Clinical and other Notes

The annual cost per bed is about £65, and about one-third of this is expended on food.

The patients are well, but not overfed, and the dietary is made to comprise the variety of food to which the class of patient has been accustomed in his own house.

Numbered table utensils are used and washed by the patients themselves.

ADAPTION OF A FURNITURE VAN AS A CLEARING AMBULANCE WAGON.

By STAFF-SERGEANT W. MERCHANT.

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Much has been written of late on the subject of transport of wounded during manoeuvres or on service; but we have still to solve the problem of the removal of the sick from the field ambulances or collecting zone.

The clearing hospital (200 beds) should be capable of great expansion if necessary, but it might easily become clogged and unable to fulfil its intended function; i.e., to clear the ambulances. It is necessary, therefore, to keep the clearing hospital free to cope with the sick and wounded by passing them on to the distributing zone.

Our present means of removal is the utilization of general service wagons returning empty from the front to the supply parks, and a constant flow of these would be required for this purpose.

This is satisfactory if the officer in charge of supplies does not require to use them to convey local purchases to the supply park.

As, however, it is extremely unlikely that a constant flow of general service wagons would be available, schemes must be made for utilizing other vehicles.

Many suggestions have been put forward for converting all kinds of vehicles for this purpose. Major W. E. Hudleston, R.A.M.C., writing in the Journal for April, 1911, on the "Adaptation of Civil Vehicles for the Carriage of Wounded," mentions the use of omni-buses and the ordinary furniture van; it is with the latter I propose to deal. There are various sizes of these vans (both motor and horse drawn), and for the purpose of setting forth my ideas I have selected a medium-size van, 15 ft. 6 in. by 7 ft. by 6 ft. A van of this size could be fitted up to carry eight lying on stretchers, or four lying down and twelve sitting up, or twenty-four sitting up. The suggested method of adaptation will be readily understood by looking at the diagrams.

The conversion could be easily accomplished by a carpenter, or
Clinical and other Notes

173

a man used to tools, with some 3 in. by 2 in. timber, iron angle brackets and screws. The uprights are fixed to the roof and floor of the van by means of angle stays kept in position by screws; the grooved rails on which the stretchers rest are held up by short angle brackets; the cupboards or lockers could be fitted up from the ordinary packing cases received from the Army Medical Stores, Woolwich (or, if time permits, a series of cupboards could be constructed), and would be found most useful for the storing of medical comforts, dressings, instruments, documents, or anything which it is deemed necessary to keep in a place of safety. The top ventilators should be on the
Clinical and other Notes

torpedo principle. Front windows to suit requirements, and louver ventilators should be fixed along the bottom side under the lower stretcher. In addition, I would recommend a skylight to the roof, or two small electric lights, as the far end of the van is rather dark. Storage for patients' equipment is found under the bottom row of stretchers, care being taken not to block the ventilators;

lockers, accessible from the outside, for blankets, water bottles and bed pans can be made. A water tank could be carried on top or fitted in place of one of the lockers in the far end; many other useful additions would suggest themselves to anyone working a van after a very few journeys.
Clinical and other Notes

Given four such vehicles (motor) fitted up on these lines to work in the evacuating zone, we should find the question of clogging greatly diminished; they could be used between the field ambulances and clearing hospital during an action; or, if necessary, work between the evacuating zone and distributing zone; they could be utilized to move the equipment of the clearing hospital forward as the field ambulances advance.

To convert an ordinary van, without lockers or ventilators, the following would be required: Twelve uprights, 7 ft. x 3 in. x 2 in.; twenty-four battens, 15 ft. 6 in. x 2 in. x 1 in., to form rails; sixty iron angle brackets, 3 in. x 3 in. x 1 in. x \frac{1}{16} in. (\frac{1}{4} in. would do); thirty-six dozen screws, 1\frac{1}{8} in., for fixing brackets and making rail.

If the sides of the van are sufficiently strong, the brackets may be screwed thereto, thus saving six uprights.

INTERESTING CASES OF ABDOMINAL SURGERY.

A CASE OF ABSCESS OF THE LIVER.

By Captain R. H. Bott.
Indian Medical Service.

J. H. E., a European, aged 40, with twenty-one years' service in India, was admitted to the Station Hospital, Quetta, on December 17, 1909, complaining of great pain over the region of the liver.

History of the Present Condition.—Patient stated that he first noticed a pain over the region of the liver on December 8, 1909, it lasted about half an hour. Four days later he had a slight feverish attack with shivering and sweating, the next day he had another rigor and profuse sweating. There was no history of dysentery.

Condition on Admission.—He complained of great pain in the right side over the region of the liver. The application of hot fomentations relieved this temporarily. Temperature, 101.6°; pulse 84; respirations 20. The following morning his temperature was 99° F. On examination no enlargement of the liver was made out, and no tenderness over the hepatic area. There were some small crepitations at the base of the right lung. That evening his temperature rose to 101° F., he had a rigor and became very collapsed. His blood was examined for malarial parasites with a negative result. December 19, 1909: Pulv. ipecac. gr. xx, administered. Suspicious pleuritic rub on examination of base of right lung. December 23, 1909: Condition has remained much the same, he still has evening fever up to 100° F. A differential leucocyte count showed a slight polymorphonuclear increase. December 26, 1909: More marked signs of pleuritic effusion at right base. Temperature now normal. December 28, 1909: Needle of hypodermic syringe introduced into base of right pleural cavity, several drachms of clear serous fluid