dressing the surface of it with lint soaked in a new preparation—anti-maligyn—keeping the lint moist with a small piece of oiled silk.

On her return four days later, a very marked improvement was noticed in the general appearance of the ulcer; the dressing was repeated. She attended again on July 7; the ulcer was then found to be completely healed, a small reddish discoloration being all that was left of the original ulcer; this has since disappeared.

Although it may be claimed that the X-ray dose previously given was largely responsible for the satisfactory termination of the case, yet I think, in view of the fact that such a rapid change for the better occurred as soon as the anti-maligyn was tried, that this substance had a very large share in the ultimate healing of the ulcer.

SOAK PITS.

By MAJOR F. R. HUMPHREYS,
Late Royal Army Medical Corps (T.F.).

One of the troubles of camp life is dealing with greasy water, which soon renders the sides of the soak pit impermeable, and a fresh pit has to be dug.

The following method was found successful in a case where a large deep pit had thus become full of water which failed to soak away, though the soil was very porous.

A second very narrow pit was sunk about one foot from the large one. A communicating tunnel, lined with a tin canister, was established and opened into the large pit a little below the surface of the water collected in it.

The little pit promptly filled up; the grease, which had coagulated in the water, rose to the surface and only had to be skimmed off as it collected there in considerable bulk. The small pit remained full, all water being poured into the large pit, and the soakage from the small pit caused a constant current to it with the coagulated grease.

CARBON-MONOXIDE POISONING IN BARRACKS.

By CAPTAIN R. V. FRANKLIN,
Royal Army Medical Corps,
AND
Assistant Surgeon F. COURTNEY,
Indian Medical Department.

During the months of February and March, 1931, the following cases of carbon-monoxide poisoning occurred in a small hill station in the north of India. The climate being extremely severe, with half a foot of snow on the
Clinical and other Notes

ground, and a cold piercing wind permanently present, the men cheerfully
"collected" coal, charcoal, and wood and, sitting huddled over Canadian
stoves at night, cooked their suppers in their barrack rooms, there being no
cafes, cinemas, or other sources of amusement. One day the sick parade,
ever large, consisted of four or five really sick men, who all complained of
identical symptoms, headache, giddiness, and vomiting, but showed no
definite physical signs and were a good healthy colour. Coming to the
conclusion, from the history, that they were probably being poisoned by
carbon-monoxide, the following Station Order was issued:—

S.S. Order 36. "The use of sigrees and the burning of charcoal in
barrack rooms is strictly prohibited. Sigrees may be used in offices only
with the special permission of the Station Commander." Cases then ceased.

About two months later I was suddenly called to the hospital in the
early hours, and on arrival found the following two stretcher cases:—

Case A.—Soldier in a dazed condition, semiconscious, face pale, pupils
contracted, breathing shallow and 34 to the minute, pulse 140, temperature
subnormal, the whole body very cold, with spasmodic rigors, teeth
clenched and patient very restless, tossing from side to side.

Treatment.—Oxygen was at once administered per oram, patient put to
bed on the verandah and kept warm with hot water bottles and blankets,
and a warm enema given with good results. He recovered full consciousness
in about four hours, made an uneventful recovery and was discharged to duty
seven days later.

Case B.—An old soldier completely unconscious, who had stopped
breathing, was definitely pulseless, and cyanosis present to a marked
degree. Mr. Courtney had been carrying out artificial respiration before
my arrival, and this was kept up by turns for three-quarters of an hour.
The patient had vomited before being brought to hospital; the pupils were
widely dilated and a cold sweat covered the whole body.

Treatment.—Oxygen was at once administered per oram and saline
transfusion apparatus made ready. Breathing, when re-established, was
first of the Cheyne-Stokes type and very gradually became normal; the
pulse, when perceptible, was 130 per minute, temperature in the rectum
101° F. A blood-slide was taken to exclude cerebral malaria and an enema
was given, which was retained. That evening, as the patient became
restless though still unconscious, a catheter was passed, and twenty-three
ounces of urine were drawn off. The next morning, after twenty-four hours
unconsciousness, the patient came to and was able to sip some hot coffee.
He was very weak and complained of backache, probably due to congestion
of the kidneys; he slept all day, and that evening, as he was still suffering
from retention, a catheter was again passed and nineteen ounces of urine
drawn off. Both specimens showed a specific gravity of 1040 but were
otherwise normal. The patient gradually recovered strength and ten days
later was discharged to outdoor treatment.

History of Onset.—On inquiry we found that these men were sleeping
W. A. Morris

in a small room, nine by sixteen feet, with all doors and windows shut. After the Orderly Corporal had been round at “Lights out,” one of the men slipped out and brought in a home-made sigree composed of an old kerosine tin burning coal; this was placed between the two beds, and Case A, who was near the door, evidently got some air through the cracks, but Case B, who was against the wall, received the full concentrated gases, with the results described above.

We may mention that a third occupant, a dog, was also found unconscious, but, scorning medical aid, came to after being half an hour in the fresh air.

Echoes of the Past.

THE REMINISCENCES OF AN ARMY SURGEON.

BY LIEUTENANT-COLONEL W. A. MORRIS.

Royal Army Medical Corps (Ret.).

(Continued from p. 72, Vol. LVII.)

I spent the summer of 1896 in Murree with Colonel Yaldwyn, and very pleasant and quiet days they were. My duties were confined to the charge of the 3rd Rifle Brigade stationed at Kuldana, and commanded by Colonel Montagu Curzon. Colonel and Mrs. Curzon were delightful persons with one very pretty little girl, who is now a Viscountess. Major Raikes was second in command and relieved Colonel Curzon. Raikes belonged to an old family in North Wales. Other officers were Major Metcalfe who died in the Waziristan campaign, 1897; Morris, son of Lord Kilmainham, killed in the Great War with the Irish Guards; Henniker, now Lord Henniker; Wynne of Pontefract, killed in a polo accident; Walsh, who lost an arm in the Boer War, Adjutant; Cavendish and Rickman, and some others I had known in Peshawar a year earlier. The Mess was situated on a neck of land with a steep declivity on each side, and in a setting of delightful scenery. It was a charming regiment to work with, and I soon got to know everyone well. Later I was very pleased when my younger daughter married an officer of the Regiment. My first experience of the Regiment was in 1882, when Major Aylmer Somerset introduced me to the Rifle Brigade at Winchester, and my last act was to relinquish medical charge of a Brigade of K.R.R.C. and Rifle Brigade at Sheppey at the end of the Great War.

I forget the exact reason, but I believe it was on Her late Majesty's birthday that Colonel Raikes and the Officers gave a dinner party, and invited the elite of Murree to the Mess. The furniture of the dining-room had been increased by the addition of a number of camp chairs. It was a gay and festive scene, and the band under Mr. Richardson was playing exquisitely. I escorted Mrs. Lascelles, the wife of the Brigade Major into