the fifth rigor appeared and a blood-film taken during the paroxysm showed the *P. vivax*. The spleen was enlarged and easily palpable. Quinine bi-hydrochloride in doses of 10 grains thrice daily was administered to which the fever quickly responded. The summer of the year in question, it will be recalled, commenced early and continued to be very warm and was most suitable to the development and propagation of the mosquito. The patient, who had been stationed at Pirbright before proceeding to Windsor, said that he had spent many evenings near the Basingstoke Canal at the former Camp and on the river Thames at Windsor. The copy of the temperature chart reproduced demonstrates the typical features of benign tertian fever and the rapid effect of quinine administration.

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**CARE OF THE SOLDIERS' FEET.**

*By Captain C. Martin Row,*

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Sore feet as the result of marching with full equipment is of such vital importance in the Army that any satisfactory method of treatment cannot fail to be welcome.

I have given a prolonged trial to the powder called silantox. This powder is very finely divided amorphous silicon dioxide. It is quite cheap, being only 4s. a lb. I find that it is a great help in preventing sore feet, and a very useful remedy when the condition already exists. If it is to be used as a preventive measure, the feet should be treated for at least a month before long marching takes place. The treatment is simple. The feet must be washed with cold water once a day and carefully dried. The socks must have no holes and should be sprinkled inside with the powder. Needless to say, the boots must be well fitting and properly greased.

For some weeks before the recent concentration the Infantry Brigade, of which I have medical charge, carried out this treatment of the men who were known to have sweaty feet and also of men whose feet had broken down at an early date on divisional exercises in the preceding year.

It was found that the improvement was well marked, the men reporting with sore feet being much fewer than those treated in the usual manner. It was also noticed that in cases where the skin had been rubbed off blisters the resulting sore places did not tend to become septic, and no man had to be admitted to hospital.

As is well known, no method of foot treatment is of any use if it is not properly carried out. It is therefore necessary to get the officers and N.C.O.'s interested and keen in the care of their men's feet. This is best ensured by giving them one or two lectures and showing them cases of varying degrees of sore feet; and then demonstrating the best method of treatment in each case. As a result of these lectures, the Infantry Brigade
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referred to has shown great interest and has taken much trouble to see that my recommendations have been properly carried out.

Each company has a man trained in the routine of foot treatment, who carries a small box containing iodine, picric acid, potassium permanganate, silantox, zinc oxide plaster, ganze, and a few bandages, and when a man falls out on the march he treats him at once in the following way: If the surface of the skin has already become broken, he paints it with iodine and applies zinc oxide strapping direct to the sore place, sprinkling the inside of the sock with silantox. If there is only a blister, he first pricks it and then treats it in the same manner. At the end of the march he examines the feet of the company in the presence of an officer, and treats them as above, only the worst cases being seen by the medical officer. There are frequently many small abrasions on the feet. These are treated with silantox only.

I think the advantage of the powder over those generally used is that it gives a very high gloss to the skin, allowing the sock to move freely over it, and that it helps to cure excessive sweating of the feet. It is also a mild antiseptic and healing agent.

When zinc oxide plaster is applied to the sores and dusted with silantox the plaster does not wrinkle up, owing to the gloss on the surface of the plaster. I think this is very important, as the wrinkled plaster frequently turns a mild abrasion into a severe one. I consider ordinary plaster should never be used. It is quite surprising to see how easily a man will complete the day's march after his sore feet have been treated by the above simple method. I have also found this powder very efficient in the treatment of saddle sores, so common in cavalry recruits.

It has been suggested to me that the use of civilian boots, at present worn by the soldier when off duty, might be the cause of the feet not getting properly hardened. I do not think this is so, as N.C.O.'s all wear civilian boots off duty, and the percentage of sore feet amongst them is much less than in the private soldier in spite of the fact that a large number of the privates do not possess any boots except those issued to the Service. Also many officers wear regulation boots for long marching, and sore feet are very rare amongst them.

I have not entered into the subject of the usual causes of sore feet, such as badly-fitting boots, boots not properly softened, socks with holes and badly shrunken in the wash, as they are too well known to call for any comment. There can be no doubt, however, that the present extremely hard and polished condition of the modern roads is a powerful predisposing cause.

In conclusion, I would say that, in my opinion, there would be fewer sore feet if the soldier did more marching with full equipment. The modern method of organized games and regimental gymnastic exercises makes a man very fit, but games and exercises in no way harden his feet, and in war it is no good having a highly trained and fit army if the men cannot march.