Clinical and other Notes.

ADAPTATION OF MOTOR TAXICAB "CHASSIS" FOR THE CARRIAGE OF WOUNDED.

BY LIEUT.-COLONEL H. E. R. JAMES, C.B.

Royal Army Medical Corps (retired pay.)

A simple method of replacing the body of a taxicab by a structure capable of carrying one or more lying-down wounded on stretchers is much to be desired. The taxicab body cannot be made to answer this purpose by any temporary adjustments, and this applies to most covered private motor-cars, hence the commonest motor vehicles and those most suitably sprung for carrying wounded can only be used for the transport of sitting-up wounded, thus depriving us of what would be a most valuable auxiliary means of evacuating Field Medical establishments in a civilized country with good roads.

Obviously the existing motor-cab body will not take a stretcher with any comfort and may be dismissed from consideration here. To render the chassis useful a new structure must be placed upon it. There are certain qualities which must be considered in arranging the load. The springs of the cab are arranged to carry the weight fairly distributed between them longitudinally and not, as is the case in a motor omnibus, concentrated over the hind wheels; it would, therefore, be a mistake to put much weight in rear of the hind axle. Moreover, an "overhang" is considered objectionable as it increases the risk of the hind wheels skidding. The centre of gravity, therefore, must be in front of the hind axle and must be kept as low as possible, especially on inferior roads. The difficulties to be overcome are:

(1) The driver's seat is fixed and cannot be changed; it would not, therefore, be possible to place a stretcher behind it without having an objectionable degree of "overhang," which would throw the centre of gravity too far back.

(2) To clear the wheels the lower stretcher must be not less than 1 ft. 6 in. above the level of the chassis frame, and there must be a vertical space of 1 ft. 9 in. at least, between the lower and upper stretchers; this raises the centre of gravity of the load a little above what is desirable.

The first difficulty is met by putting the stretchers on the near side of the car, the driver's seat being on the off-side; the second difficulty can be overcome by putting sitting-down men, attendants or wounded, and any additional load on the off-side.

The method that I suggest is, with modifications, applicable to most taxicab chassis. The intention is to provide accommodation on stretchers for two lying-down wounded and sitting accommodation for two other.
wounded, by building up from simple materials a frame which can be taken to pieces and packed for transport in a small compass. The distribution of the weight has been considered.

It will be seen that after removal of the ordinary cab body, which is easily effected, two cross beams are fixed to the chassis frame by means of iron pieces shown in the diagram. These beams are of such width that when placed upon their edges, they raise the stretchers to be placed upon them above the level of the wheels, and are of such length as to obtain the greatest lateral room without projecting beyond the wheels. Each beam carries an upright at each end, these uprights are connected by cross pieces to support the hinder ends of two stretchers and the longitudinal slats which support the canvas roof. These uprights are...
fastened to the cross beams and to their cross pieces by means of bolts and nuts. The cross beams are placed in this particular instance at 5 ft. 8 in. distance apart. (The chassis which I measured allowed the hinder beam to rest on the chassis at a comfortable distance behind the hind wheel; this would not be possible in all patterns of chassis, in which case an extension would have to be fitted upon the chassis to carry the hinder cross beam). A 1 in. round iron rod with screws and nuts is passed through the centre of each beam when it is in position and holds them together. A board floor is nailed to fillets, which are nailed to the opposing surface of the cross beams, and the space in front of the
front cross beam is boarded over so as to support the petrol tank, upon which the driver will sit. To give rigidity in the outer and posterior direction two diagonals on each side are fastened to the outside of the frame, and a back rest is fastened inside the two uprights on the off-side. A seat with a board fixed to elevations on the upper edges of the cross beams is provided for the sitting-up cases. The whole, with the exception of the front, is covered in with a light canvas tilt made in four pieces, a central one, two lateral flaps and a hind flap provided with lanyards to fix them when down, and to tie them in position when they are rolled up to the edge of the roof. The two stretchers are supported at their hinder ends upon two cross pieces to which they must be lashed, and at their front ends by ropes taking their support from the front upper cross bar. The cross beams are of pine and the uprights and cross pieces of ash of sufficient thickness for the purpose. The seat and floor boards are made of deal planking \( \frac{3}{4} \) in. thick. The whole body, exclusive of stretchers, would weigh about 300 lb. and would pack into a space of about 9 ft. by 1 ft. 6 in. by 1 ft. when taken to pieces. The diagrams show the proposed apparatus in detail.
A French method of utilizing a taxicab chassis exists (see fig. page 456). The principle is the carriage of a Bréchet-Desprez Améline frame upon a platform which is supported on two wooden cross beams fixed to the chassis frame. It will be seen that there is an "overhang" and that the centre of gravity is thrown high, especially if the upper tier were occupied. The hinder cross bar is not longer than the width of the chassis frame and comes between the hind wheels; it would not carry a frame any wider than that now seen upon it.

A CASE OF BLACKWATER FEVER AND A SUGGESTION.
By CAPTAIN D. S. SKELTON.
Royal Army Medical Corps.

The following case presents features that seem in some respects so out of the common as to make it worth putting on record.

Captain P., Royal Engineers, aged 30, during a morning's inspection work at Strensall, noticed that he was passing red urine; he had been feeling seedy all that morning. He consulted an officer of the R.A.M.C. at the Camp, who advised him to return home at once, go to bed and send for medical assistance. This advice was followed. At 2 p.m., that was two hours after he had noticed the "red" urine, he passed a small amount of "porter" coloured urine. The temperature at this time was 100.5°. There was no vomiting and no obvious jaundice. Captain Patch and Lieutenant Levack, R.A.M.C., both saw the case. The temperature was normal at 5 p.m. and at 9 p.m. The urine at 5 p.m. was "porter" coloured, about 70 c.c. being passed. At 7 p.m. it was much clearer. I took over the case next morning. The temperature was normal, the urine quite clear, and the patient felt much better. Specimens of the urine passed the previous afternoon and evening had been kept for me to see. Without doubt they were typical "blackwater" specimens.

The history of the case is interesting. Captain P. went out to Sierra Leone in 1903, and completed his first tour of service. After the usual period of leave he returned to the Coast, from which he was eventually invalided in August, 1906, after a very severe attack of blackwater fever. He gives a history of having had a good deal of malaria during his West Coast tour, in fact as many as half a dozen well-marked attacks. Four months ago, that is five years and four months after leaving the Coast, he mentions having suffered from attacks of general seediness, which a civil medical practitioner diagnosed as influenza, but they were only slight, and were treated with a mixture. Except for this mixture, not all of which was consumed, no quinine in any form has been taken for 5½ years. The patient thinks that during the past six months his urine has been getting thicker. Specimens of the "porter" coloured urine