

with was that the feet and hands became blue and cold, and the pulse small and thready, indicating a general cardiac failure. But, apart from this, we found that we had to deal with local degenerative troubles. Patches of redness usually appeared on the feet, active congestion evidently occurring there, and later this was followed by patches of gangrene. Sometimes the toes would be symmetrically affected, would disorganize and fall off. We had two cases in which the nose was affected. The fingers, though frequently showing the earlier signs, never, in cases under my observation, went on to gangrene, but, in fact, completely recovered.

The general plan adopted in these cases was that, when the feet showed coldness and blueness, hot-water bottles were at once applied, and a supporting treatment was also adopted. Strychnine and digitalis were frequently injected, brandy occasionally administered, and, when possible, massage was given. If the condition of the extremities did not improve under this treatment but proceeded to redness, then evaporating lotions were applied, and these measures met with a fair amount of success.

#### TREATMENT.

Finally with regard to treatment. A supporting diet, which usually included soups, Benger's food, Horlick's milk, and so on, was administered for the first fortnight. Occasionally brandy was given, but not often. There is a great prejudice in the Balkans against the use of brandy for typhus. One must acknowledge the right of the local opinion in this matter because of the considerable experience they have of the local form of typhus; they declare, and we think with good reason, that alcohol in any form aggravates the cerebral symptoms, which are such grave and important indications of brain toxæmia.

It must be remarked, therefore, that the next point in treatment which they always insist upon, and which is a corollary of the above, is the application of ice to the head. Ice was placed on the head from the onset, and maintained there until the subsidence of fever, and, if one can generalize at all, one may say with the greatest benefit. As has been stated, the mouth was attended to every half-hour throughout the day. In some cases sordes collected almost as quickly as it was wiped away. The patient was always moved very carefully, and turned from side to side to avoid bedsores, which occurred with amazing frequency considering the short duration of the decubitus. The extremities were kept warm. There was, of course, the greatest insistence on fresh air, and the window frames in the wards were re-

moved. This appeared to the majority of patients to be, of all things, their greatest hardship when the icy winds of March were blowing through. In fact, patients of all classes in the Balkans always cover their heads when going off to sleep, and it was the duty of the nurse to see that their heads were uncovered, and that breathing was free and comfortable. At one time we thought that if we were to insist sufficiently on the principles of fresh air we should do much to diminish the virulence of the toxæmia, but we are unable to say that it had that profound effect we anticipated. The tradition of typhus is that it is associated with filth, overcrowding, and the absence of fresh air, and, of course, it was believed that if one could provide cleanliness, space, and fresh air, one would do much to diminish the virulence of the fever. But our experiences went to show that here fresh air was not apparently the potent factor that it is advertised to be, though naturally fresh air in all disease is a *sine quâ non*.

#### EXCHANGE OF PRISONERS.

The Amsterdam *Telegraaf* learns from Roosendaal that owing to the great number of British wounded who are being exchanged from Germany, they are being conveyed in four special trains.

It is reported from Roosendaal:—"The first train, with 192 English wounded, fifteen male nurses, and one doctor, arrived at Roosendaal at 2.30 (August 24th). The train left Aix-la-Chapelle this morning at four o'clock. On its arrival at Roosendaal the Dutch Red Cross distributed refreshments. The majority of the soldiers are wounded men from Ypres; many are without arms and legs, and two of them are blind. All express their longing for home. Among the wounded are some from Canada and India.

"The train left at three p.m. for Flushing, accompanied by Mr. Ernest Van Loon, Knight of St. John, and ten Dutch nurses. A second train with only a few wounded arrived at Roosendaal at 3.30, and left after a short interval for Flushing."

Mr. G. F. Steward, special correspondent of the *Daily News*, writing from Rotterdam on Tuesday to that paper, said:—

The wounded, despite their terrible injuries, were as cheerful and laughing a crowd of travellers as I have ever seen. Their troubles already forgotten, they were in tremendous spirits at the thought of returning home to their friends.

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