regular intervals by a competent dentist, who would see that the plates fitted properly, and were efficient. The teeth of every recruit should be inspected by a dentist soon after his enlistment, and the necessary fillings, &c., carried out. Until dentistry is put on a proper basis in the army the wastage of men and loss to the State will still run into very large figures.

A practical suggestion was put forward some time ago in a letter to the Journal of the Royal Army Medical Corps, as to the advisability of training a certain number of assistant surgeons as dentists, which would meet the case as far as India is concerned. This would be cheaper in the long run, and would, by timely repairs, prevent the large supplies of artificial dentures now required.

A CASE OF LIVER ABSCESS.

By Captain S. M. Adye-Curran, R.A.M.C., and Dr. Alex. King.

Liver abscess is comparatively rare in the West India Islands, therefore the following case is of interest. The patient, a Jamaica negro, aged 25, a private in the 1st West India Regiment, was admitted to the St. Lucia Military Hospital on October 16th, 1905, complaining of pain over the region of the liver, headache, nausea, and loss of appetite. He had just come off furlough, and stated that he had been drinking a considerable quantity of gin. His weight on admission was 126 lbs.

The previous history is unimportant. He stated definitely that he had never had anything resembling dysentery, and he had apparently never had syphilis. On admission his temperature was 102° F., and pulse 80; his tongue foul; stools clay coloured and pasty; urine reddish-brown and scanty, giving Gmelin’s reaction for bile and a small trace of albumen; sclerotics deeply pigmented. His blood was examined for malarial parasites with a negative result. The result of physical examination was as follows: The edge of the liver extended just to the edge of the costal arch below; it was very slightly enlarged in the upward direction in the nipple line and slightly more so behind. There was considerable tenderness on percussion.

He was kept under observation and treated with ammonium chloride and occasional doses of calomel. While undergoing this treatment the bile disappeared from the urine, reappeared in the stools, and the pigmentation left the sclerotics. The temperature and general health, however, underwent no change for the better. The evening temperature reached from 102° to 103° F., dropping in the morning to 100° F., and even as low as 99° F., the chart as a whole resembling that of enteric fever. The pain was constant and night-sweats were frequent.

On the thirteenth day (October 28th) a large swelling was seen in the epigastrium, which the patient declared had appeared suddenly. On the
30th his condition was as follows: Tongue red at the sides and tip, thickly coated on the dorsum with brown fur; the sclerotics clear. The epigastrium was occupied by a hard, tender, dome-shaped mass, dull to percussion. The stomach was displaced downwards and to the left; the cardiac dulness was increased to the right but not upwards, the heart sounds being normal. There was a slight impulse felt all over the tumour synchronous with the heart beats, but not expansile. There was no fluctuation. The liver dulness corresponded below and on the right with the costal margin and was continued into the tumour. It was increased about one inch upwards in the nipple line, running into the enlarged heart dulness. From the nipple line backwards it rose in an even line to within one inch of the angle of the right scapula and from thence straight to the vertebrae. The base of the lung was congested behind. It was noticed that the radial pulses were unequal.

An aspirating needle was introduced into the pleural cavity about two inches below the scapular angle with no result. It was then pushed about three inches further in, but only a little blood came away. It was decided to operate in the morning. Dr. Brauch gave chloroform. In the first place a large-bore needle was introduced at two other points on the right side again with no result. An incision was then made for three inches over the swelling in a line with the inner edge of the right rectus abdominalis muscle, which was pulled aside and the sheath behind incised. Pus immediately escaped. When the forefinger was introduced into the cavity it was felt to pass through a septum into another larger abscess cavity which extended upwards and backwards, and through the upper wall of which (just within reach of the forefinger) the apex beat could be very distinctly felt, giving the impression that very little tissue intervened between the finger and the ventricle. The pus was yellow, resembling the contents of the ordinary pyogenic abscess, and altogether thirty-five ounces were evacuated. The cavity was gently syringed out with 1 in 80 carbolic acid lotion, a large drainage tube inserted, and the wound dressed with sterile gauze and salicylic wool. Siphon action was not attempted. The pus was stained and examined with a half-inch oil immersion. No micro-organisms of any kind were found and no amebae; but there were large numbers of what were apparently necrotic liver cells.

The progress of the case was uneventful. The temperature varied at first round about 99° F., and there was immediate improvement in the general health. The discharge of pus, at first free, gradually lessened till, on November 10th, it was deemed advisable to replace the tube by gauze packing. Pus examined on this date gave a similar result to that of October 30th. At the present time (November 19th) the temperature is normal and the patient convalescent, his weight being 132 lbs.

The position of the abscess, the character of the pus, and the absence of micro-organisms and amebae lead us to the conclusion that this is
Clinical and other Notes

a case of what Cantlie has called suprahepatic abscess, i.e., an abscess occurring between the folds of the peritoneum, where it is reflected off the upper surface of the liver onto the lower surface of the diaphragm.

THE ROYAL ARMY MEDICAL CORPS MILITIA AS A PRACTICAL SANITARY CORPS FOR THE ARMY.

BY CAPTAIN K. STEELE.
Royal Army Medical Corps (M.).

All authorities appear impressed with the fact that though much has been done to improve the Army Medical Service of late years, it still lacks two essentials, indispensable to a great campaign, namely, a proper sanitary service and an effective reserve of nursing orderlies. It is imperative that an Army Sanitary Corps should be organised and that the duties of such a Corps, at present delegated to various authorities, should in future be consolidated in one department.

At the present time the Royal Army Medical Corps is responsible for reports and suggestions, the Royal Engineers for the construction of latrines, the Army Service Corps for the supply and distribution of disinfectants, and regimental officers for the control and protection of water supplies. No branch of the Service appears responsible for the disposal of the waste of the army, the scavenging of the army, and, as a consequence, we saw the deplorable condition of Bloemfontein in the early spring of 1900, of which it is not too much to say that, if there had been a proper Sanitary Corps at work, at least two main sources of trouble—sources which have never been fully discussed—would have disappeared; the one, the single overcrowded cemetery in the middle of the town, the other, the filthy condition of the supply camps. At the present time the medical officer, however much energy and foresight he may possess, can do little but write memos and issue reports. He has no power to get work done, no men to dig, no men to burn, no N.C.O.'s trained to sanitary duties, no staff at his disposal. The occupation of Bloemfontein is not an exceptional case. As sure as war exists, so there will be bases, and standing camps, and winter quarters, and as sure as these exist there must be in the future a Sanitary Corps for the British Army. To every division, then, in the field should be attached a sanitary establishment consisting of a Royal Army Medical Corps Officer as Medical Officer of Health, a certain number of N.C.O.'s, who should be qualified Sanitary Inspectors, and 100 men. So that not only should the present divided control in sanitary matters cease, but all incidents and accidents affecting the health of the troops should be promptly and methodically dealt with. If we admit the necessity for a Sanitary Corps in time of war it would appear that the system on which such an establishment might