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Acting on this supposition the gums of all enteric fever cases were examined, and almost invariably, after a week or ten days of milk diet, were found to show a red line along the margins, in some cases even passing on to a spongy condition, these more severe cases frequently showing traces of blood in the stools.

Lime juice (one to two ounces daily) was administered, with the result that the line on the gums disappeared and the tendency to hemorrhage markedly decreased. This course was accordingly followed as a regular part of the treatment of all enteric fever patients after the first week on milk diet, and continued until a solid diet with vegetables could be taken.

Ordinary lime juice, as used in military hospitals in India, diluted with water and sweetened with sugar, was well borne, but some patients preferred the juice of fresh limes (four to six daily), as being more agreeable. Any depressant effect was inappreciable.

The same practice was carried out in an intractable case of chronic dysentery, on the hypothesis that the hemorrhage might partly be of a scrobutic nature, the patient having been on a milk diet for a considerable period, and certainly the results of the administration were most satisfactory. The success of this mode of treatment, in my opinion, justifies a more extended use of lime juice in cases where it is necessary to restrict the diet for long to little but milk, especially in prolonged febrile conditions where the additional burden of a scrobutic element may suffice to turn the scale against the patient.

THE SUB-CUTICULAR SUTURE AND LEADEN PLATE, AS USED IN THE ROTUNDA HOSPITAL, DUBLIN.

By Captain R. H. Fuhr, D.S.O.
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The sub-cuticular suture was first described many years ago by Kendal Franks, of Dublin, and Pozzi used it with a deeper strand for the tissues beneath the epidermis. This combination of suture and leaden plate is the invention of Dr. Tweedy, of the Rotunda, and as it can be applied to practically all skin wounds with excellent results, the following detailed account is given:—

The wound edges are carefully washed with normal saline solution, all débris, blood clots, &c., being removed. A straight needle, threaded with a long silk-worm gut suture, is inserted in such a manner that it enters the skin about a quarter of an inch from the commencement of the incision, and traverses one edge of the wound for half an inch in the deeper layer of the epidermis parallel to, and just beneath, the cut surface. The needle now emerges, crosses the wound at right angles, and enters the opposite edge of the cut, which it traverses in a similar manner for
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half an inch. This procedure of crossing and traversing is continued until the end of the incision is reached, when the needle finally emerges a quarter of an inch beyond in a like manner to the initial entry. The wound is again washed with saline solution, swabbed with bin-iodide in spirit (1 in 1,000), and the edges firmly approximated by pulling on the ends of the suture, which must be left long. A flat pad of sterilised lint, wrung out in the bin-iodide lotion, is laid on the wound. Next, a sterilised plate of lead sheeting, about two and a half inches broad and a couple of inches longer than the incision, with holes bored in the median line an inch further apart than the wound length, is threaded with the suture ends and laid on the lint pad. The suture ends are firmly pulled, and, as the lint pad is withdrawn, are tightly tied, so that the plate presses evenly on the wound.

The advantages claimed are: (1) Fine, linear, almost imperceptible scars; (2) rapid union of the skin edges, owing to the even, level pressure of the leaden plate, and also to the sealing of the wound by the lead salt formed; (3) easy removal of the suture (seventh day) by tipping up one end of the plate, and snipping with scissors, when a quick sliding movement of the plate carries the suture out quite painlessly.

In using this combination care should be taken to dry the wound edges well, and to carry the suture at a right angle, or even a little forward, in crossing the wound.

SOME REMARKS ON PROTECTIVE INOCULATION AGAINST MALTA FEVER.

By LIEUTENANT L. BOUSFIELD.
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Some years ago an anti-toxin was prepared for Malta fever and was extensively used in Malta, but as the results proved unsatisfactory its use was abandoned. A preventive inoculation by means of an emulsion of dead Micrococcus melitensis was attempted in four or five cases some time back at Netley, and I believe the results are recorded in one of Professor Wright's articles, but, unfortunately, I have been unable to come across the article in question, and so have not had the benefit of perusing it.

This communication deals only with the result of the inoculation and the development of agglutinins in the blood of a single case and so is of small value, as time and many inoculations, combined with prolonged residence in Malta, alone can prove whether any temporary or lasting immunity can be gained by this method.

Lieutenant-Colonel W. B. Leishman, R.A.M.C., very kindly supplied me with the material, which was contained in two glass capsules, A. and B., the contents of B. to be used about ten days after A. The material