Clinical and other Notes

is important to have a small closed porch built over the entrance, so that the door of the drying room does not open directly to the cold air. The porch is fitted with a window, and serves as a store-room and office for the orderly-in-charge. The porch is not shown in the sketch. A clothes-rail is built along each side, and over the top of the chimney in the drying room.

The heat generated by this arrangement is greater than I have experienced in any other drying rooms I have tried or seen in use.

The advantages claimed for this system are:

1. Efficiency. The heat developed in the drying room is very great, and a large number of articles can be rapidly dried.
2. Economy. The heat is produced entirely by the incineration of refuse. The drying room is also built on economical lines.
4. Absence of smoke or smell in the drying room.

It might be thought that as an incinerator cannot be kept always in action, the lack of continuity in the supply of heat might prove a considerable disadvantage. That has not been found so from experience. This type of drying room has been in use by this ambulance during the past winter, and has been found to work most admirably, and to meet all our requirements.

To Lieutenant and Quartermaster E. T. Jones lies the credit of originating this type of incinerator. The two orderlies in charge have been responsible for working out the details of construction.

A DEVICE FOR SUSPENDING FRACTURED LIMBS DURING TRANSPORT.

By Captain Owen Richards.
Royal Army Medical Corps.

In June, 1915, Col. Cuthbert Wallace, A.M.S., suggested to me that there was a need of some device for this purpose. No. VIII. M.A.C. very kindly made one to my design in their workshops, and Colonel Wallace had copies of it made at the base. It is now extensively used in this and other armies in France, and would probably be found equally useful elsewhere.

The material is iron bar, ½ inch by ½ inch, and the dimensions and design can be seen from the accompanying diagram, for which I am indebted to Capt. Timpson, R.A.M.C. The elasticity of the arch allows it to be readily sprung open and clipped on to any part of the regulation stretcher, and when in position it is quite rigid to any strain applied from below. A stretcher thus fitted will go into the upper tier of any ambulance car; in some types it will also go in the lower, but not in all.
This point is not of much importance, as cases requiring suspension form a very small proportion of the total lying cases.

It is commonly used for fractures of the thigh in a Thomas' splint, but it also serves for fractures of the humerus in a Thomas' arm splint. The material is cheap and easily obtained, and the work can be done by any smith.

NOTES ON THREE CASES OF LIGATURE OF THE COMMON CAROTID ARTERY AT A CASUALTY CLEARING STATION.

BY CAPTAIN J. J. M. SHAW.

Royal Army Medical Corps (S.R.).

In those cases of injury to the large vessels of the neck which escape death upon the field from primary hemorrhage, operative treatment is seldom called for before the patient reaches a base hospital. The conditions usually presented at a Casualty Clearing Station are either a small deep traumatic aneurysm or, more commonly, an arteriovenous aneurysm of variable size, while, in a few rare cases of severe reactionary or secondary hemorrhage, ligation may be indicated.

An aneurysm which is increasing in size or is dangerously superficial in the neighbourhood of the wound may necessitate early operation, but all other cases are best treated by rest and observation. At the end of fourteen days, if the tumour be stationary or decreasing in size, they may be transferred to the base, where spontaneous cure will sometimes occur after several weeks, or operation can be performed when the limit of diminution is reached.

An aneurysm existing for even a few hours is the best preparation for ligature, owing to the fact that the collateral circulation is gradually and not suddenly called upon to supply the area of deprivation, and can adequately cope with the requirements of the tissues when complete cessation of supply through the original channels is affected. This is well exemplified in the case of the popliteal artery where severance of the vessel by a bullet, even without much loss of blood, almost invariably leads to gangrene of the leg, while ligature for traumatic aneurysm very seldom does so; the Letouffer tube aims at the performance of this function of an aneurysm in the provision of a modified supply of blood, while the critical period of collateral expansion is tided over.

During thirty months in a Casualty Clearing Station, amongst a total of 44,000 wounded, I have seen only three cases in which ligature of the common carotid appeared to be indicated, each for one of the three conditions enumerated above—severe secondary hemorrhage, dangerously superficial aneurysm, and a tumour which increased in size despite rest in bed.