Capri and Salerno, their climatic attractions can hardly counterbalance the fatigue of the long journey necessary to reach them.

The unsettled state of Sicily renders Palermo an unfit resort; and the climate of Malta is far too changeable to be recommended.

The climate of Cairo and Upper Egypt possesses the qualities of dryness and warmth in a high degree. Cairo is accessible in seven days by the Brenner and Brindisi route, or by the steamer from Liverpool or Southampton. A sanatorium lately established by an English lady promises the accommodation hitherto wanting; but this place is not exempt from the disadvantages of imperfect drainage. Far superior is the climate of Upper Egypt; and voyages up the Nile in a boat have been found highly beneficial; but the recent depopulation of its banks by the Pasha, for the purpose of cultivating his cotton-grounds, renders the difficulty of catering during the voyage so great, that we hear of travellers suffering last year great privation, and returning in great disgust.

The direct route to Algiers *via* Marseilles is for the present impracticable; and, disturbances among the Arabs being apprehended, that fine climate, with its bracing hill-stations, can hardly be considered a safe resort for invalids this winter, and can only be arrived at by way of Gibraltar, Carthage, and Oran.

From Gibraltar, Tangiers also can be reached, where a softer atmosphere, tempered by Atlantic breezes and excellent, although limited, accommodation, gives it strong claims to be recommended as a winter-station for invalids; but the almost barbarous state of the neighbourhood places many restrictions on out-door life there.

Again, a mean winter temperature considerably higher, and a rainfall considerably less than that of any winter-station of southern France, is to be found at Malaga, but counterbalanced by a want of proper house-accommodation, by bad drainage, and by (for this winter) the circuitous approach by sea.

Many patients have this winter gone to Madeira, long the favourite resort of the phthisical, but which has for some time been superseded by the more invigorating and bracing Mediterranean stations; its soft and equable climate being stated to have deteriorated of late years, through the cultivation of the sugar-cane and the consequent irrigation of the country. I understand, however, that this is, to a certain extent, discontinued; and the cultivation of the vine, once so famous, again resumed, the vintage of last year having been unusually abundant; and doubtless this change will exercise some good effect on the climate, which will probably suit, as hitherto, the inflammatory forms of consumption. Those patients, however, are most likely to profit by a residence in Madeira who can take riding exercise on the hills, and not remain confined in Funchal. Steamers leave Southampton about three times a month for Madeira, making the voyage in a week.

In conclusion, I would remark that the closure to invalids of so many Mediterranean stations rather invites a trial of the high altitude resorts of Switzerland; but the advanced state of the season is unfavourable to a fair trial of this plan, for it seems to be the common experience of those who have benefited by a residence at Davos and St. Moritz, that it is necessary to go there in late summer, and undergo a certain amount of acclimatisation to reap whatever benefits may accrue from a winter in these elevated regions.

RECOLLECTIONS OF WORK IN AN AMBULANCE.

By WILLIAM MAC CORMAC, F.R.C.S., Surgeon to the General Hospital, Belfast.

EVERYTHING in war time is *à l'improviste*, and one can never tell beforehand what is about to befall. So it was even with us from our first start from Paris on the 28th of last August. Through a number of accidental circumstances, foreseen by none of us, we joined together, a band of English and American surgeons, anxious to give our aid to the sick and wounded accruing from this bloody war. We were sixteen in all—eight Americans and eight English—with Dr. Sims and myself at the head. Dr. Philip Frank, Dr. Woodham Webb, Mr. Blewitt, Mr. Wyman, Mr. Hewitt, Mr. Ryan, Mr. Scott, formed the rest of the English party; whilst Dr. Pratt, Dr. May, Dr. Tilgman, Dr. Nicholl, Messrs. Hayden, Wallis, and Harry Sims constituted the American section of our corps.

We received our supplies at the Palais de l'Industrie, in the Champs Elysées, then a vast receptacle for medical supplies of all kinds; and, with two waggon-loads of medical stores, some saddle-horses, and a troop of *infirmiers*, or male nurses, we formed a procession along the Boulevards, on Sunday, August 28th. In due time, we reached the railway station, and started for the purpose of reaching MacMahon's

head quarters, and the field of battle, wherever it then might be. I may here say a word as to the organisation of the French voluntary ambulance corps. The generality of them were monstrously cumbrous. There were too many surgeons, too much material to transport, too many *infirmiers*, too often taken from a class of men who enlisted in this service to escape being called upon to fight in the army. In some of the ambulances, there were as many as forty medical men, and a dozen heavy waggons, with horses in corresponding numbers. Many of these ambulances spent their time in marching and countermarching, without ever reaching, in time to be of use, the actual scene of operation. Their waggons would often stick fast in some country bye-road, or in a field, and then they would have to be abandoned. There were ten such ambulances; and as a system or organisation, the French Society for Aid to the Wounded has to a large extent failed in its mission. No doubt it has done much good, but not proportionate to its resources, which have now been completely used up. In my opinion, a field ambulance should be constituted of not more than four or five surgeons, and as many assistant-surgeons, who would act as competent dressers, and who had been trained to dress severe wounds. Skill as a dresser is at least as much required on the battle-field, as skill as an operative surgeon, and there is ample scope for the employment of carefully educated young surgeons in this capacity. I look upon this point as of the first importance. All the cases, whether they be operated upon or not, require careful dressing, and too often this has been entrusted to inexperienced hands. For a moving ambulance, the smaller the quantity of stores taken the better, and these without exception should be carried on horses or mules. The waggons are a serious impediment, and very often, as I said before, have to be abandoned, with their valuable contents, altogether. What is most needed are a few cases of surgical instruments and appliances, some chloroform and carbolic acid, one moderate-sized tent, half a dozen stretchers of the simplest construction, to carry the wounded and to serve as beds. These, and some tins of preserved food, are all that need be carried about. For whatever else may be required, one must trust to the supplies of the place in which one may happen to be. If the French ambulances had been constructed upon this system, and multiplied in number, they would have been much less costly, and, I venture to add, would have done much more good. Of course these remarks apply only to field ambulances which follow closely, or are supposed to do so, the movements of the troops. For more extensive organisations which go to a certain spot, and then establish a complete hospital, the case is different. But the great difficulty for these is to secure patients. In moving troops, and taking up a positions from which to offer battle to the enemy, I fear that as yet generals are not much actuated in coming to a decision as to where happen to be placed the largest and best hospitals, or any hospitals at all. No doubt if the scene of battle could be foretold, it would be quite right to send thither beforehand the amplest medical provision possible; but as that can never be, the less complete organisation of an *ambulance volante* must be relied upon to furnish that immediate succour so much needed on, or close to, the battle field.

In accordance with our instructions on leaving Paris, we tried, after arriving at Sedan, to reach MacMahon's head quarters and the front. The Vicomte de Chezelles, Courrier des Ambulances, acted as our guide. Through a combination of circumstances, we were delayed that evening, the 30th August, at the railway station near Sedan, and we saw the Emperor, MacMahon, and the whole Etat Major, arriving during the night. In place, therefore, of our going to the front, the front came to us. Then were the negotiations completed with Dr. Duplessy, Médecin en Chef des Hôpitaux de Sedan, which placed us in possession of a large hospital of 384 beds on the battle-field of Sedan. This piece of exceptional good fortune, the getting into a first rate position, and into working order, just on the eve of a great battle, has enabled the Anglo-American ambulance to render services such as no other ambulance in either army has been as yet in a position to perform during this war.

Of course, during the first ten days or a fortnight, we were short-handed, and overworked. Such a result is inevitable after all great battles. I find in the diary which I kept, that we have been sometimes working for twenty hours at a time, performing operations, noting cases, and making dressings. I have heard of surgeons working for much longer spells after battles. But it is questionable if work done under like circumstances is of advantage to the wounded. Not only does one suffer from physical fatigue, but one must lose, more or less, that clear intelligence so urgently demanded by the urgency and severity of the cases. The building of which we got possession was an infantry barracks, situated on the ramparts of Sedan, at the place to which the Prussians gave the appropriate name of Kronwerk Asfeld.