temperature became normal, and remained so until February 27th, when
the vaccine was discontinued. The muscular pains persisted even after
arrival in England in April.

Infection in this case was traced to the ingestion of unboiled milk.

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NOTES ON FIELD HOSPITALS IN INDIA.

By Captain G. B. Crisp.

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"The Field Service Manual, Medical," gives exhaustive information on
all medical subjects connected with field service; the following notes
which may prove of interest to officers coming to India for the first time
are taken mainly from it.

Field Hospitals are classified as British Field Hospitals for British
troops, and Indian Field Hospitals for native troops.

A field hospital consists of:

1. Personnel.
2. Medical equipment.
4. Ordnance stores, including tentage.
5. Furniture.
6. Ambulance transport.

1. The personnel is enumerated on p. 40 of the Field Service Manual,
Medical. The main differences between British and Indian field hospitals
are that British have Royal Army Medical Corps officers and assistant
surgeons, while Indian have Indian Medical Service officers and hospital
assistants; British have British nursing orderlies, while Indian have
native ward orderlies; Army Hospital Corps men accompany British
but do not accompany Indian (their place in the latter being filled by the
hospital establishment of native corps, which on service is detailed for
duty with hospitals). Army Bearer Corps men accompany both British
and Indian field hospitals.

2. Medical equipment is enumerated on pp. 79-82 and 92-97 of the
manual; it is designed to meet all probable requirements for a period of
three months.

Field hospitals can accommodate 100 patients, and each is divided into
four sections, A, B, C, D, of twenty-five patients each. These sections are
all exactly alike, and each section is divisible into a light and heavy sub-
section, of which the former may be split off to move with detachments,
&c., and is self-supporting for ten to fourteen days. Each section has:

One pair field medical panniers.
Six medical packages (five light and one heavy).
One medical companion for visual signallers.
Clinical and other Notes

Two bed-pans, aluminium (one in canvas case and the other containing a Higginson's syringe).
Two urinals.
One case containing 500 'tabloids' of perchloride of mercury for disinfecting purposes.
One roll of perforated metal for splinting.

(3) Supply stores, p. 58 et seq., include necessaries (such as candles, flannel, soap, &c.), disinfectants, stationery, blank forms and books, medical comforts, miscellaneous articles (such as mosquito nets, dusters, lamps, &c.), kitchen utensils, diet requisites, clothing, bedding, petty supplies (such as lamp wicks, kerosine oil), and carpenters' tools.

These stores are also sufficient to meet all probable requirements for three months.

In British field hospitals there are six packages in the light and nine in the heavy sub-section; in Indian field hospitals there are five packages in the light and seven in the heavy sub-section.

There are six paulins and two pakhals in each section of a British field hospital, four paulins and two pakhals in each section of an Indian field hospital. The paulins are for covering stores, two being for covering medical stores, and the remainder for supply stores.

(4) Ordnance stores are enumerated at p. 77, and include axes, flags, buckets, lanterns, mamooties, shovels, &c.

Tentage is enumerated on p. 200, and includes tents for sick, for medical subordinates, orderlies, Army Hospital Corps and Army Bearer Corps, private followers, office, surgery, latrines, guard, stores, &c. No tents are provided for medical officers, those being supplied privately and are of 40 lb. weight according to regulations.

(5) Furniture, p. 65, is a military works supply, and includes office tables, operating tables, stools, portable commodes, chains, and padlocks.

(6) Ambulance transport consists of dandies and tongas, and there are twenty of each to a whole field hospital, five of each to a section.

Field hospitals are slow or fast-moving according to the troops they have to accompany. Slow moving have camel transport normally, while fast-moving have mule transport, but in both cases the medical panniers and the pakhals are carried on mules as first line transport.

The station where the mobilisation equipment and stores are kept is termed the "Equipping Station" and the place where the hospital is completed is termed the "Mobilisation Station."

Personnel detailed for duty with medical and corps units will join their units at the station designated for mobilisation.

On receipt of orders for mobilisation by medical units, an officer of each unit will, if possible, be sent to take over the equipment at the equipping station, otherwise it will be sent to the mobilisation station.
The officer detailed for command of a medical unit will place himself in communication with the authorities in charge of the equipment.

Detailed requisitions for obtaining equipment are not required, a written or telegraphic demand quoting the authority being sufficient.

Before granting receipts for stores and equipment, the officer taking them over will satisfy himself as to their fitness for field service. He will, under the orders of the Officer Commanding the Station, store the equipment in a vacant building, or in a portion of the tentage of the unit, specially pitched for the purpose, and provided with a special guard.

There are three Indian Army Forms which medical officers should know how to make out, before taking over medical units on mobilisation. These are I. A. F. T. 1705 (weight for which railway transport is required), I. A. F. T. 1725 (weight for which transport is required from the stores to the entraining station), and I. A. F. F. 1054 (Field Service Clothing Indents). Mobilisation orders state that the first two of these should be prepared by the staff officers for medical mobilisation stores of each division, and kept ready along with the actual mobilisation orders.

A SUGGESTION FOR AN EMERGENCY RATION.

By Captain C. RYLEY.
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There are several axioms which should be adhered to in devising an emergency ration. It should not be too bulky, heavy, or fragile; it must be capable of being kept indefinitely, of being consumed raw, or made up into something hot when cooking is possible, for it should be borne in mind that in modern military operations, cooking will often be impossible. Lastly, it should possess a food value of from 2,000 to 3,000 calories, not merely in the form of a more or less palatable mass, but it should convey the impression of a meal to the eye, mind, and stomach.

When the average Briton is compelled to rely on what he can carry in his pocket to suppress the pangs of hunger during a day’s excursion, a package of bread and cheese is almost invariably the ration he selects. It is also the form of food that is most general with the class from which the soldier is recruited. I would therefore suggest that these two foods should form the basis of our emergency ration.

Biscuits, 1 lb., must of course be substituted for bread, either the present Army ration biscuit, or, if a more palatable article could be devised, something similar to the biscuit at present in use in the French army, so much the better.

The cheese should be in the form of a small block, ½ lb. in weight, each ½-lb. being separately moulded so as to have a complete covering or rind, and each would be about the size and shape of a large cake of soap. These blocks should then be coated with hard paraffin