REMARKS ON THE ANTISEPTIC TREATMENT OF THE WOUNDED ON THE BATTLE-FIELD.

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THE iodoform and boracic dressing, mentioned in a paper read by me at the Medical Society of King's College, Dec. 7th, 1882, was again recommended at the discussion at the Woolwich Medical Society. It occurred to me at the time as the most effectual, and as presenting facilities in the way of transport. Sprays, of course, are out of the question, and all that is required as a first dressing is an antiseptic covering to the wound. It seems to me that in carrying out this principle every soldier could be provided with the means of being his own antiseptic dresser. For this purpose I would recommend that in the active service kit the soldier should be provided with an inside breast pocket rendered waterproof by a lining of mackintosh or some similar material; this pocket should contain a fold of antiseptic lint or a pad of compressed antiseptic wool, with a few yards of gauze bandage, and a miniature canister containing iodoform. I especially recommend the carbolised gauze bandage, because of the small space a few yards would occupy, and on account of the property it possesses, in bandaging, of moulding itself to the limb, and thus securely, but not too tightly, fixing the dressing. In Egypt I had to extemporise iodoform dusters or dredgers by perforating the ends of cylindrical strapping tins, but miniature tin canisters with perforated tops and covers could be easily provided. The waterproof pocket would ensure the dressing being *clean* and *dry*, unless, as is not unlikely, it were used as a convenient tobacco pouch, and in that case it would be better to supply every soldier with a light inexpensive tin case about the size of a cigar case, which could be carried in a breast pocket or attached to some part of his kit. This case could contain either a minute canister of iodoform, or a tube on the principle of artists' colour tubes, containing an antiseptic cream made from iodoform and eucalyptus oil, a gauze bandage, and, if economy must be attended to, a packet of compressed carbolised tow and a strip of protective, in lieu of iodoform, or some more expensive antiseptic. Meddlesome surgery no doubt is dangerous in the extreme, and in severe cases a little knowledge may do more harm than none at all; yet for all that, in simple cases, I see no reason why every soldier not incapacitated by the character of the wound should not help himself just as in civil hospitals, where we send away out-patients with a small supply of iodoform and lint, &c., to dress their ulcers, soft chancres, &c. It is quite evident that we must use a dry dressing; we cannot recommend lotions to be used on the battle-field. The limb must be cleansed and lotions applied, if necessary, at the field hospitals. Sir Joseph Lister's corrosive sublimate lotion would be doubtless very useful in the field hospitals, but where compactness and simplicity are essential requisites we must steer clear of recommending too many antiseptics, and I think the chloride of zinc would be found more valuable; as a hæmostatic and antiseptic a forty-grain solution for swabbing flaps after amputation and cleansing suppurating channels has long been in use at King's College Hospital. Hand sprays were in use in the Egyptian War at the Ismailia Hospital, and the drainage-tubes supplied there were mostly of the thickness of a pipe-stem. In future, if sprays are used at all, steam sprays must be supplied, as the others cannot be depended upon, and the former are of great use for disinfecting medical wards. The red drainage-tubes should be supplied of all sizes, varying in calibre from a pipe-stem to the thickness of the forefinger; and, as mentioned in the report referred to above, the sulphurous catgut is far preferable to the carbolic.

In conclusion, the principle of "*every wounded soldier his own antiseptic dresser*" deserves consideration. In wars to come the wounded will not, if we have repetitions of Plevna and Sedan, be counted by hundreds, but by thousands. In that case, however efficient an army medical department may be, there will be always more than enough for the surgeons of the first line to do in attending to the severest cases; and if the surgeons should fall as well as the combatants

themselves, or regiments be isolated from the field hospitals, or an engagement take place over such an extent of country that in thickets and woods batches of wounded are missed, then means being at hand for the wounded soldier to apply an antiseptic dressing for himself or with the aid of a wounded comrade cannot but tend to benefit the condition of that most deserving sufferer, the man who is injured in defending the interests of his country.

IDIOPATHIC TETANUS.

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THE following interesting case of idiopathic tetanus should, I think, be recorded.

T. D—, aged seventy-eight, by occupation a labourer in a country district, had always enjoyed good health, with the exception of the last three years, during which time he had occasionally had attacks of articular rheumatism, but never of sufficient severity to compel him to keep his bed. He had never met with any serious personal injury. The cottage he lives in is a small two-storeyed one on the side of a hill. For some time past the roof has needed repair, letting in wet, which has made the floor and bedding of the room occupied by T. D— damp. On Dec. 25th, 1883, he felt chilly, and an ordinary nasal catarrh developed; a few days later he complained of pain in the medium-sized joints of the extremities, but there was no marked swelling, which he ascribed to rheumatism. On Jan. 8th, 1884, the patient complained of stiffness in the back of the neck, which was followed next day by tightness and stiffness in the muscles of the lower jaw, attended by difficulty in swallowing. He also complained of severe pain in the region of the epigastrium, shooting through to the back and affecting his breathing, the pain being of a paroxysmal character. The jaw continued to get more rigid every day, and was accompanied by spasms affecting the muscles of the neck, pulling the head strongly backwards, the jaws becoming closely and firmly set, and, owing to the age of the patient, there being an absence of side grinders, the lower jaw overlapped the upper one to such an extent when seen on the fifth day of illness as to push upwards the upper lip and embarrass the breathing through the nose, the patient being obliged to hold the lower lip down with the fingers in order to get his breath or to articulate. At this time the muscles of the trunk and spine were becoming involved, so that at intervals the whole body was drawn forcibly backwards. When the patient felt a paroxysm coming on he motioned to his wife to help him out of bed to the floor, and, as his wife stated, his body was drawn forcibly backwards, so that she thought he would fall without assistance. These paroxysms increased in severity and frequency until the patient was no longer able to rise from his bed. Urgent dyspnoea came on, with all the appearance of suffocation about to supervene, and on the morning of the sixth day the patient expired in one of the violent contractions which ensued, the mind in the intervals appearing clear to the last. The treatment consisted in the administration of large doses of bromide of potassium; a vapour bath was also improvised, but no treatment seemed to have any good effect.

Remarks.—It has appeared well to place the history of this case on record because it was an undoubted one of idiopathic tetanus, no injury of any kind having been received, the only apparent cause being cold and damp in a rheumatic subject. Being, like chorea, a derangement of the motor functions of the spinal cord, the cord as high as the fifth nerve, and not the brain, appearing to be the chief seat of the affection, the symptoms of this disease would be ascribable to a morbid excitement of the motor nerves produced by a poison acting on them, and probably the poison was that of rheumatism. Niemeyer, in his work on medicine, classifies rheumatic tetanus as a distinct and recognised affection. There can be no doubt about the extreme rarity of this affection, Dr. Aitken, in his standard work on medicine stating that idiopathic tetanus "is believed to be extremely rare in this country." Another interesting feature in the case is the age of the patient.

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