Clinical and other Notes

No. 1 shows the latrine closed.
No. 2 shows the latrine open with foot-rest occupied; it will be seen that the cover rests against the uprights just below the bends.
No. 3 is a back view of the latrine showing the interior.
The advantages claimed for this latrine are:
1. The cover is automatic in action.
2. The latrine pail is rendered fly-proof.
3. Catches are unnecessary.
4. The removal of the pail is not interfered with.
5. The risk of spilling contents of the pail during removal from the interior is reduced to a minimum.

CASE OF EUCALYPTUS POISONING.

By Major C. T. Samman.
Royal Army Medical Corps.

L. P., aged 26, service six years, was brought to the Station Hospital, Mhow, on the morning of Monday, March 27, unconscious.

History.—Patient was a member of the regimental football team, and had been engaged in three strenuous Cup matches during the previous week. The final was played on Saturday, March 25, and on Monday the team were given a European morning, so no notice was taken when at 7 o’clock the patient was still asleep, more especially as he had the reputation of being hard to rouse in the morning; when at 9 o’clock he was still in the same condition the orderly serjeant became alarmed and ordered his removal to hospital.

On admission, patient was apparently in a sound sleep from which he could not be roused; his temperature was normal, pulse 60, full and steady; breathing normal; his eyeballs were rolled upwards, and it was difficult to see his pupils, but when seen they were observed to be slightly dilated, though they reacted to light; his other reflexes were normal. No other information could be obtained about him, except that he was a teetotaller. It was decided to keep him quiet without any food or drugs, but to have him very carefully watched.

4 p.m.—For a very short time he became restless and groaned a little, but relapsed into his former condition.

A sister was put on night duty to watch for any change that might take place, but there was no change till 8 o’clock next morning when he awoke quite naturally, complaining of a slight pain in his head.

On being questioned he stated that on Sunday, March 26, he had a cold, and hearing that oil of eucalyptus was a good thing for it, he purchased an ounce bottle in the bazaar. The label bore the following directions: “For influenza, asthma, and all bronchial affections. Dose, one to three drops on sugar, or by inhalation.” After dinner, about 2 p.m.,
he took a dose on sugar as directed, but failing to get any appreciable relief by 6 p.m., he then drank three-quarters of the contents of the bottle and immediately became dizzy, but managed to get to bed. During all this time he had not passed water, or had a motion; two simple enemata and one of castor oil were administered before the desired result was obtained. A catheter was not used as there was no distension, and only 22 oz. of urine were passed after thirty-six hours' interval. He had no more unfavourable symptoms of any kind, and his urine was normal. He was discharged to duty on Friday, March 31.

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Travel.

A MEDICAL OFFICER'S NOTES ON THE PERSIAN FRONTIER.¹
BY CAPTAIN A. W. HOWLETT, I.M.S.

COLONEL MACPHERSON very kindly invited me to give a brief sketch of such details as may be of interest to medical men, of that remote and little known region from which I have just returned, namely, Robat on the Afghan-Persian-Baluchistan border. I take it that a country is made botanically by its geology and climate, and it is germane to my subject, therefore, to first give a rough-and-ready review of the scenery and topography of the area in question. It is a peculiar beneficence of Providence that in a land so sterile, so much of the scanty flora that does exist should be of utility to mankind. Here the mountain ranges which for the long three and a-half weeks' march from Nushki have been looming in the middle or far distance to left and right, on the one hand marking the Afghan frontier, and on the other that of Mekran, converge and lose themselves in a vast disarray of broken sierras of a barrenness and ruggedness not to be equalled. Passage amongst them is afforded only by deep and often overhung ravines, known by the name of tungis, which after many divagations emerge on to the great desert which stretches northward 120 miles to the Helmund, and by occasional flat terrains of a clayey alluvium—locally called pats—the vestiges of old lake bottoms long since dried. The most of the vegetation is found

¹ Paper read before a meeting of the Quetta Branch of the British Medical Association, January 25, 1911.