

though it was distinctly thinned. The source of infection of the pericardium seems, therefore, to have been through the great gap in the respiratory tract. From this gap also came the air which forced its way up the cellular tissue of the mediastinum within the deep cervical fascia so as to form the emphysematous collar described. The possibility of the tear at the junction of bronchus and trachea being an accident of the *post-mortem* examination may be definitely excluded. The valves at the junction of the internal jugulars and the great veins of the neck were examined and found to be intact.

If one tries to pull the bronchi apart from the trachea with the parts *in situ* within the chest cavity it will be found to be impossible. Even after removal from the body if the trachea be taken in one hand and the lung torn away from it with all one's power it will be found that the broncho-tracheal junction will not yield. The force exercised by the wheel of the limber crossing the chest without evidence of injury to skin must have been extraordinary. The wheel was thought by the man to have passed over the thorax obliquely from left to right, following a line from the left nipple to the middle of the right clavicle. This fact, and the situation of the rib fractures might indicate that the lung was crushed backwards and upwards, and the bronchus bent acutely in the same direction over the vertebral column, its comparative rigidity causing it to yield while the other constituents of the root of the lung proved sufficiently resilient. Possibly there was associated with this force a bursting action in an antero-posterior direction, the rupture being in the same line.

NOTE ON THE TREATMENT OF VINCENT'S ANGINA.

By E. EMRYS-ROBERTS, M.D.,

Captain R.A.M.C.(T.C.),

— MOBILE BACTERIOLOGICAL LABORATORY, B.E.F., FRANCE.

In view of the widespread incidence amongst our troops on this front of affections of the throat and gums due to the fusiform bacillus and spirochaete of Vincent's angina, it may be of value to indicate a method of treatment that has met with unvarying success since its adoption in the area served by this laboratory during the last eighteen months.

The treatment consists in the local application of the following lotion. By its use the familiar gingivitis is usually cured in about six days, while the throat condition clears up altogether in from twenty-four to forty-eight hours.

Hydrogen peroxide ...	...	...	...	...	...	3v
Vinum ipecac.	...	...	...	...	...	3iij
Glycerin ...	...	...	...	...	...	3v
Aq.	...	...	...	...	...	ad 3viij

Vincent's angina of the throat is not only met with as a separate infection, but is very frequently associated with diphtheria. An analysis of the cases that have reached this laboratory shows that in nearly 60 per cent. of diphtheritic throats both fusiform bacilli and spirochaetes are present, while fusiform bacilli but no spirochaetes are present in a further 15 per cent.

The *rationale* of the formula was based upon the following considerations: First, that hydrogen peroxide is especially useful in loosening and cleaning up purulent exudates, and, moreover, would militate against the growth and multiplication of the anaërobic fusiform bacillus; secondly, that ipecacuanha wine might prove to have a more or less specific action upon the spirochaete; and, thirdly, that glycerin, by virtue of its hygroscopic and penetrative properties, would effectually convey the preceding ingredients into otherwise inaccessible recesses.

Whatever may be the theoretical value of these surmises, the practical issue is beyond doubt, and the consistent results obtained would appear to merit the general use of this lotion in Vincent's anginal infections.

I wish to thank Captain Mallet, L.D.S., Captain Place, L.D.S., and the many medical officers at casualty clearing stations and field ambulances who have kindly reported their results.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

PERFORATING WOUND OF THE CHEST.

The following instance of a large foreign body passing through the chest without causing death seems worthy of record. A Greek national soldier, aged 22, was admitted to a dressing station on December 6th, 1916, with gunshot wound of the left leg, and a wound in the back $\frac{1}{2}$ in. wide, near the centre of the right scapula. There was a hard lump in the epigastric region, and haemoptysis was present. On December 7th this swelling was frozen with ethyl chloride and incised. A piece of brass tubing from a shrapnel shell was extracted. It was 10.5 cm. in length, 1 cm. in diameter, and its wall was 1 mm. thick. It weighed 25 grams; one end was smoothly cut, the other jagged and bent. On December 12th the patient was moved four miles on a travois to the head quarters of the field ambulance. Haemoptysis continued till December 13th. On December 16th he was taken four miles on a travois to a casualty clearing station, which he left, almost recovered, on December 27th.

H. S. HOLLIS,
Captain R.A.M.C.(T.F.).

CASE OF TEMPORARY BLINDNESS.

SERGEANT D., aged 49 years, was admitted complaining of being unable to see; he was so blind that he had to be led to the ward.

Hearing the call of the motherland he came voluntarily from Johannesburg to rejoin his old regiment, being a time-expired N.C.O. after having served in the army for ten years. He had always been a healthy man, and never suffered from any disease which would account for his present state.

When admitted he was so blind that he was unable to see anything, not even a man standing by his bed, and mistook the window for the door. Temperature 101.2°, pulse 79, respirations 18. Nothing was to be made out on examination of chest and abdomen, and there was nothing abnormal with respect to urine; the arteries were soft, and the blood pressure normal for his age. He complained of some headache of a diffuse nature but slept fairly well. On making a careful examination of the eyes, it was found that vision was reduced to the recognition merely of hand movements. The media were clear and the fundi healthy; no thickening of the retinal arteries could be seen, nor was there any contraction in their size.

The temperature fell gradually, and at the expiration of eight days became normal. *Pari passu* with the reduction of temperature his vision began to improve, and fourteen days after admission he could see well enough to read a newspaper. As he was not feeling strong he was sent to a convalescent home, where he stayed a fortnight, and was then discharged as fit for duty.

The usual causes of blindness unconnected with visible eye changes are hysteria, uraemia, and acute retrobulbar neuritis. The case bears some resemblance to the latter, but the pupils were undilated and normal in reaction, and there was no pain on movement of the eyes, nor pain on pressure applied over the globes.

On the whole, we are disposed to think that the cause of the temporary blindness was some toxic condition of the blood which caused either anaesthesia of the rods and cones of the retina, or of the neurons of the visual centres in the cortex.

F. P. MITTLAND, Captain R.A.M.C.,
Divisional Physician;

KENNETH CAMPBELL, Captain R.A.M.C.,
Ophthalmic Surgeon,
Military Hospital, Tidworth.

ACCORDING to M. Jules Viala of the Paris Pasteur Institute the number of persons who underwent the antirabic treatment there in 1916 was 1,391. Of these 6 died of hydrophobia, giving a general death rate of 0.43 per cent. In two of the cases, however, the disease developed in the course of the treatment, and one patient died in less than fifteen days after its termination. Deduction of these leaves the following figures: Number treated, 1,388; died of hydrophobia, 3; mortality 0.21 per cent.

Medical News.

ON July 16th the American Red Cross Fund amounted to £23,604,274.

A THREE months' course of lectures and demonstrations in hospital administration will be given at the South-Eastern Hospital of the Metropolitan Asylums Board, on Tuesdays and Fridays at 5 p.m., by Dr. F. M. Turner, beginning on October 2nd.

MR. W. F. HASLAM, in commemoration of thirty-six years' association with Birmingham General Hospital, was presented on September 10th with an illuminated address and his portrait in oils, while Mrs. Haslam was presented with a diamond and pearl pendant. Mr. Haslam is retiring from the post of honorary surgeon to the hospital, which he has held for the past twenty-six years.

AN urgent appeal for aid is made on behalf of the Joint Committee of the British Red Cross Society and the Order of St. John, for "Our Day," which has been fixed for October 18th. The needs of the Red Cross work were never greater, and they are increasing every day. "Our Day" is everybody's opportunity to contribute to the comfort, care, and well being of the empire's wounded and stricken heroes. Miss C. May Beeman, the organizing secretary, will welcome offers of assistance addressed to 10, West Bolton Gardens, London, S.W.5.

WE have received the first number of the *National Food Journal*, which is issued by the Ministry of Food (H.M. Stationery Office, price 2d.) as a means of giving detailed and official information with regard to the actions and policy of the Ministry. The first number is dated September 12th, and publication will be continued twice a month. Lord Rhondda contributes a prefatory note, in which he states briefly the broad lines upon which his policy of food control is based, concluding with a statement that the general position of our essential food supplies is satisfactory, but that there is absolute need for economy in the use of all foodstuffs.

ON September 7th, at the Liverpool City police court, Henry Virtue Siddons was committed to the assizes on the charge of making a false statement under the Defence of the Realm Act, and on other charges. At the preliminary hearings it was alleged that the prisoner had forged and uttered two notifications of tuberculosis, adding the letters M.D. after his signature, although he had no qualifications in medicine or surgery. At the hearing on September 7th counsel said that subsequent inquiries had enabled the prosecution to present a number of charges against Siddons which were not known earlier in the case. Evidence in support of various charges against the prisoner having been given he was committed for trial, reserving his defence. In opposing an application for bail, counsel stated that in 1913 Siddons was indicted at the Old Bailey, where it was proved that he had personated a medical man, and he went to prison for nine months. Whilst in custody on that charge the accused had leapt out of a railway carriage window, endangering his life. Bail was refused.

A CIRCULAR issued by the Local Government Board on decisions by the Central Tribunal states that in a recent case the applicant, being dissatisfied with his classification (B 1) by the Recruiting Medical Board, was re-examined by the Special Medical Board, who passed him fit for general service. From the evidence of private practitioners, the Appeal Tribunal came to the conclusion that the man could not be fit for general service, and as there appeared to be no further steps which could be taken to verify his classification, the Appeal Tribunal felt bound to give the man exemption, which they did, for three months. The military representative contended that the tribunal were bound by the decision of the Special Medical Board, and the tribunal accordingly gave him leave to appeal to the Central Tribunal on this question. The Central Tribunal held that, although the greatest weight should be given to a certificate of the Special Medical Board, a tribunal is not absolutely bound to decide in accordance therewith, but must consider and decide upon any evidence which may be laid before them relating to the health of the man. The Central Tribunal repeated that a tribunal is not entitled to grant exemption on the ground of ill health or infirmity alone unless they are satisfied that it is such that the man is not fit for any form of military service. The form of military service the man is fit to undergo is not a matter for the tribunals but for the military authorities. The Central Tribunal remitted the case to the Appeal Tribunal to be decided in accordance with these principles.

Letters, Notes, and Answers.

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.

AUTHORS desiring reprints of their articles published in the *BRITISH MEDICAL JOURNAL* are requested to communicate with the Office, 429, Strand, W.C.2, on receipt of proof.

THE telegraphic addresses of the *BRITISH MEDICAL ASSOCIATION* and *JOURNAL* are (1) EDITOR of the *BRITISH MEDICAL JOURNAL*, *Atiology, Westrand London*; telephone, 2631, Gerrard. (2) FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate, Westrand London*; telephone, 2630, Gerrard. (3) MEDICAL SECRETARY, *Medisecra, Westrand London*; telephone, 2634, Gerrard. The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin.

The address of the Central Medical War Committee for England and Wales is 429, Strand, London, W.C.2; that of the Reference Committee of the Royal Colleges in London is the Examination Hall, 8, Queen Square, Bloomsbury, W.C.1; and that of the Scottish Medical Service Emergency Committee is Royal College of Physicians, Edinburgh.

Queries, answers, and communications relating to subjects to which special departments of the *BRITISH MEDICAL JOURNAL* are devoted will be found under their respective headings.

QUERIES.

W. M. J. asks for suggestions in the treatment of a bad case of nail-biting, in a child 4 years old, in which the ordinary methods have failed. Beyond being rather nervous and excitable the girl is in all other respects well.

LETTERS, NOTES, ETC.

CENTRAL KITCHENS.

MR. CHARLES E. HECHT writes: The executive committee of the National Food Reform Association (14, Great Smith Street, S.W.1) in April last passed a resolution "welcoming the action of the Ministry of Food in recommending communal kitchens as making for individual and national economy and a better nourished population," and received a cordial acknowledgement. Since then the system has been widely adopted, and the saving, both in foodstuffs and in fuel—recently noted with approval by Lord Rhondda—to say nothing of labour, or the opportunity afforded for improving cookery and diminishing waste, is generally recognized. The committee desires to be of service to local authorities and others. It has already been able to assist both public and private promoters of such kitchens.

"A TOO-PUNGENT MOUTH-WASH."

M.D. writes: You have now published two letters from dental surgeons condemning the use for oral purposes of pungent washes, powders, and pastes. A dental surgeon to whom I often send my patients appears almost invariably to advise the use of euthymol tooth paste in cases of pyorrhoea, not only for cleansing the teeth but equally for massaging the gums, after he has himself treated the teeth. The results appear to me to be most satisfactory. I cannot help thinking that the assertion that tooth pastes may cause a marginal gingivitis or interstitial caries is too sweeping.

MEDICAL APPOINTMENTS IN EGYPT.

WITH regard to the paragraphs on medical practice abroad in the Educational Number of the *JOURNAL*, the Director-General of the Egyptian Public Health Department sends us the following note concerning certain medical appointments which occur from time to time in Egypt:

The medical appointments made in the Department of Public Health belong to two main categories:

(a) Temporary Inspectors: Appointment on two years' contract at £E600 per annum (with certain allowances), rising to £E720 per annum.

(b) Divisional Inspectors: Appointment at £E480 per annum (with certain allowances), rising to £E600 per annum, with appointment on the pension list after two years' probation if the candidate proves satisfactory.

Candidates for both categories of appointments should be not more than 30 years of age, and should be unmarried.

SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

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Seven lines and under	0 5 0
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An average line contains six words.

All remittances by Post Office Orders must be made payable to the British Medical Association at the General Post Office, London. No responsibility will be accepted for any such remittance not so safeguarded.

Advertisements should be delivered, addressed to the Manager, 429, Strand, London, not later than the first post on Wednesday morning preceding publication, and, if not paid for at the time, should be accompanied by a reference.

NOTE.—It is against the rules of the Post Office to receive *post restante* letters addressed either in initials or numbers.