

minuria, which may possibly be regarded as a lesser degree of the disease. Two cases of Nephritis died. It was our practice to evacuate these cases as early as possible to "Hospital Ship" as draughty tents did not seem the best place to take care of them. In succeeding months the disease was still unduly prevalent but the numbers admitted were lessening and finally in May practically no case of Nephritis was admitted.

Typhoid fever, the usual scourge of armies, has been rather a rare disease but its two near relations, Para-typhoid A and B showed their presence from time to time. As it isn't always easy to say which is which they went by the family name of Enterica. Enterica was never unduly prevalent and rarely very severe.

Generally speaking the first four months of the year were very healthy and the percentage of sickness in the Army must have been quite low, so much so in fact that the hospitals were not worked to their full capacity and it was the rule for the hospitals to take turns in receiving patients from the whole area. Every third week was then a busy one and convoys would be received daily.

Under ordinary conditions a military hospital is not strictly an humanitarian institution, its principal aim and function is to get men back to the firing line as quickly as possible. If a man's recovery is likely to be delayed beyond three weeks it is better to send him away on a Hospital Ship and have his bed available for another man of greater fighting value. From a strictly medical

point of view this is not always desirable but Military Exigencies demand it, so we have to submit.

Apart from the nursing and feeding of the patients and the care of their kits, their admission and discharge involves a great deal of work. A convoy arrives, literally a procession of ambulances, probably two thirds of the patients are walking patients and they tumble out, dispose of their kits with appropriate ceremonies, have their particulars taken and are ready for their bath. The ambulances with the lying or stretcher patients are emptied by orderlies summoned for the purpose by bugle call, the stretchers put on wheeled stretchers, particulars taken and wheeled away to the wards, which are designated by a card given the patient. These particulars, name, rank, unit and so on are most important as it is quite easy to lose a patient and Headquarters locally, and the War Office are insatiable in their desire for definite information. Patients on leaving the hospital either for duty or when invalided to Hospital ships have special rituals for the occasion.

This is merely a bare outline of the process for there are innumerable other details and an astounding amount of clerical work connected with the performance.

The Month of May and decidedly warmer weather brought many more patients into the hospital. The disease which was unduly prevalent was P.U.O. Nobody knew what P.U.O. was. The initials stand for Pyrexia or Fever of unknown origin. There were not really very many cases admitted after all, but