station to which he is attached. The native medical man (in those tribes where the Chief is sufficiently educated to employ one) is called on to undertake to the best of his ability anything up to a major operation and the only alternative to his undertaking major work is letting the patient go untreated and hoping for the best. The general rule seems to be that each Native Administration sends to a Government School one or two representatives of the tribe who become nurses and dispensers according to their abilities, and who do really take over the functions in the tribal village which are taken over by doctors in England. In such circumstances it will be readily understood not only how much the qualified doctor's visits on circuit are looked forward to but also how useful a well organized system of making colour pictures and sending them to the nearest doctor in an emergency can be, as the native worker's knowledge of English invariably leaves much to be desired and the colour photograph dispenses with the necessity of a great deal of difficult descriptive work in reports.

The use of colour photography for this purpose will probably never be a practical proposition in England and other civilized countries where specialists can be called upon by telephone and rushed from one place to another by car and train but it seems possible that it might well be used for this purpose in any place where it is hard to get a specialist's opinion and even perhaps with armies in the field where gases may be used as a means of warfare over long fronts.

The main difficulty is that in the tropical areas the skin pigmentation of the inhabitants precludes a really sharp colour definition, but such conditions as tropical ulcers, stings, bites, injuries to the eyes, etc., produce very good pictures even in the comparatively inexpert hands of native photographers. The African's quick grasp of mechanical and scientific processes makes the good development of the picture once taken a certainty and very seldom are such pictures spoiled in the processing by native workmen.

An additional advantage of the scheme employed in the Gold Coast is that the fortunate white doctor at the receiving end obtains a really splendid colour record of tropical conditions without the fatigue and expense of penetrating into the jungle to get them.

SOME IMPRESSIONS FROM A MILITARY REGISTRAR OF A TRANSIT HOSPITAL IN SOUTHERN ENGLAND.

By Major H. M. Martineau,
Welsh Guards.
[Received August 30, 1944.]

TRANSIT Hospital, E.M.S.—An R.A.M.C. man on seeing the above title might visualize a C.C.S. staffed by military personnel, but an E.M.S. transit hospital is staffed by civilian doctors and nurses, the only military personnel being the Military Registrar and Assistant Registrar and his administrative staff.

Shortly before D-Day extra military personnel, such as R.A.M.C. stretcher bearers, cooks and clerks, a Pioneer Corps N.C.O., an interpreter and Infantry men to guard P.O.W.s., were drafted to this transit hospital to assist in the heavy work which lay ahead.

What do these men do? How are the wounded received? It is the wish of the writer to try and give from a military angle a glimpse of the work carried out.

In the Enquiry Office of the Military Registrar's block a clerk and a messenger are always on duty. The telephone rings and the following message is received—"A convoy is due to arrive at —— at 01.30 hours." The Registrar, Assistant Registrar and Serjeant-Major are informed and the machinery for calling in all key personnel of the military staff is set in motion. These men live out in the surrounding districts and must be rounded up, either by phone or by the use of a "calling up" man. They are all on "Call 1" or "First Warning Call." As they arrive they muster in the main office.

A progress book is kept and in this is entered the time of receipt of "First Warning" and all other events as they occur.
The telephone rings again at 02.45 hours and the message received is—"Train has arrived at —— 180 stretcher cases, 98 walking cases and 24 Prisoners of War, 302 in all."

Stretcher Bearers, Cooks, Mess Room Orderly, Operating Theatre Orderlies, Regimental Police and Interpreter are now called and the preparation of documentation slips, N.A.A.F.I. Coupons, etc., is started. This activity is called "Second Call Action."

Within twenty minutes of "Second Call," N.C.O.s i/c Stretcher Bearer squads, Theatre Orderlies, Cooks, etc., report to the Serjeant-Major that their men are present and at action stations—the stretcher bearers are placed so that one squad works wards 1—8, another squad, wards 9—16, with a smaller squad to outlying Villas, which is the name given to compounds of Special Wards. Each squad consists of 24 men; at the ends of the row of Wards 5 men are allotted to unload ambulances (3 inside and 2 outside) and the remainder carry the patients. The Cooks and Mess Room Orderlies go to the kitchen and prepare a hot meal and tea for 302 patients and refreshments for all personnel working on the convoy.

There are five positions to be manned by Regimental Police, who direct ambulances to their correct positions and keep other traffic off the route.

The first ambulance has arrived and work has begun. There are two receiving doctors at either end of the row of wards and the patients are carried to these positions. The Field Medical Card is scrutinized and a decision is made regarding the ward to which the patient is to go. This is noted by the clerks on their check forms, both Military and Civil, and the patient is despatched to the safe keeping of the Medical Services.

In the ward the clerk upon whom the responsibility of accurate documentation rests obtains the necessary particulars to ensure complete knowledge of the patient for the purpose of Records and next of kin. This is no mean job and is of a very exacting nature.

Physicians and surgeons then commence their tour of the wards, portable X-ray apparatus is taken round where necessary and the patient is attended to with the least possible inconvenience to himself.

Meanwhile, at the Military Registrar's Office, the duty clerk has informed the District Paymaster that a convoy has been received and his presence is required as early as possible to change the French currency of the patients. The number of patients is given so that he can assess the amount of English cash required. This is done for all Allied casualties. Here also we find the necessary information concerning men placed on the Dangerously and Seriously Ill Lists so that the appropriate telegrams can be sent to the "Next of Kin" and the Authorities concerned.

Men who have under 7s. worth of French currency are given a casual payment of 10s. As soon as it is practicable and it is known that the patients are in possession of English money, R.A.M.C. orderlies are despatched to the wards armed with note books, pencils and haversacks. They go round the wards and collect the N.A.A.F.I. coupon which was issued by the clerk who carried out the documentation, tell each patient what he may get for his coupon (forty cigarettes, chocolate, razor blade and matches) and also they make lists of further requirements such as notepaper, etc., for each man.

The patient has not been without a cigarette all this time though, as the Red Cross and the Hospital Gift Department have made each man a gift of forty cigarettes. People in the surrounding district have also been interviewed by the military office and the Gift Department and have sent contributions.

Patients' telegrams arrive at the military office for censorship and afterwards are initialled by two hard worked ladies who send them off free of charge, the expense being borne by the Red Cross. If the man cannot write, these ladies write for him, sending either a telegram or post-card.

Meanwhile the Military Store is by no means idle. All dirty underwear, muddy and blood-stained clothing, is collected under the supervision of the N.C.O. i/c Stores, clean replacements and new uniforms are issued, together with razor and toilet articles. Nothing is forgotten.

In the civilian office preparations are in progress for evacuating all casualties who can be moved safely to a Base Hospital. Green cards are used for patients considered fit to undergo
the journey but may be cancelled at the last minute if necessary. The only exceptions are the Canadians. The same arrangements are made but their own ambulances arrive to take them to Canadian Hospitals. R.A.M.C. stretcher bearers prepare them and load the Ambulances.

The work attached to the despatch of a convoy is very heavy indeed—260 of these 302 patients are to be evacuated. The time is announced, R.A.M.C. personnel draw stretchers and blankets which are distributed to the wards which house the patients, each patient is prepared, put on to the stretcher and carried out to the ambulance. As many inter-ward transfers have taken place since the arrival of the convoy and many patients are in the villas some 500 yards away, collecting the men is a difficult business.

Those patients who are unfit for evacuation remain in hospital and are likely to become our ordinary patients. The ordinary admission procedure is executed. While the men are "Transit patients" they are not allowed to tell their relatives where they are, mainly for fear of unnecessary journeys being undertaken by relatives who may arrive at the hospital only to find that "Bill" has gone away that morning. Once the patient is admitted though, he may tell anyone he likes where he is and relatives can come in comfort and are welcomed by all concerned.

Prisoners of War receive practically the same treatment. Documentation in respect of the Prisoners of War is very technical and for this work the interpreter is invaluable. As a precautionary measure they are guarded, but their contented smiles give one the impression that the idea of escape is far away. Be that as it may, it is seen that no opportunity occurs.

It can be plainly seen that the work is continuous. It may be that two convos are received and two evacuations dealt with in twenty-four hours—but no one minds, the same amount of energy and interest is given to each.

And so it goes on—the washed, shaven and smiling faces of the outgoing patients denote a great difference from their state on admission. The happy demeanour of the patients shows that they are deeply conscious that no effort is spared to make the fleeting visit as happy and comfortable as possible. Many try to express their gratitude for what has been done on their behalf but all concerned consider it a great privilege to welcome them and to God speed them on their way.

It is sufficient for us that they should have a swift recovery to full health and spirits.

AN IMPROVISED HÄMOCYTOMETER COVERSILP.

By Corporal Ernest Rayson,
Royal Army Medical Corps.
[Received March 23, 1944]

A thick, heavy, glass coverslip is an essential component part of any hæmocytometer counting chamber. Its chief merit is that its weight will overcome the surface-tension of the drop of fluid beneath it and allow it to rest evenly on the chamber supports. An ordinary thick glass coverslip, being light, floats on the fluid, giving a false depth to the "counting chamber," varying the volume of the fluid and thus producing inaccurate counts.

Thick glass hæmocytometer coverslips are notoriously easily broken and, in these times, not easily replaced, particularly on field service. An improvised useful substitute is suggested which is obviously simple but adequately efficient and can be devised in any laboratory.

Two, three or four (according to thickness) thin glass coverslips, as ordinarily used for microscopic work, three-quarters inch square, are cemented together with Canada balsam and dried in an incubator. Together they are sufficiently heavy to rest evenly on the counting chamber above the fluid. The cement is clear and, moreover, renders the improvised hæmocytometer coverslip less easily broken.