THE BRUNTON AURISCOPE.

A SIMPLE AND EFFECTIVE METHOD OF OBTAINING SATISFACTORY LIGHTING WHEN USING A BRUNTON AURISCOPE.

BY CAPTAIN I. GILBERT,
Royal Army Medical Corps,
AND
SERJEANT P. R. O. POWIS,
6 Beds. & Herts. Regt.

The Brunton auriscope is still supplied as part of the Regimental Medical Equipment.

When using this instrument one has often found great difficulty in obtaining satisfactory lighting, especially if one has to work in a dugout or cellar.

The diagrams show a very simple manner of using this auriscope with a
Clinical and Other Notes

Lamp, Electric, No. 1, a type of lamp which is in common use throughout the Army.

This arrangement ensures an adequate beam of light down the trumpet of the auriscope. The method of attachment is indicated in the diagram. Some difficulty, however, may be experienced in sliding the screw cap over the horizontal tube of the auriscope (figs. 1 and 2).

Another practical way in which this device can be used is as a map reading lamp. Anyone who has experienced the inconvenience of trying to read a map at night in a truck when bright lights are forbidden will readily appreciate how useful this combination can be. Its main advantage is that a magnified beam can be obtained which will not blind the driver.

ECONOMY OF DRESSINGS.

By Captain H. Rathle, Royal Army Medical Corps.

The experience resulting from about 4,500 cases amongst Native labourers in six months enables me to recommend this formula for an ointment for treatment of infected wounds, cuts and tropical ulcers.

Formula

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cod-liver Oil</td>
<td>40 parts</td>
</tr>
<tr>
<td>Oxide of Zinc Ointment</td>
<td>60</td>
</tr>
<tr>
<td>Copper Sulphate Powder</td>
<td>1 part</td>
</tr>
</tbody>
</table>

The cod-liver oil and oxide of zinc alone would have permitted the continuance of infection. The copper sulphate, in this form, is very effective. The whole preparation is very cheap to produce.

In fact, those wounds and ulcers which would have taken weeks for recovery with, on the whole, bad cicatrices, were cured completely within a few days with, in addition, the following advantages:—(a) Disappearance of pus after twenty-four hours, (b) disappearance of burning sensation, and (c) rapid appearance of red granulations in the centre of the wound and spread of cicatization at its edges.

The dressings are changed almost every day for the first two or three days but, later, can be left on the wound for four or five consecutive days. In addition, the patient can carry on with his ordinary duties and, when changed, the dressing, not being sticky, does not hurt either the patient or the processes of healing.

One of the principal advantages is the great economy in dressings which is about 70 per cent.

This formula can be made use of even on wounds of moderate size.

Applied by me on about 4,500 cases of accidents at work, it has always given surprising results.