AN IMPROVISED CYCLE FOR THE CARRIAGE OF WOUNDED.

By LIEUTENANT-COLONEL H. E. R. JAMES, C.B.
Royal Army Medical Corps, Retired Pay.

This contrivance, the invention of M. Borilloti (Le Caducée, September 7, 1912), was used by the Geneva section of the Red Cross on the occasion of a practice at Chênebougerie on June 23, and was found to be fairly rapid on good roads, very silent, and easy running. It consists of a wooden chassis mounted on two bicycle wheels, and carrying an improvised stretcher; it is drawn and guided by means of a long piece of wood which is attached to the chassis, and connected with whatever machine is used for traction (bicycle or car).

The diagrams are taken from the photograph, which is not very clear as to detail. The description given is as follows: The essential...
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part is represented by two bicycle wheels (which must be taken off the bicycle). Four pieces of wood of about 40 in. in length are fixed by their middle to a piece of iron rod which forms the axle of the wheel. If an iron rod is not to hand then band iron folded several times upon itself may be used. Each wheel being thus enclosed between two pieces of wood, these are fastened by traverses to keep the pieces of wood apart and to carry the stretchers. This assemblage forms a sort of chassis and all that remains to be done is to fix on two pieces of wood about 7 ft. long which will serve as poles, on which a cording is woven, which in its turn is covered with straw. The traction pole is fastened to the middle of the under side of the front traverse and nailed to the hinder one, and consists of a plank of a length to be determined by the nature of the case, so as to adapt the slope of the stretcher to the height of the machine employed to draw it.

If nails are used for fastening the parts they should be long enough to clinch, and string used for tying should be wetted. A hooped stick to carry a sheet to shelter the patient is described and pictured. The contrivance, if well made, would no doubt be useful, but it would require good work to make it safe and easy. It implies the dismantling of a bicycle and damage to its bearings. The following would be necessary: Six pieces of wood 40 in. by 2½ by 1½ in. (for chassis); one piece 8 ft. by 6 in. by ½ in. for traction and guide; two poles 7 ft. by 2½ to 2 in.; two pieces of ½-in. iron rod 10 in. long, or two pieces of ½-in. band iron 40 in. long; two iron staples ½-in. aperture, ½ in. thick; two bicycle wheels; thirty yards of small cord; twenty 3-in. wire nails.

REPORT ON A CASE OF OPERATION FOR APPENDICITIS WHICH EXHIBITED UNUSUAL FEATURES.

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

Private A. was admitted to the Station Hospital at Secunderabad, on June 17, suffering from chronic appendicitis. The symptoms were very mild, but the history quite definite. Under spinal analgesia (novocain) I removed his appendix on June 19, at 8.30 a.m.

The condition found was as follows: Congested omentum appeared in wound; the caecum was infantile and very difficult to deliver. The appendix was very long and very much inflamed. There was a double twist in the longitudinal, and an acute kink in the transverse axis. The mucous membrane was intensely ulcerated. He had a good deal of headache after the operation and frequent vomiting, but his pulse was good and his temperature only 98·6 in the evening. He was restless during the early part of the night, but after 3 minims of inj. morph. hypod. at 12.30 a.m. he slept till 5 a.m.

He awoke cold and clammy, pulse 126, temperature 99°, and complaining of a feeling of acute distension in the epigastrium and much