and congestion of the sublingual veins may add to the certainty of diagnosis.

The treatment of chronic tetanus is largely surgical. The wound should be explored, the dead tissue resected, bone fragments curetted, and sequestrums removed. Occasionally, if the symptoms become more severe, amputation may be necessary, especially if the local conditions make preservation of a useful limb doubtful. This is probably rarely necessary, and chronic tetanus alone should seldom be accepted as an indication for amputation. In addition to the operative treatment, sedatives may be administered and antitoxic serum injections instituted. Quiet and a sustaining diet are as important as in the acute cases.

The prognosis of chronic tetanus is usually good. Nearly all patients who live for two weeks or more after the appearance of the first symptoms recover. Bruce reports a mortality of 17 per cent. in cases occurring after operation when no prophylactic dose of antitoxin was administered. In the local forms, the greater the time since the last injection of antitoxin the worse the prognosis. The gradual involvement of the higher centers is, of course, a bad sign.⁸

THE SERVICE IN GENITO-URINARY DISEASES AT CAMP DIX

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CAMP DIX, WRIGHTSTOWN, N. J.

The work of the urologic and dermatologic departments in the base hospital at Camp Dix has been one of organization as well as therapeutics.

Starting September 13 in one two-story building, our progress has been rapid. In October we moved to the base hospital, and at present have, exclusively for genito-urinary and dermatologic patients, six wards, one of which is used for outpatients only.

Fig. 1.—Dispensary floor plan.

Our medical staff consists of fourteen officers. A major is the chief of both the genito-urinary and dermatologic departments. The genito-urinary staff consists of ten lieutenants. The dermatologic staff consists of one captain and two lieutenants. Each member of the staff does work in the dispensary in addition to ward work. The junior members of the staff receive instruction from the chief of the department in the diagnosis and treatment of urologic and venereal diseases.

Each ward has a ward surgeon and an assistant ward surgeon. The ward surgeon is responsible to

the chief for everything that transpires in his ward. In the absence of the ward surgeon, his assistant automatically becomes ward surgeon and assumes the duties and responsibilities of the ward surgeon.

In addition to ward duty, each officer has a position in the outpatient department. Here, as far as duties are concerned, our system is one of rotation. In order that a man may become familiar with every phase of our outpatient work, he is assigned to the various stations for a week at a time. As yet we have not made

Fig. 2.—Hospital and outpatient organization.

the position of director of treatment one to which every man is assigned. For obvious reasons it is considered most practicable to keep this for about three experienced men.

RANGE OF WORK

In October, 1917, with the cooperation of the Surgeon-General's Office and the commanding general and the division surgeon of the Seventy-Eighth Division, we took over the treatment of all genito-urinary and dermatologic cases in Camp Dix. In this movement we have received the cooperation of regimental surgeons and regimental commanders. Prophylactic treatment has, however, been administered at the regimental infirmaries. In assuming control of all genito-urinary and syphilis work, our organization plans had to be greatly altered to accommodate the extra amount of work put on them. At present we can easily handle 300 dispensary patients in a day in addition to treating all of our hospital patients. As a result of the splendid cooperation of regimental commanders and surgeons, we have not been burdened with follow-up letters.

Our plan of distribution and assignment of patients, either to our hospital wards or to the outpatient department, is as follows:

Every new patient sent to this department for advice is thoroughly examined and a *complete* history taken at his first appearance. If he is deemed a case for hospital care, Form 1 is filled out and sent to the regimental surgeon. In this form it will be noted that the patient must be sent with his mess kit. In our entire department we have no dishes except those that the patients bring with them. He is further instructed to bring any toilet articles he may need, because he cannot again leave the hospital buildings until discharged. In the event of his being a dispensary case, Form 2 is sent to his regimental surgeon.

8. Montais: Ann. de l'Inst. Pasteur, July, 1916.

If, on discharge from the wards of the department, the patient is to receive further treatment as an outpatient, Form 3 is filled out. If discharged, a personal note is sent the regimental surgeon in addition to Form 4.

DISPENSARY TREATMENTS

Our plan of procedure in handling cases in the dispensary is as follows:

The patient enters Door 1 (Fig. 1) and his name is taken by a clerk. He then takes his place on a bench as near as possible to Room 1. (We endeavor to seat the men and treat them in the order in which they arrive.) The records are then sorted out by the record

FORM 1

UROLOGICAL DEPARTMENT BASE HOSPITAL CAMP DIX, N. J.

PLEASE RETURN THIS SLIP WITH PATIENT

January, 1918.

From: G.U. Dispensary.
To: Regimental Surgeon.
Subject:

Diagnosis:

Advise: Admission to this hospital for treatment.

Patient should have mess kit and either transfer card or nominal list, as applies to this case. Your signature to either necessary.

.....
First Lieut., M. R. C.

FORM 2

UROLOGICAL DEPARTMENT BASE HOSPITAL CAMP DIX, N. J.

PLEASE RETURN THIS SLIP WITH PATIENT

January, 1918.

From: G.U. Dispensary.
To: Regimental Surgeon.
Subject:

Diagnosis:

Advise: That he return to this dispensary
and each week for treatment at 8 a. m.

.....
First Lieut., M. R. C.

FORM 3

UROLOGICAL DEPARTMENT BASE HOSPITAL CAMP DIX, N. J.

PLEASE RETURN THIS SLIP WITH PATIENT

January, 1918.

From: G.U. Dispensary.
To: Regimental Surgeon.
Subject:

Diagnosis:

Advise:

.....
First Lieut., M. R. C.

FORM 4

UROLOGICAL DEPARTMENT BASE HOSPITAL CAMP DIX, N. J.

From: G.U. Dispensary.
To: Regimental Surgeon.
Subject: Discharge of

January, 1918.

Diagnosis:

Remarks: The above named patient is discharged from treatment in this department.

.....
First Lieut., M. R. C.

clerk and given to an orderly, who calls out the patient's name and sees that he gets into Room 2 to the director of treatment. After receiving treatment, the patient takes his record and the treatment slip, which has been signed by the officer administering the treatment, and deposits them in a basket at Door 3. At 3 we have a clerk stationed whose duty it is to see that no patient leaves the building without his record or without having had treatment.

The direction of treatment of hospital patients is carried out in our dispensary building, and each ward surgeon directs the treatment of his own patients. The routine work is carried out, however, by other members of the staff. We wish to emphasize the fact that all treatments are administered by members of the medical staff and not by orderlies.

In our work we have impressed the fact on members of the staff that there can be just as much decorum and professional dignity connected with a urologic and dermatologic hospital as in any other branch of medicine. This seriousness of purpose, we believe, automatically impresses the venereal patient with the gravity of his disease.

In the wards, bedside talks on sexual hygiene are given by the staff. While attendance is not compulsory, we find that general interest is manifested by the patients.

OUTPATIENT DEPARTMENT

For this work we have a well equipped converted ward building which has fifteen small rooms for treatment and one large room for a waiting room (Fig. 1).

Room 1 is used as a record room. All records of outpatients and discharged patients are kept in files. The records are kept in order by a record clerk whose duty it is to keep the records and to enter on the treatment sheet the treatment each patient receives. It is also the duty of this clerk to check up the names of such outpatients as fail to appear for treatment. The regimental surgeon is then informed of any men in his command who have failed to appear.

Room 2 is the station of the director of treatment. Each patient receives his record on entering this room. The director examines the patient, that is, takes a smear weekly, examines the urines clinically by the glass test, makes note of anything the patient may complain of, and with his treatment slip assigns him to one of the several rooms where treatment is given.

Room 3 is used exclusively for endoscopic, cystoscopic and urethral examinations, and passage of sounds under the direction of the chief of the service.

Room 4 is the laboratory in charge of a lieutenant trained in laboratory work. He examines smears for gonococci, and the urines of both ward and outpatients. He also examines specimens for *Spirochaetae pallidae*.

Room 5 is the patients' toilet.

Room 6 is a lavatory for officers and the hospital personnel.

Room 7 is the pharmacy in charge of a trained man. Here all solutions and drugs used in this department are in stock, and drugs necessary for treatment are dispensed.

Rooms 8 to 15 are treatment rooms for genito-urinary patients.

Room 15 is used as a dermatologic and syphilitic treatment room.

Health of New York in 1917.—The health department has recently published a résumé of its statistics for the year 1917, which shows that the death rate last year was 13.78, the lowest ever recorded in the city. The death rate for 1916 was 13.89 and for 1910, 16.00. The respiratory diseases as a class are still responsible for a large number of deaths annually; the death rate from pneumonia was 1.93, the same as in 1913. The death rate from tuberculosis shows an increase over that prevailing in 1916, the rate being 1.55, as against 1.50 for 1916. While the prevalence of the common infectious diseases is known to fluctuate from year to year, there has been a gradual reduction as compared with ten or twenty years ago. Heart disease, Bright's disease and cancer fail to show any decrease. Last year there were 529 deaths from sunstroke, the largest number in New York City since 1901. There has been a marked increase in violent deaths the past few years. In 1917, the rate of deaths from automobile accidents was 9.07 per hundred thousand, as against 5.64 in 1913. In 1917, there were 768 deaths from suicide as compared with 836 in 1916. The marriage rate was 10.49 in 1917, as against 9.78 in 1916 and 9.68 in 1910.