

acted by accelerating the passage of the contents of the large gut. The patient has now completely recovered, but is still continuing to take a small dose of the paraffin every night at bed-time.

Another class of case in which liquid paraffin will be found of service is that of the florid and healthy looking officer who has served some years in the Tropics, and who is firmly convinced that he is suffering from "liver." He usually makes an apology for coming sick, as he admits that he looks in robust health, but at the same time he assures one that his inmost feelings are the reverse of healthy, and he finishes his story by a request for a good pill and a "liver tonic." On examination there is frequently little to be made out, but occasionally one or other portions of the colon may be detected as being somewhat distended and possibly tender on deep pressure. Place this class of patient on liquid paraffin for a week in half-ounce doses three times a day, and my experience is that he will report himself as feeling vastly improved, and as having lost his "liverish" feeling at the end of that time.

The chronic constipation of children and infants often yields most easily to liquid paraffin in small doses, given regularly three times a day at first and reducing the dose to once daily at bed-time. Thus a breast-fed baby of 6 months old was practically cured of its constipation by the administration of fifteen drops of paraffin added to a teaspoonful of water and given three times a day before its bottles. The advantages of paraffin for children are its ease of administration, as it is almost tasteless when given with milk or water, and the mildness of its action.

The last class of case I would like to refer to is that of patients who have undergone abdominal operations for whatever cause, and who are apt to suffer from constipation while still confined to bed. Paraffin in these cases acts mildly and yet efficiently.

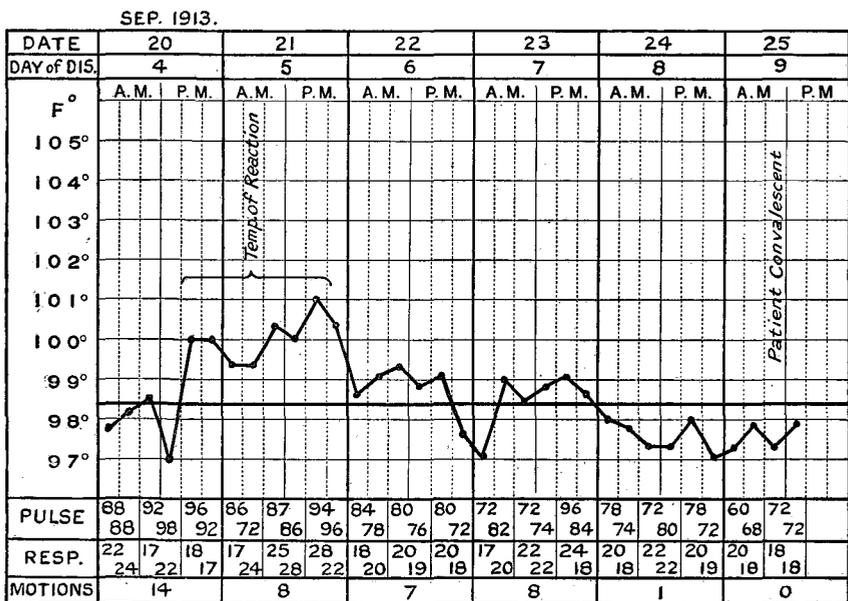
CASE OF CHOLERA TREATED BY HYPERTONIC SALINE INFUSION.

BY CAPTAIN W. E. C. LUNN.
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THIS short account of a case of cholera treated by Lieutenant-Colonel Rogers' method, is written to emphasize the importance and immediate excellent result of his treatment.

On September 17, 1913, at midday, one of the hospital orderlies was brought into the station hospital, Lahore Cantonment, with a history of vomiting, severe diarrhoea, and pains in his legs since 2 a.m. The case was looked upon with suspicion, as several cases of cholera had occurred amongst the native population in the neighbourhood. The symptoms and physical signs on admission were not sufficiently typical to make an immediate diagnosis of cholera.

He was placed under observation, and at 5.30 p.m. I was called by the assistant surgeon as the patient appeared to be much worse. The clinical picture presented left no doubt as to the diagnosis. Two orderlies were massaging the patient's limbs and calves. He was loudly complaining of cramps in his legs; the bed-pan was no sooner removed than it was required again; at intervals the patient had uncontrollable vomiting, ejecting the green rice-watery fluid some yards up the ward and over the receptacle held ready. His thirst was intense.



He was given plenty of water pinked with potassium permanganate, meanwhile everything was got ready to give him hypertonic saline solution intravenously. The patient now showed almost every symptom so graphically described by Manson in his book on tropical diseases. The pulse got faster and weaker until it was barely perceptible, the skin of his hands was covered with rugæ and shrivelled, the veins were bloodless and difficult to find, his mental condition was semi-comatose. The saline infusion was satisfactorily commenced at 7 p.m., and continued for twenty-five minutes; two and a half pints were injected. The patient at once responded to the treatment. He no longer complained of cramps, his vomiting stopped, his diarrhoea decreased and his mental condition cleared up rapidly, and he actually began to make jokes to his friends, the other orderlies. The pulse-rate fell from 144 to 110 per minute. From this point onwards the patient made an almost uneventful recovery :

for the next two days his meat was permanganate pills and his drink pink water. On the fourth and fifth days of his illness he had a reaction temperature as shown on the chart; this caused him no inconvenience.

It is useless to dilate further on his symptoms, on the isolation of the cholera bacillus, or on the dates on which he first passed urine and formed fæces; they followed the typical textbook course. The marked improvement as the injection was given, compared with the usually rapid and fatal course of cholera cases, convinced one of the absolute necessity of having an intravenous injection apparatus and tabloids to prepare the solution ready for immediate use.

SOLDIERS' TEETH.

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MUCH has been done of recent years to reduce sickness in the Army, but the possibility of making further improvement by more attention to soldiers' teeth has not obtained the consideration it deserves.

The highest degree of efficiency is only to be obtained by attention to the use of all the bodily functions, and is not attained when the teeth of so many soldiers, from pain and sensitiveness due to decay, are inadequately used in mastication. It is not easy to exaggerate the importance of dental caries and the harm done by the absorption of pus and microbes from the cavities of suppurating teeth, when dyspepsia, diarrhœa, appendicitis, adenitis, tubercular disease, rheumatism, and many minor septic troubles may be due to it.

The consequences of pain and malnutrition due to teeth are also a potent cause of inefficiency on manœuvres and active service.

With all the care that is given to sanitary matters, we seem to be lamentably lax when it comes to the hygiene of the mouth. The persistent neglect of dentistry as an important phase in the duties of an army medical officer is overlooked, and we neglect almost entirely a subject of great practical importance and utility to the service.

Dental caries is the most prevalent of all diseases of soldiers; it is admitted that decay can spread from tooth to tooth, and may be prevented by treatment from doing so. It appears also reasonable to infer that caries may also spread from one person to another; in other words, caries is to be looked upon as a contagious disease.

The means we have at present of combating this disease consist of the expensive method of getting a local dentist to stop a few teeth and extracting teeth whether necessary or not, a duty that is expected to be done by us. Neither of these methods touches more than the fringe of the subject.