as category "A," which does not mean they are physically fit for the Front at the time of enlistment, but that they are likely to become fit as a result of the training. Some of them become fit in spite of their dental condition, but for most of them dental treatment is absolutely necessary.

It is therefore essential that the Dental Surgeon should see the men when they are first drafted to the training centre, so that, in consultation with the Medical Officer, the history of each case can be gone through where the teeth are mostly stumps, and it can be decided as to what extent the condition has affected the general health, whether the training is likely to eliminate the symptoms, or whether extraction in preparation for dentures would not only be genuinely appreciated by the soldier himself, but would be the determining factor as to whether or not he would ultimately become fit for the Front.

I am, etc.,

23, Brunswick Square, Hove. W. L. COCKER, Captain.

November 21, 1916.

TREATMENT OF SEPTIC GUNSHOT WOUNDS.

TO THE EDITOR OF "THE JOURNAL OF THE ROYAL ARMY MEDICAL CORPS."

DEAR SIR,—I should be greatly obliged if you would kindly publish the following note in the Journal:—

I take this opportunity to bring to the notice of officers of the Royal Army Medical Corps who are interested in the treatment of septic gunshot wounds with Ichthyol and glycerine, the importance of substituting Subitol for Ichthyol on the grounds of expense and the present difficulty of obtaining Ichthyol. Subitol is obtained from Japan and is sold by Messrs. Zimmermann & Co. (a British firm) at 5s. 6d. per lb., about one-fifteenth the price of Ichthyol.

I use it in the strengths of twenty per cent and fifty per cent in glycerine painted on the wound with a camel-hair brush once or twice daily.

I cannot too strongly emphasize this method of treatment; it saves septic limbs from amputation and if applied at the time of injury will, I am convinced, prevent gas gangrene; the possibility of the prevention of tetanus is also a subject well worthy of consideration.

The dressing should consist of antiseptic gauze, cotton wool and a bandage—impermeable material such as oiled silk should not be applied to a wound.

In conclusion I may add that extension of sepsis and secondary haemorrhage do not occur with this method of treatment.

I am, etc.,

Military Hospital,
Lincoln,

C. W. DUGGAN, Major R.A.M.C.

December 28, 1916.