rolled up, and thrust outwards between the external lateral ligament and the femur. The case of loose body was one in which a nodule of cartilage as large as a kidney bean was removed from the subcrural pouch, and was of further interest in that, before leaving hospital he showed definite signs of further internal derangement of the same joint, for which we removed a loose internal cartilage. The patient's incapacity had dated from a severe crushing injury to his knee some months previously. Our practice in the treatment of these cases has differed markedly from that which we would adopt in civil life. We have found that under war conditions it is impossible satisfactorily to employ conservative measures, and that the course leading to the quickest return to military efficiency is to operate as soon as a definite diagnosis has been made.

We have seen one curious case of compound fracture of the foot, following a crushing accident. There was a fracture and displacement outwards of the heads of the second, third, and fourth metatarsal bones, with a fracture and upward displacement of the base of the first metatarsal. This fracture, which was treated by toilet and manipulation gave ultimately a very fair functional result.

Cases of enlargement of the lymphatic glands have been frequent, and mostly of venereal or simple septic origin. In addition we have met with 8 cases of unilateral enlargement of the inguinal glands, with no apparent primary focus. When admitted to hospital the glands in all these latter cases were found in parts to be breaking down. We have found that the only satisfactory method of treatment is complete excision of the glands. Though to the naked eye the appearance of the glands removed has been strongly suggestive of tuberculosis, microscopical and bacteriological investigation has shown that this is not the case. The organism present is a staphylococcus, and it would appear that its virulence is not very great, for there has been rarely any fever present on admission, and the wounds granulate quickly after operation, though swabbing out with iodine and immediate closure has not been a success.

There were only 12 cases of bullet wounds admitted to hospital during this period. Of these, 10 were shrapnel wounds received in action. The remaining 2 were accidental wounds. In one, where a wound in the right mid-axillary line was caused by a small-bore pistol, pneumonia and double pleurisy with effusion followed, although examination with x rays failed to show any trace of the bullet in the chest. Indeed, from the appearance of the wound and a consideration of other circumstances, it would appear highly probable that the wound was only a glancing one, and that the bullet, although it lacerated the skin, did not penetrate the chest wall.

Among other cases we have met with one temporo-sphenoidal abscess following otitis media. Though free drainage was established the patient died two weeks later. Venereal disease has called for no less than 47 circumcisions, while there have been 6 from non-venereal causes.

Among cases of minor importance we have met with a considerable number of small abrasions on the legs, due most frequently, in the first place, to the rubbing of boots. These have been extremely troublesome and slow in healing. We are told that they resemble very closely the Veldt sores met with during the South African war, and, so far, we have been unable to find any special method of treatment which hastens in any way their progress.

On our first arrival in this country the weather was extremely hot, and it would seem that the men had their heat governing centres thoroughly upset, so that comparatively trivial complaints caused immediate rises in temperature. Thus we observed many temperatures of 102° on the night following aseptic operations, and one even of 105°. In all early cases the temperatures were uneven for a few days, but finally settled down without untoward results, though a first experience of these phenomena was not a little disturbing. It was noticeable that in the case of regular soldiers who had been in the country some years these changes did not take place. With the advent of cool weather temperatures once more behaved as they do in England.

In conclusion, we would point out that, though the total number of cases dealt with is small, they are perhaps of special interest in that they include the surgical repairs necessary to fit a division of nominally sound citizen soldiers for the field.

NOTES ON THE TEMPERATURE IN A CASE OF ADVANCED PULMONARY TUBERCULOSIS.

BY

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ON October 26th, 1911, A. R., aged 33, applied to me complaining of cough, much laryngeal irritation, profuse thick yellow, or sometimes greenish-yellow expectoration, loss of flesh, anorexia, headache, and night sweats. She had been under my care for an abscess in the axilla fourteen years previously, and had resided from January to April, 1910, in a sanatorium on account of pulmonary and laryngeal tuberculosis. There was no definite family history. Her height was 5 ft. 6 in., and her weight 6 st. 7 lb., and she had lost over 14 lb. during the past year. She stooped a great deal when walking, and suffered from pains in the back and joints. The finger-nails were clubbed, the right cervical glands slightly enlarged; both ears discharged pus freely, and there had been deafness for four years. The mesenteric glands were not enlarged, and there was no history of haemoptysis or diarrhoea, except recently. The temperature at 3 p.m. was 102° F., at 9 p.m., 103.2° F.

There were all the physical signs of advanced pulmonary phthisis, and the sputum gave a positive result when examined for tubercle bacilli by Gabbet's staining test.

The patient had not undergone tuberculin treatment at the sanatorium, but had been taught there to keep notes of her own condition, her relatives were reminded that her case was hopeless, and nothing more could be done beyond relief of the more distressing symptoms. Absolute rest in bed was advised, and guaiacol with small doses of quinine and sp. vin. rectif. prescribed. At about 3 p.m. she took daily a powder containing phenazone gr. 2½ and quinin. hydrochlor. gr. 3½. On November 15th tuberculin treatment was commenced, a dose being given of 1 c.cm. new tuberculin T.R. dilution containing 800 mg. by weight of bacilli, increased on November 19th to 800 mg. These doses, very gradually increased, were repeated every four days. For a fortnight there was improvement, then the patient would not keep in bed, and ceased to progress.

Afternoon (3 to 4 o'clock) and evening (8 to 9 o'clock) temperatures during first week of tuberculin treatment following two injections of sea-water plasma. (November 15th to 22nd, 1911.)

The tuberculin treatment was followed by a course of subcutaneous injections of radio-active menthol iodine (ampoules Jaboin, Radium Inst. de Lisle). For ten days, half an ampoule at first and then the whole contents of an ampoule were injected daily under the skin of the forearm, the patient being kept strictly to her bed. The temperature, however, increased instead of falling, so that by the tenth day it reached 103° F. at 3 p.m. and 103.4° F. at 9 p.m., and, as none of the symptoms improved, the injections were discontinued. Five grains of aceto-salicylic acid were then given in a tablet at 3 p.m., the dose being repeated in the evening. The temperature fell at once to 99° F., and was normal throughout the next day. The two doses, afternoon and evening, were repeated. For ten days after the cessation of the radio-active menthol iodine treatment the temperature remained almost normal. One afternoon, when the patient got up, it rose to 99.4° F. and

Afternoon (3 to 4 o'clock) and evening (8 to 9 o'clock) temperatures during first week of treatment without tuberculin. (October 26th to November 1st, 1911.)

one evening 99.6° F., but at no time during the week when the tablets were given did it reach 100° F. (See chart, January 10th-19th, 1912). The appetite, too, even for fatty food, had improved, but the pulmonary and laryngeal symptoms, and the headache associated with the ear complication, were unrelieved. This condition remained unchanged for three weeks, and then, when the throat and ear symptoms were beginning to lessen in severity, the temperature rose to its former afternoon and evening height, to be only a little reduced by 5-grain doses of aceto-salicylic acid. Then the drug was repeated every three or four hours after noon, and at once a most marked effect was observed. The patient found that she did well if she took three 5-grain tablets of aceto-salicylic acid daily between 11 or 11.30 a.m. and 6 or 7 p.m., the temperature remaining practically normal till bedtime; not only the hectic symptoms, but also the ear- and headaches left off, and she could even take a little exercise out of doors. Formalin inhalations were used, and the laryngeal irritation was relieved by cocaine and adrenalin spray or by a mixture in parocin of menthol, ol. pin.

Afternoon (3 to 4 o'clock) and evening (8 to 9 o'clock) temperatures during sixth week of tuberculin treatment. (December 21st to 27th, 1911.)

taken at 11 a.m. The temperature was 101.2° F. at 4 p.m., and 99.4° at 8 p.m. following another dose of aceto-salicylic acid, and it remained relatively low, till it was as high as 102.4° F. on September 20th.

The dose of tuberculin was not increased either on September 21st or on September 25th, by which time the temperature in the afternoon was only 99.6°, and at night 100°. The next day showed the same low temperature readings, although the patient was up and about. On September 27th it rose to 101° F., and therefore again, on September 28th, as on the previous Wednesday and Saturday, only 800 mg. was injected. During the latter half of the following week—from Wednesday night to Saturday night—the temperature ranged from 99.2° to 99.8° F. only, although the patient was no longer confined to bed. During all this period aceto-salicylic acid tablets were continued, as throughout the previous months, one at 11, another at 2 or 3, and another about 6 or 7 o'clock. When occasionally the patient forgot to take her tablet she was reminded of the omission by recurrence of the headache, with a feeling of chilliness. On such occasions, when the temperature was taken, it was nearly always found to be once more over 100° or 101° F. Another 5-grain tablet of aceto-salicylic acid would then stop the rigor and remove the headache, bringing down the temperature to 99° or 99.6°.

Afternoon (3 to 4 o'clock) and evening (8 to 9 o'clock) temperatures (with small doses of tuberculin every four days) during last week of year's treatment. (October 20th to 26th, 1912.)

Fall of temperature with 5 grain doses of aceto-salicylic acid three times daily after ten days' treatment with radio-active menthol iodine injections. A, Afternoon temperature; E, evening temperature. (January 8th to 28th, 1912.)

pumil., eucalyptol, ol. gualther., ol. cinnam., and camphor. Then an injection of Koch's new tuberculin T.R. was once more given subcutaneously once a week, the first dose of 400 mg. being increased in the course of five weeks to 800 mg. Then this treatment was interrupted, to be resumed on September 18th, 1912; 800 mg. was given in the forenoon, after 5 grains of aceto-salicylic acid had been

loss of weight being only 6½ lb., in place of over 14 lb. The night sweats were much less, and the appetite was much better. The highest and lowest temperatures during the week ending October 26th, 1912, at the end of the year's treatment, were 100.2° and 98.4° F. respectively, as compared with 103.2° and 101.2° F. respectively (during the first week of treatment a year ago).

Meanwhile, the tuberculin treatment was continued, an injection given generally about every four days, the small dose (800 mg.) of September 28th being gradually increased, until, on October 28th—one year and two days from my taking charge of the case, and ten and a half months from the time of the first tuberculin injection—the patient was again getting 4000 mg.

At the end of the year's treatment the physical signs remained practically as they were at the commencement, the breaking down process in the upper and middle lobes of both lungs was less rapid than in the previous year. The

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

THE TREATMENT OF RIGID OS UTERI.

This complication of labour, sometimes the cause of many hours of valuable time lost, deserves perhaps more consideration than it has already received. A recent case in my practice, the notes and treatment of which I will give, may prove interesting. I have used antimony in this way several times. It is perfectly safe and very successful.

Mrs. B., aged 23, primipara. I saw her in the morning, about 9 o'clock. On examination I found the os beginning to dilate and slight pains present. The membranes were intact, and I left her. On again visiting her, some hours after, I found the pains still present but irregular, and very little progress made since last visit. I saw her again in the evening, it being now altogether twelve hours since the commencement of labour. The os was at this time rigid, and but little further dilatation had taken place, notwithstanding strong and frequent pains. The lips had a hard ring-like feel, very different from the semi-pulpy feel usually met with. The patient's strength was good, and

there was very little constitutional disturbance. I determined to give her antimony in small frequent doses, and accordingly administered ½ grain of tartar emetic every ten minutes. After a few doses thus given nausea was produced, and after the fifth dose vomiting took place, when the administration ceased. On examining the os after a short interval I found the rigidity gone, the hard ring vanished. Not long after I ruptured the membranes, and safe delivery followed.

The rapid effects of antimony in this case were surprising, and I am certain from similar previous experiences that the small and frequent doses as here given are the best way of exhibiting the drug. Dr. Hall of Montreal has recommended ½ grain every half-hour, but how many tired-out patients during prolonged labour could stand the dangerous depression which might supervene from so large a dose?

Radstock, Bath,

JOHN A. IRVINE, L.R.C.P.Ire., etc.

BORIC ACID ECZEMA.

SIR ALMROTH WRIGHT bids fair to reform the treatment of wounds by demonstrating the importance of physiological principles of therapeutics. He has also shown us the utility and the limits of "hypotonic treatment." A