Clinical and Other Notes

Investigations:

- Blood counts.
  - 4th day: 19,200. Polymorphs, 76 per cent; lymphocytes, 18 per cent.
  - 8th day: 12,800. Polymorphs, 60 per cent; lymphocytes, 30 per cent.
  - 12th day: 14,400. Polymorphs, 64 per cent; lymphocytes, 32 per cent.
  - 20th day: 6,900. Polymorphs, 56 per cent; lymphocytes, 40 per cent.

Blood cultures were taken on eighth, twelfth, eighteenth days. All three yielded B. fæcalis alkaligenes. A further culture taken after the end of the pyrexia was sterile.

Agglutination of the organism by the patient's serum 1:25 partially. Widal, negative.

The Organism Isolated. — A Gram-negative bacillus. Motile but not very active. The available sugars—glucose, maltose, lactose, sucrose and mannite, were not fermented. Indol was not produced but litmus milk became slightly alkaline. In the last particular alone does it differ from Nyberg's Bact. alkaligenes. The colonies conformed to the usual type and need no description.

Diagnosis. — Blood culture is the one investigation of value and for an organism of this type isolation must be achieved at least twice. Several cases of this type have been rejected on account of a single isolation.

The examination of urine and faeces is of no value. It may be worth noting that I have found a persistent Bact. alkaligenes bacillurin on several occasions amongst the Egyptian Fellahin.

Agglutination tests are valueless. It is the exception for human serum not to agglutinate this organism. The titre may reach several thousands. The three cases described were singularly devoid of serum agglutinins—possibly an important point.

SUMMARY.

Three cases of continued fever are described which clinically belong to the enteric type and bacteriologically are shown to be due to an organism closely resembling and probably identical with Nyberg's Bact. alkaligenes.

REFERENCES.


APPARATUS FOR MAKING PLASTER OF PARIS BANDAGES.

By SERJEANT A. LEVEY,
Royal Army Medical Corps.

The following apparatus has been designed to save valuable time in the making of plaster of Paris bandages. With the use of this simple device, 100 to 120 bandages, correctly made and rolled, can be produced, as compared with 15 to 20 made by hand, in each hour.

Materials required:

1. Biscuit tin minus lid 9 inches by 8½ inches.
2. Two pieces of wood 8½ inches by 15 inches by 1 inch.
3. Two pieces of wood 10 inches by ½ inch by ½ inch.
4. Six 1 inch nails.
5. Two pieces of strong thin wire 10 inches in length.

Tools required:

Hammer, saw, jack knife.

N.B.—If biscuit tin is not available wood should be cut in ratio to size of tin available.
Assembling of Apparatus:—

1. Cut rear out of tin.

2. Cut front base of tin 7 inches by 1\(\frac{1}{2}\) inch.

3. Two slots to be cut in rear of tin. The tin can be cut quite easily with jack knife and hammer.

4. Runners for shutter "A." The two pieces of wood 10 inches by \(\frac{1}{2}\) inch by \(\frac{3}{4}\) inch to be nailed on the interior of the sides of the tin and made to fit flush with base and sides.
(5) One piece of wood 8½ inches by 15 inches by ½ inch acts as Shutter "A".
(6) The second piece of wood, 8½ inches by 15 inches by ½ inch, is nailed to the inside of the tin (fig. 1) and acts as a swivel to control feed of plaster (Shutter "B").

Biscuit tin should have bevelled rims removed, if any, and all rough edges smoothed by turning outwards.

How to use the Apparatus:—

(1) Place the tin on table in position shown in fig. 2. Close Shutter "A" and fill the front with plaster of Paris powder.
(2) Thread the muslin bandage through the centre with a piece of wire 10 inches long and place in slot provided at rear of tin.
(3) Thread end of bandage through opening in front of base of the tin, open Shutter "A," and the apparatus is ready.

The apparatus can be worked by one man but further time is saved if two are employed.
No. 1 stands in front of table facing apparatus.
No. 2 stands at the rear.
No. 1 pulls loose end of bandage towards him to end of table and allows the bandage to roll backwards on itself. If the table is slightly elevated at the front, the bandage will roll of its own accord. When it reaches the tin it is then firmly gripped with the thumb and forefinger and pulled towards him. This is done till the bandage is complete. This method ensures a perfect loosely rolled bandage. Shutter "A" is then closed.
No. 2 prepares the next bandage ready to place in slot.
No. 2 maintains plaster level in tin which should always be kept full as it is the weight of the plaster which impregnates the muslin and dispenses with the former method of rubbing with the hand.
He also regulates Shutters "A" and "B."

Reviews.

FORWARD SURGERY IN MODERN WAR. By Major-General W. H. Ogilvie, M.A., M.D., M.Ch., F.R.C.S. London: Butterworth & Co., Ltd. Pp. 90. Price 10s. 6d. 5s. 6d., post free, to doctors serving with H.M. Forces.

The book under review represents the first attempt during this war by a single author to give a composite picture of the whole of field surgery. It is true that the scope is a limited one and that the experience and teaching of specialists have been duly sifted and incorporated. The result is a compact well written volume of some ninety pages which gives a coherent picture of the various problems involved and much sound practical advice. For the young surgeon in the field a publication of this kind presenting a definitely personal view will have great value; he will no doubt also study compilations and individual memoranda.

General Ogilvie first outlines the organization and function of F.A., F.D.S. and C.C.S. The necessity for flexibility in the use of these units is made clear. He gives his own ideas on the sorting and grouping of casualties for the purposes of evacuation and surgical treatment. A short chapter on wound treatment exposes views which are generally accepted, except that he advises the administration of A.T.S. to a limited group only. He is not favourably inclined to the local use of sulphanilamide and calls attention to the dangers associated with the less soluble drugs, sulphathiazole, sulphapyridine and sulphadiazine.

He is doubtful of the value of penicillin in the forward zone.

From his chapter on shock one may quote the following dictum in order to show its practical attitude, "It is important to recognize shock, but equally important not to start shock treatment blindly on those who are merely cold and tired." The possibility that blood transfusions may be sometimes responsible for deaths is not ventilated.