

not in full vigour, his pulse was surprisingly satisfactory.

"Quite okay," he was cheerfully and truthfully informed. "The action is regular and at the normal rate." There was nothing one could do to ease him, and the unspoken pain deep in his eyes hurt one to see; also the work had to go on. "You have no need to worry, and I think you will have less pain after they operate," was the best my wits rose to.

Number One was becoming a little nervous now. "Can I have a cigarette?" he pleaded. Then when it was finished he wanted a drink of water. In a few minutes the stretcher orderlies arrived. With an encouraging "You'll be back soon" we whisked him to the theatre. "Get the doctors to save any shrapnel, won't you?" was his parting request.

The numerous evacuations in the morning had left beds to be remade with clean linen and blankets; mosquito-nets and various accessories damped by the blustery evening rain had to be dried and rehung. While serious cases have an iron bed and mattress, the average patient has camp bed, a doubled blanket, waterproof ground-sheet, sheets, and a top blanket. For battle casualties a second ground-sheet is placed over the sheets until the patient can be washed. Top sheet and blanket are folded together "operation style" for ease and speed of covering the new arrivals.

A second orderly was assisting to replace the detachable tent walls when Number One patient was returned, still unconscious, and Number Five taken. After turning his head to one side to prevent the tongue doubling back and suffocating him, I proceeded with the work while keeping an eye on his position and condition.

Soon the eyes flickered, then opened. "Is the operation over?" he queried surprisedly as I hurried to his bed. My heart thrilled at the joyous, relieved smile lighting his face and eyes as he realized the dreaded ordeal was past.



A bowl was placed near his head in case of nausea, and he settled down to relax and drowse. It was not long before he stirred again and looked at his hand—a round mass of bandage looking as if all the fingers had been amputated. "Have my fingers been cut off?" was his distracted query. "Oh, no, for they said nothing to me of it," he was told, "but I will inquire to relieve your mind."

The operating theatre was going full blast and it required a couple of trips before one of the theatre orderlies was contacted. "There have been no amputations to-day," he said. "That chap had a couple of fingers fractured," interjected a second theatre attendant.

I carried the good news of the safety of the fingers, though deferred mention of the broken bones to avoid unnecessary worry until the patient was more recovered from the effects of the operation. A mouth-wash was given, and then, "Did they get any shrapnel from my leg?" he wondered. As the doctors were still operating, this question could not be answered, but he was satisfied with the assurance that the surgeon had noted his request.

While attending to washes for the others there came another call from Number One: "My head is throbbing unbearably." As it continued unabated a trip was made to the duty room, where a morphine injection was authorized.