The cases were treated by clipping away the whole of the epidermis involved, on the same plan which best ensures eradication of the digital erysipelatoid vesication which we have at home. By means of dissection forceps and fine scissors the whole of the affected cuticle was removed to the very margin of the involved area, and even, if possible, beyond it. This is easily done in the home disease, but more difficult in the veld sores. The cause of the difficulty lies in the fact that while in the former there exists vesiculation, that is, a real separation of the epidermis by a cavity beneath it, in veld sores none such exists, the epidermis being thickened and saturated with an infiltrating gelatinous or mucoid serum, so that it resembles the structure of the cornea, only being less transparent, appearing more in colour and consistence like the flesh of a barely ripe green-gage or plum.

After as much epidermis as possible has been removed, any good antiseptic, such as carbolic or salicylic acid, applied in solution, or, still better, in vaseline, speedily brings about a cure.

SOME OBSERVATIONS ON VELD SORE.

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By the term "veld sore" should be described a cutaneous lesion distinct from the so-called veld sore following some injury or abrasion of the skin, which has become dirty and infected, and assumes somewhat the same character as the lesion I am about to describe. Such cases, however, form a large proportion of the diseases to be treated by the medical officers of a regiment continually on the trek.

I have personally been lately the subject of two attacks of veld sores, and thus have had excellent opportunities of observing closely their clinical history. The veld sore is generally first noticed as a small papule, about the size of a large pin's head; the presence of the papule, which rapidly increases in size, is often preceded by a slight amount of itching or smarting at the site of the lesion. The papule is filled with clear, yellowish, serous fluid, which gradually in the course of a day or two becomes turbid; the skin covering the papule is very thin, and easily broken. The papule usually increases in size if not broken, or if it is not covered by some protective material.

The usual characters, when seen by the surgeon for treatment, are a somewhat painful, dirty-looking sore, the size varying from that of a threepenny bit (1.6 cm.) to a five shilling piece (3.8 cm.), covered with a dirty scab, exuding serum and pus freely. The sores are generally multiple, and their position almost invariably on the extensor aspect of the hands and fingers. If the papule is incised before it reaches the state above described, the base is seen to be pale, the edges dirty, purulent looking, and generally appear to be exuding sero-pus. Almost invariably accompanying the sore in the form which is brought for treatment—that is, the dirty-looking variety—is a certain amount of lymphangitis, and the epitrochlear and axillary glands are tender and enlarged. Constitutional symptoms, as elevation of temperature, headache, constipation, are often present. Occasionally the patient presents himself for treatment with an enormous flat pustule, in some cases completely covering the back of the hand, and extending upwards under the skin of the forearm.

The treatment of these sores is simple. Incisions are made into the papule or pustule if necessary, and in most cases the frequent application of boric or carbolic fomentations, with rest of the affected limb, together with the administration of a mild aperient, usually causes the sore to lose its painful character, gives it a healthy appearance, and removes the attendant adeno-lymphangitis and constitutional symptoms. The after-application of a simple dressing of boric ointment ensures complete healing; the healing process is generally slow, but this is often due to the early enforced use of the limb, when on the march or when fighting. A feature of the lesion is the scarring which ensues, the scar remaining smooth and bluish, and very obvious for some considerable time after healing.

Veld sores occur generally in otherwise perfectly healthy

men who live under the best conditions, are well supplied with good food, a good amount of ripe fruit, and live the healthiest of open-air lives. I have noticed their frequency in mounted troops; my experience is that they are rare in infantry soldiers, the so-called veld sores seen in them, often in base hospitals, being infected sores due to injuries or parasites, or in debilitated subjects. The form of veld sores which I have described is not found, or very rarely, in men who are inhabitants of this country; the Colonial troops are practically immune, as are also the Boers.

Any sore following a cutaneous injury or abrasion, and becoming infected, is liable to be wrongfully called a veld sore. Possibly continual exposure to a very fierce sun and to a hot wind might cause the blisters in the first place, but the greater frequency of their existence in mounted men and men who are continually in contact with horses, as compared with infantrymen—their hands being exposed to an equal extent to the sun and wind—is against this. Another possible cause which has been suggested is the bite of the insect known as the tick, which infests the veld; but were this so the foot-soldier would be more subject to the lesion than the horse-soldier, which is not the case. The most probable cause, in my opinion, is the sting of large brown horse-flies, which, especially at the present time (February), occur in large numbers, and frequently settle for a moment on the unprotected back of the hand or fingers. The cases of veld sore at the present time are very numerous, in proportion, and there has been a great increase in the numbers of this brown horse-fly. Unfortunately, being continually on the trek with a flying column, I have had no opportunity of making a microscopical or bacteriological examination of the fluid from the sores.

REPORT ON 295 CASES OF ENTERIC FEVER, GENERAL HOSPITAL, TIN TOWN, LADYSMITH.

By DAVID MELVILLE, M.D., M.C.,

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DURING the months of May, June, and April, 1900, enteric fever was very prevalent in the neighbourhood of Ladysmith, consequently large numbers of enteric cases were admitted to the General Hospital, Tin Town, Ladysmith. These notes are taken from the records of 295 cases of enteric fever which were under my care whilst stationed at that hospital. The disease was of a malignant type, the symptoms differing considerably from the general run of cases in England, but resembling enteric as usually seen in Cape Colony.

The Rose Rash.—In about 40 per cent. of cases no rash was found, and in about 20 per cent. the rose spots were found thickly scattered over the trunk and the extremities, whilst in the remaining 40 per cent. the spots followed the usual distribution. In Cape Colony the rash is more frequently absent than present. In 1898 there was an epidemic of enteric in the Tsolo District of Griqualand East. I saw some hundreds of cases but was only able to find the rash in exceptional instances. There was no instance of the rash being thickly scattered over the trunk and the extremities. The cases in which the thick rash was found all seemed to come from the one locality—the south-east of Lombard's Kopje. I had no cases from any other locality. It is also interesting to note that the cases of dysentery coming from the same place usually had an attack of jaundice during their convalescence from the dysentery. Many cases came from the same camps either with no spots or with the usual eruption. What influence locality has on the eruption it would be difficult to say. The presence, absence, or excess of the eruption seemed to have no bearing on the severity of the attack as far as I could make out.

Diarrhoea.—In only 5 of my cases in Ladysmith was there any diarrhoea, and in these cases lead and opium pills acted like a charm. Constipation, on the other hand, was constant and difficult to deal with. This condition is a feature of the disease as met with in South Africa.

Cerebral Symptoms.—As a general rule the delirium was of the rambling or muttering type, giving rise to no anxiety and calling for no treatment. In 2 cases there was violent