is rendered less likely by the infiltration of distant viscera and the predominant type of cell.

The accompanying plate shows photomicrographs of the glands.

We are greatly indebted to Professor L. T. Ride, M.D., of the University of Hong Kong, and to Private J. W. J. Turvey, R.A.M.C., for their kindness in taking the photomicrographs, and to Colonel J. T. Simson, A.D.M.S., China Command, for permission to forward this account for publication.

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VTH C.C.S. MEDICAL SOCIETY, SECOND MEETING.

HELD AT THE VTH C.C.S., ON DECEMBER 31, 1939.

THE President and twenty members were present. The minutes of the last meeting were read and passed.

It was arranged that the next meeting should be held on Sunday, January 14, at 164th Field Ambulance at 14.30 hours.

Lieutenant Greenfield, R.A.M.C., O.C. 7th Field Hygiene Section, accepted an invitation to open a discussion on Field Hygiene on January 14.

Captain Molyneux, R.A.M.C., of 164th Field Ambulance, agreed to ask a member of his field ambulance to read a paper at the next meeting on January 14; the subject of the paper would be given later.

Major L. O'Shaughnessy, F.R.C.S., read a short paper on the Modern Surgical Treatment of Chest Diseases, and Major G. R. McNab, F.R.C.P.Edin., read a short paper on the subject of Bronchoscopy and Bronchography in Relation to Diagnosis and Prophylaxis and Treatment.

A demonstration was given of special surgical equipment used in surgery of the chest, and a demonstration was also given of various types of pneumothorax and apparatus used by physicians in treating diseases of the chest.

Major L. O'Shaughnessy described the surgical treatment of pulmonary tuberculosis. He explained the principles of various collapse operations. The speaker pointed out the general importance of these operations which opened up the wider field of thoracic surgery. Collapse operations may usually be performed under local or regional anæsthesia, but operations in the cavity of the chest demand a general anæsthesia given in some form of differential pressure apparatus. For gunshot wounds of the chest a wide exposure is essential, and this is most easily obtained by a long intercostal incision.

After removal of foreign bodies, excision of damaged tissues, and control of hæmorrhage from the heart or larger vessels, the chest must be closed with

the lung fully inflated along the line of the original incision and a large tube inserted through a separate stab incision and led into a jug of water.

The speaker then mentioned the various operations including cardiomentopexy, devised for the relief of cardiac ischæmia, and suggested that the general principles of revascularization would be important in the reconstructive surgery of war.

Echoes of the Past.

TWENTY YEARS AFTER.

By H. SKIPTON STACY, M.D., Ch.M.(Syd.), F.R.A.C.S.

Honorary Consulting Surgeon at Sydney Hospital, Ryde Hospital, and Royal South Sydney Hospital.

(*Continued from p.* 239.)

IV.—Gunshot Wounds of the Limbs.

Case 1.—Wound of the Thigh with Injury to Popliteal Vessels.

Clinical History.—Nature of wounds: Multiple shrapnel wounds.

Signs and symptoms: Left leg: Wound of the heel with a piece of shrapnel in the os calcis. Wound of lower third of the thigh on the inner side, with oblique fracture of the femur and three small pieces of shrapnel in the vicinity. Right leg: Wound just below the patella leading to shrapnel in the inner femoral condyle; another piece just lateral to the same condyle, which had been furrowed on its lateral aspect by the missile. Next day was feeling well, but the left foot was mottled and bluish, circulation stagnant. Heel wound was smelling. Some gauze which had been plugged into the bone was removed. There were several bright red spots on the anterior aspect of the leg, which was slightly shiny and tense, especially in the anterior tibial compartment. It was evident from the condition of the foot that the femoral vein was blocked. (The foot was still warm, so was the leg.) As to the cause of the leg condition, there was a doubt whether it was not inflammatory (possibly from the septic wound of the heel, or from the small multiple skin wounds on the leg).

Operation: Under ether, with the aid of the radiographs, the shrapnel was removed from the condyle, the knee-joint being full of blood; failed to find the piece on the lateral aspect. The wounds on the left thigh were enlarged, and a Carrel's tube passed through in front of the bone; a Carrel's tube was also passed down the enlarged inner wound to the site of the fracture, where there was much blood-clot and contusion of muscles. Heel wound opened, but foreign body not found. Put on a Thomas' splint. Next evening, under ether, the thigh wounds were explored; there was a