

Medical Matters.

MILITARY MEDICAL PROVISION IN RUSSIA AND JAPAN.



Japan's military medical arrangements, says the *British Medical Journal*, are so extremely up-to-date as to be scientifically comparable with those of any nation, while in point of generosity of the provision of medical officers, elasticity and adaptableness to varying conditions the difference is perhaps in favour of Japan. Thus, while base hospitals, field hospitals, dressing stations of three types, bearer companies, and hospital ships all find their place, each division of the army has a medical reserve, which is mobilised simultaneously with it, and serves in the base or reserve hospitals. The Medical Department also has its own independent transport, and every infantry regiment, cavalry, artillery, engineer, and general transport battalion has a medical staff attached to it of a very complete kind. The staff, for instance, for an infantry regiment consists of two surgeon-captains, four surgeon-lieutenants, three chief attendants, twelve ordinary attendants, and forty-eight bearers drawn from the regiment. Besides all these standing arrangements the regulations provide for an automatic addition to the *personnel* of the hospitals in accordance with the number of patients present, without reference to headquarters. Moreover, so long as a military medical officer remains in chief command, additions may be made from the civilian population; everything, too, is done to facilitate the co-operation of the Japanese Red Cross Society.

The Russian arrangements are also good on paper, and Russian military surgeons have an advantage over the majority of their European colleagues, inasmuch as that they habitually do the work of nearly all the civil hospitals. It is not to be forgotten, however, that the Russians will be working at an immense distance from their real base as far as medical matters are concerned. When all is said, the mortality and suffering to be anticipated is dreadful. The casualty rate seems likely to be abnormally high, since it is doubtful whether the mass of Russian soldiers are sufficiently intelligent to fight well in very open order, while as for the Japanese—the

Gurkhas of the Extreme East—though the rank and file are of high intelligence, they are credited with a love for close quarters, and with regarding death in such fashion that even discipline, perhaps, will not induce them to take the precautions against it which are considered right and legitimate further west. The amount of illness, on the other hand, may possibly be less than under corresponding circumstances elsewhere, for both nations are habitual tea-drinkers, and rarely in consequence drink unboiled water.

PROLONGED SLOW PULSE.

A more or less slow pulse is frequently observed in meningitis, cerebral tumours, jaundice, myocarditis, fatty heart, and in poisoning by some drugs; otherwise it is a rather rare phenomenon, unless we include some cases of sub-acute polyarthritis and acute attacks of gout. Dr. J. S. Kraindel (*Prakt. Vrach*) reports a case in which slowness of the pulse was brought on by an attack of gout. The pulse fell to 18 or 19 per minute; the pause between the heart-beats would every two minutes become so prolonged that the patient lost consciousness, the respiration became superficial or even ceased altogether; in four to five seconds consciousness returned, but the pulse remained the same. Low position of the head, injections of camphor and inhalations of oxygen relieved the patient temporarily, bringing up the pulse to 24 to 25 per minute. The improvement in the pulse ran parallel with the improvement in the gouty condition, and any exacerbation of the latter reacted at once on the pulse.

CARDIAC COMPLICATIONS OF INFLUENZA.

In *American Medicine*, Dr. Wood declares that in the number and protean character of its complications and sequels, influenza probably ranks second only to typhoid fever. Grippal pericarditis shows anatomical changes similar to those found in other forms of the disease. Endocarditis is generally thought to be a rare complication of influenza. It may be simple or ulcerative or malignant. Myocardial changes are common in influenza. The influenza bacillus elaborates a poison which, circulating in the blood in sufficient quantities, acts as a powerful heart depressant and modifier of the nutrition of the heart muscle. Among the functional cardiac disturbances following influenza are palpitation, irregularity, bradycardia, and tachycardia.

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