

placed the muzzle of his rifle in his mouth and pulled the trigger by pressing with his foot on a piece of stick wedged against it. He was slightly conscious, and bleeding profusely from his mouth. His clothes were saturated with blood, of which he had evidently lost a large quantity. I saw him ten minutes after his arrival; he was then almost unconscious.

On examination, a large wound was seen in the roof of the mouth, and the superior maxillæ were separated by a wide fracture in the middle line of the palate. The left superior maxilla was freely movable, being fractured in every direction, through nasal and orbital cavities and malar bone. The superior maxillæ were approximated and wired together, and the large cavity in the palate plugged. Hæmorrhage stopped and patient rallied somewhat under treatment and made attempts to speak, but was never intelligible. He relapsed shortly afterwards into unconsciousness, gradually sank, and died at 12.45 noon.

At the *post-mortem* examination it was seen that the whole of the soft palate had been blown away, and, in addition to the extensive shattering of the superior maxillæ, there was a longitudinal fracture running through the cribriform plate of the ethmoid and the sphenoid. There was no laceration of the brain substance, merely some slight congestion and a few small hæmorrhages.

The case is reported as of interest in showing the tremendous explosive power of a blank charge of cordite fired into the mouth.

REPORT ON THE TREATMENT OF SCABIES WITH BALSAM OF PERU.

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My attention was particularly turned to the treatment of scabies owing to the absence of any special wards for the segregation of cases of this disease in the Military Hospital, Colchester. This causes much inconvenience during the winter months, when these cases are fairly numerous.

When the "Third Report of the Advisory Board for Army Medical Services on the Treatment of Venereal Diseases and Scabies" appeared, my eye was caught by a method of treatment in use in the German Army and described on page 9 of the Report. This procedure, which consists in rubbing the patient with balsam of Peru and then returning him forthwith to duty, struck me as being at once simple, efficacious, and so well suited to my requirements, that I determined to give it a thorough trial.

Since December 20th, 1905, thirty-seven cases of scabies have been treated with balsam of Peru after the manner about to be described, and it has proved so satisfactory that I now never think of treating the cases in any other way.

Technique.—On admission the patient is given a hot bath and thoroughly scrubbed by the ward orderly, who is instructed to spare neither soap nor patient. He is then dried quickly, and the orderly *at once* rubs him over with the following preparation:—

Balsam of Peru	Three parts.
Glycerine	One part.

The balsam is applied to the whole body with an old nail-brush, soft from long usage, and well rubbed into the flexures and crevices of the skin. He dresses in clean clothes and remains in hospital till his own bedding and clothing are disinfected (usually three days); he is then discharged to attend once a week for a month at the hospital for observation. A register of his attendance is kept, and he is warned not to take a bath till ordered by the medical officer. The patient should not be allowed to bathe till four weeks have elapsed, *i.e.*, until he is free from all danger of a relapse. Should there be any subsequent return of the itching, which is unusual, the man is detained for a day, bathed, and has a further application of the balsam to the itchy parts.

The most striking result of this treatment is the immediate cessation of the itching after the first application. Many patients complain that the irritation has prevented their getting any sleep for some time before admission, but they invariably state, if asked, that they have slept soundly on the night of admission and subsequently. One rubbing usually suffices, but occasionally a second or even third application is required to certain parts in which there may be a slight return of the itching; this is generally due to the man having taken a bath before his four weeks have elapsed, or to carelessness in carrying out the original treatment.

The essentials of success are mainly these, *viz.*: *The patient must be thoroughly scrubbed by the orderly*; it is courting failure to leave this or the next step to the patient. Secondly, the preparation must be well and conscientiously rubbed into the skin *all over* with a brush *immediately after the man has dried himself*. *Lastly, the patient must not have a bath till four weeks after the first application.*

If the responsible medical officer will carefully instruct his orderly in this simple technique, and see that it is properly carried out, I am confident that he will find this treatment as satisfactory and efficacious in his hands as it has been in ours, but any carelessness in applying these simple rules spells failure. When the patient has been properly rubbed over, the skin, for several days after the application, has the appearance of having been varnished.

Remarks.—When first initiated the results of this method of treatment were not at all encouraging; relapses were frequent, though the patient at once improved again after admission, and I was on the point of abandoning it, when it was fortunately discovered that our failures were due to too frequent bathing of the patients, a point overlooked in the Report.

Major F. J. W. Porter, D.S.O., to whom I am indebted for this

discovery, and also for perfecting the technique of the treatment, had a case under his care in the Detention Barracks, which made no progress in spite of the almost daily application of the balsam. He was much struck by the failure of the treatment, and on making an exhaustive enquiry found that the Chief Warder had ordered the man to have a bath daily. Thinking this was possibly the cause of the lack of success he ordered the baths to be discontinued, and the man rapidly recovered. The same thing occurred in hospital when there has been a change of orderly, and when a man attending has had baths before his period of prohibition has expired.

Further, in none of the thirty-seven cases treated has any subsequent dermatitis been observed.

I may add here that the pure balsam as used in Germany was not found to be so satisfactory as the mixture described above.

INCONTINENCE OF URINE IN THE SOLDIER.

BY LIEUTENANT-COLONEL C. C. REILLY.

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THE article by Lieutenant-Colonel Glenn Allen, R.A.M.C., in the October number of the Journal for 1906, under the above heading, was of much interest to me.

It is possible that the station to which Lieutenant-Colonel Allen refers is Malta. During a short period of service there, as far as my memory goes, more cases of "bed-wetting" came under my observation than have done so at any other station, and what is particularly noteworthy is that they sometimes seemed to occur in groups. The admission of one case would be followed by the admission of one or two more within a week. The opinion I formed was, that either there was some malingering, or, what was more likely, that cases of this sort at their duty were encouraged by the admission of one of their number to report "sick."

I remember that, in the majority of cases, no pathological cause could be discovered for this conduct, nor were any remedial medical measures of benefit. Disciplinary and moral means seemed to be of most avail, as is the case in other bad habits. I must confess that the total output of urine was not measured, as Lieutenant-Colonel Allen suggests, but if there were polyuria, it was not referred to by the patients, the complaint being generally that of "wetting the bed," and it seems to me that, unless the amount of fluid imbibed is also measured, it is a mistake to come to the conclusion that the apparent polyuria is truly such.

To me it has appeared as a physiological rather than as a pathological act. The average soldier is a most thirsty individual—it seems to be