the medical officer—this gives the orderlies time to remove old dressings, cleanse wounds, take temperatures, &c., as may be necessary; meanwhile, assuming the book is already ruled out, the names of the morning sick are copied into it from the sick reports, and the temperatures entered up—those of the previous evening being entered at 5 p.m. on that day. The book is now placed on the medical officer’s table, and all is ready for his inspection—it is only necessary for him to mark one sick report, the duplicate entry being made in the record book, except when a man is admitted to hospital, in which case the duplicate sick report is also marked and sent to hospital with the patient. A roll of men who have been inoculated or who are on the syphilis register is kept in the office, and such entry recorded in the book when necessary. The column "detained" would of course only be used at inspection rooms where beds are provided. The names of any men who have been under treatment for two consecutive days (or longer) are carried forward to the official A. and D. book, which is sent to the military hospital weekly, and also at the end of each month, so that the particulars may be extracted therefrom for inclusion in the monthly return "treatment in barracks," rendered by the Senior Medical Officer.

A CASE OF TAPEWORM CAUSING ACUTE GASTRITIS.

By LIEUTENANT W. G. AVISS.

Royal Army Medical Corps.

COLOUR-SERGEANT B., returned from South Africa in September, 1902, feeling fit and well. He had suffered from slight dysentery there. He was quite well till early in 1905, when, to use his own words, "Pains in my inside began to trouble me when route marching or on brigade parades. The pains commenced on the right side of the bowels and gradually moved to the bottom of my stomach. They lasted from one and a half to two hours and were bearable. As time went on they became more frequent, coming on even when I had not exerted myself. In August, 1907, the same pain started on my right side, and after about two hours suddenly gripped me at the bottom of my stomach, which compelled me to collapse. I had to be carried to hospital. The pain was like cramp and lasted for ten hours."

I saw and treated the man on this occasion. A fat and flabby man, he had symptoms and signs which I thought were accounted for by chronic constipation, aggravated by a "snack," consisting of one haddock and 4 lb. of plums. He got over the pain, but still had abdominal discomfort. I discharged him in eleven days, when he had regular matutinal motions and a clean tongue.

He came sick again (having consumed a roast ox-heart at breakfast) on May 3rd, 1908, with great epigastric pain, vomiting, diarrhoea, and
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filthy tongue; temperature 102°F. As his condition remained the same for five days he was put on plain water, and nothing else, as the case was regarded as acute gastritis (he habitually ate too much). The pain subsided and the temperature fell to normal in three days, but he still had a foul tongue and abdominal discomfort. I gave him a purgative and 90 minims of liquid extract of male fern, with 3 grains of santonin, which resulted in the expulsion of a 14-foot *Taenia solium*. His tongue now cleared rapidly, his eye brightened, his desire for food became normal, and he was happy and vigorous. He was again treated for a worm, but without success. Now he leaves hospital feeling better than he has done for the past three years. The conclusions drawn from this case are, that a worm may probably cause either constipation or acute gastritis and possibly a diagnosis of "fulminating appendicitis."

A CASE OF INSUSCEPTIBILITY TO COCAINE.

By MAJOR W. T. MOULD,
Royal Army Medical Corps.

PRIVATE K. was admitted into the Station Hospital, Mount Abu, on August 30th, with both great toenails ingrowing. After the toes had been prepared for operation, I injected a solution of 5 per cent. cocaine hydrochloride at the base of the nail and on each side; after waiting the usual time I tested the skin for anaesthesia and found it was quite sensitive. Two minutes later I repeated the injection and found that this also had no effect. The solution had been prepared three days previously and was then active, and it was successfully used in other cases later. After the second series of injections had failed the patient told me that some weeks previously a medical officer at Nasirabad had used cocaine in the same way, proposing to remove the nail, but had failed to make the skin insensitive, so had not removed the nail. The man suggested as the reason of the failure that he had had both feet frostbitten in snow before enlisting.

The nails were subsequently removed, the skin being frozen with ethyl chloride. The sensation of the skin was normal to all tests.