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.
Three needles are now carried in clips in the lid of the box, and bearing in mind the necessity for making certain they are not blocked by blood clots, in cases where the cerebrospinal fluid does not flow, cannulae which extend right to the tips are provided.

A cannula for the purpose of drawing the solution into the barrel, and by means of which all air may be expelled, is also furnished. A triangular-edged knife for puncturing the skin is carried in the box.

**Travel.**

A REPORT ON THE OASIS OF SIWA.

By Captain C. V. B. STANLEY.

Royal Army Medical Corps.

(SUMMARY BY MAJOR S. L. CUMMINS, ROYAL ARMY MEDICAL CORPS.)

In October, 1910, it was reported that cholera was prevalent in Tripoli, and in view of the possibility of infection reaching Egypt over the western frontier, Captain C. V. B. Stanley, R.A.M.C., a Divisional Inspector in the Department of Public Health under the Egyptian Government, was sent on a mission to Siwa, an oasis at the northern part of the Libyan Desert, to decide on measures for the protection of the Nile Valley. In addition to this primary duty he was also instructed to study "the topographical character of the country, the inhabitants, such vital statistics as are available, the prevalence, conditions, and causes of infectious disease (with especial reference to malaria), the economic situation of the country and the social features of the population."

Captain Stanley's Report to the Director-General of his Department is of great interest in throwing light on the conditions of life of a community cut off, to a great extent, from the outside world, and on a people whose characters, intensified by their isolation, are typical of a phase of human existence that is rapidly passing away as facilities of communication break down the barriers of time and space. His journey is such as has often been described and need not occupy our attention beyond the quotation of one apt phrase, which sums up in a few words the monotony of travel in the desert.

"The impression gathered is that of walking in the middle of a huge plate and never getting any nearer the edge." It is Siwa itself and its people that interest us, and Captain Stanley's vivid