

scopic examination, and then steps are taken to detect any deformities and to be sure that the recruit has full use of all his joints. The medical examiner satisfies himself by the usual tests of the absence of hernia, varicocele, varicose veins, extreme flatness of feet, and that there is no otorrhœa. It is also important to observe carefully the intelligence, character of voice, and power of hearing of the man, and this can be done to a large extent by his replies to the questions put to him.

The condition of the teeth must not be neglected. The rule in the Regular Army is that there must be two molars meeting either on one side or the other; in other words, there must be four double

teeth in working order, together with a fairly good set of front teeth. In the Territorial Force it is allowable to pass a recruit if he has two molars in apposition on only one side of four bicuspsids, provided it is thought digestion would not be interfered with and he seems well nourished.

The above outline of medical examination should be followed, and it will be found to embrace all that is essentially needed so as to ensure only the admission of men of general fitness, who will be able to stand the strain of field training and meet the extra physical demands of camp life, especially if there is conjoined with this health a sound knowledge of personal hygiene.

THERAPEUTICS AND PHARMACY.

CALCIUM FLUORIDE.

THE therapeutic uses of the fluorides have received comparatively little attention, notwithstanding the fact that it is now generally recognised that a certain amount of fluorine in the form of calcium fluoride is a necessity for the proper strengthening and consistence of the bones and for the normal hardness and good condition of the teeth. According to the *Pharmaceutical Journal*, however, at least two observers have successfully employed calcium fluoride therapeutically—namely, A. Robin and A. Brissemoret. The powder originally prescribed by Robin is said to have been as follows:—

Magnesium carbonate	...	...	10 cgm.
Calcium carbonate	...	...	25 cgm.
Calcium triphosphate	...	...	25 cgm.
Calcium fluoride	...	...	1 cgm.
White sugar	...	...	1 gram.

One such powder to be taken daily.

Brissemoret found that the administration of calcium fluoride to the extent of 5 milligrams per diem, 15 days a month, had a marked influence in arresting dental caries. He advocates its use for growing children if the bones do not seem very strong; for children or adults suffering from dental caries; and for cases of fracture to promote the formation of callus; also for tuberculosis to aid the remineralisa-

tion of the system, and during pregnancy and lactation under certain conditions. In these cases he prescribes the following powder:—

Calcium fluoride	...	...	75 milligrams.
Potassium phosphate	...	...	3 grams.
Sodium phosphate	...	...	5 grams.
Magnesium phosphate	...	...	10 grams.
Calcium phosphate	...	...	10 grams.
Sodium citrate	...	...	15 grams.
Milk sugar	...	...	to 100 grams.

Half a teaspoonful of the mixed powder twice daily, at meals.

For cases of fractures, to hasten the formation of callus, and to strengthen it when formed, the following powder is given:—

Calcium fluoride	...	...	5 cgm.
Magnesium fluoride	...	...	2 cgm.
Calcium bromide	...	...	2.5 grams.
Calcium phosphate	...	...	5 grams.
Calcium carbonate	...	...	5 grams.

Mix and divide into 20 powders. One twice daily.

We do not pretend to vouch for the efficacy of the above prescriptions, still less of the fluorides contained in them; but we think that the suggestions seem sound and worthy of consideration. We should be glad to hear the experiences of any readers who have tried this method of treatment.

DERMATOLOGY.

THE TREATMENT OF CEMENT DERMATITIS.

"CEMENT ITCH," is a well-known industrial complaint, to which labourers, plasterers, and others who may have occasion to handle cement are liable. It is an acute vesiculating dermatitis due to irritation of the skin by particles of cement powder. Some skins are more sensitive than others, so that several labourers may be working with the same cement and yet only one of them may suffer. On the other hand, there are different sorts of cement, some, doubtless, more irritating than others. The lesion is very like an acute eczema, but it is readily distinguished from eczema proper; first by the distribution—the hands and the arms up to the elbow are most liable to the lesion, the chest less so, and the covered parts least of all; secondly, by the history of the patient's occu-

pation; and thirdly, by the healing of the dermatitis when cement work is stopped, and its liability to recur whenever work is recommenced.

The treatment of the acute dermatitis is essentially by cessation of the work, together with the use of bland application such as a liniment of calamine applied upon lint, kept on with a bandage, and changed two or three times a day. Prophylaxis is, however, the thing to be aimed at. To prevent the trouble some workmen use grease or oil, applied to the skin before they begin work. Others try to use gloves, though these are seldom satisfactory, because they wear through so quickly. The best and simplest preventive is to advise the patient to wash the exposed parts carefully as soon as work is done, particular care being taken to clean the nails so that no cement is left adhering to them.