

care to try the combination, varying the strength according to the circumstances of the case.

When we have at last brought about a cure of the eczema, how best may we avoid its return?

For long after the last signs—itching and redness—have disappeared, the use of the tar-spirit should be continued, and the parts, which are painted once daily with, perhaps, pure liq. carb. deterg., should be kept well-powdered; this even when things have so far advanced that the general use of water has been resumed.

The use of alcohol as an abstergent should be resumed when the cold season is at an end, the part that was affected should be lightly touched with a small pledget of cotton-wool soaked in unsweetened gin once a day, although the daily bathing of the part is carried out.

In the cold weather—especially when the dry winds blow—the part may conveniently be anointed from time to time with “fetron,” or this substitute therefor: vaselin puriss., 50·0; lanolin, 46·0; ceræ alb. 4·0; all these to be melted together and allowed to cool, and stored. Incidentally, it may be mentioned that this preparation beats the swindling “skin foods” as an unguent for the skin, and costs very much less. It has, like all lanoline preparations, the disadvantage of at least not hindering the growth of the hair on the part to which it is applied. But even one’s female patients do not mind this in the case of certain regions of the body.

The reader will do well to remember that the oftener an eczema has recurred, the more chance of its early return after a cure, and the greater the probability of its becoming chronic. Many chronic eczema cases are, alas! quite incurable, although the physician may do much to make life less unbearable for the sufferers.

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### THE “KENNY” STRETCHER PILLOW.

By MAJOR H. A. HINGE.

*Royal Army Medical Corps.*

THE Government of India has recently sanctioned the adoption of a very ingenious and useful form of ambulance pillow designed for use with Field Stretchers Marks I. and II., and has allotted the necessary funds for its provision in all nine divisions and independent brigades of the Army in India, including Burma and Aden.

This pillow was first brought to the notice of the military authorities at Simla in 1907, when its superiority over the existing regulation pattern was immediately recognised, and it was not only decided to submit it to a thorough trial in India, but the War Office was apprised of it, and a sample forwarded home for trial.

Both of these trials having proved satisfactory the Indian Govern-

ment has lost no time in authorising the introduction of the pillow, while the Army Council have signified their intention of doing the same. It is also understood that the War Office will in due course bring this pillow to the notice of the St. John's Ambulance Association.

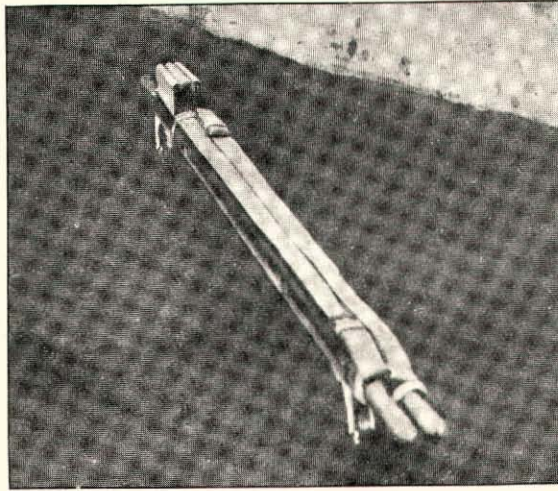
A review of the regulation stretcher pillow hitherto in use, that now authorised, and their respective values may prove of some interest. Both pillows are shown in photographs Nos. 3 and 4.

*Regulation Pillow hitherto in Use.*—This is the ordinary type of pillow, consisting of a canvas casing stuffed with coir, in size about 24 inches by 12 inches by 4 inches, weighing, approximately,  $2\frac{1}{2}$  lb. Though it answers its purpose fairly well, this pillow has certain drawbacks which place it at a decided disadvantage, especially on active service, and, in the light of present-day knowledge, it is possibly often a source of danger. Its disadvantages are: Being a separate article from the stretcher it is frequently lost on active service; its bulk precludes it being stowed or carried inside the stretcher to minimise risk of loss; it frequently comes in contact with the ground, and is therefore liable to take up dust, dirt, &c.; the stuffing forms an ideal lodgment for germs and other deleterious matter easily introduced—*e.g.*, the absorption of any discharge from the head or mouth of a wounded or sick soldier; it is liable, after a time, to get hard and lumpy, to remedy which, or to cleanse or disinfect the pillow, it must be unpicked, washed, teased, restuffed, and resewn, a proceeding that takes much time and cannot always be conveniently performed on active service, but which for obvious reasons is rendered imperative every time it is soiled. Should the pillow get wet, its weight is at once considerably increased, thus adding to the distress of the bearers, on whom every ounce of weight tells, especially on a long march; while the discomfort and possible danger to a patient resulting from lying on a sodden pillow for several hours perhaps, and the tedious process of drying it, are obvious.

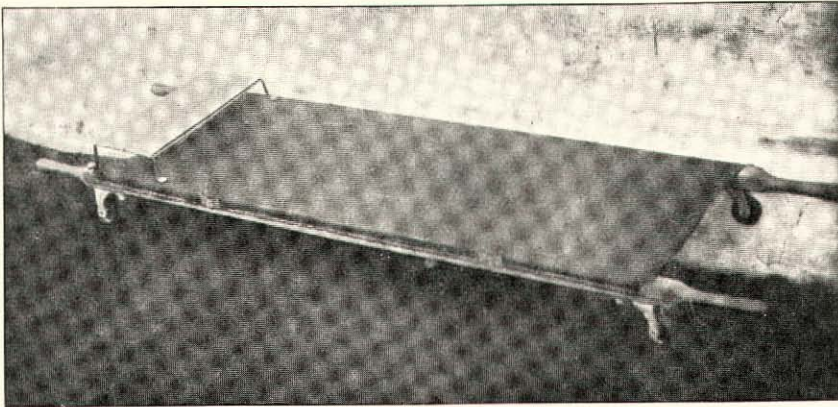
*The "Kenny" Pillow.*—This, as will be seen from the photographs, is a very simple and effective head rest, designed on intelligent and hygienic lines. It consists merely of a strip of canvas 36 inches by 9 inches, with three buckles and straps attached to the ends. The canvas is buckled on to two bent metal supports let into the stretcher poles, and so forms the pillow.

The special features claimed for this invention are: (1) Its extreme simplicity in both principle and construction, which render it far more comfortable and hygienic than the existing pattern and devoid of the numerous disadvantages of the latter; (2) its cost is trifling, it has practically no bulk at all and is therefore light and portable to a degree; (3) it is more in keeping with the character of the stretcher, of which it is part and parcel and so cannot be lost, yet is detachable in a few seconds, at will, for purposes of cleansing or repair; (4) it cannot collect, absorb, or harbour dirt, &c., like the present pattern; (5) it always

remains soft, springy, and pliable, adapting itself to the head in any position; it is very freely ventilated, being so arranged as to admit a continuous play of fresh air immediately under the head of the patient,



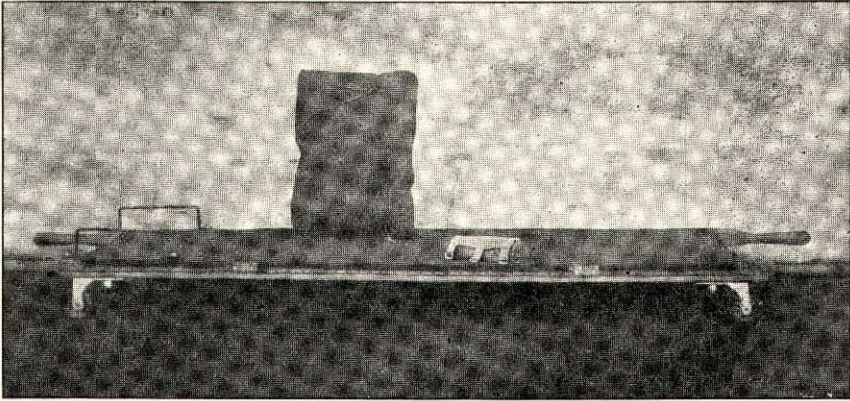
1.—Stretcher closed and ready for transport. Note bulk of pillow.



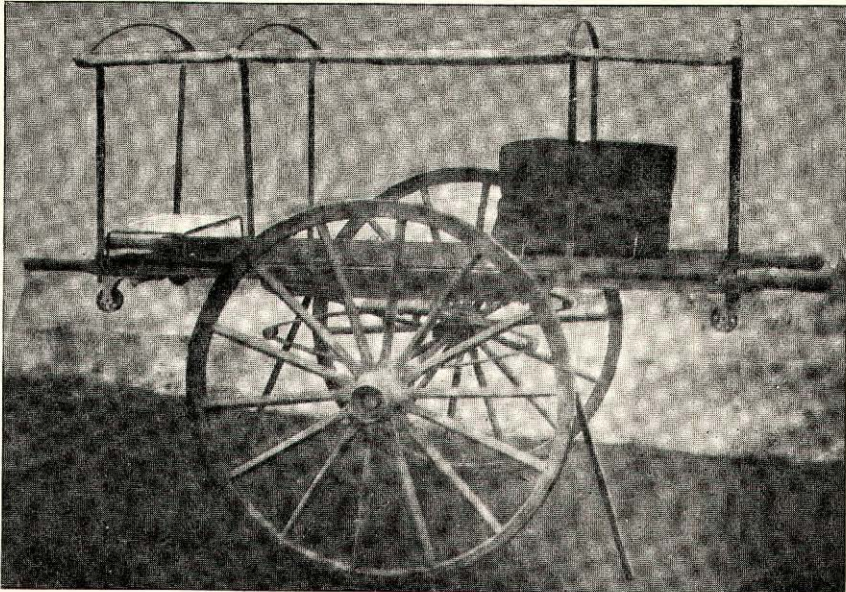
2.—Stretcher opened showing pillow ready for use.

thus rendering the pillow always cool and sanitary; (6) should it get wet, its weight is not increased to any appreciable extent, and the air current dries it again automatically and quickly, while the discomfort and possible danger to a patient is reduced to a minimum; (7) its height and





3.—Pillow detached from supports and shown with regulation pillow, which is in the centre. Note the difference in size between them.



4.—Pillow shown on stretcher carriage, together with regulation pillow.

angle can be adjusted to the liking or condition of the patient without disturbing him, by merely regulating the straps underneath to requirements; (8) it is neat in appearance, compact, and once attached to the stretcher requires absolutely no further fastening or unfastening, except for cleansing, renewal, or repair; (9) it is collapsible, and its action being automatic it is always in position, ready for instant use on the stretcher being opened, and *vice versa*.

In addition to the above, the canvas can in an emergency be utilised as an excellent temporary bandage or splint for an injured limb or trunk, some part of the patient's clothing or equipment being meanwhile extemporised as a pillow. The canvas if detached also lends itself for use as a first-rate arm sling, and forms a very effective straight jacket for use in cases of delirium or violence.

The inventor, a member of the Southern Army Headquarters' Establishment, and late of the 19th (Queen Alexandra's Own) Royal Hussars, has very patriotically made over his invention to the State, unconditionally, for the benefit of the Service.

#### LONG-CONTINUED FEVER WITH MARKED ENLARGEMENT OF THE SPLEEN CURED BY THE USE OF SENEGA.

BY MAJOR N. FAICHNIE AND CAPTAIN J. H. R. BOND.

*Royal Army Medical Corps.*

In the Journal for December, 1909, appeared an article by Captain H. Ensor, on the treatment of kala-azar by the use of senega.

The diagnosis in the case now reported was not confirmed by the finding of Leishman bodies, but the improvement after the administration of senega was so striking that it seems worthy of publication.

Lance-Corporal W., Inniskilling Dragoons, aged 22, service four years (in India two years), was admitted to the station hospital, Mhow, on January 21st, 1910. The temperature was normal and remained so for three days, during which time malignant tertian rings were found in the blood. From the 25th to the 27th the temperature rose, the maximum being 103° F., and it was noticed that the spleen was much enlarged and tender, reaching down to the umbilicus, while the liver was normal. For the whole of February and March and up to April 11th there was fever of an intermittent type; for a few days the rise came every second day, and then subsequently every day. The patient was very anæmic and the pulse persistently fast, never being less than 100, and generally 110 or 120, even when the temperature was normal. The blood examined at intervals was found to contain malignant tertian rings up to March 2nd; on March 8th and 15th and later none were found, and crescents were never seen. Up to March 11th quinine had been given in large doses, both by the mouth and by intramuscular injection; tincture of iodine in doses of