

the old and inadequate methods of treatment. Is it not possible to prevent this small percentage (5 per cent) by early and more intense intravenous treatment? Is it not proof that the intraspinal methods are unnecessary to cure the majority of these early cases? We know the theory of the lack of interchange between the blood and spinal fluid to be incorrect. Statistics and spinal fluid tests prove that intravenous salvarsan does reach the brain and spinal cord in sufficient quantities to influence the different spinal fluid tests. Cases with advanced nerve involvement are not cured by any method of treatment, intravenous or intraspinal. A neuropathic strain of spirochetes (unproven) and a badly neglected case of syphilis with well-developed tabes and paresis are the only excuses for the intraspinal method of treatment and in these cases statistics are accumulating that question its value not only as a cure but even as a check to the disease.

An Ambulance Company. By L. L. Hopwood, U. S. Army, Washington, D. C. Military Surgeon, February, 1915.

The article seeks to cover in a concise form the problems of organization, self-sustention, function and equipment of an ambulance company.

An effort is made to incite friendly criticism with an idea of betterment, and to furnish officers inexperienced in the work a guide, pending their becoming familiar with their duties.

Following remarks concerning barracks, stables, storerooms, discipline and the mess, the necessity for skilled horseshoers, farriers, saddlers and wheelwrights is shown and their authorization for these organizations advocated.

The duty roster and schedule of instruction indicate the nature of work required and the character of the training given.

As illustration of problems likely to arise with a company upon the march actual experiences are recited, dealing with questions of funds, rations, camp sites, water, forage, fuel, the conduct and length of the day's journey and the establishment of the one-night camp.

The pitching of a semi-permanent camp is entered into. Its laying out, the building of a screened in kitchen, inclosures for bath and latrines, and the erection of a picket line with the care of each is dwelt upon.

The question of the ambulance company equipment is discussed. An analysis of the present one is made, the amount and character of the food and surgical supplies, and their location with the several divisions of the company is shown.

Criticisms are made and suggestions for improvement as the writer sees them are offered.

The Responsibility for the Morbidity and Mortality of Appendicitis. By F. H. Smith, Abingdon, Va. Old Dominion Journal of Medicine and Surgery, February, 1915, pp. 69-76.

Dr. Smith uses as a text Dr. Murphy's indictment: "The grim fact which we must admit is that we are losing too many cases of appendicitis, and the members of the general profession are responsible for it." The sins committed are: Delay, feeding and purging. Procrastination can-

not be charged to family. It is but natural that the family declines surgical reference if the doctor be halting in his advice. The conscientious doctor oftenest delays because he dreads referring a passing ailment or medical complaint. Bearing in mind the possibility of an acute abdominal inflammation is of saving help; the sequential order of development of symptoms nearly conclusive. There is no authority for the "expectant treatment" in the early case.

For the late case, whether one believes in immediate operation or delay, there is no excuse for inaction or meddling, i. e., for food or purgative. Absolute starvation over forty-eight hours, with water provided by the "Murphy drop," is physiological and rational. Purgation other than by enema is wrong.

Ochsner's treatment of the delayed acute case should satisfy the most exacting demands. We have never seen a case grow worse on it.

But the point is, whatever we believe about the time for operation, the attendant who delays operation within the first twenty-four hours, or who purges or feeds in the presence of symptoms and signs of the "acute abdomen" stands convicted by the whole surgical world of responsibility for illness and death, should either occur in the case so treated.

Suggestions for Field Emergency Case. By P. C. Fautleroy, U. S. Army, Washington, D. C. Military Surgeon, February, 1915.

This case contains medical and surgical supplies, ready for immediate use, in the emergency of camp, march and battlefield. The previously prepared standard solutions are vital to the usefulness and required efficiency of the medical officers in the relief of suffering. This case is intended to be carried by medical officers and non-commissioned officers of the sanitary troops. The contents are:

- Two containers Quin. Sulph. tablets.
- Two containers Aspirin tablets.
- Two containers C. & O. pills.
- Two containers C. C. pills.
- One vial solution morphine.
- One vial solution strychnine.
- One vial solution novo-caine.
- One vial Sat. solution Potass. Permang.
- One container morphine tablets.
- One container Dover's powder tablets.
- Two containers Sodii mentha Pip. tablets.
- Two vials Tinct. Iodine.
- Two vials collodion, flexible.
- One Reno hypodermic syringe.

One pair scissors, one artery forceps, one dressing forceps, twelve surgical needles, three pieces No. 4 catgut (18 inches long), and one field tourniquet, one eye dropper, two camel's hair brushes, one clinical thermometer and three pieces zinc oxide plaster one inch wide by ten yards long.

Gall-Bladder Infections: Their Treatment from a Surgical Standpoint. By Louis Frank, Louisville, Ky. Surgery, Gynecology and Obstetrics. March, 1915, pp. 360-362.

Some of the chronic infections of the gall-bladder without the presence of stone may have