ourselves, but also to the several units comprising the various garrisons in India.

A PLEA FOR A REALLY SANITARY INVALID'S URINAL.

BY LIEUTENANT-COLONEL T. DU B. WHAITE.

Royal Army Medical Corps.

A glance through the catalogues of most purveyors of surgical and medical appliances will at once make it apparent that the inventive genius of man has, at any rate, not been idle in the matter of contriving urinals for the use of bedridden patients of both sexes.

The forms depicted are many and various, and the quaint twists and contortions may enhance the outward beauty of the utensil; but an examination of the inside of a broken urine bottle will open the eyes to the necessity of having one of such a shape that all parts of the interior should not only be accessible for cleaning, but also open to inspection. The accompanying sketches on a reduced scale (about a quarter size) show the form of urinal at present in use in military hospitals, and also of my proposed improvement in design.

In the former (fig. 1) "dead angles" are shaded and show clearly