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4,812 per cubic millimetre. Differential count: polymorphonuclears, 62 per cent; large mononuclears, 13 per cent; lymphocytes, 25 per cent; eosinophils, nil.

January 14.—Intravenous injection 6·5 cubic centimetres of two per cent solution tartar emetic. No reaction.

January 18.—Intravenous injection seven cubic centimetres of two per cent solution tartar emetic. No reaction. Brought before a medical board and recommended for six months' leave to England.

January 24.—Intravenous injection seven cubic centimetres of two per cent solution tartar emetic. No reaction.

January 25.—Patient now convalescent. He was up and about, eating and sleeping well. Liver normal. Spleen reduced more in size, lower border could just be felt below costal margin. Discharged from hospital and instructed to attend once a week for further treatment.

January 31.—Looking quite well and feeling quite fit. Intravenous injection seven cubic centimetres of two per cent solution tartar emetic. No reaction.

February 7, 1922.—Intravenous injection seven cubic centimetres of two per cent solution tartar emetic. No reaction.

February 14.—Intravenous injection seven cubic centimetres of two per cent solution tartar emetic. No reaction.

Treatment stopped. A further blood count was taken, result as under: total red blood-cells, 4,450,000 per cubic millimetre; total white blood-cells, 13,125 per cubic millimetre. Differential count: polymorphonuclears, 62 per cent; large mononuclears, 9 per cent; lymphocytes, 26 per cent; eosinophils, 2 per cent; transitional, 1 per cent.

Owing to a hitch in the granting of a free passage to England, patient did not leave India till the end of April, 1922. I saw him just before he left Quetta and he was then looking and feeling quite well and strong. The spleen could not be felt below the costal margin, although on percussion it was still slightly larger than normal.

I am indebted to Colonel H. B. Fawcus, C.M.G., D.S.O., V.H.S., R.A.M.C., Officer Commanding British Station Hospital, Quetta, for permission to publish these notes, and to Major A. N. Fraser, D.S.O., R.A.M.C., D.A.D.M.S. (San.), and Assistant Surgeon A. L. Greenway, I.M.D., who carried out all the blood tests for me.

THE NEXT WAR.

By Lieutenant-Colonel G. W. G. HUGHES.
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I.

What of the next war? In spite of resolutions that “there must be no more war,” in spite of Leagues and Conferences, who is sanguine enough, nowadays, to deny that the possibility of more war must be recognized and prepared for? It is almost a platitude to say that we must make use of our lessons in the past to prepare ourselves for the future.

It is a fact that there is a continual evolution in warfare. It is the aim of
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Each combatant to gain the superiority by using methods and weapons against which the other has no defence. Plans of attack and defence must be secret. The essence of success is surprise, either in strategy, in weapons, or numbers of troops. Numerous instances from the late war could be given. Two examples will be sufficient; the use of gas by the Germans, and that of tanks by us. Each new method or weapon necessitates a fresh means of defence, as, in the old days, the introduction of bronze and iron entailed the wearing of armour. It is possible to overdo this defence, as, for instance, when necessary mobility is sacrificed to weight of equipment.

Perhaps the most marked innovation of the war was the motor engine, and the vastly enhanced mobility it provided. Men, supplies, artillery and ammunition could be moved for distances and at speeds that had never before been thought possible. It is true that in France the warfare became more or less stationary as far as the front lines were concerned, but this was only possible because there was an equality of motor transport.

Then, too, never before in such a campaign was the artillery so markedly the principal weapon. Rifles and machine-guns, bombs and bayonets, caused only a small proportion of the casualties. As medical men we were surprised by the severity and the numbers of shell wounds.

Aircraft, with all their uses, were disappointing weapons.

II.

I have heard of a description of the next great war as being largely a war of tanks. They will be larger, more mobile, amphibious, and protected against shell-fire and gas. These will, it is said, be inevitably necessary as a defence against vastly increased ranges, accuracy, and intensity of the artillery fire of the future. There will be few obstacles capable of stopping them. It will be a case, presumably, of a species of naval warfare on land, with battleships and lighter craft.

We have all heard of, or imagined, a vast development of aircraft. Air battleships, air transports, machines that are noiseless, and that can remain stationary in the air, may be evolved before very long. It requires no extraordinary imagination to picture them.

Each of these developments will require its defence. Obstacles must be devised against the tank, and special methods for its destruction. More efficient anti-aircraft artillery must be invented.

But, after all, warfare will never entirely leave the ground on which we live. The vulnerable, comparatively naked infantryman will still be the pawn in the game, will always be the deciding factor. The horse must go, but man fights man.

It has, lately, been resolved that poisonous gases shall not be used in war. If warfare were a gentlemanly game, one could suggest many other rules to make it more pleasant. We are particularly interested in the Geneva Convention. Can we rely on each one of our possible enemies to observe its rules as we ourselves are ready to observe them? As far as I know we have always been strictly honest in our use of the Red Cross. But there are some countries that I can think of, that would be no better, and might be worse, than the Germans.
III.

We cannot expect to have shell- or bomb-proof hospitals in the field. I have known, however, abandoned tanks to be most useful as a regimental aid post, and as a dressing station. The provision of some such shelter in which to treat wounded is by no means so extravagant as at first it might appear. Certain small groups are worth protecting, the headquarters of a battalion or of a brigade, the signal office, and the dressing station. Dug-outs and shelters can be made in time, but they are immobile.

Our field ambulances must be able to keep pace with the rest of the troops they serve. If these troops be moved by motors (or airships) the medical units must be able to move as quickly. I presume it has already been recognized that horsed transport for field ambulances will be not only inefficient, but uneconomical.

We need yet, some simple, portable form of wheeled stretcher. The stretcher itself still leaves much room for improvement.

It is more than possible that any kind of hospital may have to be very much farther from the front line than we have been accustomed to. We should make certain that our motor ambulance cars are better designed for the work, are of a standard pattern, and are sufficient in numbers from the very beginning.

It is probable that the narrow-gauged light railway will be used far more than hitherto. This would make it unnecessary for hospitals to be near ammunition dumps and camps, legitimate targets for shells and bombs.

What have we learnt in the way of military surgery? That strong antiseptics are useless and harmful to a wound. That shock requires as much, if not more, immediate treatment as the wound that produced it. That some operation is necessary for practically every wound, and the earlier it is done the better. That nurses can be trained into very efficient anaesthetists. That we need a new type of operating lamp. These are a few of our lessons.

Then as to medicine. A very large proportion of our sickness was due to dirt. Trench fever, skin affections; we should have been well off in France without these. There does not seem to have been any attempt made, before the war, to provide for the washing of men and their clothes, and for disinestation on a large scale. The spray baths that proved so useful were of French design. The Foden lorry came on the scene none too soon. The starting of baths and laundries was mainly due to medical initiative. The personnel for running these institutions had to be found by medical units, and it was only with the greatest difficulty that badly needed medical officers and men were replaced by others. Does the "Q" staff yet realize that these necessities of every army, small or large, are not part of the responsibilities of the medical service, and that it does not take many days of fighting to qualify a man for a bath and clean clothing?

So much has been written lately in the Journal on questions of administration and organization, that it is not necessary for me to indicate lines for improvement. I will only suggest that older men might be used as D.A.D.M.S.s without impairing the value of the work done. We need the younger men elsewhere.

It may not be possible to be sufficiently prepared for the unexpected. We can, at least, perfect our preparations for what we know will be inevitable. At
the same time we must realize that our arrangements should be capable of expansion or modification to meet completely new conditions. Our mobilization equipment has to be available for so many parts of the world and so many varieties of climate. We are liable to "savage" as well as to more "civilized" warfare. It would appear to be a mistaken policy to provide a complete equipment for universal use. A field ambulance may be properly equipped for France, but not for Africa. We should decide on a foundation which can be rapidly built upon to meet the particular conditions.

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Travel.

AROUND THE WORLD.

By Lieutenant-Colonel C. R. L. Ronayne.
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(Concluded from p. 237.)

March 19: I have had several enjoyable days at the Thorndon tennis club, of which I have been made an hon. member.

To-day I had one, Mr. B—to lunch, after which he took me for a drive in his fine car. We went through delightful mountain scenery, the car climbing the steep roads as smoothly as if it was on the level. Here and there we came on superb views of the harbour, city, and surrounding country, to describe which would tax even poetical eloquence. After about an hour's run we fetched up at the tennis club where we had a four arranged.

One cannot help noticing as one travels through Australia and New Zealand, that women do not smoke—at least nothing like as commonly as at home just now. Why, I cannot say. I do not believe it is due to bashfulness, want of freedom, or want of being up-to-date. In the restaurants one sees the women—many of them merely emerging from the flapper period—enter alone, or in couples, nearly always carrying a small suit case, and occasionally a vanity bag; they sit at the tables alongside men of all ages and descriptions without taking any notice of them, or being in the least disconcerted. These are the typist and business classes. But the Gerties and Berties "doing" George Street and Pitt Street, Sydney, in the afternoon lack nothing in up-to-dateness by comparison with their brothers and sisters "at home"—even the accent (which is often tell-tale) is all that could be desired. The same frills, fluff, and chiffon can be seen any afternoon in George and Pitt Streets just as in Bond Street. The same greetings too—"That you, old bean? hav'n't seen you for an age, where shall we have tea?"—but at the tea Gertie does not smoke. So it is not due to want of being up-to-date. At the various tennis clubs