Clinical and other Notes

group \textit{B. paratyphosus} A is the most pathogenic for rabbits, and it is not possible to produce the same pathological picture of enterica by the inoculation of \textit{B. typhosus}.

It would appear therefore that while \textit{B. typhosus} is the most fatal of the three organisms for man, \textit{B. paratyphosus} A holds this distinction where rabbits are concerned; also no effect was produced in rabbits with \textit{B. paratyphosus} B in equal doses.

A NEW FORM OF HEAD BANDAGE.
\textsc{By Captain E. M. Jenkins}
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The following prints illustrate a very useful and much needed form of bandages for head injuries, replacing the old and complicated capeline bandage that has been in vogue so many years.

\begin{center}
\textbf{Print 1.}—Slips of bandage averaging 16-18 inches are placed over the dressing as in Print 1.
\end{center}
Print 2.—You then take a roller bandage, starting the same on right side of the head and give one full turn around, so as to bind the slips down as in Print 2.

Print 3.—Continuing the turn until you come to the point shown in print 3. You then take the projecting ends of slips in the left hand and turn them up, so that their edges are almost level with upper end of bandage.
Print 4.—They are now fixed in position by continuing bandage over them, and then over to the other side. When you reach the remaining slips pull them downwards sufficiently to make the dressing firm and secure. Having done this turn up these edges in the same manner as before, binding them down with the bandage. You can then if needed take another turn of bandage around head, finishing up over point where you started, and there pin off.

Print 5.—Shows the same slips applied longitudinally and methods.
The advantages in the application of this new style of bandage have proved of such value that I wish to bring it to the notice of the Royal Army Medical Corps officers, whether in hospitals, etc., or in the various fighting zones, where so many head injuries are brought under their care. They will find it not only of great service but very beneficial to the sufferers. Its advantages are:—

1. The simplicity of application.
2. Can be used in any form of head injury, whether severe or otherwise.
3. It can be used either transversely, or longitudinally.
4. It can be put on so quickly, which is such an important matter to the wounded, and at the same time a great help to the surgeon, when dealing with a large number of casualties.
5. It can be applied without causing any undue movement of the head.
6. It does not produce any discomfort to the sufferer when fixed, as there is no constriction or undue pressure over any part covered by it.

The small amount of bandage required should appeal to all at the present time owing to the enormous amount of material saved by its use. Even if the whole head has to be bandaged it takes but little more than half a roller bandage—which means a saving of 400 yards in every 1,000 yards of material used.

SOME CASES OF SO-CALLED FUNCTIONAL PARESIS ARISING OUT OF THE WAR AND THEIR TREATMENT.

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Exact distinction between functional and organic disease is not easy. To say that in cases of functional disorder no pathological lesion can be found is really a confession of ignorance. Doubtless there is some change in the nervous system, but whether the change is a biochemical one, or whether it involves some molecular disturbance in the individual cell, it is, in the present state of our knowledge, impossible to say. Provided that this lack of knowledge is thoroughly appreciated, the distinction between functional and organic disease is a useful one clinically, and this must be the excuse for the title I have chosen.

The causation of such cases has been manifold. The stress and strain of modern warfare; the weariness and exhaustion following the ceaseless vigil of a strenuous campaign; the shock that follows the bursting of high explosive shells; the pain of trench foot or of rheumatism—all have been factors in the production of a series of nervous phenomena, complex