hours) is probably very useful. It is not, however, so essential a part of the toilet of the bowel as the charcoal.

(c) Lastly, abundant residueless food, and tonic nourishing drugs, including strychnine, digitalis, and the calcium and phosphorus groups of remedies, would stand their best chance of absorption and of assimilation where the bowel was being thoroughly attended to in this way. This nutritional advantage is our best, nay, hitherto our only way, of fighting indirectly the intensity of the infection, having its stress in the blood even more than in the bowel. Thus to neglect it systematically because in the absolutely hopeless case it is, of course, unequal to impossibilities, would be to the detriment of all other enteric patients. And to delay it even for a day is to render it less likely to yield its best results.

The bad cases may need stimulation by alcohol occasionally, or by French wine. Above all stout may be administered steadily for the sake of its nutritive value. But even without this additional help it is possible in the majority of cases to arrive at results which are practical proof of "good treatment." For when defervescence does come, the patient feels in high condition, and the temperature is barely subnormal and free from the usual falls to 96°F or lower.

(III.) As regards Major Johnson's important suggestion that the intestinal tissues may suffer in their nutrition and tone, I can offer no further comment than the statement that peristalsis is provided for by the daily administration of castor oil, and by the presence within the bowel of charcoal, mixed with mucus and other secretions and sheddings from the mucous membrane. On the other hand, if the dieting can be fully carried out there should be no starvation of any of the tissues of the body, though the intestinal wall, when kept more at rest as in the empty bowel treatment, may need and may assimilate rather less nutriment from the blood.

LIQUOR HYDRARGYRI PERCHLORIDI (B.P.) IN THE TREATMENT OF DIARRHEA ON FIELD SERVICE.

By Major N. FAICHNIR.
Royal Army Medical Corps.

One of the most universal diseases on Service is undoubtedly diarrhoea, and any drug that will cure this complaint quickly is worth bringing to notice, as, apart from the discomfort, the fact that the bowels are opened several times a day at inconvenient times and places, and possibly during the night-time, instead of once a day at a selected time, with sanitary conveniences available, must be of great weight from a sanitary point of view.

Many years ago, on first going to India I was recommended to use liquor hydrargyri perchloridi for an intractable case of diarrhoea, and I found it most useful. During the South African War, when diarrhoea was
406  

Clinical and other Notes

a very common complaint, I found it an exceedingly valuable medicine; it was so often successful where other drugs failed, that there can be no doubt of its therapeutic value. Liquor hydrargyri perchloridi is described as an intestinal disinfectant, and combined with chlorodyne seems to remove the cause as well as the symptoms of diarrhoea. Its use is well known and my reason for bringing it forward now is, that when in charge of two sections of a British Field Hospital during the late Mohmand Expedition I was unable to administer it for a time, when diarrhoea was prevalent, as it is not provided in the panniers. As a substitute, however, I used the following, which acted equally well, viz., one soloid of the perchloride of mercury supplied as an antiseptic, containing 8.75 grains of hydrarg. perchloride, dissolved in 17½ ounces of water, which gave a mixture containing ½ grain in one fluid drachm, the same strength as the B.P. preparation. The blue colour of the soloid, due to an aniline dye, is quite harmless.

AN AUTOMATICALLY FLY-PROOF LATRINE SEAT.

By Captain L. W. Harrison.

Royal Army Medical Corps.

That the pattern of latrine in common use in Indian barracks could easily be improved on no one will deny. Unprovided as it is with a lid, and having a large space under the seat in which the ghumlah is very often placed with its large edge under the centre of the hole in the seat, nothing appears better calculated to encourage the conveyance of infection from latrines to food. Attempts have been made to render some latrines fly-proof by placing a fly-proof door over the opening in the back of the latrine at which the ghumlahs are inserted, and by fitting a lid which is supposed not to be capable of being pushed back so far that it cannot drop automatically. The disadvantages of the latter pattern appear to be that the fly-proof door is liable to damage and rust, and to become no longer fly-proof, that it is inconvenient for placing the ghumlah in position, and that the lid has to rest on the back of the person using the latrine. The latter, I submit, is a serious objection, not only because of its annoyance to the man, but also because very frequently in getting up, a man soils the front of the seat with a trickle of the urine and the lid falling on this, in turn becomes contaminated.

In 1906 I showed to the Enteric Fever Committee in Simla a model of a latrine which seemed to overcome many of these objections, and in 1907, by the kindness of Lieutenant-Colonel W. A. Morris, R.A.M.C., I was allowed to fit the arrangement to a latrine at the Station Hospital, Murree. Though it was put up very crudely by a local mistry, it worked exceedingly well, and I was encouraged to build a large model which could be photographed.