

## Correspondence.

### THE HOSPITAL SHIP MADRAS.\*

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—Now that we have had three days at sea and the preliminary sea sickness of the wardboys, students, and cooks is over, and we have got to our duties, preparatory to arriving in six days time at our port of destination ready in every detail to take in sick and wounded, I am beginning to find time to write to you the description of the H. S. *Madras*.

The B. I. S. N. Co.'s twin screw ship *Tanda* is nearly a new ship having only just come from her maiden voyage to Japan. She arrived in the Madras Harbour on 10th October, 1914, empty, except that the holds were full of Japanese coal. She was taken over by the Madras War Fund on 14th October, 1914, and left the Madras Harbour fully equipped in every detail with 300 Navy-pattern swinging cots (made by Messrs. Oakes and Co., Beehive Foundry, Madras), and with accommodation for 80 more beds, on mattresses in the lower decks—20 cots for native officers and 6 cabins for European Officers. She is intended as a Hospital Ship for the Indian Army only, and carries food, equipment, and attendants for sepoys only. If, in the course of our voyages, we are asked to carry British soldiers, we shall be able to do so, but they will have to bring their own cooks and feeding utensils and be content to put up with little inconveniences.

The ship whose outside appearance was the usual B. I. type has been changed completely by white paint on the hull and yellow paint on the funnel and upper works. She has a scarlet band one metre broad along the whole side, broken in the centre by a large scarlet Geneva Cross. The Cross is lit up at night by electric lights shining on it from above. All the boats are similarly painted and marked. The ship carries a Commission from the Viceroy. She has been registered as H. S. *Madras* carries the name in large brass letters fore and aft, and flies the white flag with scarlet Geneva Cross at the main and the dark blue ensign with gold anchor at the flagstaff. She slipped out of the Madras Harbour on Tuesday morning with only the Governor of Madras, Lady Pentland, and the Surgeon-General to see her off. We opened our sealed orders half an hour after leaving. We were ordered to proceed with all speed without convoy or escort.

I have been in charge of her from the day on which the Fund took charge and have been allowed a free hand both in the choosing of the entire staff, medical and surgical fittings, food, stores, medicines, etc. The painting, fixing of cots, sanitary appliances, coaling and ship stores, etc., have been arranged by Commander W. B. Huddleston, R.I.M., working in complete harmony and constant consultation with myself. Captain E. W. C. Bradfield, I.M.S., joined me on board before the remainder of her staff. He is the Adjutant and Registrar.

The S. S. *Tanda* was a vessel singularly suitable for our purpose. She was built for the Chinese emigration service. She has five decks and the hold.

1. Boat deck where the ship officers and the Engineers have cabins.
2. Saloon deck in which are 1st class saloons, music room, smoking room. It is a fine broad deck giving plenty of room.
3. Main deck with 1st and 2nd class cabins all together with the 2nd class dining room.
4. The upper 'tween deck which is 9 feet high runs as an open space from stern to stern leaving only the engine room casing in the middle.
5. The lower 'tween deck is a large pillared hall forward of the engine and coal bunkers and another similar space aft.

We were rather surprised to find that the lower 'tween deck was a steel deck because each swing cot requires 12 strong bolts to hold it in position and holes for all these bolts had to be bored through the steel. Also bare steel is not suitable for a ward floor, especially in a European climate. These difficulties were soon overcome by the electric drills of the M & S. M. R. Co., and by covering the steel deck with rubberoid sheets (undertaken and accomplished by Messrs. Parry and Co., in 4 or 5 days). We had hardly started work when the north-east monsoon burst on us and in the course of three weeks gave us something like 40" of rain. However, the heart of Madras was in the business, and work, except painting, went on gaily. The heavy carpen-

try work was done by the M. & S. M. Ry. workshops and all the sanitary fittings put in by Messrs. Oakes and Co.

A second difficulty was found, and fortunately faced fairly easily, thanks to the resources of Messrs. Siemens and Co. It was this. The ship's electricity, although very plentiful in amount, was 100 Volts D. C. whilst all the apparatus with which we intended to fit up the operation theatre and wards must perforce be borrowed or bought from the hospitals in Madras as many of the things could not be made in Madras. All the Madras stuff is made to take the town supply at 225 Volts. Fortunately Messrs. Siemens were able to find somewhere in Madras two Motor Generators. The result is that the operating table can be warmed, the laundry machinery driven, the surgical arc kronig lamp and X-ray apparatus worked, the sterilisers heated, the pantostat run, the bacteriologist's centrifuge actuated, and the ward vacuum-cleaners made to suck, etc., etc., on the ship without any difficulty or fear of break-down.

The coal was taken out of the hold, and 700 tons of Madras beach sand placed in the holds in such a way as to balance the ship for the best steaming results. A large number of extra electric lights were fitted in all the 'tween decks (wards). The large area of the lower 'tween deck was converted from an open portion of the ship into a neat and compact series of servants' godowns, guard room, blanket and linen store, armoury, prison, padded cells, etc., etc., the whole hospital staff, as under, being comfortably accommodated.

The Madras Government passed orders that the whole of the new Steam Laundry of the Government Maternity Hospital might be taken bodily into the ship, provided that the Fund replaced it at once from England. This was done. A drying room was constructed and the difficulty of reducing the 200lbs. ship's boiler-pressure to 30lbs. for the steam disinfectant and 5lbs. for the steam washers was overcome by the Superintendent and staff of the P. W. Workshops.

A large godown with a store-keeper in charge was put at our disposal by the Madras Port Trust before the vessels arrived, and everything that was wanted in the ship was gradually accumulated there in the course of six weeks. The arrangement worked very well and two additional store-keepers were appointed both of whom sailed in the ship. This arrangement worked so well that only four bottles of brandy and two tins of milk have been lost out of the whole cargo.

The Government of India gave permission for the Hospital Ship to buy its medical and surgical equipment from the Government Medical Stores. The result was that one carefully prepared indent covered the whole field of a six months' supply. An Assistant-Surgeon, who is one of the staff, supervised the packing of each box so that no confusion of any kind appeared at the unpacking into the ship dispensary. The space in the ship has been divided into six wards. We carry food for Indian troops, or at least Indian kinds of food that will keep good for 6 months. A large sum in golden sovereigns reposes in the specie room in order that fresh supplies may be bought at any port. The No. 4 hold is packed with an extraordinary assortment of food, gifts, red cross boxes, luggage, bed linen, blankets, tobacco, spare mattresses, etc., etc.

Now that we are at sea and rested a little after our labours, which was very severe, we are getting everything into first class order, fire stations, boat stations, physical drill duties, etc., are being organised, and we hope to arrive absolutely ready and organised so as to tell the P. M. O. of the Forces that we can take patients in at once.

The second class dining saloon was gutted of all tables and chairs and converted into two operation rooms divided by a white curtain of white washable drill. These theatres are fitted up in the most modern and complete style as in the Madras Government Hospitals. Next to the operation theatre the cabins have been partly dismantled, and the surgeons' preparation room, recovery ward (3 beds), X-Ray room, photographic room, and bacteriological laboratory have been constructed. This group can be completely isolated by two doors across the alleyways and a lift has been constructed near the operation room and another forward. As the ship has no hydraulic power, the lifts must be actuated by men (the crew) walking along the deck pulling a rope or by one of the steam winches. They are now being trained to do this without the jerking and noise so dear to sailors. A soda-water manufactory has been established near the laundry and is worked by the same men as work the laundry.

The nurses have a convenient sitting room formed out of two cabins. The students and assistant-surgeons use the "Smoking" room, as their mess room whilst the officers' mess is in the music room. All 1st and 2nd class passengers, i.e., all officers and all students and assistant-surgeons take meals in the 1st class dining room, but at different times.

I am afraid that this is rather a poor and detached effort, but there is so much more to do and more important that I hope it will meet your purpose without being longer. It is a great game fitting up one's own hospital ship and much more satisfactory than taking over a ready-made hospital ship, but the work is the most exhausting I have ever done. It could not have been done in time, if every one

\* We publish this interesting letter from Lt.-Colonel G. G. Giffard, C.S.I., I.C.S., of the Hospital Ship *Madras*, which has just returned to Bombay with its first batch of invalids from East Africa.—ED., I. M. G.

concerned in Madras had not done their very best by showing enthusiasm and a desire to make the Presidency gift a great success.

Yours, etc.,  
G. G. GIFFARD, LT.-COL., I.M.S.,  
Officer-in-charge.

AT SEA, 20th November, 1914.

### INTRAVENOUS INJECTION OF QUININE.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—With reference to my letter on intravenous administration of quinine in your issue of October, in which some very severe malarial infections had been successfully treated in this way, I have since had a case in which the injection proved fatal. I forward notes of the case so that the cases previously recorded may not be misleading.

Mrs. B., European, 34, female, admitted on 20th September, 1914, with a history of fever for two days—severe headache and slight cough.

The patient was fat, had an alcoholic history and a temp. of 100.8, pulse 100, and respiration 22. The throat was congested slightly and there was an urticarial rash all over face and body. Heart and lungs nothing abnormal, no enlarged liver or spleen. Three grains calomel and 5 grains aspirin given separately and also diaph. mix oz. 1 every 4 hours. In the evening the patient felt better with a temp. of 99°F., pulse 92, and respiration 19. Blood from the finger taken and examined for malaria shewed numerous malignant tertian rings, averaging 6 a field; no crescents. On 21st September, 1914, the patient's temp. was 98°F., pulse 80, and respiration 20. Bowels moved once, the rash disappeared completely, and the patient took her diet well, and was put on quinine sulph., grs. X. T. D. S, in solution. Urine tested, 1016 no alb., nor sugar high coloured. In the evening the temp. was 100°F., the patient complained of headache and slight soreness of the throat. Examined and found the throat congested. Tongue was furred, pulse 118, and respiration 26. Bowels not moved since the afternoon, and a dose of aspirin 7 grs. was given and an enema ordered.

22nd September, 1914.—In the morning the temp. shot up to 106°F., pulse 136, and respiration 28. The patient was tepid sponged 103°F., and a dose 7 grains aspirin given. The patient was conscious, and complained of severe headache and restlessness. The profuse rash as on admission had reappeared. Fearing cerebral symptoms or hyper-pyrexia it was decided to give grains seven of quinine Bi. Hydrochloride in one pint of saline intravenously. On the table the patient took the injection well, but about an hour after this word was brought that the patient was in a dangerous collapse. The patient was perspiring profusely—had a very quick and low tension pulse, restless, dyspnoic, and cyanosed. Five minims of adrenalin was given by hypo-injection, bed foot raised, free stimulation and oxygen inhalation given—suspecting in a fat subject, acute fulminating oedema of the lungs, these were examined for, but no physical signs were found.

The patient seemed to improve with treatment especially after oxygen, but soon she again became worse, temp. rose to 107.6°F., pulse could not be counted, had several involuntary evacuations in the bed, became quite unconscious, and, in spite of sustained treatment for shock, she died about 4½ hours after the injection. No *post-mortem* allowed. Just before death the patient had a severe rigor and vomitted. I have to thank Mr. Iswariah, my resident assistant-surgeon, for the notes on the case.

C. BRODRIBB, M.B., B.S. (London),  
Capt., I.M.S.,  
M. O. in charge, Civil Hospital, Secunderabad.

### EMETINE DURING PREGNANCY.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—Deare in his editions of Ghosh's *Materia Medica* notes:—"Ipecac directly increases the uterine contractions and is sometimes used in early stage of labour. The student should keep this fact in mind when treating pregnant women with large doses of the drug." In the face of this warning of experience, one may reasonably hesitate to use emetine for dysentery during pregnancy when one remembers that the dose of E. Hydrobrom is 3-1 grain which is equivalent to 30-90 grs. of Ipecac (a really large dose). The following case may, therefore, be interesting, as cases of dysentery in pregnancy are not rare at this time of the year.

Mrs. K., aged about 20, Hindoo female, came under my treatment on 24th October, 1914. She was in the sixth month of her second pregnancy and had been reduced almost to a skeleton from dysentery from which she had been suffering for the last six weeks. For two days I treated her with salines but finding no sign of improvement I took her guardian into confidence, and on his readiness to run the risk of

the termination of the pregnancy I placed her on Emetine Hydrobrom. The stool on that day was only mucus and blood and had been passed 26 times in 24 hours, and the majority being at night, she had practically no sleep. After the third injection she enjoyed good sleep at night and the stools became almost wholly faecal with only a slight mucus. She altogether took six consecutive daily injections of ½ grain each, and was cured.

I then placed her on a tonic and she is now putting on flesh and blood and progressing with her pregnancy.

Yours, etc.,  
T. N. DEB.,  
Assistant Surgeon.

PATUAKHALI,  
November, 1914.

## LITERARY AND THERAPEUTIC NOTICES.

THE American firm of Messrs. Parke Davis and Co., who have their Indian Agency at Bombay, invite the attention of practitioners to the various drugs of their own manufacture which can well be employed as substitutes for German drugs hitherto pushed into prominence by enterprising Teutonic firms. Messrs. Davis and Co. manufacture Chloretone; Iodalbini Nargol (Ag. + nucleic acid from yeast), Pituitrin, ampones of quinine and urea, proposote (a creosote preparation); hydrogen peroxide. They have also a list of 29 standardised Tinctures.

THE Macmillan Co., New York, send us advance sheets of a book entitled *The Cancer Problem* by Dr. W. Seaman-Bainbridge, of the New York Cancer Hospital, well illustrated and costing only 4 dollars. It will interest a multitude of readers, and seems to be a very complete exposition of the cancer problem up to date.

ALL workers with the microscope will be interested to learn of the addition of toluidine blue to the list of 'Soloid' Microscopic Stains. Not only is this stain of value bacteriologically as a positively diagnostic stain for *B. diptherie* but it is also useful as a general histological stain.

'Soloid' Toluidine Blue possesses all the excellent qualities of its predecessors issued under the same brand. To the worker who prefers to make up fresh solutions each time he requires a stain, these products are invaluable.

Issued in tubes of six by Burroughs Wellcome and Co.

MESSRS. N. POWELL & Co., Bombay, claim to be pioneers in manufacturing Hospital Furniture and Surgical Instruments in India, and their good work is known to a large number of Civil Surgeons on the 'Bombay side.' Recently they were suddenly called upon to meet large emergent orders for the equipment of the Hospital Ship *Loyalty* and for field Hospitals, including the Lady Hardinge Base Hospital at Bombay. The M. O. in charge of the *H. S. Loyalty* has testified to the promptness of the supply and the excellence of the goods supplied.

## Service Notes.

WE understand there will be no competitive examination for the I.M.S. in January. At the present time all men likely to enter are joining or have joined the R.A.M.C. for work at the Front. Many of these will be free at the end of the war and many are of the stamp and qualifications required for the I.M.S., and doubtless many will then join especially if new conditions are offered as regards pay, leave, and pensions. Most of the other grievances have vanished as we have seen in the despatches published in our September number.

### WAR CASUALTIES.

THE casualty lists\* in the *Times* from 23rd to 26th October, both days inclusive, were again heavy, amounting to 28 officers killed, 74 wounded, and seven missing. No medical officers' names were among the killed; but Captain B. Johnson, R.A.M.C., was reported as missing on the 24th and Lieutenant R. E. Porter as wounded on the 26th. The following medical officers were also stated to be prisoners:

\* For these notes on Casualties in the Great War we are, of course, indebted to Lt.-Col. D. G. Crawford, I.M.S. (retd.).