

be worn under the clothes; (5) they are cheap, and can be made and repaired by any intelligent saddler; (6) they are equally efficient as a permanent apparatus or as a temporary support during treatment.

STATISTICS.

By far the largest division of patients is that under the heading of wounds from rifle, shrapnel, shell, and bomb.

Cases of shell-shock have also been numerous, and have proved especially difficult to treat. While some might be fairly classed under the head of "neurosis," I am convinced that in the majority of cases there are actual organic lesions, comparable in ætiology with those of "caisson disease," and I think it unfair to label these cases as "neurasthenic." The neuroses, such as functional blindness, deafness, aphonia, and paralysis, have all cleared up, in whole or in part, with fair rapidity; but the other effects of shell-shock, as evidenced by clonus and altered reflexes, heart irregularity and murmurs, dyspeptic troubles, and persistent occipital and spinal pain, have not cleared up under treatment.

ARTHRITIS.

To me, one of the most interesting and instructive classes of cases has been that of toxic arthritis. A very large number of cases have been returned as "rheumatism," and I have endeavoured to sift the true rheumatic cases from those of toxic origin, an important consideration both from the point of view of treatment and of prognosis.

Some fourteen years ago, when dysentery was practically endemic in Rotorua in the summer, I came across and described two or three cases of dysenteric arthritis. Since then several similar cases have been described in the journals. Amongst the returned wounded, especially from Gallipoli, they have been quite common. A few cases have also occurred as a sequel to enteric and scarlet fever, while quite an astonishingly small proportion have been definitely gonorrhœal. This is the more remarkable as I classify some 10 per cent. of my civilian cases as gonorrhœal, and this is probably an underestimate.

There have also been a certain number of cases of arthritis definitely due to pyorrhœa alveolaris, and clearing up with the removal of oral sepsis; while many others had oral sepsis as the probable cause.

The essential point which emerges about these cases—and it is a point to which I believe attention has never been drawn before, and one of the greatest importance in diagnosis—is

that certain special joints are picked out for infection in toxic arthritis, joints which are hardly ever affected in true rheumatism, though they are among those specially selected in acute rheumatoid arthritis or arthritis deformans. These joints are the temporo-maxillary, those of the cervical spine, and less frequently the claviculo-sternal and costo-sternal joints. The hip-joints also, which are very rarely affected in acute rheumatism, are very frequently affected in subacute and chronic toxic arthritis. The resemblance between dysenteric and gonorrhœal arthritis is closer than that between any other members of the group:

ARTHUR S. HERBERT, Major,
Principal Medical Officer, Rotorua.

NURSING AND THE WAR.

Under the heading "War Services, Promotions and Awards" a special supplement to the *London Gazette* contains the following announcement:—
PROMOTION TO MATRON-IN-CHIEF.

Miss Emma Maud McCarthy, R.R.C., Principal Matron (temp. Matron-in-Chief), Q.A.I.M.N.S. (supernumerary to establishment).

Miss McCarthy has now returned to France.

The Editor will be glad to hear from trained nurses, who speak French, and are interested in social service, in view of possible openings in a hospital abroad affording opportunities for interesting work for nurses possessed of thorough professional knowledge and humanitarian sympathies. The nurses selected will receive a salary of £1 a week, uniform, board, lodging and travelling expenses. It is anticipated that the character of the nursing will be mainly of a medical nature. Letters should be addressed to 20, Upper Wimpole Street, London, W. 1. []

Mr. Fell recently asked the Secretary to the Treasury in the House of Commons if an English lady who is appointed by the London Committee of the French Red Cross and is engaged at a hospital in France, and not resident in England, in consequence, during the year 1916-17, loses her right to claim a return of income tax to which she would otherwise be entitled; whether she could be said to come within the provisions of Section 71 of the Finance (1909-10) Act, 1910, and if she could be said to be resident abroad within the meaning of the Act; and if the Treasury could give directions to meet similar cases of hardship?

Mr. Baldwin, in reply, said he would gladly have inquiry made if Mr. Fell would furnish him with details of the case he had in mind.

Mr. Fell said it was not a question of any one lady who was in France as a hospital assistant nurse. It was a general question. Were nurses being treated as residents abroad or residents in this country? Somerset House officials claimed

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