Clinical and other Notes

Next, in regard to sanitary duties, I would refer the reader to an article in the Journal of April, 1906, by Lieutenant (now Captain) C. A. J. A. Black, R.A.M.C., headed "Regimental Sanitation in India." He suggests the appointment of a Station Sanitary Officer, or "Medical Officer of Health," to each station, and with his suggestion I think many will agree. Frequent changes in appointments to "sanitary charge" of units would here again be avoided. The officer appointed, as Captain Black advocates, be the technical adviser of the Senior Medical Officer on all sanitary matters and keep a diary for the Senior Medical Officer's inspection. He would necessarily have to be a specialist in sanitary science and would carry out all bacteriological work of the station. I would further advocate that he perform all duties in connection with the inoculation against enteric fever of all drafts and regiments arriving in the station, including the keeping up of the statistics of inoculation, thus obviating the necessity for the so-called "attached" medical officer to newly arrived regiments in India for this purpose. In this way the inoculation statistics of the whole station would be under the control of one officer. We should thus have three appointments in every station, except, of course, in the very small ones, viz.: (1) Officer in medical charge of officers, women and children, and family hospital; (2) Station Sanitary Officer; (3) Staff Surgeon. In medium-sized stations, two of these appointments might be combined.

I venture to put forward the suggestion that, were such a scheme as I have tried to indicate adopted, it would result in an all-round advantage, not only to ourselves, but also to the several units comprising the various garrisons in India.

A PLEA FOR A REALLY SANITARY INVALID'S URINAL.

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A glance through the catalogues of most purveyors of surgical and medical appliances will at once make it apparent that the inventive genius of man has, at any rate, not been idle in the matter of contriving urinals for the use of bedridden patients of both sexes.

The forms depicted are many and various, and the quaint twists and contortions may enhance the outward beauty of the utensil; but an examination of the inside of a broken urine bottle will open the eyes to the necessity of having one of such a shape that all parts of the interior should not only be accessible for cleaning, but also open to inspection. The accompanying sketches on a reduced scale (about a quarter size) show the form of urinal at present in use in military hospitals, and also of my proposed improvement in design.

In the former (fig. 1) "dead angles" are shaded and show clearly
that, viewed from the mouth AB, the portions bounded by the lines DE and CF can only be got at for cleansing with difficulty, and cannot be inspected at all. In these situations the solid constituents of the urine are apt to become encrusted on the inside of the vessel, and form a nidus for the growth of all kinds of germs; and patients suffering from bacilluria might easily become foci of infection through the medium of the urine bottle.

We all know that, theoretically speaking, disinfection after use should render the urinal perfectly safe and reliable, but the danger lies more in dirt concealed that in that which is obvious to the most casual observer.

Glass urinals are, of course, the ideal, but I fear their brittleness and greater cost would be points against their universal adoption in the Service. Being therefore obliged to stick to earthenware, let us have one without angles, and so shaped that all parts of the interior can be inspected at a glance.

In fig. 2 is shown a design for a urinal without "dead angles," a firmer base to stand upon, and less easily upset than the present urinal, the width at the bottom being almost the maximum.

I have seen many urinals with more "dead angles" than the one from which my illustration is taken. The small recess at the summit of the body, viz., fig. 1, FC, continues around the base of the neck and merges in the greater recess DE in front. It is out of reach of any but an unusually long finger, and needs a wire or bent stick to clean it efficiently; but, as it is above the level at which urine stands in the bottle, it is not of so much consequence as the recess DE.