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preference to them, in our military hospitals at home or abroad.

Cases of fracture of the thigh.—The armamentarium required is as follows: 1. A piece of smooth wood 5 ft. long, 6 in. wide, and 1½ in. thick. 2. Two pulley wheels on a screw base. 3. Bricks or blocks to raise the foot of the bed. 4. A 6½ ft. to 7 ft. pole, the thickness of a broomstick. 5. Some

FIG. 1.

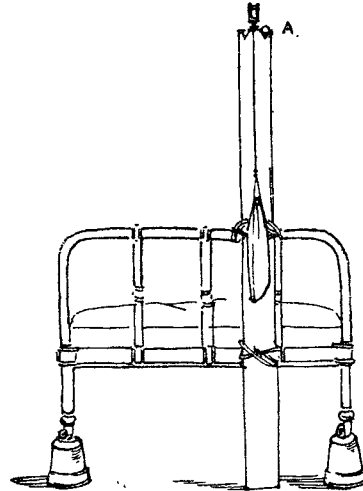
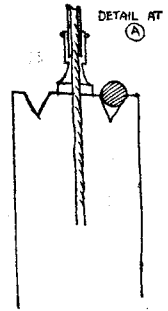


FIG. 2.



OBSERVATIONS ON THE IMPROVISATION OF APPARATUS IN THE TREATMENT OF CERTAIN FRACTURES IN MODERN WARFARE.

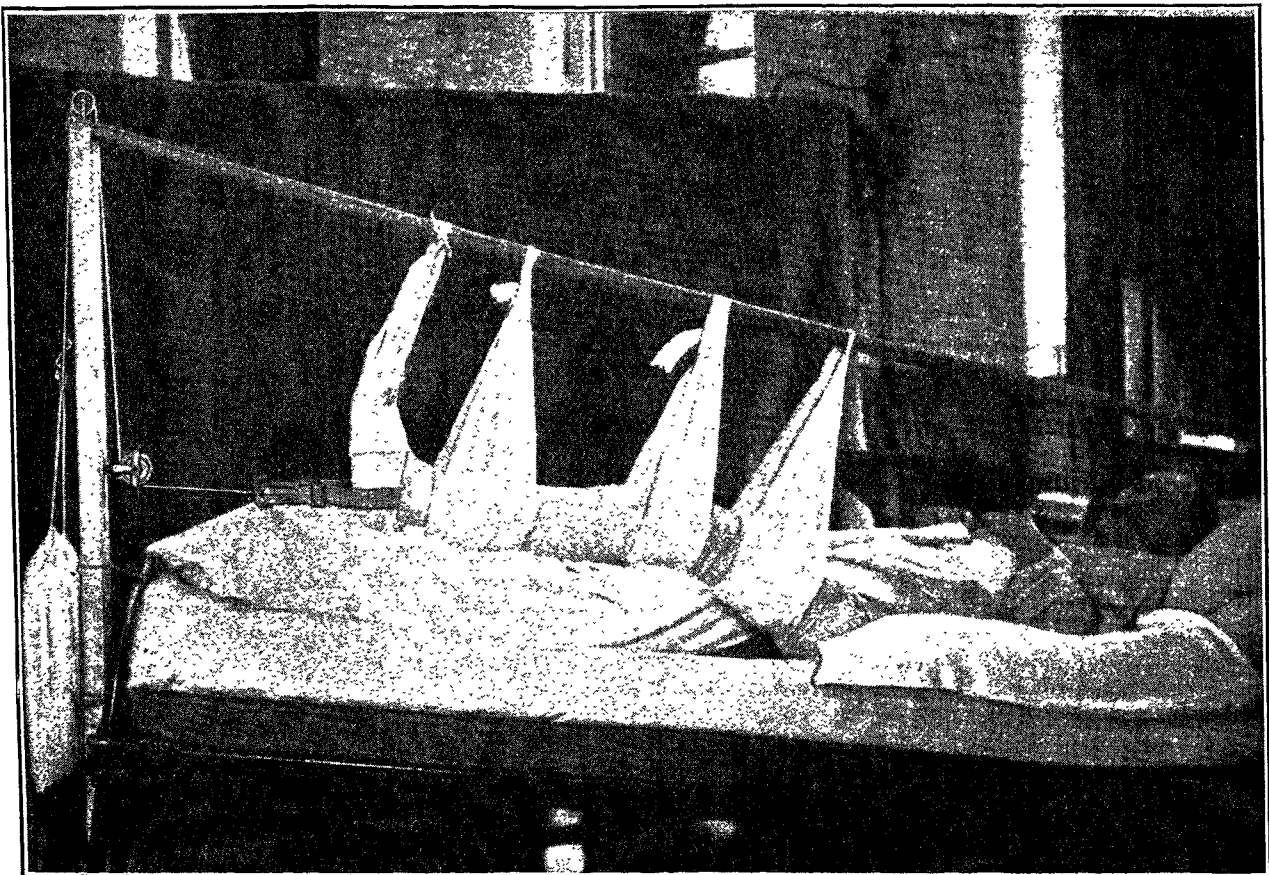
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DURING a recent visit to certain hospitals in Austria and Hungary one of the writers of this article saw the apparatus of Florschütz in use. Knowing that it was adopted with great success in the recent Balkan war, and being greatly impressed with its simplicity and efficiency for either simple or compound fractures of the thigh, or even of the

broad gauze or calico bandaging 4 in. to 6 in. in width. 6. Adhesive strapping. 7. Sand bags.

The bed is prepared with a firm mattress. The wide board is inserted at the foot of the bed or between the mattress and the end of the bed, and is fixed by means of cord or bandage to the bed frame either to the right or left of the mid-line according to the fractured extremity. (Fig. 1.) The lower roller screw is inserted about a span above the mattress and the upper to the middle of the upper

FIG. 3.



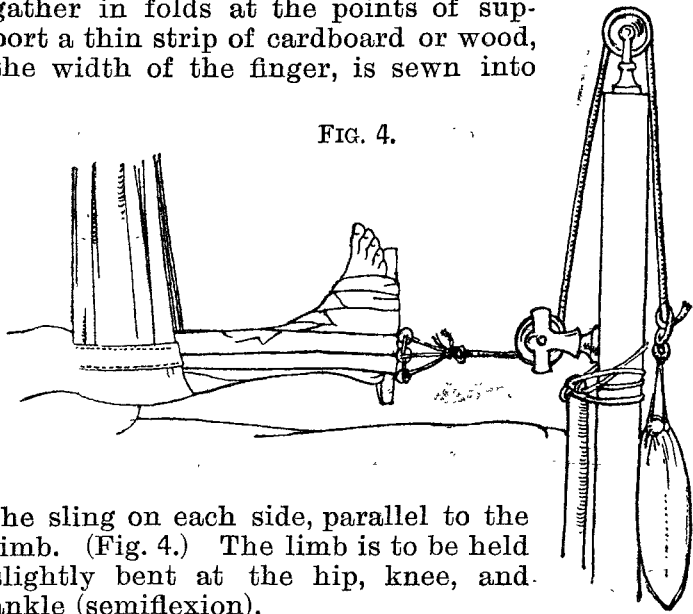
Florschütz method of extension with the leg suspended in semiflexion

leg, he feels at this juncture urgently induced to describe it. He and his collaborator do this in the hope that it may be of use in certain cases where the usual splints are not available, or even in

edge of the upright, both of which rollers must be in the same perpendicular. The pole is now fixed by one end to the centre of the head end of the bed and the other rests in a notch in the board at the

foot of the bed by the side of the upper pulley. (Fig. 2.) This pole serves for the suspension of the leg which will be put in the middle of three gauze slings which have been lined with wadding and will support the leg under the thigh, knee, and calf. (Fig. 3.) In order that the slings shall not gather in folds at the points of support a thin strip of cardboard or wood, the width of the finger, is sewn into

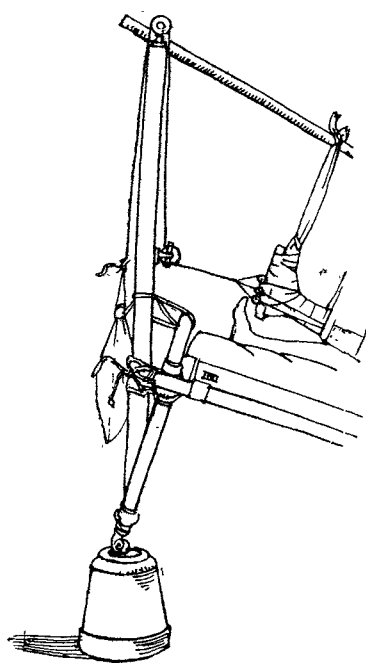
FIG. 4.



the sling on each side, parallel to the limb. (Fig. 4.) The limb is to be held slightly bent at the hip, knee, and ankle (semiflexion).

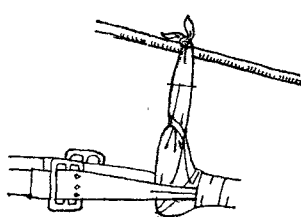
The method of use is as follows. The injured limb in the case of the thigh has an ordinary adhesive plaster extension applied (Buck or Bardenheuer), reaching upwards as far as the lower fragment, or beyond if necessary. (Fig. 3.) In the case of the lower leg the weight may be attached by another device. A piece of soft wood the length of the foot and slightly wider is fixed by strapping to the sole and heel with a layer of cotton-wool or gauze intervening, a gauze protection also being afforded to the prominent malleoli. Four picture-frame rings are then inserted into the wooden sole

FIG. 5.



near the heel, so that a cord may be passed through, and the line of traction made just posterior to the malleoli. (Fig. 5.)

FIG. 6.



The patient is placed in the right half of the bed in case of fractured left femur, and in the left half of the bed for the right femur. This brings about a certain amount of abduction, which is most essential in fractures of the upper thigh. The slings are now placed and fastened to the rod over the bed, so that the limb is held in slight flexion at the hip and knee. The line of traction of the cord is so arranged as to pass just behind the mid-ankle, round the lower pulley from which the cord is diverted perpendicularly upwards over the pulley at the top of the board, where it is attached on the other side to a sand-bag holding

six or seven pounds or more as required. A triangular bandage encloses the heel and sole of the foot and is tied to the suspension rod to guard against an undue sinking of the heel or over-extension of the foot. (Fig. 6.) Counter extension is not necessary by this method.

The advantages of this method are:—1. The comfort which the sling position in semiflexion affords the patient. 2. It permits a certain degree of movement and an easier handling of the patient by the nurses. 3. Friction sores are practically impossible. 4. The patient obtains by the sling method more effective extension with less weight: the muscles, joints, and especially the ligaments are not subjected to over-stretching, and consequently the Buck's extension holds longer than is the case when the limb is put up in the extended position with twice the weight (e.g., Liston's splint). 5. Abduction is obtained without any accessory apparatus. 6. The method is applicable with any sort of bed. 7. The necessary material is easily procured and prepared. 8. The supervision is very simple. 9. It allows the necessary attention to wounds—i.e., change of dressings, without inconvenience and disturbance. 10. The results as tested by means of measurement and radiography have been very satisfactory.

PS.—With the exception of Fig. 3 it has not been considered necessary to add any explanatory note to the illustrations as we consider the text is sufficient.

(To be continued.)

A CASE OF ENTERIC FEVER COMPLICATED BY PURPURIC SYMPTOMS.

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IN THE LANCET of July 18th Dr. A. Caddy and Dr. B. Molony¹ have described three cases of hæmorrhagic typhoid fever, the first of which was characterised by hæmorrhages from the gums, purpuric rash, and hæmorrhage from the rectum, and into the bladder. A patient whose case presents several features in common with the above has been lately under treatment in the Willesden Isolation Hospital.

The patient, a woman aged 22, was admitted on May 30th, 1914, suffering from a typical and moderately severe attack of enteric fever. She was then in the fourteenth day of her illness, and gave a history of malaise and headache, getting worse and associated with diarrhoea for several days before admission. There was no history of epistaxis. The temperature on admission was 102° F., and during the first fortnight of her stay—i.e., from the fifteenth to the twenty-ninth day of disease—was of a decidedly swinging type, with evening rise from 102·8° to 104°, and morning remission 99° to 100°. The pulse was 108 on admission, and during the height of the fever never rose above 120; it was soft and dicrotic, but never irregular or weak. On examination the abdomen was found to be slightly tumid; there was no abdominal pain, but some indefinite tenderness on palpation; the spleen was palpable under the left costal margin. Rose spots were fairly numerous on the abdomen and chest. The tongue was thickly coated. The heart and lungs were found to be normal. A sharply positive Widal reaction with dilution 1-30

¹ Caddy and Molony: THE LANCET, July 18th, 1914, p. 1472.