Towards the end of September, 1891, I was directed to hold myself in readiness for service in Aden, and on November 15 left Mhow for Bombay, where, three days later, I embarked on H.M.S. "Serapis." This was the ship in which King Edward, as Prince of Wales, had visited India. On this occasion the old trooper took a battalion to Aden in relief of the one there which was due for England.

Early on the 24th the "Serapis" anchored in Aden harbour, and those for the shore were landed in lighters. In my whole career I never saw baggage so badly treated as it was in this disembarkation, for everything was dropped from the ship's side twelve to fifteen feet into a lighter. An officer's uniform case might get a ponderous chest of armourer's tools flung on to it.

There were three positions for troops at Aden: Stealller Point, the Crater, and the Isthmus. The first named was much sought after, and was occupied mainly by the Garrison Artillery, who manned the forts. It was open to the sea breezes, overlooked the harbour, and had a golf course of loose sand with putting greens of cement.

I was ordered to the Crater for duty, and was kindly taken in by the bank manager there, with whom the medical officer who was being relieved was living. With the exception of the senior medical officer, for whom a bungalow at Steamer Point was allocated, medical officers had to find accommodation as best they could, and were practically dependent upon the hospitality of civilians or of officers of other arms of the Service for shelter.

At the end of one week, however, I was ordered to the Isthmus with a party of the King's (Liverpool) Regiment, which was going through its musketry training. The only good thing about this position was the officers' quarters, a large building high up, outside the shut-in, desolate spot which was the Isthmus position proper. There was a small hospital here, barracks for single men, and a series of married quarters, occupied by unfortunate non-commissioned officers of Indian Departmental Corps and their families. The surroundings of this place were enough to depress anybody, and not long afterwards it was abandoned owing to its unhealthiness.

After a stay of three weeks here I was relieved, and returned to the Crater and the banker's house. The headquarters of the infantry battalion was located at the Crater, and there was also a military hospital—or rather
a station hospital, as was the term used at that time—with two medical officers. The banker and I messed together, but in February, 1892, I was transferred to Steamer Point. Here I was kindly taken in by the C.R.E., who had one of the mat-shed sort of bungalows that were erected near the forts, the idea being to destroy them if necessary so as to give the guns a clear line of fire. We messed together, but dined at the Artillery Mess each weekly guest night.

The hospital at Steamer Point was officered by the senior medical officer and one junior, and was located up a hill; there was a site still higher on which it was proposed to erect a better hospital some day. In the hot weather the walk up was very thirst-provoking, and large patches of perspiration disfigured one's khaki uniform. Cloth uniform was worn only once a year, on the ceremonial parade which held each New Year's Day in honour of the Empress of India; but the issue of tunics, cloth trousers, etc., went on just as if the troops were serving at a home station.

As rain very rarely fell at Aden, water was a valuable commodity, and was sold in the native shops. Each member of the garrison had a daily ration of distilled water for drinking and cooking, and of brackish water for washing, etc. The utility of the famous tanks seems problematical, for they were absolutely dry during the whole of my time at Aden, except for a few days after the one fall of rain that I saw there. On that occasion the whole population went to view these reservoirs, but all that they contained was a few inches of muddy water, with masses of leaves in all stages of decomposition floating in it. After this shower, however, a small plant, with little yellow blossoms, appeared all over the barren rocks of Aden. A little water will apparently make the desert anywhere bloom.

I performed all the usual duties of a junior medical officer, and for lack of some more qualified person coming forward, I superintended the practices of the church choir. For many months I conducted evening service each alternate Sunday, and by the attraction of dispensing with a sermon very nearly held my own with the chaplain in regard to the size of the congregation.

In August, 1892, I got a week's leave and visited Perim and ports on the Somali coast, while six months afterwards I had a most interesting trip in the same vessel—an Indian Government troopship—to Socotra, and various rarely-visited ports on the south coast of Arabia. The Sultan of Socotra, and the chiefs of the other areas, recognized a sort of British protectorate, and the Governor of Aden was visiting them in his official capacity. This voyage was a most pleasurable one, as few Europeans have landed on Socotra, or seen these Arabian communities.

In April, 1893, I obtained my first leave of over ten days since I had left England, and sailed for Sydney. Here I married, and was back again in Aden in three months—by myself. I was ordered to the Crater again, where the second chaplain on the establishment, who had arrived by now, was good enough to accommodate me, for the bank had failed and the friendly banker had gone.
The Crater was a cheerless place, and in September, 1893, I embarked for Bombay *en route* for the Sind district for duty.

Karachi was reached early in October, and as I was no longer a bachelor I had to look out for a house of my own, and by the kindness of the Officer Commanding 1st Royal Fusiliers I got a bungalow in the British Infantry Lines. This greatly annoyed the General Officer Commanding, who wanted this habitation for his daughter, who was about to be married. The rent was more than twenty-five per cent of my pay, but nevertheless I hired furniture, servants, and a horse and trap with driver, gave my share of dinner parties, and entered into everything that was going on, without borrowing money or leaving any bills unpaid.

Four days after my arrival in Karachi I left by rail for Hyderabad, Sind, in order to accompany a strong detachment of Fusiliers who marched down to rejoin headquarters at the seaport. On getting back to Karachi I got my house ready, and was joined by my wife at the end of the year.

Life in this garrison was very pleasant, as there was always plenty going on. I played golf and captained the gymkhana cricket team, while I did duty at the Station Hospital, was in medical charge of the 1st Royal Fusiliers, and also looked after the hospital for soldiers’ wives and children, known as the Female Hospital.

In September, 1894, I received orders to embark for England, tour-expired, on January 5 next. On December 9 I left Karachi in an Indian Marine ship that was taking Lord Harris, the Governor, back to Bombay, a two-and-a-half days’ trip. My wife had to come down by passenger boat, and the Principal Medical Officer told me that I might do as I liked till further notice. Bombay had no attractions, so after six days I was sent to Deolali at my own request. Here I put up in the quarters for married officers, did duty at the hospital, and inspected arrivals and departures. On January 3, 1895, my wife and I left for Bombay in separate trains, and embarked next day in the hired transport “Britannia,” one of the P. and O. Company’s Jubilee vessels, which sailed on the 5th, and arrived at Portsmouth on the 24th, without having called anywhere.

I never saw India again, and so missed the historic places which I had planned to visit during my next tour of service. In spite of my low rate of pay I had enjoyed life. Outside the large cities everything was very much cheaper than it seems to be now, and India was rightly termed the poor man’s country.

That bugbear of the Service, orderly duty, was not oppressive, as the assistant surgeon (apothecary) on duty dealt with all ordinary matters until the medical officer’s evening visit.

In those days every medical officer on return from foreign service had to report himself personally to the Director-General. I obtained one month’s leave which was afterwards extended to March 31, on which day I should have reported myself at Dover, but as that day was a Sunday I took the extra day, and did not show myself until April 1. All would have
been well, but at that time an annual muster roll of every individual in the Army was taken on each March 31, and as my name did not appear on it the War Office asked questions. I was "told off" by the Director-General for imagining that Sunday did not count for reporting purposes, and was deprived of one day's pay and allowances.

To the great disappointment of my wife and myself, I was ordered to Canterbury, where I went into lodgings. I did hospital work and recruiting, and my recreations consisted of country walks and cricket, but in the middle of December I was transferred to Dover, where I went into rooms. By this time a medical officer's quarter had been established in the Shaft Barracks, which was allotted to me, but it was not suitable for a married man. I did exactly the same work as I had done six years before—duty at the hospital and medical charge of the Shaft Barracks. In January, 1896, I sat for my examination for promotion to major, and in May had one-month's leave in London, during which I took the course of operative surgery that was also necessary. This had to be gone through at a recognised teacher's, who rushed it very considerably on this occasion, on the ground that a war scare was at hand.

In July I was ordered to Lydd for a month, where I took my wife and found comfortable accommodation in an old house. I had mobilization orders to join a bearer-company—a formation that has long been scrapped.

My wife and I had many friends in Dover, but the quarters in barracks made things so uncomfortable that I asked for a change, and was sent to Brighton at very short notice, as the medical officer there was on the sick list. I stayed in a hotel until the other medical officer had recovered, when I got three days' leave to return to Dover and bring my wife down to rooms that I had taken. This was in October, and next month the Director-General wanted to know why there were two medical officers at Brighton, instead of one, and directed a return to the normal establishment to be made. I was doing the usual duty in hospital and barracks, and for two months lived in daily expectation of getting an order to move, and eventually was transferred to Shorncliffe in January, 1897.

Two interesting things that occurred during my stay at Brighton were the destruction of the Chain Pier by a gale, and the procession of motor-cars from London, to celebrate their emancipation from the man-with-a-red-flag-in-front status. Of fifty-seven cars that started only three arrived at Brighton anywhere near each other. Some of the others limped in during the night, 'but a great many did not finish at all. Motors have improved a lot since then.

The frequent moves to which medical officers were liable was one of the curses of the Service to married officers, and I naturally went into rooms at Sandgate. To take a house would have been an imprudent proceeding. I had now completed ten years' service, and my pay rose to 15s. per diem, instead of the £250 which medical officers outside the Indian establishment received after five years in the Army.
A Pensioner's Early Service

At Shorncliffe I did the usual hospital and camp duties, which were relieved by a six weeks' holiday in the summer, followed by participation in military manoeuvres in Sussex, in which all the troops wore their red or blue uniforms, with helmets, as khaki was still unknown in England. Quite a large force was assembled, and I was in medical charge of an infantry brigade.

On October 3 I was informed that I would be required for foreign service at Hong Kong, and next day I left for London to take over temporarily the duties of company officer and secretary to the Principal Medical Officer, Home District, in St. George's Barracks, Trafalgar Square, a building which no longer exists. I returned to my station in three weeks, and left it again on November 9 for Southampton via London. I thought it rather hard lines to be detailed as orderly officer for my last twenty-four hours. The duty ended at 9 a.m. on the 9th, but as my train left at 7 a.m. I cleared off at that hour, and embarked next day in the hired transport "Jelunga," of the British India Company's fleet.

It will be noted, perhaps, that after having been over six years in India, I did duty at home for only nineteen months, during which I had been in four different stations, with temporary transfer to two others.

It will be appropriate to mention now the so-called "strike of the Army doctors." Of course there was no refusal to work on the part of men on the active list, as that would have been gross insubordination, but in order to enforce reforms in the service upon a reluctant and unsympathetic War Office, the medical schools dissuaded young graduates from entering the Army. As the War Office found no way of filling the vacancies, it eventually granted one concession after another, but contentment in the Service was not attained until 1898, when Lord Lansdowne, Secretary of State for War, met the wishes of the medical officers in the most handsome manner, and initiated the great advance in every direction that has been made by the Army Medical Service since that year.

For years the medical officers had been in a very discontented state, and had many grievances—such as under-payment in India, undue amount of foreign service, constant moving about, general lack of proper status, and so on, and the climax came in 1886 when relative rank, which they held, was abolished in the Army by Royal Warrant. This brought the simmering discontent to the boil, as medical officers could get no satisfactory answer to the query as to what kind of rank they held in place of that which had been done away with.

When I was gazetted my name appeared in the Army List under the heading, "Medical Staff," and I was designated "surgeon, ranking with a captain." I found, however, that I was expected to describe myself on my visiting cards as "Mr. X, Medical Staff." Next came Surgeons Major,—not Surgeon-Majors,—those under twenty years' service being marked in parenthesis as ranking with Majors, and those over this period with Lieutenant-Colonels. The next grade was Brigade Surgeon, limited to
fifty in number, also ranking with Lieutenant-Colonels, while the Deputy Surgeons General and the Surgeons General ranked with Colonels and Major-Generals respectively. The Director-General had the same relative rank, or rather was described as also ranking with a Major-General. The Quartermasters had honorary rank as captains and lieutenants.

The first attempt to settle the controversy about rank was made in 1891, when compound titles were introduced, ranging from Surgeon Colonel to Surgeon Lieutenant; as the name Surgeon General was untouched. These designations gave little satisfaction, as they were meaningless to both soldier and civilian, who understood military titles and nothing else; so discontent still prevailed until 1898, when the officers, who were officially known as the Army Medical Staff, and the other ranks—the Medical Staff Corps—were welded together as the Royal Army Medical Corps, with the military titles which are now held.

The British Medical Association is entitled to the eternal gratitude of the Corps for the yeoman service which it rendered throughout all these years of controversy. For a long period the British Medical Journal had published letters from medical officers relating to the grievances of the services, but these ceased on its unification as a Royal Corps, and a spirit of contentment became evident, while reform after reform was introduced which started the Army Medical Service with giant strides on the road to increased efficiency which it is still traversing.

"Service dress" was introduced about 1902, with a weird system of distinguishing marks for the various commissioned ranks which no ordinary man could follow, and which was quickly scrapped for the method which is now in use. Up to this date marches and manoeuvres were done in full dress—almost in "review order." About the same year military frock coats were introduced for all ranks—the purchase of this extra garment being the result of an effort to reduce officers' expenses.

As the "Jelunga" carried nothing but troops she went to Crete and then back to Malta, and so did not reach Hong Kong until Boxing Day. House accommodation was scarce, so for over a year I was a monthly boarder at the Hong Kong hotel, but then the General Officer Commanding troops, on being approached directly, gave permission for medical officers to live at the Peak. So far, only the Principal Medical Officer had been able to reside in this healthy locality, and he had blocked the efforts of his officers to do the same thing. The change had a marked effect on the health of the medical officers and their families, and for the rest of my tour I lived at the Peak, either in a furnished house or in a boarding establishment.

The military hospital was simply a portion of Wellington Barracks, while the hospital for women and children was merely part of the married quarters. There were no nursing sisters, but—unlike India—the "other ranks" of the Royal Army Medical Corps were present for duty. An old wooden line-of-battle ship, the "Meeanee," was moored in the harbour, and was used as the venereal wards of the hospital. This was my first work,
and afterwards I did duty on shore, and for some time was in charge of the hospital for women, and of officers and families. In April, 1898, the American fleet left Hong Kong to engage the Spaniards in Manila Bay, and as the flagship steamed past the "Meeanee," with her band playing the "Star-spangled Banner," and her crew full of enthusiasm, the British cheered them, and the Americans sprang into the rigging and replied with three of the heartiest cheers possible. This little send-off pleased the Yanks immensely.

In September of the same year I contracted acute bronchitis and malarial fever simultaneously and was admitted to the Government Civil Hospital, as the military establishment had no wards for officers. When I was well enough to travel I was granted two months' sick leave to Japan, but it was a long time before I was fully myself again. It may be of interest to state that it was my case that brought about the regulation empowering a medical board to grant sick leave from South China to Australia.

In 1899 I completed twelve years' service and was promoted to the rank of major, and in the same year I took part in a little warlike expedition in Kowloon and its hinterland, which had points of interest in it.

About this time the Far East bulked largely in the diplomatic circles of the world, and for a year or two a great fleet of warships, under different flags, was based on Hong Kong. Many formidable-looking Russian vessels passed through on their way to Port Arthur, where most of them were afterwards sunk by the Japanese.

In 1900 the Boxer rebellion broke out, and I went north with a reinforcement from the garrison for the expedition for the relief of the Pekin legations. The original Naval Relief Force had been badly mauled and pressed back by the Chinese, whose strength and equipment had been greatly underrated by the Allies, so that the whole column had a narrow escape from being annihilated. I was at first lent to the Navy to deal with the wounded of this Force, and on being relieved I received the thanks of the Senior Service. I returned to Hong Kong in three months on completion of duty, but suffering from the effects of having drunk bad water which was supposed to have been rendered harmless by distillation. Up to that time I had thought that this process made any water fit for drinking, but one is always learning.

Between plague, malaria, venereal disease, heat stroke, an epidemic of dengue, and other ills, there was always plenty of work at Hong Kong, but there was also plenty of play of all kinds.

I went to Japan on two months' leave in 1901, and also in 1902, and in January, 1903, I left for England tour-expired. I was sent home in a Blue Funnel ship, in charge of a lunatic (temporarily) officer and two men similarly afflicted, and had a small party as escort. This was quite an interesting voyage, as at Singapore and Penang the vessel filled up with pilgrims for Mecca, who were landed at Jeddah, a port with a most hair-raising assortment of coral reefs, some above water and some not.
After a week at Amsterdam the ship reached London, fifty-one days after leaving Hong Kong. I have spent much time at sea, but never have I seen the waves "mountains high" as they were in the Bay of Biscay on this voyage. One marvelled how any small sailing ship of our forefathers ever lived through such tremendous seas.

After two months' leave I was sent to Devonport where I was appointed medical officer in charge of effective troops, the military prison, and recruiting. My many changes of station on Home Service had made me chary of taking a house, so I went into rooms, a custom which I followed during the whole of my military career. It was only when I was abroad that I had the comforts of a house of my own.

From the middle of July (1903) I spent ten weeks on Salisbury Plain with the infantry of the Devonport Garrison, and in the following summer went to Dartmoor with the same troops for two weeks. On the way up I met with the kind of accident that has killed many a man—my horse bolted and threw me, rendering me unconscious, and necessitating my return to Devonport for three or four days.

During my time at Devonport I passed the examination for promotion to Lieutenant-Colonel, and also obtained the D.P.H., upon which I applied for an appointment as sanitary officer at home or in South Africa. These billets had been in existence since the close of the Boer War.

In July, 1904, I was warned for service in S. Africa, and left my station on leave about the end of November, and embarked at Southampton, on Christmas eve, in a Union Castle mail boat, paying for the passages of my wife and son. I was originally detailed to go in a troopship, but as it had no room for my family I was allowed to sail in the liner which was carrying a big overflow from the transport. In those days officers' wives and children had no claim for conveyance to or from foreign stations, a rule which hit many very hard.

Cape Town was reached on January 10, 1905, where I found that I was to be sanitary officer for Cape Colony, and was given a military bungalow at Wynberg to live in. Here I thought I was a fixture, but in the following October I was transferred to Bloemfontein as sanitary officer for Orange River Colony and Natal, and available for Cape Colony if required. I again got a military bungalow, but as it was haunted (a genuine case) I gladly shifted to the next one when it became vacant, and I perforce became a believer in visitations from the spirit world.

My duties entailed a good deal of railway travelling, and I attended camps of exercise, and for recreation played in a number of cricket matches. In 1908 I went to Australia on six months' leave, and during my absence my appointment was abolished, owing to the reduction of the garrison in South Africa; so shortly after my return I was transferred to Middelburg, Cape Colony, where I soon afterwards became Officer Commanding military hospital. The troops gradually went away, and the small remnant that remained to the end had quite a good time. By September, 1909, the
station was closed, and I was on the move again with a formidable amount of animate and inanimate impedimenta. At the end of the month I arrived at Pietermaritzburg, and took over command of the military hospital. For the first time during the tour of service I did not live in a Government quarter, but took a house in the town.

Life in Natal was pleasant, but beyond being warned to be in readiness for service against Dinizulu, who was disposed of by the local forces without any Imperial help, nothing of moment occurred, and on January 9, 1911, I embarked at Durban, tour expired, on the hired-transport "Rohilla," from which I disembarked at Southampton on February 2.

As this narrative has now been brought up to comparatively recent times, it will suffice to say that I was appointed Specialist Sanitary Officer in one of the Home Commands, and on my promotion to Lieutenant-Colonel at the end of 1911 I became Medical Inspector of Recruits in the same Command. I was employed with troops in the railway and miners' strikes of 1911 and 1912, and also "assisted" at the Coronation of King George, and at the Investiture of the Prince of Wales at Carnarvon. I was also at several Staff tours, and was meditating retirement from the Service in preference to going abroad again, when August, 1914, arrived.

I went to France with the "Old Contemptibles," was promoted Colonel in the next year, and after various vicissitudes retired into private life on the conclusion of the Great War.

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**Current Literature.**

**The Reductase Test of Barthel and Jensen.** By J. Smith. *Journal of Hygiene*, November 1922. The reducing power of milk for methylene blue was first demonstrated by Neisser and Wechsburg. This reaction, the direct reductase test, is supposed to be due to the bacteria and leucocytes present in the milk, and Barthel and Jensen made use of the reaction as a means of estimating the approximate number of bacteria per cubic centimetre of milk. Cunningham and Thorpe found the reductase test compared favourably with counts made by the dilution method and was a useful test when a rough estimate was required quickly. Smith made a number of experiments comparing the number of colonies growing on agar plates, incubated at 38° C. for forty-eight hours, inoculated with various dilutions of milk, with the reductase test as employed by Jensen. A solution of methylene blue was made by dissolving one tablet (Blanefeldt and Tvede, Copenhagen) in 200 cubic centimetres of sterile water. The milk samples were well shaken and 40 cubic centimetres of each sample pipetted into tubes; one cubic centimetre of the methylene blue solution was added to each tube, the tubes were corked and well shaken and then