One other point to which I would call attention as interfering with the application of modern surgery is the difficulty in illumination in the operating and other tents. As a rule it is night before the wounded can be brought in and attended to; at any rate in most of the cases which I saw the dressing and operating work had to be done after dark. In our field hospitals the arrangements for illumination were very imperfect, and usually consisted of candles, which either had to be held by an orderly, or, owing to the small staff, had to be stuck in a dirty lantern or on a bit of wood. The only two abdominal sections which I did were both done late in the evening with the aid of a candle stuck in a piece of wood, and placed as near the wound as possible. In several of the foreign ambulances the acetylene light was provided, and in the cart which I organised at Bloemfontein I was fortunately able to procure and carry with me a small acetylene generator, which gave the most brilliant illumination. I would call attention to this point because I do not see that there can be any great difficulty in providing illumination of this kind to the various field hospitals, and it is a matter of the very greatest importance. For a field hospital to go into action without lotions, without water, without means of boiling water, or without proper illumination, is just as bad as for guns to go into action without proper fuses for the shells, or for the men to use black powder. These things are absolutely necessary equipments for the work, and if additional transport is required for them it must be provided.

One other question arises with regard to the better treatment of the wounded, and that is the question of the necessity of transporting them to the base. The ideal treatment would be to arrange for the field hospital to be left on the field of battle, and for the patients to be retained there till it was safe for them to be transported to the base. Certain difficulties, of course, arise in this connection, more especially the difficulty of feeding the sick, and also of providing sufficient attendants. In a civilised country one can hardly believe that the enemy would interfere with these field hospitals, and there is really nothing in the conduct of the Boers in the present campaign to lead one to suppose that they would do otherwise than treat such field hospitals if found with consideration. It is true they might take the wounded prisoners afterwards, but that is a minor matter, and it seems to me that it would be worth while to attempt to come to some agreement among the nations by which field hospitals might be left on the field of battle, and furnished with suitable supplies and medical comforts. Of course, in connection with that another difficulty which would arise in the present state of our Army Medical Department, namely, its undermanned condition, would render such an idea impossible. To drop field hospitals all over the country with suitable attendants would very soon deplete the service, and leave no one at hand to go forward with the army. Something of the kind, however, would be extremely important, and no one who has realised the sufferings of the patients in this campaign from the early transport, and the loss of life and limbs which have consequently ensued, will doubt as to the advisability of some plan of this kind. It is to be hoped that the efforts which are being made to improve the conditions of the service will attract a sufficient number of suitable men to allow a reserve supply for purposes of this kind to be available.

If once these requirements were attended to, notably better arrangements to prevent sepsis in the first instance, proper supplies of lotions and boiled water, proper illumination, diminished necessity for transporting the wounded to a distance, and increase in the *personnel* we could then look forward to a more efficient attempt being made to carry the advances of modern surgery into military practice. More especially more efficient efforts could be made to disinfect and treat bad compound fractures, to see that all cases of wounds of the skull were trephined as early as possible, to open the abdomen in cases where the wound was over a fixed portion of the intestine and where, therefore, injury of the tissues was probable, and so on.

There are a number of minor points in the treatment of wounds in the field and in the furnishing of field hospitals, which I need not go into. I think that all these questions of wound treatment should be considered by a properly constituted expert committee. In the meantime, I have said

enough to show that in this matter far from having reached finality in the treatment of wounds in war we have hardly begun to bring modern surgery to bear on the subject. The details in this respect are as important as the larger schemes which are occupying so much attention at the present time, and without attention to them these schemes would fail to effect the ultimate object for which they are proposed, namely, the diminution of suffering and the saving of life in war.

MEDICATED LOZENGES.

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"QUI miscuit utile dulci" may, with apologies to Horace, be spoken of a physician who prescribes a well-medicated lozenge, who knows how to combine efficient remedies in the acceptable vehicle of a delectable sweetmeat. In many affections of the mouth and fauces, as well as in some other morbid conditions, the form of lozenge offers a convenient, agreeable, and efficacious method of administering many remedies. We owe the modern therapeutic use of lozenges in some part to the old Edinburgh *Pharmacopœia*. In Dr. Paris's time, in the Twenties of the last century, he pointed out that inasmuch as trochisci, troches, or lozenges were then regarded as objects rather of confectionery than of pharmacy, neither the London nor the Dublin College condescended to notice them, while the Edinburgh *Pharmacopœia* contained several formulæ for their preparation, while they were undoubtedly useful in medical practice, either in the official forms or in certain magistral combinations, for which last Dr. Paris gave some valuable suggestions in his classical *Pharmacologia*. Since that time many considerations, physiological and pathological, and the use of improved diagnostic appliances, the laryngoscope to wit, have extended the use of medicated lozenges. The last edition of the *British Pharmacopœia* gives the formulæ for seventeen forms of trochiscus, these being made up with a "fruit basis," with a "simple basis," with a "rose basis," or with a "tolu basis." Besides these official lozenges there are many other medicated ones "in the market," some of them being tarred with the black mark of proprietary possession, and not a few of them being of unknown composition. In my present communication I have two objectives, namely, to encourage my brethren to prescribe lozenges in their own magistral formulæ whenever they can, and to draw professional attention to a "basis" which I have found in my own practice to be useful for the purpose. This "basis" is known as the pasta glycyrrhizæ alba, or *pâte de réglisse blanche*. It is described in Beasley's *Pocket Formulary*. It is prepared like the better known pasta althææ or *pâte de Guimauve* of the French *Pharmacopœia*, liquorice root being used instead of marsh-mallow root. This white liquorice paste is prepared from the following formula, according to Beasley: Take of decorticated liquorice root $\mathfrak{z}\text{iv}$, water Oiv ; macerate for 12 hours; strain and add lb.iijss of picked gum arabic and lb.iijss of refined sugar; dissolve, strain, and evaporate to the thickness of honey, constantly stirring, and add gradually the whites of 12 eggs well beaten with $\mathfrak{z}\text{iv}$ of orange water; evaporate with constant stirring till the paste is so firm as not to adhere to the hands.

If the physician decide upon the exhibition in a given case of illness of a remedy in the vehicular form of a lozenge, the particular drug or drugs therapeutically indicated for this purpose in the particular case should be selected with a prescriber's usual care, and prescribed with the pasta glycyrrhizæ alba. The active drug or drugs should be skilfully combined by the dispenser, *secundum artem*, with the basis I have described, in the process of the making of that basis at a time before the paste attains its final consistency. For example, borax is an excellent local subastringent, detergent, and antiseptic. A lozenge of it may be prescribed magisterially as follows: $\mathfrak{R}$ Boracis gr.ij, pastæ glycyrrhizæ albæ (Beasley) gr.æ; misce, fiat trochiscus. Signetur: one or two to be slowly sucked, as directed. A lozenge of borax so made is "nice" enough to be agreeable without being quite a sweetmeat. When freshly made it dissolves slowly and well in the mouth, and it is tough enough to be in part a masticatory.