day, rising to 105° F., on the third day; it fell to normal twelve hours later, and remained normal afterwards.

A week after the patient had left the hospital, he was questioned regarding his illness. The symptoms which left most impression on his mind were the abdominal pain—he put his hand over his appendix region when describing it—the vomiting and the headache.

THE SUPPLY OF MEDICINES TO MILITARY HOSPITALS.

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The following article was written to suggest a method in which it is thought that the supply of medicines and materials to military hospitals could be carried out with enhanced economy and efficiency.

As we all know, the present system is that half-yearly in England, and yearly abroad, medicines are requisitioned on regulation forms. These returns are based on the expenditure of the previous period and on the amount of stock remaining. In addition, officers inform the officer in charge of the hospital concerning any special drugs or appliances they may need, and these requirements, if considered essential, are included in the general requisition, which in its turn is reviewed and revised in the offices through which it is forwarded, until final sanction is given at the War Office for the contractor or the Army Medical Stores to supply the articles remaining on the list.

When one considers the practical working of such a system, it appears to have the following drawbacks:—

Should any officer require a drug or appliance for a special case, authority must be obtained for local purchase or a supplementary requisition rendered. The latter course is objectionable, in that it multiplies correspondence, while the former procedure is only intended to cover special and urgent requirements, and is consequently strictly limited to such purposes by administrative officers. Cases, therefore, that would benefit by special treatment, unless such is urgent, have to be treated by drugs and appliances in stock at the time, or wait perhaps for months until the regulation method of requisition can be completed.

In all Army Medical Stores and dispensaries will be found supplies of obsolete or superseded drugs, often a variety of fancy articles in agreement with the views of individual officers. The disposal of such supplies is a difficult matter, and the cause of great expense to the Government, for if the drugs are likely to prove useful they must be retained to cumber the shelves and the returns until deterioration or supersession determines their fate.

The destruction of drugs, which in the first instance may have been
costly, is a cause of unnecessary expenditure, but must happen when supplies are obtained without reference to the immediate needs of the hour. A special drug is requisitioned, and once appearing on a return is repeated on a subsequent one, even though the occasion for its use may have ceased.

Or again, for one officer with a belief in a certain special drug a supply is obtained: This officer may leave the station, or the need for its use may pass, or possibly other officers may lack his faith, or the particular drug may be discredited or superseded by some other line of treatment; in any of such contingencies the stock will remain on the shelves, and figure as "remaining" until its deterioration allows of its destruction.

To take concrete examples of such happenings as I have enumerated, I have seen on the shelves of an Army Medical Store pounds of Warburg's tincture ordered at the instance of an individual officer in some period of special fever prevalence. With the cessation of the need or the transfer of the officer, the drug continued for years to load the shelves and encumber the returns of these particular stores.

Again, a stock of calcium iodide was requisitioned for one officer, and was received after many months. By the date of its receipt the name of the officer requiring it was forgotten, and the officer himself, having replaced it by some other treatment, never inquired for it when the annual supply of medicines reached the station. The same thing happened in the case of a requisition for carbolic gauze and vinum opii.

At headquarter stations with many out-stations and a number of officers such occurrences would be proportionately more frequent.

Any officer can multiply such instances indefinitely out of his own experience, and administrative officers cannot compel the expenditure of surplus drugs, but can only suggest to officers that they should use up such accumulations in place of employing other similar drugs and materials.

It might be argued that officers should acquaint themselves with the contents of Army Medical Stores, but that is merely to lay the onus of expenditure on each officer's memory.

Further, in the case of special drugs, as for instance, fluorescin as a means of diagnosing corneal ulceration, or for example, salvarsan for syphilis, administrative officers will hesitate to sign requisitions for every drug that individual officers may require—especially when, as in the case of 606, the drug and apparatus is both costly and still under trial, whereas he has an abundance of the drugs in more common use for the same condition.

Once accumulation occurs, the drugs and materials, however old and obsolete, must either be expended, or brought before a Board for condemnation. The destruction of such drugs and materials represents no light item of loss.

The present paper is an attempt to suggest a remedy for the foregoing defects.
If administrative officers could send their requisitions straight to the contractor, many of the disabilities of the present system would be removed. Routine requisitions could be sent once a month, and urgent requisitions supported by covering explanation, so that the cost of transport might be authorized. The saving effected on the reduced amount of deterioration could be set against any enhanced cost of transport entailed by the monthly dispatch of supplies.

The system would appear to have the following advantages:

1. Drugs would be demanded only as required, and in such quantities that, while ensuring a continuous supply, any harmful and undue accumulation would be obviated.
2. Drugs and materials would be in every case fresh, so that deterioration would be reduced to a minimum.
3. Returns would be much simplified.
4. Stores and dispensaries would not be hampered with large amounts of useless and obsolete supplies.
5. Drugs on trial would only be ordered in small amounts, and for special cases only, and in the case of unstable compounds this would tend to limit deterioration.
6. There would be no delay in obtaining special, but not urgent, drugs or appliances for particular cases.

The Army Medical Stores, Woolwich, could take the place of the contractor, as far as was deemed advisable, and under similar conditions. The safeguarding of economy under such a scheme would lie in the monthly report to the War Office of all demands by administrative officers; therein would be shown all supplies received, expended and remaining, and the reasons for any special demands or unusual expenditure. The War Office could then at any time call the attention of an administrative officer to any demands considered excessive or unnecessary, or to the purchase of drugs locally when such could have been obtained in reasonable time by application to the contractor.

Even at stations abroad many drugs could be obtained direct from a contractor instead of purchased locally, but for the long delay entailed under the present system.

In distant stations like Hong Kong a greater latitude should be allowed for local purchase, as requisition on the contractor would entail a delay of months in any case.