removed within ten days; within three weeks of operation there remained only the two posterior tubes, from which there was nothing but slight serous discharge. The temperature is steady and there appears no reason why the somewhat, at first appearance, unlikely possibility of primary union should not take place.

Although the method appears ideal from the point of view of ease of dealing with the sepsis if there is extensive bone injury associated with the suppurative arthritis, the infection may be such that amputation is the only alternative, moreover, it has the great disadvantage that a subsequent operation is necessary to ensure a rigid bony union between femur and tibia.

I am indebted to Quartermaster-Sergeant R. C. Blair, R.A.M.C., for his assistance in the preparation of the photographs for publication.

A CANVAS SLING FOR LOADING WOUNDED FROM BARGES AND BOATS INTO HOSPITAL TRANSPORTS.

By Lieutenant-Colonel Percy Hope Falkner.
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The loading of wounded from boats and barges into hospital ships and carriers forms one of the many problems that require very close attention at the present time; and we maintain that it is a matter which should concern the officer in charge, and not be left to chance, or vaguely considered as solely the business of the ship's crew.

The problem may be stated thuswise: A patient, utterly helpless, who requires protection from injury during transfer. He lies upon a stretcher in a boat or barge probably some considerable distance from the ship's deck, and generally hidden from view so far as the man who operates the winch is concerned.

The boat may be a small one—for instance, a stretcher lying thwartships over the after-well of a naval pinnace—and its motion will vary from a condition of steadiness to that of incessant motion according to conditions of weather. Further, the ship herself may be rolling considerably; and yet it is just possible that the patients must be taken on board at all costs.

(1) Safety.—A heavy cradle lowered away under unfavourable conditions proves at once unsuitable, and no small handicap to efficient loading.

It is difficult, and sometimes impossible, to land it safely on a small boat; or into a barge the decks of which are covered with stretchers so closely packed that there is little or no room to place the cradle. We have more than once seen narrow escapes notwithstanding every care as regards the winch.

(2) Speed of Loading.—The method, as carried out by means of a
Clinical and other Notes

wooden cradle, is not sufficiently rapid for average requirements. It may, for the reasons stated, be dangerous to lower away; therefore the process must necessarily be slow. The loading of the patient into the cradle is a clumsy and awkward operation that causes unnecessary delay.

![Diagram of a wooden cradle and winch](https://example.com/diagram.png)

**Fig. 1.**

of the winch—an important point to remember, as it is usually only feasible to operate one cradle at a time, namely, that on the lee side of the ship.
SOME DISADVANTAGES OF LOADING BY MEANS OF A WOODEN CRADLE.

(3) Labour Wasted.—The labour of loading and unloading a cradle should be considered for obvious reasons: the staff may be small, and the day a long and arduous one for them.

To try and overcome at least some of these disadvantages a simple canvas sling was devised, and, after practical demonstration, found to exceed the best that was expected from it.

The contrivance is composed of "O" canvas, one inch pliable wire rope, two five-inch iron rings, and four small hooks to secure the end flaps (fig. 1). Wood does not form any part of the sling, and we are satisfied it should not do so.

Fig. 2.

THE CANVAS LOADING SLING.

The base measures six feet ten inches by two feet: just sufficient to cover the under surface of the regulation stretcher, and allow its four feet to enter the round holes at each end.

From ring to ring the sling measures twelve feet nine inches, while two feet two inches is a good length for the two end flaps. These flaps are hooked up to four eyelets, located on the edges of the triangular sides, so that they pass between the stretcher handles when the stretcher is in position, and the iron rings are approximated to take the winch hook.
The diagram (fig. 1) illustrates a complete circumference of wire rope for the body of the sling. It should, of course, pass inside a casing of canvas and not be merely sewn to the edges of the cloth; it takes, practically, the whole weight of the stretcher.

Fig. 2 illustrates the stretcher in position, and safe from all risk, provided the winch is operated in a reasonable manner. The inward pressure upon the two stretcher poles is probably no greater now than when the patient is carried by hand; so that the traverses have no tendency to collapse. Should they do so, there is no risk involved.

**Fig. 3.**

**Operation.**

The first stretcher to come up will probably be the most difficult one to handle, owing to lack of space in the barge. Therefore the sling may be rolled up from one of the peaks to the centre of its floor and passed sideways into position beneath the stretcher after the manner of a "draw sheet." If, on the other hand, it appears more convenient to slip the canvas under from one end of stretcher, roll up the sling crosswise from one flap to the other and place it so that the four feet are taken into the holes provided for them.

No time is lost. One after another the slings are fitted to the stretchers in the boat, while the empty slings coming from the deck above do so as small compact bundles (fig. 3) that cannot injure any one. In practice, and working without great skill or effort, it will take about one minute to land each patient on the ship's deck—more than twice as fast, and with half the labour, as compared to the cradle method.

When the patient reaches the deck (fig. 2), two bearers take the stretcher handles without stooping, while the winch rope is slackened off to unhook the rings. The sling is then rapidly cast off, and falls to the deck while the bearers move forward with their patient.
This represents our practice on the Hospital Ship "Salta" at the present time, but modifications as regards the method for operating this sling may suggest themselves in the future.

NEW LATRINE FOR USE IN CAMPS.

By Lieutenant-Colonel A. D. Sharp.

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That incineration is the safest way to deal with excreta in camps is admitted by everybody. Incineration, however, has never been enthusiastically adopted, chiefly because of the unsatisfactory method of keeping the faces and urine separate. The two receptacle idea, the seat with two

holes, and other devices, so far as my experience goes, had only to be tried to be discarded as unworkable.

I have devised an arrangement which acts automatically and needs no attention. A seat in the form of a stout pole supported on forked uprights