

## Medical Matters.

### THE SICK AND WOUNDED OF THE RUSSIAN ARMY.



Dr. Marcou, physician to the Troitzky Hospital, St. Petersburg, says (according to the *British Medical Journal*) that after a year of war it is still impossible for the ordinary citizen to learn the truth as to the health of the Russian army. Official statements paint the situation in rosy colours. But private letters and men invalided from the front tell a different tale. Although only 1,500 cases of dysentery are officially admitted to have occurred among the troops in Manchuria, many thousands have been disguised under the vague phrase "intestinal disorders." Typhoid fever is rife; in October last even the official returns showed 5,000 cases. Officially the soldier is well clad and well fed; in reality he is neither. The provision for the removal of the sick and wounded is utterly inadequate. There are twenty-nine trains for the purpose, fourteen between Kharbin and the front, six between Kharbin and the Baikal Lake, nine between that and European Russia. These trains are well equipped, and each of them can accommodate from 150 to 250 men, but the total number which they can carry is only a twentieth of the whole that has to be dealt with. Hence the vast majority of the sick and wounded have to be conveyed in ordinary trains, too often in goods wagons. As there is no provision for cooking on these trains, the invalids can get food only at the few intermediate stations; for the most part they have nothing but bread and water, with a little tea or coffee, and sometimes they go whole days without nourishment of any kind. The poor men when put in the train are nearly naked, for there is neither clothing nor linen to give them; the supply of medicines is quite insufficient. The patients lie on the bare and dirty floor, and there are no sanitary arrangements. The field ambulances provided by the Red Cross Society, as to the usefulness of which glowing statements have been made, have done little real good to the wounded; indeed, according to Dr. Marcou, the most notable result of their employment has been that not a few of the medical officers in charge of them have been killed in action.

### THE PROPHYLAXIS OF MALARIA.

The *Medical Annual* in an article on Tropical Medicine states that the prophylaxis of malaria is gradually making headway, and the principles to be worked upon are receiving more general recognition. They are worthy of recapitulation, though known to those who have closely studied the question. They are:—

1. *Drainage*.—This is the fundamental principle, and should only be replaced by temporary larvicidal methods, *e.g.*, petroleum, when money is not forthcoming or when drainage is impossible.

2. *Quinine Prophylaxis*.—This is attended with considerable success in small communities, *e.g.*, a body of European colonists settled amidst a native population. Perhaps the best form in which to use it is the "gram dose" on two consecutive days every tenth and eleventh day.

3. *Segregation*.—This method, especially useful where a few Europeans have to be protected, but also capable of a much wider application, *viz.*, in the formation of distinct European and native quarters, is gradually gaining acceptance, in spite of the theoretical objections raised to it on quasi-sentimental grounds. Gratifying reports are received from the Gold Coast and Nigeria as to the result of the establishment of separate European cantonments, and it is to be hoped that other West African colonies will give their European inhabitants some relief from the evils of infected native quarters. The position that quinine is most commonly the cause of blackwater fever in those suffering from periodical attacks of malaria insufficiently treated has, it is stated, in spite of opposition, established itself quite firmly. From time to time authors declare that they have found parasites in every case; but such statements cannot be received, as they are directly opposed to the experience of those who have examined cases with the greatest care and found parasites in only a few. There are two points which require investigation:— (1) Can quinine produce a distinct diminution in the red cells without hæmoglobinuria? (2) Is there any condition of the urine, *e.g.*, urobilinuria, albuminuria, high colour, &c., which will indicate when a person is on the verge of blackwater fever? The blood and urine need to be carefully analysed in the pre-hæmoglobinuric stage, so that practitioners may have some guide as to when it is dangerous to administer quinine.

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