TERRITORIAL NURSING AND RED CROSS NOTES.

On Sept. 16th the Speaker of the House of Commons delivered an address at Penrith before a crowded audience on the formation of Voluntary Aid Detachments under the British Red Cross Society. Mr. Lowther reminded those who asked why it was necessary to make themselves ready now in times of piping peace for an invasion which was not likely to occur, that it was the unexpected which always happened. It was true we had a magnificent navy, and as long as that navy was supreme upon the seas there was no possibility of a foreign foe landing on our shores. But he would be indeed a bold man who would say that the Navy would always be in the position to prevent an invasion. Our shores had been invaded in the past; they might possibly be invaded in the future. By the establishment of branches throughout the country the Red Cross movement provided a vast and immediate extension of the resources of the Royal Army Medical Corps in case necessity should arise. It was a mistake, in his judgment, to rely entirely upon the State for everything which was required, and voluntary services were more readily given than those obtained by compulsion. Ladies by learning home nursing could help in the work and thus become useful members of the State.

A public meeting was held at Pitlochry on Sept. 12th for the purpose of forming a district detachment of the British Red Cross Society in connexion with the Scottish Territorial Medical Service. Lady Tullibardine, who presided, said that while the Territorial nursing scheme included men, it conferred an especial privilege upon women by enabling them to take their share in the great and necessary work of national defence. Every woman, whether trained or not, whatever her age, who had a little spare time could enrol as a member of the society. She pointed out that under the existing Territorial arrangements there was a very serious gap in regard to conveying the sick and wounded from the field ambulance to the base hospitals, which could be filled by the voluntary service of men and women.

THE JOURNAL OF THE ROYAL ARMY MEDICAL CORPS.

The September issue of this journal has a further instalment of Lieutenant-Colonel R. J. Simpson's medical history of the South African War. In the same number Captain L. Bousfield continues his account of a tour of investigation as to the prevalence of kala-azar in Kassala and the Blue Nile districts of the Soudan, and Captain P. J. Marett publishes an interesting preliminary report on the breeding-places of the sand fly in Malta. This is a sequel to the work on sand fly fever carried out by Lieutenant-Colonel C. Birt in 1909. "Notes on the Conveyance of Sick and Wounded by Rail, with Special Reference to Improvised Methods," by Lieutenant-Colonel H. E. R. James and Major C. G. Pollock, contain exactly the kind of information which will prove useful not only to medical officers of our Regular forces, but also to those of the Territorial forces and to the auxiliary organisations concerned with national defence. It will be remembered that Lieutenant-Colonel James dealt with the subject of the adaptation of a motor omnibus and Scotch hay cart for the carriage of wounded men in the July issue of the *R.A.M.C. Journal*.

PLAGUE IN MONGOLIA.—Correspondence from Kiachta says that in consequence of three deaths from cerebro-spinal meningitis in the town of Troitskav the local inhabitants are alarmed, thinking they are in the presence of tabargan ("jumping hare") plague. A Russian correspondent writes: "The 'jumping hare' is common in Transbaikalia and Mongolia, and is exported in large quantities into Russia, where it is used for the purpose of imitating sable and other furs. The tabargan is said to be—like the rat—very susceptible to the plague, and one of the most active propagators of it. Dr. Borodin of Akschinsk, who was in the village of Stary Tzuruchaitai this summer, learned from a Buriat who had been a few versts over the Mongolian frontier, that on the river Tap some 'dreadful sickness,' probably the tabargan plague, was prevalent amongst the inhabitants, and that there were villages where not a single recovery could be recorded amongst those who fell sick."

Correspondence.

"Audi alteram partem."

ANTISEPSIS IN MIDWIFERY PRACTICE.

To the Editor of THE LANCET.

SIR,—With reference to the recent correspondence about sterilising midwifery instruments, possibly the following account of my own experience may be useful, though one has naturally some diffidence in offering any remarks in such illustrious company. I began by causing a local tinsmith to make a small, light steriliser of thinnest tin. It was just large enough to hold my forceps. I carried it easily in my bag and used it frequently with satisfaction. It then occurred to me to try a plan which would enable me to use a smaller spirit lamp, carry less spirit, and at the same time save some of the 15 or 20 minutes necessary for my steriliser to reach boiling point. I accordingly tilted the steriliser so that one end was several inches lower than the other, poured two or three ounces of hot water into it, and placed a single small spirit lamp under the lower end. The water quickly boiled and filled the closed steriliser with boiling-hot steam. Afterwards, I gave up the steriliser and used a thin tin douche can of the same dimensions as the steriliser, and having a lid but no spout. It was used in the same way—i.e., by having a few ounces of water boiled in the bottom of the tin. Wire supports to hold the can erect, or sharply inclined, can be easily made and attached.

This device, besides rapidly sterilising forceps and gloves, supplied the great desideratum of a sterile douche can in place of the septic household jug. Of course, the instruments have to be well cleansed from organic or greasy contamination before trusting them to steam disinfection. I have been told, but do not know if it is true, that the addition of a little formalin to the water increases the antiseptic power of the steam. I have also tried the expedient of connecting the spout of a douche can, by means of a few inches of rubber tube, to the spout of a small kettle on a spirit-lamp. In a glass douche reservoir a thermometer (well wrapped in lint) registered 210° F. in a few minutes after the kettle began to boil. The reservoir was kept closed by a folded handkerchief. This plan might prove useful to those who prefer to sterilise the forceps before going to their case. For the instrument, wrapped in cloth, can be sterilised without being wetted. Any dampness that may hang about the cloth can be dried off in front of the fire without unwrapping the forceps. The forceps themselves become so hot that steam cannot condense upon them.

I am, Sir, yours faithfully,

V. T. CARRUTHERS,

Captain, Royal Army Medical Corps.

Kandy, Ceylon, August 9th, 1910.

COLD-BATH TREATMENT OF INFANTILE CONVULSIONS.

To the Editor of THE LANCET.

SIR,—I wish to support the opinions of Mr. M. G. Pearson as set forth in THE LANCET of July 16th, p. 180, also Captain W. E. McKechnie, I.M.S., as set forth in THE LANCET of Sept. 17th, p. 912. I agree with Mr. Pearson that the lists usually copied from one text-book to another play a very small part in the cause of convulsions. We usually find, on being called to see a patient in convulsions, that it has been having, known or unknown to the nurse or mother, some very undesirable substance, such as potatoes and meat, some very strong soup, or some fruit of the most indigestible kind, which, whether from fear or some other cause, is not spoken about till the child is well, or, it may be, vomits the substance.

I have formed the opinion that the indigestible substance lying in the stomach is the cause of the convulsions; that hyperpyrexia is a symptom, just as movements of the limbs and eyes; that hyperpyrexia is the most dangerous symptom, and it is by controlling the fever that recovery may be expected. After taking the temperature and pulse-rate I give an enema with a piece of soap about the size of the little

finger inserted into the rectum and worked backwards and forwards till there is a good evacuation, after which I plunge the patient into a cold bath.

My reason for giving the enema is to clear the lower bowel and assist the peristaltic motions of the bowels and so help to get the indigestible substance out of the stomach as quickly as possible. I have never tried to give an emetic, being rather afraid of choking the patient, as there is always difficulty in swallowing. I have always found that the enema suited well. My reason for the cold plunge is to get the hyperpyrexia under control. The case that I tried the cold water with first was a little fellow, on New Year's night, 1906, whose father had been feeding him on short-bread and cake, as supplied during the New Year's festivities. I was called in a hurry to see the little fellow. Unfortunately, I was not at home when the messenger reached my house. The parents decided to await my return. When I arrived I found the temperature $106\frac{1}{2}^{\circ}\text{F.}$, the pulse very rapid, and the child unconscious, with all the usual convulsive movements. The child had had quite a number of hot baths with mustard, with no result. I plunged him into cold water on a cold frosty night, with the result that the convulsions ceased within three minutes; consciousness returned within seven minutes. The temperature subsided to normal within ten minutes. There was no appreciable shock to the little fellow. When I called on the following morning he was quite well. He never had another convulsion until about 18 months afterwards when an attack of pneumonia was heralded by a slight convulsion. So far he has not since had any illness that I am aware of.

Since 1906 I have used cold baths frequently, always with good results. Cold bath treatment of convulsions with the enema of soap has proved very successful in my hands. I strongly recommend this treatment to the attention of the profession.—I am, Sir, yours faithfully,

P. CARRUTHERS WATT, L.R.C.S. Edin., &c.

Gatehouse of Fleet, Galloway, N.B., Sept. 17th, 1910.

POOR-LAW REFORM.

To the Editor of THE LANCET.

SIR,—In view of the fact that consideration of this great question must be a matter for decision during the winter months by the members of the medical profession, the time appears to be ripe for the inquiry whether the profession as a body desires that its affairs should be regulated by itself or by the State. Some consolation may be derived by the members of the British Medical Association for the loss of its Charter from the fact that the executive of the Association has apparently been captured by the Fabian Society.

If this is denied, at all events the views of the medical gentlemen who act as organisers are tolerably well known, and such views appear to approximate to those of the Fabians. A warning, therefore, may not be out of place. Those of the profession who do not wish to accept legislation based upon the views of that society must vote against and use their utmost endeavours to combat any legislation based upon such views. In fact, there is nothing before us except a straight fight with the Fabians.

I am, Sir, yours faithfully,

Hatfield, Sept. 8th, 1910.

LOVELL DRAGE.

PS.—The views of the Fabian Society to which I direct attention are those in favour of State interference and State control.

TEAR OF THE INFERIOR VENA CAVA, WITH SURVIVAL FOR NINE HOURS.

To the Editor of THE LANCET.

SIR,—I beg to bring to your notice the following unusual abdominal injury which may be of interest to your readers.

A girl, aged 7 years, was admitted to the Royal Hospital, Portsmouth, at 10 A.M. on Sept. 12th. She had been run over by a milk-cart one and a half hours previously, the wheel passing over the epigastric zone. On admission the child was very pale, restless, and wore an anxious expression. The temperature was 96°F. , the pulse 150, and the respirations 32 per minute. The skin was cold and clammy, and vomiting was most troublesome. All the symptoms pointed to severe abdominal hæmorrhage, and a rupture of the spleen was suspected. No operation was performed, and the child died at 5.30 P.M. on the same day, nine hours after the accident.

At the post-mortem examination I found the abdominal

cavity full of dark clotted blood. The only injury present was a transverse tear in the inferior vena cava at the point where it pierces the diaphragm. The tear was large enough to admit the index finger with ease. No other injury could be found.

It is somewhat remarkable that this child should have lived for nine hours with such a serious abdominal lesion.

I am, Sir, yours faithfully,

H. M. ANDERSON,

House Surgeon, Royal Portsmouth, Portsea, and Gosport Hospital, Portsmouth.
Sept. 16th, 1910.

A CORRECTION.

To the Editor of THE LANCET.

SIR,—In your review of my work on "Difficult Labour" there is a typographical error which I ask leave to correct. Your reviewer accuses me of saying that "to expect to stop bleeding from the uterus by applying a *plug* to the vagina is absurd." I will not quote his comment, which would have been deserved if I had said this. What I called absurd is "applying a *drug* to the vagina" (p. 346)—i.e., to try and stop bleeding from one place by applying a styptic to another. I think plugging the vagina is bad practice, but I did not say it was "absurd." I am, Sir, yours faithfully,

Harley-street, W., Sept. 17th, 1910.

G. E. HERMAN.

TREATMENT OF A CASE OF DYSMENORRHOEA.

To the Editor of THE LANCET.

SIR,—The following case may be of some interest. The patient was a woman, aged 26 years, a governess, and complained of painful menstruation. In girlhood she lived on Thornton Moor, later at Shipley. Her history was vague, but she thought menstruation had always been painful. This point was quite clear, that when living a year in Birmingham, and later for four years in London as governess, she had no pain. When she went home pain returned. The description of the pain was also uncertain. It usually began soon after the flow, and lasted about four hours; it was very severe, and was accompanied by passage of clots. The clots and pain ceased after passage of membrane. (This was doubtful, and she could not tell me whether she had had clots in London.) The recent menstruations, of which I obtained an exact residential history, were as follows:—

Month.	Locality.	Preceding month's residence.	Pain.
1908.			
May.	Shipley.	London, to preceding day.	None.
June.	Belgium.	12 days preceding in Belgium.	"
"	Burnsall.	25 Shipley, 2 Burnsall.	Some.
July.	Shipley.	25 preceding Shipley.	Great.
August.	Cornwall.	21 preceding Cornwall.	Slight.
September.	Shipley.	25 preceding Shipley.	Some.
October.	"	5 Shipley, 7 London, 14 Shipley.	Considerable.
November.	Seaton, Devon.	27 Shipley, 3 Seaton.	Great.
December.	London.	23 Seaton, 4 London.	Slight.
1909.			
January.	Shipley.	3 London, 25 Shipley.	Great.
February.*	Shipley.	Shipley.	"
May.	Shipley.	24 Shipley.	Considerable.

* After this she was dilated, and also spent a holiday in Cornwall.

From which it will be seen that the pain was roughly proportional to the length of time spent at Shipley before the day; conversely, immunity depended on the time elapsing since leaving Shipley.

Family history.—Her sister had menorrhagia and eczema, and was said by a gynaecologist to be gouty. The patient herself had been treated by many drug treatments, and the eminent gynaecologist who performed dilation had ascribed her trouble to gout, and given her dieting treatment without avail. Hearing that drugs and diet had been of no use I bethought me of the drinking water, and sent for a specimen to be drawn first thing in the morning from hot and cold taps