would be a comparatively simple matter to carry spare screws. Of course, when the splints are used as side splints the screws are fixed to one side, the head being in the bevel of the groove and the butterfly nut on the outside. Of the two I prefer No. 1 on account of its greater strength.

The present specimens are made in oak, but it is probable that beech would be found more efficient, being sufficiently strong for the purpose, and at the same time both cheaper and lighter. I would suggest that they are an improvement on the portable Liston’s splint at present carried in the panniers, owing to the fact that they are adjustable and will make two side splints if required.

A SUCCESSFUL AND SIMPLE METHOD OF CARRYING OUT VACCINATION.

BY MAJOR P. H. HENDERSON.
Royal Army Medical Corps.

I submit this simple method of carrying out vaccination as for some years before and since the lymph was obtained from the Government Lymph Establishment, London, I have followed it with exceedingly good results, while I understand some medical officers have recently had trouble with septic arms.

Up to the present I have had no case of a septic arm necessitating the patient’s admission to hospital, while the percentage of successful vaccinations has been high, viz., 94 per cent out of 589 cases covering the revaccinations and primary vaccinations from 1909 to 1913.

Method Adopted. Preparation of Skin.—This is cleaned with rectified spirit on cotton-wool, nothing else being used.

Major W. E. Hudleston, who has had equally successful results
amongst the women and children here, washes the arm with soap and water and follows this up with ether, leaving an ether pad on till he is ready to do the scarification; his proportion of successful cases has been 98½ per cent. I have recently seen successful results after preparation of the arm with iodine, but the local reaction was excessive.

Method of Ejecting the Lymph from the Tube.—It is immaterial whether the lymph is blown out by the mouth or ejected by a teat. To obviate any danger of contamination from the mouth a piece of cotton-wool is placed over the end of the tube when blowing through it. This is much quicker than using a teat.

The lymph is ejected on to the flat of a scalpel blade; the lymph is then transferred to three or four spots on the arm, and the scarification is performed through these. When the lymph has dried the site is covered with plain sterile gauze and a bandage. It seems to make no difference to the result if a little blood is accidentally drawn during the scarification.

Site of Vaccination.—The inner aspect of the left forearm is to be preferred, as it offers the following advantages: (1) It is readily accessible without removing the coat or shirt. (2) With the hand carried in a sling or merely tucked into the coat the site is protected from injury. (3) Should there be any sign of sepsis the forearm is easily immersed in a boric acid bath. (4) It is easy to keep a dressing on this site with a bandage or strapping. (5) When inspecting vaccination marks it is easy to see these without removing shirt or coat. This saves a great deal of time at annual vaccination inspections of troops, &c.

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**A PLEA FOR THE EXAMINATION OF THE URINE OF OFFICERS AND RECRUITS WHEN JOINING THE SERVICE.**

BY MAJOR W. S. CROSTHWAIT.

Royal Army Medical Corps.

The brief notes on the following cases show the importance of a careful examination of the urine of all officers, men and boys joining the Service.

**Case I.—**Boy W., aged about 16, service about two years, was brought into the hospital, Upper Topa, in a fit, which was said to have been an epileptic one by those who saw it. I was called to see him at 11.30 p.m. and found him in a state of stupor, pupils dilated, temperature normal, pulse 110, tension very high. His urine was very pale and slightly "milky" in appearance, specific gravity 1006, acid, and loaded with albumin; under the microscope I found pus cells, red blood corpuscles, epithelial casts and debris. The boy stated that he had scarlet fever in