

has been to relieve the medical service of this responsibility and to place in charge a capable business man who is an officer seconded from his unit to the staff of the division. This has given excellent results, and would seem to be less wasteful of the special training of the medical officers, though close co-operation always exists between the A.D.M.S. and the officer in charge of baths and laundries through the A.A. and G.M.G. The Foden-Thresh Lorry disinfecter, for instance, which is in charge to the sanitary section and under the control of the A.D.M.S., is kept in operation at the divisional baths, where the men exchange their soiled clothing for fresh. Ordnance by arrangement makes issue of socks and underwear through the baths officer.

Adverting now to the second topic, "Clinical Progress in Medicine and Surgery," the barest reference alone is possible to so wide a subject. A few topics of interest have been selected:

1. *Injuries and Diseases of the Lung.*

In a general way, we have come to a set method of treating wounds of the lung, which usually reach the base hospital not earlier than the fifth day after infliction. Gunshot wounds are rarely, shell wounds frequently are complicated. Hæmo-thorax is usually demonstrable, and the history of hæmoptysis is generally present. The rapidity with which blood is spat up after wounding depends on whether the upper or lower part of the lung is wounded, the hæmorrhage being most prompt in the case of the former. Fever is usually present in the earlier days, often disappearing by the sixth or seventh day. When the fever continues, we draw off blood from the pleura for the purpose of culture; such cultures usually prove sterile. As a usual thing, we draw off by aspiration the blood, about the tenth day; sometimes the blood so drawn off is replaced in a few days by effusion, so that subsequent aspirations may be made. The blood so drawn off is sometimes replaced by oxygen, the outflow of blood and the inflow of oxygen being made through separate needles at the same time. Of late we have not felt so keenly the necessity of the use of oxygen; our idea was that replacement allowed a less chance of disturbance of the bulk of the lung, with consequent hæmorrhage. An uncomplicated case is fit to travel, we judge, about the thirteenth or fourteenth day. The possibility of seasickness and vomiting is the chief reason against allowing cases to travel at an earlier date, as the repair of the lung wound seems to be relatively slow.

With shell wounds of the lung, and in cases where the foreign body remains in the chest cavity, no set method of treatment is possible. The X-rays and the fluoroscopic screen are used to the fullest extent in all these cases; a certain small per cent. of patients with foreign body are