SUGGESTED MODIFICATIONS OF A.B. 166
(SPECIFICATION TALLIES).

By CAPTAIN F. W. COTTON.

Royal Army Medical Corps.

The modifications of A.B. 166 shown below are suggested with the idea of:
1. (1) Keeping some permanent record of sick and wounded on their way from front to base.
   (2) Saving time during periods of great pressure of work.
   (3) Enabling officers in charge of a sick convoy to find out in the shortest possible time the essential points of any case requiring treatment.
   (4) Doing away with A.B. 172 (Transfer Book) in the Clearing and Collecting zones where facilities and time for clerical work are limited.

### AB 166

<table>
<thead>
<tr>
<th>1</th>
<th>Adt. Fd. Amb. No.</th>
<th>Date</th>
<th>Place</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Transfd. Cig. Hpl. No.</td>
<td>Date</td>
<td>Place</td>
</tr>
<tr>
<td>3</td>
<td>Do. Sty. or Gen. Hpl. No.</td>
<td>Date</td>
<td>Place</td>
</tr>
<tr>
<td>4</td>
<td>No. &amp; Name</td>
<td>Age</td>
<td>Service</td>
</tr>
<tr>
<td>5</td>
<td>Rank &amp; Regt.</td>
<td>Religion</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Wound: Lower or Upper Arm, Leg, Head, Neck, Throat, Abdomen.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Treatment: 1st Field Dressing, Temporary Splint and Tourniquet.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Signature of M.O.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>NOT TO BE MOVED OR GIVEN WATER.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Two forms have been devised, A.B. 166 for wounded, and A.B. 166 (a) for sick; the ordinary ordnance luggage label (A.F.S. 1028) has
been chosen as the pattern on which to work. It is suggested that
the proposed A.B. 166 replace the present A.B. 166, and A.B. 166 (a)
replace the present A.B. 172 in the Collecting and Clearing zones.
It is not suggested that these books should have counterfoils, as
medical officers working with troops have no time for filling these in and
in Field Ambulances the place of transfer is kept in A.B. 27 (A and D
Book). In using both of these forms it is suggested that they should
be fixed on the patient in some conspicuous position, e.g., breast pocket,
and remain there until the patient arrives at his hospital, when they may
be collected and attached to case sheets or kept for statistical purposes.
Objection may be made that labelling a patient is useless and unnecessary.
Only those who have taken over a large convoy of sick know the
difficulties of sorting out and treating the different cases. If each case
is labelled a whole convoy can be divided into serious, non-serious and
infectious cases with a minimum of time and labour: moreover any
intelligent orderly or N.C.O. could do it.
A glance at the suggested A.B. 166 shows that little explanation is needed. The medical officer rendering first aid deletes the words in lines 6 and 7 which do not apply and adds anything he may consider necessary. In the dressing station it would be inferred from the colour of the form whether the wound is serious and from the treatment whether fracture or haemorrhage or both were present. Line 9 is deleted or left as required. Lines 1, 4 and 5 are completed in the Field Ambulance, the identity disc gives most of the information for lines 4 and 5. Lines 2 and 3 are filled in when the patient is transferred. The back of the form is used for recording treatment and could be filled in by anyone at the dictation of a medical officer. The last note for the officer of a sick convoy should give only information of practical use e.g., “requires watching for—” or “abdominal wound, restrict fluids,” &c.

The proposed A.B. 166 (a) is much the same as A.B. 166. It is suggested that these forms be in two colours, red and white; red for infectious cases, white for non-infectious, and that this form be only used between field ambulances and hospitals.

The back of the form need only be filled in when columns are operating alone and it is wished to draw attention to some special camp or district where an epidemic is raging.

REPORT ON ALL-METAL SYRINGE FOR PURPOSES OF SPINAL ANALGESIA.

By Major F. J. W. Porter, D.S.O.
Royal Army Medical Corps.

The all-metal syringe for local analgesia which was devised by me a few years ago and manufactured by Messrs. Allen and Hanbury, has recently been adapted by them for purposes of spinal analgesia.