

Clinical and other Notes.

VINCENT'S ANGINA.

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IN view of the widespread incidence amongst our troops on this front of affections of the throat and gums due to the fusiform bacillus and spirochæte of Vincent's angina, it may be of value to indicate a method of treatment that has met with unvarying success since its adoption in the area served by this laboratory during the last eighteen months. The treatment consists in the local application of the following lotion :—

Hydrogen peroxide	..	..	..	3v
Vinum ipecac.	..	..	..	3iii
Glycerine	..	..	..	3v
Aq. ad	..	..	..	3viii

By its use the familiar gingivitis is usually cured in about six days, while the throat condition clears up altogether in from twenty-four to forty-eight hours.

Vincent's angina of the throat is not only met with as a separate infection, but is very frequently associated with diphtheria. An analysis of the cases that have reached this laboratory shows that in nearly sixty per cent of diphtheritic throats both fusiform bacilli and spirochætes are present in a further fifteen per cent.

The rationale of the formula was based upon the following considerations: Firstly, that hydrogen peroxide is especially useful in loosening and clearing up purulent exudates, and, moreover, would militate against the growth and multiplication of the anaerobic fusiform bacillus; secondly, that vinum ipecacuanha might prove to have a more or less specific action upon the spirochæte; and thirdly, that glycerine by virtue of its hygroscopic and penetrative properties would effectually convey the preceding ingredients into otherwise inaccessible recesses. Whatever may be the theoretical value of these surmises, the practical issue is beyond doubt, and the consistent results obtained would appear to merit the general use of this lotion in Vincent's angina infections.

I wish to thank Captain Mallet, L.D.S., Captain Place, L.D.S., and the many medical officers in casualty clearing stations and field ambulances who have kindly reported their results.

VENEREAL DISEASE IN THE FIELD.

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THE purpose of this article is to outline briefly the methods which have proved most satisfactory in dealing with venereal disease in a hospital in the field, where one is working entirely under canvas and with a necessarily restricted armamentarium.

The results may be roughly gauged from the statistics appended to various portions of the article, these having been compiled from the admissions and