A CASE OF MALARIA CONTRACTED IN ENGLAND.

By CAPTAIN T. H. GIBBON.

Royal Army Medical Corps.

The following is of interest, although these cases crop up from time to time at home, and no doubt some of them escape notice on account of their rarity.

Private W., Special Reserve, "The Buffs," reported sick at the Military Hospital, Canterbury, on the afternoon of May 21, 1912, complaining that between 1 and 2 p.m. he had an attack of shivering, or, as he called it, "the shakes." His temperature was taken and found to be 103°F., but by 6 p.m. it had fallen to 101°F.; he was then sweating freely and complained of headache. He stated that he had had a similar attack on the afternoon of the 19th, but not so severe.

The clinical symptoms were so like malaria that several blood films were taken the following morning, and a few benign tertian parasites were found on microscopic examination. Several films were also sent to Major J. C. Kennedy, R.A.M.C., at the Royal Army Medical College, who very kindly examined them and confirmed the diagnosis.

The clinical side of the case is not of any further interest, but the following notes from the man's statements were made:

He is only 17½ years of age; he enlisted two months ago in the Special Reserve of the Buffs and came to the Depot at Canterbury for his training. He was born in the village of Lydd, in Romney Marsh, and has never been away from home until he enlisted two months ago. None of his family have ever been out of England.

Before enlistment he was working as a butcher's assistant. During last autumn he states that he had a similar illness, the shivering or shakes coming on every third day; his description of his attack is very definite. At the same time last year he says that a good many people in the village had these attacks, including his own father, but that he cannot remember it in previous years. It is interesting to note that the man himself calls the illness "Marsh Fever."

THE CONNECTING LINK BETWEEN FIELD AMBULANCE AND CLEARING HOSPITAL.

By CAPTAIN F. W. COTTON.

Royal Army Medical Corps.

On reading over the duties of the various medical units in the field, one cannot help being struck by the weakness of the connecting link between the field ambulance and clearing hospital. When the clearing hospital comes up and takes over the wounded from the field ambulance the need for the link disappears, but in actual warfare the clearing
hospital may be something like thirty miles in rear of the army, and then
we have to depend upon empty supply vehicles, local transport, and
perhaps on a more or less broken-down railway or canal. Should the
clearing hospital be within ten miles of the field ambulance we still have
to depend on the same transport, with the addition of ambulance wagons.
The Royal Army Medical Corps Training, 1911, mentions these conditions
as the three most probable relations between the clearing hospital and field
ambulance. The first and the third relations will work well, but in the
second the strain will be very great, because we are not depending
mainly on our own organization.

A new factor has lately arisen which, in my opinion, will do nothing
to decrease our difficulties in evacuating wounded, but rather increase
them considerably. I refer to aeroplanes; how they are going to affect
us, war alone will decide, but we may be permitted to surmise. Until
aircraft are brought to perfection they cannot aid us in the least, but
when a dirigible is built which can be depended upon, then it might
replace clearing hospitals.

In the meantime, I think that we can improve the disposition of the
present field medical units either by—
(1) Making clearing hospitals mobile and keeping them up with their
divisions; or
(2) Organizing the personnel of the clearing hospital into collecting
and clearing divisions.

As far as I can see, the clearing hospital is the only unit which can
with any safety be touched. Medical personnel with regiments is hardly
sufficient for their need in action. Field ambulances already have more
duties than they can perform, and have to rely on the regimental medical
units for assistance, whereas if we turn to the clearing hospital we see
that if it is working smoothly and well it will be generally unoccupied,
for its ideal is to receive sick one day and distribute them the next.
Obviously, it would be unsafe to meddle with units farther down the line,
for with an increased sick and wounded ratio more hospitals would be
required. To examine the two proposals which I have made, I may say
at once that I am not in favour of the first, for the following reasons:—
(1) A unit with 50,000 lb. of baggage is too large to have up with a
division.
(2) As soon as opened, the clearing hospital must become immobile.
(3) To clear its sick the unit must be situated at some point where
there are alternative routes, e.g., road, railways to lines of communication
units, if my forecast of broken roads is correct.

In examining the second proposal, some definition of collecting and
clearing divisions is needed. The collecting division I have in my mind
would have a very similar organization to that of a tent division of a field
ambulance, and be capable of being split into three separate and distinct
units. Its equipment would be purely medical and surgical, without
blankets, bedding, &c., to make the transport as light as possible. The equipment of the personnel would include a machete to enable them to carry out the work of fitting up shelters, wagons, &c., for wounded. This collecting division would be up with the fighting troops. Its duties, briefly outlined, are:

(A) During non-fighting period:
(1) Collecting sick and casual wounded from field ambulances as opportunity arises for their removal.
(2) Fitting up wagons for reception of sick, and finding attendants for each convoy.
(3) An intimate knowledge of the country and its resources from a medical point of view.
(4) A daily knowledge of transport available for sick and wounded.
(B) On the day of action:
(1) Taking over the sick and wounded from field ambulances.
(2) Forming the divisional collecting station.
(3) During the fight, organizing and fitting up available transport for removal of wounded from congested area.
(4) Taking over all the wounded after an action within the shortest possible time, and staying with them until they are disposed of.

The clearing division would have a similar organization and duties, with the exception of those carried out by the collecting division, as the present clearing hospital. If it was found necessary to increase its personnel, which I do not anticipate, civilian assistance would have to be relied upon.

The objections to having a clearing hospital up with the fighting troops do not apply to the collecting division.

(1) There is not the same amount of baggage by many thousands of pounds.
(2) The unit would be constantly doing useful work without becoming immobile. It would only become immobile after an action, and then only temporarily.
(3) The difficulty of passing wounded to the rear would be much the same, but here the knowledge of the country and its resources would come into play.

What are the objections to this proposed collecting division? I can see none. It is already anticipated that the clearing hospital will have to assist in the collecting of its wounded by forming rest stations, &c. Why not go a step further and relieve the field ambulances of any part in the evacuation of sick and wounded by having the first station up with the fighting troops? Some people may object that when the clearing hospital should be at its greatest possible strength to receive wounded the personnel would be all over the place. This is not so, for the collecting division would be in charge of the wounded, and with their arrival the clearing hospital would be at its greatest possible strength. On the other
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hand, there are many advantages to be gained. Field ambulances would not have to be constantly finding attendants for each convoy; they would not be weakened during the action by having to find personnel for a collecting station or connecting links to the clearing hospital; more dressing stations could be opened in the congested areas; and, lastly, the danger of one or more field ambulances being rendered immobile is reduced to a minimum.

Doubtless there are other advantages and objections which I have not thought about, but as far as I can see the advantages of having a collecting division such as I have outlined, up with the troops, far outweigh the disadvantages.

A CAMP LATRINE.

By LIEUT.-COLONEL S. F. CLARK.

Royal Army Medical Corps.

The new pattern of camp latrine here described seems worthy of being added to our sanitary outfit. It is best suited to a camp of one or two weeks' duration, and is a combination of the deep and of the shallow trench systems.

The latrine consists of a deep trench of any dimensions that may be desired, with a series of shallow trenches of the usual pattern running from it at right angles on one side. The men squat over these shallow trenches, and so all soiling of the ground with solid or liquid excrement is obviated, while at stated intervals during the day the contents of the small trenches are raked into the large one by means of scrapers with long handles, and are covered with earth. The floors should slope backwards to assist scraping, and fresh excavations can be made in the interspaces if necessary.

Seats may be fixed over the small trenches, and shelter provided; if the deep trench is made large enough, the shelter will not require to be moved during the period of encampment.

The great disadvantage of this scheme is the raking of faeces, but if plenty of earth is used this is not such a repulsive proceeding as it sounds.