Then BB' will be the extreme ends of the ridge of the shelter. These ends are now firmly tied to the piece of cord, which is fixed to the rope at B. All that now remains to complete the shelter is to firmly fix a piece of cord to each corner of the blanket at E, and then secure the corners AA., CC., and one shelter is completed. Similarly for the other blankets. Where the cords are attached to other blankets, a round stone should be placed in the blanket, and the cord fastened round that; this prevents the blanket tearing.

If a patient in the middle shelter requires to be examined, either the stretcher in which he is laying may be drawn out, or one side of the blanket may be unfastened and folded over the other side, and thus afford the medical officer access to the wounded man.

The striking and packing is equally simple. First of all, the pegs lettered C are uprooted with the cords still attached to them, this prevents the pegs getting lost. Then the stakesAAAA are uprooted. The whole series of shelters then falls to the ground. Two men now do the folding. AA are left lying. One man goes to each side of No. 1 blanket and folds it along the ridge BB', spreading it out flat. The same is done to the next blanket, No. 2, which is folded on the first one, and so on. The pegs CC, etc., are placed towards the centre of the blanket. Finally, the stakesAAAA are put on the pile of blankets, along with the ground-sheets, and the whole rolled like a Wolseley valise, and secured with a rope or securing strap, and then packed in the medical store cart. Once the shelters have been erected and the cords and pegs fixed properly, in order to again erect them, the stakes AA at the end are first driven in, then the whole is extended like a concertina, and the stakes at the other end driven in. Then the pegs CC are put in their position, and the shelters are complete.

In the working out of this method, I have to thank Lieutenant A. Poole, R.A.M.C., Serjeant McIntyre and Corporal Buxton, of B Section, 40th Field Ambulance, for help and advice.

POST-MORTEM APPEARANCES OF SEPTICÆMIA RESULTING FROM "GAS POISONING" AND THEIR RELATION TO ANTI-TYPHOID INOCULATION STATISTICS.

A Plea for Accurate Bacteriological Diagnosis.

By Lieutenant Arnold Renshaw.

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The following case, which occurred during the course of epidemic cerebrospinal meningitis investigations in the Stephen Ralli Laboratory, Brighton, is of considerable interest, viz: (a) Possible discrediting of value of anti-typhoid inoculation, with accompanying error in compilation of statistics; (b) post-mortem appearances of "gas septicæmia"; (c) diagnosis between enteric fever and "gas pneumonia."
CASE.

Private A. D., 1st Dorsets, Isolation Hospital, Eastbourne. Had been inoculated for typhoid since the war started. Invalided about May 14 from gas effects. Apparently recovered except for slight shortness of breath, and was allowed to be up and about. He was suddenly taken ill at 10 a.m. on May 27, and died at 4 p.m. same day.

Clinical diagnosis was epidemic cerebrospinal meningitis. Cerebrospinal fluid was collected and forwarded for examination. This was negative as regards meningitis.

Post-mortem examination performed on May 28, prior to swabbing contacts. Seven medical men were present, including two trained pathologists.


Subsequent Bacteriological Examination.—Spleen, lung, and meninges absolutely sterile as far as typhoid bacilli were concerned. A Gram-stained blood-film elucidated the problem, very large numbers of definite pneumococci being present.

Subsequent Histological Examination.—Lung: in state of croupous pneumonia, alveoli being filled with leucocytes (polymorphous). Not very many organisms to be seen; pneumococci being present, but remarkably scanty. Peyer's patch: lymphoid increase, necrosis towards superficial epithelium. Many Gram-negative bacilli present in necrotic portion—probably Bacillus coli and saprophytes. Brain: hemorrhages. Leucocytes present in brain substance. Spleen: congested. Some of the pulp-cells stained faintly, as also their nuclei. Large numbers of erythrocytes were present; but no organisms could be detected in section examined.

SUMMARY.

The previous gas effect on lungs had apparently lowered the resistance of the lungs.

The appearance of the intestines, mesenteric glands, and spleen was regarded at the post-mortem as due to enteric fever in an inoculated man.

The appearance of the left lung was regarded as due to an early typhoid pneumonia, predisposed to by gas effect. In this we all con-
curred, including Professor Samut (the Government Pathologist at Malta), who was present, and who has had considerable experience of typhoid and paratyphoid fever post-mortem examinations. The distribution of the patches enabled paratyphoid fever to be eliminated.

The subsequent bacteriological examination showed that had the matter rested on the results of the post-mortem examination a totally erroneous conception would have been held.

Death was due to pneumonia and pneumococcal septicæmia. The exaggerated appearances of Peyer's patches and mesenteric glands (enlarged in many septicæmias) was probably due to easy access of organisms to the blood-stream through a lung damaged by gas, so that the lymphoid tissues were considerably stimulated, and an appearance resembling enteric fever occurred.

Indication.—In view of the numerous gas cases occurring it is probable that similar cases will require for their elucidation a post-mortem examination. In view of the importance attached to inoculation statistics, the intestines will probably be opened up. If this occurs the anti-typhoid inoculation statistics will be considerably vitiated. I would suggest that in such cases, to ensure accuracy, the spleen be forwarded to a laboratory for bacteriological examination, together with a blood-film.

The post-mortem appearance was that of an early case of enteric fever (first week), in which death occurred from a typhoid pneumonia, which in the early stages may be croupous in character; whereas bacteriologically the pneumococcus was found to be the organism concerned.

SOME NOTES ON THE USE OF SENSITIZED STREPTOCOCCAL VACCINE IN INFECTED GUNSHOT WOUNDS, AND A REPORT ON A CASE IN WHICH IT WAS USED.

By Captain H. G. Gibson.
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In this country there has been up to the present time a certain amount of prejudice against the use of sensitized vaccines. Although there seems to be no special advantage in their use prophylactically, there are many advantages in their use for the treatment of acute conditions.

Several cases in which successful treatment by sensitized streptococcal vaccine has been employed have been published in this country.1

I am publishing a case of streptococcal infection of a gunshot wound, together with the temperature chart, as it shows more or less graphically some points in the use of the vaccine. The great advantage of the sensitized vaccine lies in the fact that it can be used without any danger