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the clavicle (extending about one and a half inches downwards and outwards from the sternal notch), and the respiratory sounds over this area were diminished; the lungs presented no further abnormality. Slight breathlessness was complained of on exertion, but there was no pain. The liver, spleen, and intestines were normal, and there was no swelling of the arms or legs. Under treatment some amendment occurred, with partial subsidence of the swelling of the face and neck. A diagnosis of obstruction to the superior vena cava having been made, probably caused by a malignant new growth, the patient was invalided on March 15th, 1905, and sent to England.

The subsequent history of the case (for which I am indebted to Dr. Milner, of Parkstone) is as follows: On arrival in England (April, 1905) the patient had some paroxysmal cough with slight hemoptysis and some dyspnœa. There was no pain, but a vague sense of oppression in the region of the right clavicle. The superficial veins of the neck and upper part of the chest were enlarged, and some fulness was present with dullness on percussion over the right clavicle and the manubrium sterni. The breath sounds were diminished over the right apex. The face was slightly puffy. The X-rays showed a definite shadow in the region of the right apex.

His condition remained much the same until about June 20th, 1905, when he began to suffer from further symptoms of pressure on the large veins at the root of the neck and over the trachea, which gradually got worse, and the patient died on July 6th, 1905.

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CHROME LEATHER—A SUITABLE MATERIAL FOR SOLDIERS' BOOTS.

By Lieutenant-Colonel R. KIRKPATRICK, C.M.G.
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While I was serving in India, some two years ago, the Madras School of Art sent out circulars enclosing samples of chrome leather manufactured at Madras by the school. This is a Government school which takes a lead in introducing and popularising any technical work or manufacture likely to be a benefit to the natives of Southern India. I received one of the samples and had a pair of shooting boots made of it. The following is a short note of my experience of its use:

I found the leather to be so much superior to ordinary shoe-leather in quality and durability, that I think it might with great advantage be tried in the making of soldiers' boots. A comparative test at a depot or in a company would, however, enable one to form a better opinion on its suitability for army boots. The following points recommend the leather.
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It is more pliable than ordinary leather, and as it is almost waterproof it retains its pliability much longer than ordinary leather. In wet weather it does not become sodden. It dries rapidly, and when dried does not become stiff, so as to require frequent applications of dubbin, a material which the soldier does not always appear to possess. It is much more durable than ordinary leather and stands the roughest wear well. It is about one third lighter than ordinary leather, and this difference in weight becomes very appreciable on a long day's march. I have not been able to ascertain the comparative cost, but from the School of Art's circular I judge that any difference in cost is in favour of the chrome leather, as the time taken in the process of tanning is shorter, while the material used is of about the same cost. The test suggested above would determine this point also.

THE TREATMENT OF GONORRHŒA.

By CAPTAIN N. E. HARDING.

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FAMILIAR as the Army Medical Officer is with gonorrhœa and all its complications, it is to be regretted that he does not more often use the method of treatment introduced by Janet, and popularised in Great Britain by Swinford Edwards. Syringing, as ordinarily practised, is almost valueless, and, indeed, the fluid probably does not penetrate more than four inches down the urethra. Drugs, such as cubeb, copaiba, sandal-wood oil, urotropine, saw palmetto, and methylene blue, are generally expensive, often nauseating, and, in my experience, usually useless.

The general treatment I adopt is to keep the patient in bed and on milk diet for the first week or ten days, until the discharge has much lessened and become gleetly, and the risk of orchitis and bubo has greatly diminished. He is given a mild saline purge every morning, and his urethral canal is well flushed out by giving him a saline diuretic such as acetate of potash with buchu and hyoscyamus, and by encouraging him to drink large quantities of barley water and hot water. The requisites are a douche-can, holding a pint, with eight feet of rubber tubing attached to a glass nozzle, just big enough to penetrate the meatus for half to three quarters of an inch; those ordinarily sold are much too small, and it is best to procure them direct from Montague of Bond Street. As regards the irrigating fluid, I have no experience of the more expensive ones, such as nargol, albarin, and protargol, but very good results can be got with potassium permanganate. It is convenient to keep a stock of 1 per cent. solution of this, and to begin with a quarter-ounce to the pint, or 1-8000. The patient, having first emptied his bladder, sits down on a low stool, with a vessel in front of him, and