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Salvarsan and Neosalvarsan.—In the first number of the Zeit. für Chemotherap. for this year there are reviews of the Continental, American, and English literature of salvarsan and neosalvarsan which appeared during the year 1912. The intravenous method of administration is adopted almost universally. It was claimed that intramuscular injections of neosalvarsan are painless, but Jordan finds that they are followed by fever and local reaction. The use of distilled water which is free from micro-organisms living or dead is imperative. Favento reported a death which was caused probably by the impurities in the water. The sequence of symptoms in those cases which end fatally after the administration of salvarsan or neosalvarsan is usually constant. Fever, vomiting, general distress, convulsions, cyanosis precede death which is caused by the dyspnoea. Schlasberg finds that salvarsan causes cylindruria when it is injected intravenously, hence it has a specific action on the renal capillaries. Wechselmann thinks that if the renal epithelium has been injured by mercurial treatment, the combined effects may end in the defective elimination of the salvarsan by the kidneys; it remains circulating in the blood, impairs the oxygen carrying powers of the red corpuscles, and death occurs from CO₂ poisoning. He insists on the necessity of a daily examination of the urine, and of the cautious use of mercury.

To cure primary syphilis in which the serum reaction is positive, six injections of 0·4 to 0·5 grm. of salvarsan are required; should secondaries have appeared, then no less than 4 to 5 grm. of salvarsan combined with mercurial courses must be given. The injections should be made at intervals of not less than five to seven days, with a month’s rest in the middle of the course.

Much work has been done on the changes in the cerebrospinal fluid which are found in syphilis. Dreyfus states that this secretion is abnormal in 80 per cent of cases of early secondary infection, and in every case where nerve complications have supervened. Gennerich advises that such cerebrospinal lesions should be treated intermittently until the fluid obtained by lumbar puncture is normal. An example is given of inadequate salvarsan treatment which resulted in general paralysis two years later; another case is cited in which a salvarsan nerve sequela of early secondary syphilis, insufficiently treated, was succeeded by cerebrospinal syphilis in fifteen months’ time. Gebb relates a case of double optic neuritis, opaque vitreous and central scotoma, which disappeared rapidly under salvarsan, although it had resisted mercury. Lewinstein found that three doses of 0·4 grm. of salvarsan were not sufficient to prevent severe lesions of nearly all the cranial nerves which came on three months afterwards. Moldowan observed nerve complications in 0·5 per cent of 2,000 syphilitics treated with salvarsan; Hacclius in 3 per cent of 220.
A considerable amount of evidence has accumulated that intermittent courses of salvarsan, broken by rests of one or two months, relieve the signs and symptoms of locomotor ataxy.

Though a single injection does no good and may do harm in general paralysis, Donath has observed marked improvement in three out of twenty-eight early cases which had received extended courses of salvarsan.

Bierbaum has used salvarsan with success in anthrax and erysipelas, and Szametz has employed it in chorea with good effect.

The general trend of opinion on the value of neosalvarsan appears to be that it possesses no great advantages over the older preparation. Applied in a 2 per cent solution to the eye in interstitial keratitis it has done good.

In America, a patient had the signs of commencing optic atrophy which came on ten weeks after an intramuscular injection of an oily emulsion of salvarsan. The cerebrospinal fluid was normal; intensive mercurial treatment had been carried out almost continuously for four years. Excision of the necrotic area caused by the salvarsan resulted in complete recovery of the eyesight and field of colour vision.

The American experience corresponds with that elsewhere in the futility of giving a single dose only of salvarsan in secondary syphilis. Two or more courses of salvarsan combined with three courses of mercury are generally recommended.

Seven nerve relapses were noted in 681 cases treated by four dermatologists. Post recorded four nerve palsies which occurred in patients who had not received salvarsan.

Collins and Armour, of the New York Neurological Institute, treated seventy-five persons suffering from syphilitic diseases of the nervous system with from one to six doses of 0.6 grm. of salvarsan. Twenty-two of thirty-two tabetics showed remarkable improvement. Three of nine general paralytics were influenced favourably. The results were good in eight out of nine cases of meningomyelitis. Sachs and Straus voice the almost universal opinion when they say that though salvarsan has no curative effect in tabes and paresis, yet it ameliorates some of the symptoms in a fair proportion of patients.

Martin has treated fifty-two cases of pellagra, and he states that salvarsan causes the rapid disappearance of all the symptoms except the neuritis, but relapses are frequent. Cranston used the remedy in eleven cases; two were cured clinically.

In the review on salvarsan therapy in England, Gibbard and Harrison's are the only statistics given with the exception of Browning and Mackenzie's results in parasyphilis. Twelve of fifty-eight cases of early general paralysis, and three of seven cases of tabes showed improvement.

Syphilitic Disease of the Aorta.—Stadler (Berlin. klin. Woch., No. 11, 1913) has investigated 248 cases of syphilis of the aorta and has published his conclusions in a small book ("Die Klinik der syphilitischen Aortenerkrankung," Fischer, Jena). Among 256 cases of acquired syphilis, in which a post-mortem examination was made, he found typical aortic sclerosis in 211, and in 117 cases this was the direct cause of death. The prognosis of syphilitic aortic incompetence is bad.
Arsenic in the Treatment of Kala-azar.—Roux (Ind. Med. Gaz., April, 1913) reported the successful treatment of kala-azar with arsenic. A special compound of arsenic called Ramalline was employed, which is well tolerated by patients, so that a larger dose of arsenic can be given. The preparation is given in pills, each of which contains 1.25 mg. of arsenical salts; eight pills (i.e., 1 cg. of arsenic) were given daily. One case after three weeks' treatment recovered sufficiently to resume work. Roux does not advise this treatment for children aged under 9 to 10.

C. E. P.

Gaseous Disinfection of Equipment in the Field.—Munson (Mil. Surg., February, 1913) describes a simple apparatus which he has invented for the disinfection of equipment in the field. It consists of a metal vessel weighing 5 lb. Inside this is a smaller vessel to hold the fluid reagent; at its upper part is a compartment in which the solid reagent is placed. When ready for use the bottom of the small compartment is pushed down by means of a rod which projects through the lid of the apparatus. Two tubes open out of the container, only one of them is fitted with a stop-cock, the other is permanently open, thus obviating the risk of explosion. A gas bell is fitted to catch any fluid driven off by the energy of the chemical action. The small apparatus will take a charge of 60 c.c. of potassium permanganate and 150 c.c. of formalin.

In order to economize time and reagents, Munson strongly recommends that the equipment to be disinfected should be placed in a closed bag. Large paper bags will do, or the men's waterproof ponchos can be folded to make a bag and the edges fastened together with strapping plaster applied hot. The open tube of the container is placed inside the bag. Using 100 c.c. of formalin it was found that complete sterilization of bedding and clothing could be effected in twenty minutes. All insects are destroyed in eight minutes.

C. E. P.

Fries's Apparatus for Performing Artificial Respiration.—Cramer (Das Rote Kreuz, February 2, 1913) has contributed an illustrated article describing the use of this apparatus, which the inventor has named the "Pulmotor."

Its structure cannot be entirely seen from photographs accompanying the article, but its essential parts may be guessed at and are shown in the sketches here given.

It consists of a tubular quadrilateral frame whose proximal transverse member is formed by a T-piece at the head of a platform which supports the patient's body. The platform is raised about 5 in. from the ground on two looped and two columnar feet.

The sides of the quadrilateral frame are produced beyond the proximal cross-piece for about 4 in. They are pivoted to the ends of the cross-piece.

The frame is thus capable, when the body-rest is on the ground, of being moved through a semi-circle in the vertical plane.

Attached to the sides of the frame, at about 9 in. from the far end, are attachments for the patient's wrists, with straps and clasps. Attached to the sides of the body-platform are two pulleys.
A wire rope, whose length is adjustable near the distal crossbar, runs through the tubular sides, and its free ends, after passing through the pulleys, terminate in hooks to engage in lace-holes in a compression belly-band, which is made of stout material, and provided with metal eyelet-holes to receive the hooks.

The method of its working may be seen from the sketches.

The patient is laid on the platform with his head overhanging the proximal cross-piece, which is on a level with the scapular spines.

The wrists are fastened to the clasps, the belly-band is hooked to the hooks, the wire rope is adjusted and pulled tight with the movable frame in the vertical position.
When the frame is carried down over the body the patient's arms go with it, and the produced lower ends of the sides of the frame go backward, and so pull on the belly-band and compress the belly, causing expiration. When the frame is raised and carried backward the belly-band is slackened and the arms are raised, as in the Sylvester method. It can be worked by one person. H. E. R. J.

**New Ambulance Cart—Russian Army.**—Extract from *Journal of the Royal United Services Institution*, vol. lvii, January, 1913:

"**Russia.**

*New Ambulance Cart.*—Army Order 452, 1912, introduces a new pattern of two-wheeled cart, with stretchers, capable of carrying two lying-down cases. The weight of the vehicle is 5 cwt. One-horse draught is provided, and the driver is expected to lead the horse. The old ambulance carried only one lying-down case, and was driven from the box."

C. E. P.

**Bulgarian Army Medical Organization in the Field.**—Regt. arzt. Dr. F. Tintner (*Militärärzt.*, No. 6, March 29, 1913), in the course of a lecture on his experiences during the Balkan War, stated that the Bulgarian medical echelon in the field consisted of:

1. Regimental aid-posts, one for each battalion, established by the regimental medical personnel.
2. Regimental hospitals, established by the regimental medical personnel with its equipment, which comprises an ambulance wagon, a medical stores wagon, pack animals, stretchers and tents.
3. Divisional hospitals. These establish the main dressing station.
4. Mobile field hospitals.
5. Semi-mobile field hospitals.

(4) and (5) correspond to the Austrian Reserve Hospitals.

A serious fault in the medical organization was the want of means of communication between the regimental aid-posts and the main dressing station. The latter was usually 2½ miles in rear of the fighting line.

He regretted that he was precluded from giving further details of the field medical organization.

C. E. P.

**Experiences in the Balkan War.**—Pucher (*Berl. klin. Woch.*, April 14, 1913, p. 700) read a paper on his experiences with an Austrian Red Cross unit. His party was employed in the Tashklishi barracks, which had been equipped as an emergency hospital. Altogether 650 wounded were treated with a mortality of 1 per cent; 32 per cent were invalided, and 67 per cent recovered. The proportion of wounds by rifle bullets to those by artillery was as 58 to 42. Wounds of the extremities made up 70 per cent of the whole, wounds of lung 3 per cent, all of which recovered, abdominal wounds 4 per cent. Three-quarters of the cases were septic. Of four cases of tetanus one died; antitetanic serum was useless.

Patients took the anaesthetic well, and it was not followed by any unpleasant consequences. As far as possible conservative surgery was
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carried out, although this frequently necessitated a longer stay in hospital for the performance of plastic operations. The small-bore bullet appeared to be humane, but artillery wounds were extremely serious. Tincture of iodine and mastisol proved most useful. Voluntary aid nurses were not altogether satisfactory. C. E. P.

Cholera in the Balkan Campaign.—Kraus (Berlin. Klin. Woch., March 17, 1913) read a paper at a meeting of the Gesellschaft der Aerzte zu Wien, in which he described the work he did to check the incidence of cholera among the Bulgarian troops. The infection was spread by drinking the river water in which cholera corpses had been thrown, a stringent order was therefore issued that nothing but boiled water should be used by the troops. By the middle of November the third army in the Tatchaldja lines had some 30,000 suspected cases, of which, roughly, 3,000 died. Nine bacteriological laboratories were organized to examine suspicious cases. Isolation hospitals were organized for cases of cholera. All patients admitted to hospital, as well as whole units of the army, were vaccinated against cholera. By the middle of December cholera had been stamped out in the Tatchaldja lines. Tincture of iodine given thrice daily was found efficacious both as a preventive of cholera and also in eliminating the vibrios in carriers’ stools. It is proposed to vaccinate the whole of the civil population of Bulgaria against cholera. C. E. P.

Sickness among the Troops during the Campaign in Lybia.—During the course of a debate Senator Santini mentioned the following facts. On the arrival of the Italian troops in Tripoli there was a complete absence of all sanitary measures, with an insufficient and impure water supply. Cholera, smallpox, malaria, typhus, typhoid, and dysentery were prevalent, and the population was ignorant and fanatical. Under the direction of Surgeon-General Sforza sanitary matters were rapidly improved. Out of an average strength of 30,000 men there were only 1,008 cases of cholera with 333 deaths. The hospital ships evacuated 32,000 sick and 3,000 wounded to Italy.

During 1912 the establishment of the Medical Corps was 773; 764 medical officers were mobilized during the war, this necessitated recalling 11 classes of reserve medical officers for service. C. E. P.

Medical Service in Western Morocco, April to October, 1911.—Médecins-majors Wissemans and Renaud (Arch. Méd. Pharm. milit., February, 1913) published a very full account of the work of the medical services during the numerous small expeditions against native tribes. The operations were carried out by columns about 2,000 strong made up of the different arms of the service; these columns were absent from their base for roughly one to three weeks. The medical problem was to provide sufficient accommodation, on a field ambulance scale, to accompany each column, and also where necessary to establish temporary rest stations on the Lines of Communication. The medical organization of the home army was found to be quite unsuited to local requirements, and as a result of the experience gained a new unit was
evolved. This was called the "Ambulance de colonne mobile 'type Chaouia'"; it had the following composition:—

No. 1 Section.—Two medical officers, 1 officier d'administration, 18 N.C.Os. and men of the medical service, 25 N.C.Os. and men of the "train"; 24 pack mules for baggage, 10 mules for cacolets (6 pairs) and litters (4 pairs).

No. 2 Section.—One medical officer, 8 N.C.Os. and men of the medical service, 14 N.C.Os. and men of the "train"; 12 pack mules for baggage, 5 for transport of wounded.

Light Transport Section.—This was calculated on the strength of the column; for a force consisting of 2 battalions, 1 squadron and 1 battery the transport allowed for sick and wounded was 10 mules with cacolets and 3 with litters.

No. 2 Section was organized as a detachable unit to fulfil the following purposes:—

1. When the number of sick and wounded interfered with the mobility of the column a temporary post was formed, and No. 2 Section was dropped to take care of them. Its equipment was calculated to be sufficient for eight days when used as a stationary unit.

2. To act as a rest station on the Lines of Communication, or to form the nucleus for a stationary hospital till the latter could be established.

3. To take charge of a convoy of sick and wounded while being evacuated to the base.

On the whole this formation was found to fulfil satisfactorily the varied requirements, but Wissemans stipulates that it should be a permanent unit, and not one hastily put together when required. He specially emphasizes the necessity of having trained ambulance mules with soldier drivers from the "train." Animals hired locally and in charge of natives were never satisfactory.

C. E. P.

Proposed Training of Girls in Ambulance Work.—Daily Mail, Brisbane, January 11, 1913, states that in connexion with compulsory military training for boys there is a proposal to train girls in ambulance work, home nursing and hygiene. Training areas are to be formed and placed under female area officers, preferably school teachers. The training would be thoroughly organized under the military authorities.

C. E. P.

Clearing Hospital, German Army (Deut. militärärzt. Zeit., p. 841, November 20, 1912).—At the end of January, 1912, the garrison hospital at Spandau was ordered to organize a clearing hospital of 200 beds, making use of the tents and equipment in the medical stores depot of the garrison. The object in view was to determine whether the equipment in the medical stores depot could be regarded as complete and up-to-date.

Originally two days were allotted in which to establish the hospital, but owing to the frozen state of the ground a longer time had to be allowed, as it was impossible to drive in the tent pegs till holes had been cut for them with a chisel. When conveying the equipment from
the stores to the site of the hospital observations were made as to the relative capacity and suitability of the light motor lorries and hired horse transport for transporting heavy articles. The light motor lorries are also well adapted for the carriage of sick; two lying-down patients can be carried on one side, one above the other, while an attendant and a small stove can be carried on the opposite side. The hospital was pitched according to a plan which had been approved by the War Office. It occupied an area 137 yards square, which was enclosed by
The eighteen tents were pitched in three rows, each tent being 16 ft. from the next in the row, and the rows 50 ft. apart. To accommodate 200 patients ten hospital tents, Mark 99, were required, the remaining eight tents which occupied the middle row were used for administrative work, pharmacy and laboratory, operation tent, Röntgen ray, kitchen, ablation, stores and mortuary.

To save expense only one tent was fully equipped with floor boards, heating and lighting, and the full ward equipment. Each tent was provided with a large notice board showing what it was to be used for. Trestle tables for each tent were made by the hospital staff. The Linxweiler and Wulf-Hohmann apparatus intended for the transport of wounded was set up, and when boards had been laid across the frames they furnished very convenient shelves.

The tents were efficiently heated by iron stoves; oil lamps were tried, but did not give satisfaction. Norton tube wells were sunk, and a mobile water sterilizer (by heat exchange) was used. The kitchen floor was covered with a thick layer of dry turf.

The Voluntary Aid delegates who were attending the annual course in Berlin were shown over the hospital to give them a grasp of the requirements of a hospital.

The conclusion arrived at was that the medical equipment in the medical stores depot was sufficient for modern ideas, but that the ward and kitchen equipment needed some additions to bring it up to present standards. In war time these would be purchased locally or requisitioned.

C. E. P.


"Complement Fixation with Specific Antigens.—During the year experiments have been undertaken to determine the complement fixation power of pure cultures of spirochaetes used as antigens. Through the kindness of Dr. Noguchi pure cultures of *Spirocheta pallida*, *Spirocheta pertenuis*, and *Spirocheta microdentium* were obtained, and antigens were prepared from transplants of these cultures. The antigens used were alcoholic extracts and were employed in the same manner as similar extracts in the regular Wassermann test. The results may be briefly summarized as follows: Complement fixation in syphilis can be obtained in certain sera with an alcoholic extract of pure cultures of *S. pallida*, but antigens prepared from pure cultures of *S. pertenuis* and *S. microdentium* will also give positive reactions with certain syphilitic sera. These spirochaete antigens do not give complete fixation with serum from normal individuals, and of thirty-eight specimens of serum from as many patients suffering from diseases other than syphilis only one gave a weak reaction. The results with the specific antigens were compared with those obtained with an alcoholic extract of foetal syphilitic liver which is used in our regular Wassermann tests, and it was found that the specific antigens gave slightly weaker reactions as a rule. The results with the *pallida*
antigen approached most closely those obtained with the stock antigen, but were generally weaker, and in some undoubted syphilitic cases, where the stock antigen gave strong reactions, the *pallida* antigens gave a negative result. The results obtained with the *microdentium* antigens were almost identical with those obtained with the *pallida* antigens and the *pertenuis* closely approximated the results obtained with the others. Our experimental work suggests that the complement fixation reaction obtained in syphilis with antigens made by alcoholic extraction of pure cultures of spirochetes is a group reaction, and proves that such antigens are very much inferior, from a practical standpoint, to those obtained by alcoholic extraction of a fetal syphilitic liver. The specific antigens we worked with could not be depended upon in the diagnosis of syphilis by the complement fixation test.

"Results in the Latent Stage."—In this class of cases are included all those in which no active symptoms of the disease were present at the time of making the test. No distinction has been made between early and late latent cases. Almost all of these cases had received more or less specific treatment, and the majority were tested in order to determine whether the disease had been cured. Of this class of cases 739 were tested, with a positive result in 487, or 65.58 per cent. In most of these cases the only evidence of the disease was glandular enlargement, and in many of them even this symptom was absent. The great value of the Wassermann test in the diagnosis of syphilis is well shown in the high percentage of positive results in this class of cases.

"Diseases other than Syphilis."—Of the total 4,631 tests made on individuals in this laboratory, 1,269 were in patients suffering from diseases other than syphilis. Of this number nine gave a positive result, or 0.8 of 1 per cent. Of the positive cases three were in patients suffering from tertian malarial fever, the blood being tested during the febrile stage; in all, the blood became negative after the subsidence of the fever. In one case the diagnosis was undetermined fever, and the blood became negative during convalescence. In this case the exact nature of the disease could not be determined. In three cases the diagnosis was tuberculosis, but all recovered under specific treatment. In two of these cases a history of syphilitic infection was afterwards obtained, while in the other such an infection could not be excluded. In two cases, diagnosed pityriasis rosea, a plus reaction was obtained which disappeared in the subsidence of the eruption. Other cases of this disease have been tested with a negative result, but the occurrence of the reaction in this disease should be noted and further work done upon the subject.

"The Test as a Control of Treatment."—In the vast majority of the 3,880 re-examinations the test was repeated for the purpose of controlling treatment either with salvarsan or with mercury. The results have demonstrated the great value of the test as an index of the efficiency of treatment, and we have been able to trace the gradual disappearance of the reaction in treated cases and its reappearance in cases which required further treatment. The use of the test in this
manner has made possible the intelligent administration of both salvarsan and mercury, and every patient suffering from syphilis should have the treatment controlled by Wassermann tests made at intervals of at least two months. Only in this way can justice be done the patient, and the specific treatment of syphilis be controlled in an adequate and scientific manner.

"The Specificity of the Test."—As a result of experience, it is believed that the Wassermann test may be considered specific for syphilis if such conditions as leprosy, malarial fever, scarlet fever, and frambesia can be excluded. In all of these diseases a certain proportion of patients have given a positive result, but fortunately they can generally be excluded by the difference in the clinical history and symptoms. A few other conditions have also given positive results in isolated instances, as carcinoma, tuberculosis, pityriasis rosea, and sepsis; but such cases are so infinitesimal in number that they do not vitiate the practical value of the test. It is certain that a large percentage of positive results in non-syphilitic cases is proof of imperfect technique, and such reports must be viewed with suspicion.

"If the disease in which the complement fixation test has occasionally been found positive can be excluded, a double-plus or plus reaction is sufficient to enable one to diagnose the presence of lues. It seems certain that, under such conditions, the test is absolutely specific, whether symptoms of the disease are present or not, and whether there is, or is not, a history of infection. In those cases in which, after the appearance of a suspicious lesion, the negative reaction becomes positive, a diagnosis of lues can be made without hesitation. On the other hand, a diagnosis of syphilis should never be made upon a plus-minus reaction alone.

"The value of a negative reaction is not as great as that of a positive one. A considerable proportion of cases of lues do not give a positive reaction, even though symptoms are present, and for this reason the disease cannot be excluded on the strength of a negative result. The history of the case, the symptoms present, and the amount of previous specific treatment must all be carefully considered.

"Practical Value of the Test."—After nearly three years' experience with the Wassermann test in the laboratory at the Army Medical School, it has been demonstrated that it is an indispensable aid in the diagnosis and treatment of syphilis. In the military service the test has proven of the greatest value in the diagnosis of obscure and latent infections and in controlling treatment with salvarsan and mercurials. It has also been of value in preventing the enlistment of syphilitic individuals, and in clearing up the diagnosis in cases involving retirement for physical disability."

Changes in the German Army Medical Service during the Year 1912.—Stabsarzt Dr. G. Schmidt (Berlin. klin. Woch., No. 4, 1913), contributed a review of the principal events affecting the Army Medical Service during the year 1912.

(1) Field Service Regulations and Equipment.—A stabsarzt was attached to the Bulgarian army and another to the Greek army during the Balkan campaign to report on medical arrangements.
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New editions of the regulations have been issued dealing with the following subjects:

2. Transport Drivers’ Regulations.
3. Care of medical equipment.
4. Packing of contents of Medical Stores Depot.

On mobilization everyone who has not been vaccinated within four years is to be revaccinated.

The provision of the following has been steadily proceeded with: Wheeled kitchens for bearer companies, acetylene lighting for bearer companies and field hospitals, field X-ray wagons for medical stores depots and field hospitals, apparatus for the equipment of temporary ambulance trains, a second field dressing for every man in the Army, and the bringing up to date of surgical equipment. Water sterilizers are being provided for the advanced medical stores depots.

A Government grant was made to societies which train dogs for ambulance work in war.

The heavy ambulance wagons M. 72/74 were replaced by the M. 95 pattern; in the field hospitals the heavy 4-horsed medical stores wagons were replaced by the light 2-horsed wagons in order to make the hospitals more freely mobile.

The medical and surgical equipment has been thoroughly revised, and the new schedules will shortly be issued.

2. Army Medical Service in Peace.—On April 1, 1912, there were 471 students in the Kaiser Wilhelm Akademie; sixty of these were for service in the Navy. The recent increase in the strength of the Army has necessitated the creation of a number of new appointments, the most important being the 5th medical inspectorate (Sanitätsinspektion) at Danzig.

Increased allowances have been sanctioned for medical officers of the reserve when called up for manoeuvres.

3. Peace Hospital Service.—New Regulations.—Regulations for motor cars in the army; this includes the motor ambulance wagon.

New hospitals and extensions have been constructed at Coblenz, Saarbrücken, Wiesbaden, and Heilsa. Similar works are in course of construction at Darmstadt, Gera, Metz III, Trier, Wreschen, Wünsdorf, Ohrdruf. A new division for mental cases has been opened in the garrison hospital at Mayence.

The treatment of itch by sulphur ointment instead of balsam of Peru is to be given an extended trial.

4. Voluntary Aid Societies.—The Emperor has approved of a new field uniform for Delegates of Voluntary Aid Societies. The last course of instruction was attended by 178 delegates. 3,450 members of Red Cross detachments took part in the Emperor’s parade on September 1, 1912. The Emperor has approved of a uniform for Red Cross sisters; this somewhat resembles that of the Army nursing sisters.

C. E. P.