Steedman, of Hanwell. The disease was of a severe type and of the form styled erysipelas migrans or ambulans; a more appropriate qualification here would have been perambulans, so thoroughly did this infection "travel through, about, or over; pass up and down." The temperature curve was of the heavily remitting or intermitting type; the maxima very seldom lower than 102° and more often ranging between 103° and 104° . In the earlier stages the remitting type prevailed, but from the commencement of the fifth week onwards the character of the pyrexia was predominantly intermittent and attended often with heavy sweats during the intermissions. The total duration of the fever was just over eight weeks. The seventh week showed a decided downward trend of the pyrexial curve, the minimum reached being 101.8° ; then, however, the fever showed renewed activity, mounting up to 103.4° , 103.2° , and 104° on successive days; at this point we began the administration of cryogenine in doses of 10 to 15 grains per diem; on the last day of the seven days' course a final dose of 5 grains was given. The effect of the treatment is best seen on the accompanying chart, and if we take into consideration the fact that when the drug was commenced the fever was again upon the upgrade and had reverted in type and intensity to the pyrexia of the fifth and sixth weeks, it will be difficult to escape the conclusion that the antipyretic action was due to the new factor introduced. It will be seen that the effect of the first dose of 10 grains was to delay the rise of the fever some six to eight hours, it was not sufficient to reduce the swing appreciably. On the following day an additional dose at 4 P.M. produced a much more pronounced effect. On the fifth and sixth days it seemed likely that the doses might have to be increased still further, when, at last, the final subsidence came. From April 27th onwards the temperature became absolutely normal or slightly subnormal; it was taken for some weeks longer. In the giving of the medicine the endeavour was made to anticipate the rise of temperature; the times of the dosage were therefore not quite fixed.

Sègre, as already stated, gives it as his experience that cryogenine has but little power over the fever of erysipelas; in the light of this case this statement must be reconsidered, though it is quite possible that in the earlier and more sthenic stages of erysipelas as in the cases of shorter duration, which are the rule, Sègre's experience may hold.² At any rate the present case suggests that the field of usefulness of cryogenine may be extended outside the limits of tuberculous and enteric infections, and perhaps it may be found of special use in those cases of lingering pyrexia which may follow upon the acuter stages of an infection, and continue, more or less indefinitely, to the confusion of prognosis and the apprehension of all concerned: of such kind is the so-called after-fever, with which we used to be not unfamiliar in typhoid, also the pyrexia in certain forms of influenza.

If cryogenine be employed in such or similar cases the general well-being of the patient during the administration will at all times be the criterion we shall rely on to guide us, whether to maintain or advance the dose or to discontinue. In the above recorded case the patient was most carefully watched from this point of view.

Wimpole-street, W.

² Since the above was written I am indebted to Dr. Louisa Woodcock for the report of a striking success with cryogenine in a case of erysipelas recently under care at the Endell-street Military Hospital. The effect on the temperature and spread of the erysipelas was unmistakable.

Clinical Notes :

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

A DEPILATORY FOR PREPARING THE SCALP AND OTHER AREA FOR OPERATIONS AT THE FRONT.

BY ALEXANDER DON, F.R.C.S. EDIN.,
MAJOR, R.A.M.C. (T.).

THOSE of us who are working at the front are often faced with the problem of how to clean a large area like the scalp in a short time. I can recommend the following as worth a trial, and I believe it is being fairly extensively used at present by those at the base who know the method.

The hair is first cut with a scissors or a clipper, and is next washed to loosen the clotted hair. The depilatory, which is a mixture of sod. sulphide, cold water starch, and fine unslaked lime, is then mixed to a consistency of thick soup and is immediately well rubbed into the whole scalp. In seven to ten minutes, which is about the time one takes out here to prepare oneself for a head operation, the whole can be taken off with the back of a spatula, leaving the scalp quite bare and with no cuts like after many a shave. No further cleaning is required, but the operation area may be further prepared to choice. Such a method ensures that the tiny wound of entrance of a rifle bullet will not be overlooked, as often happens when shaving the area of exit alone is resorted to, no other injury being noticed on account of blood or hair or both. The preparation is difficult to make up in such a way as to ensure its keeping, but I have always been able to get it from Messrs. Paterson and Sons, Aberdeen, quickly and in good condition.

NECROSIS OF HALF A PATELLA.

BY E. MANSEL SYMPSON, M.D., B.C. CANTAB.,
M.R.C.S.,

MAJOR, R.A.M.C. (T.), 4TH NORTHERN GENERAL HOSPITAL; HONORARY SURGEON, LINCOLN COUNTY HOSPITAL.

A MAN, aged 73, was sent into the County Hospital to be under my care on March 20th, 1915, by Captain F. E. Withers, R.A.M.C. (T.), of Horn-castle, who is now on active service with the 12th Stationary Hospital in France. The patient had bruised his right patella some months before by falling on it and it had gradually ulcerated and exposed necrosed bone. On March 25th I removed this, which was practically the whole of the anterior surface of the patella, about the size and thickness of a five-shilling piece. It had been separated from the posterior portion by a layer of granulations. This surface healed over very slowly at first, but much more quickly after the treatment with Wright's solution, of which I have been making much use at the 4th Northern General Hospital. He went home cured on July 12th. The vertical splitting of the patella and the subsequent death of the anterior portion are, as far as I can make out, unique.

Lincoln.

THE BUTE COTTAGE HOSPITAL, ABERDARE.—It is regrettable that this hospital, which is the only one in a town of 50,000 inhabitants, has reached an acute financial crisis, owing to the withdrawal, on account of the heavy war expenditure, of a large number of annual subscriptions. The hospital has been in existence for 34 years.