Clinical and other Notes.

A FEW SUGGESTIONS FOR THE ARRANGEMENT AND MARKING
OF MICROSCOPIC SLIDES IN A CABINET.

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In cases where additions have to be made, almost daily, to a collection of microscopic slides which it is desired to retain permanently for reference or demonstration purposes, it has not been found possible in many cases, owing to lack of space, to reserve a separate drawer for each series of specimens.

Each specimen should therefore be labelled and numbered as it is prepared, and should be arranged in numerical order, quite regardless of the section to which each specimen belongs. A register is kept of each specimen, which is entered as soon as it is prepared, giving more detailed particulars than it is usually possible to include on the slide label.

This register should always be kept either on top of or near to the slide cabinet, so as to be available for reference at any time. By means of careful cross indexing it should be possible to look up any required slide in a few minutes.

For example, "cellulitis" would be entered in the index under (a) cellulitis; (b) inflammation; (c) skin or whatever part was infected.

Regarding the numbering and labelling. Printed numbers in sheets from 1-9,000, each sheet containing 1,500 consecutive numbers can be obtained at 2d. a sheet from Messrs. Watkins and Doncaster, Strand, W.C., or a series of the six sheets printed on five different coloured papers (thirty sheets in all), for 4s.

Labels. It is advisable to have these printed either with the owner's name or the name of the laboratory to which they belong; such labels can be obtained from Messrs. Suttley and Silverlock, Blackfriars Bridge Road, S.E., at 3s. 6d. a thousand, provided five thousand are taken at one time.

Indian or China inks are the best for writing on the labels as they do not fade. The order to which the specimen belongs should be written in block letters in red, the genus in green, and the species and further details in black, or what is usually more convenient, the order in red and the remaining details in black.

In cases where a register is not kept the following method of marking the slides in addition to the numbers and labels has been found most useful; it is also useful should the register be mislaid.

Small squares and circles of coloured papers are prepared and are fixed to the slides, these are affixed as follows: Those indicating a series of specimens, at the upper right hand corner of the slide, the number of the slide being at the upper left hand corner; those indicating sex or dissections, etc., above the upper right hand corner of the label which is at the lower end of the slide.

For example: if a red square is used for all the series of slides of the culicidæ and a blue circle to denote females, then a female mosquito would be
indicated by a red square at the upper right hand corner of the slide, with a blue circle above the right hand upper corner of the label. Parts and dissections can be indicated by a second, say a black, circle to the left of that denoting the sex, where the latter is known, or simply a black circle where the sex is unknown.

Thus a specimen showing the internal organs of a female mosquito would be marked by a red square above and black and blue circles below.

It has been found in practice that half a dozen colours are all that are needed, as combinations of colours in pairs, as red square green circle, can be used for the slides, should many different series be needed. All that is required is to remember that the marks at the upper end of the slide denote the series only. By this method it is possible to find any required slide in a drawer at once, without the necessity of reading all the labels and is therefore useful in saving time. In addition, providing the coloured labels are affixed evenly, the general appearance of the collection is greatly improved.

It may be thought that the above method is a waste of time, but as the coloured papers can be prepared at leisure this is not so; they can be cut at any time and if kept in pill boxes do not become mixed. The colours should be as far as possible permanent and can be obtained from theatre posters of the better class of advertisements; or covers of magazines. The circles can be cut by means of a punch for cutting wads for a 22-bore rifle or a leather cutter; the latter costs about 8s.

The squares are best cut by hand, and should measure about \( \frac{1}{4} \) inch across. Married officers can get their wives to do this for them as it is easy work, but cutting through several thicknesses of paper is rather hard.

As regards the upkeep of the register, this should be done by the officer in charge of the laboratory and not left to subordinates, otherwise the cross-indexing
is liable to lead to trouble. I obtained the idea of this method of marking slides from Professor G. H. F. Nuttall, F.R.S., at the Quick Laboratory, Cambridge, who uses it for marking various stages of development of specimens on the slides in his collection; the marking of series also was thought out after seeing his specimens.

PYREXIA NOT YET DIAGNOSED, OF DENTAL ORIGIN.

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The following observations are given with a desire to point out to medical officers—particularly those in the tropics—a factor which may help them to eliminate the not yet diagnosed from the classification pyrexia not yet diagnosed, in some cases under their care.

It should be emphasized that in these days of dental decay (and in certain classes of dental neglect), an oral examination in cases of what would otherwise be labelled pyrexia not yet diagnosed will reveal a definite cause and diagnosis, leading to immediate treatment and more rapid cure of patients.

Whatever may be the original causes, it is a clinical fact that septic conditions of the teeth and gums are of serious import in tropical climates, as there seems to be a tendency to more rapid development of the virulence of pathogenic organisms in the mouth giving rise to vague pathological conditions leading to definite disease.

Amongst the cases admitted into the hospitals of Divisional Area, E.E.F., a certain number are labelled on their Field Medical Cards or A.F. B256 as pyrexia not yet diagnosed.

Their blood films and cultures give negative results for malaria, relapsing fever, and for the enteric group.

In the absence of any apparent cause of fever the dental surgeon is called in for advice and treatment.

I examine the mouth for septic teeth and roots causing inflammation and pus discharge, and for evidences of pyorrhoea alveolaris, or for general neglect of the teeth.

(a) In cases where there are septic teeth and roots causing inflammation, these are extracted, and a warm mouth-wash such as 1 in 120 lysol or any similar solution, is used every two hours; in addition, the mouth is syringed out two or three times in the manner described later. Under this treatment the temperature goes down, and the patient is ready for discharge in a few days.

(b) A frequent cause of pyrexia not yet diagnosed (particularly amongst Indian troops) is pyorrhoea alveolaris.

The routine treatment for this is:

(1) Thorough scaling.
(2) Syringing the gums under pressure three times daily.
(3) Local application of mist. dent. arsen.

Of these treatments special attention is given to syringing under pressure.