Clinical and other Notes

The accompanying plan shows how the "F" frames are fitted to the wall, and also how they are put together. The frames are simple to construct, and should present no difficulty to almost anyone. They are used in the following manner:

The first stretcher case is placed on the floor.

The second one is held by the stretcher-bearers directly over the first one until another bear has placed two frames in position, when he is lowered on to the lower arms of the "F's." The third patient is placed on the upper arms of the "F's."

Cases are removed in the reverse order, the top one being removed first. The second patient is held until the "F" frames have been taken out, and the man on the floor is moved last of all.

Granting that the frames are for use merely as an improvisation and not in any sense as permanent structures, the following advantages may, I hope, fairly be claimed for them:

1. They need only be fitted when required, and so there is no permanent obstruction to the floor space such as occurs if bunks are used.
2. It is an easy matter to load stretcher cases on to them and also to remove patients, another advantage over the bunk method.
3. Any amateur carpenter can make them, although one can visualize the advantages of having them standardized.
4. The frames are portable.

I have not said anything in detail about how to fit the frames to a wall, because the plan adopted depends very largely on the type of wall. With a wooden wall, such as one gets in a dug-out, the fixing of the pieces of wood to form the slots in which the arms rest is of course easy. If the wall is of brick, it is not so simple, but it can be done without much trouble by the exercise of a little ingenuity.

I am indebted to Captain G. Whittaker, R.A.M.C., T.A., of No. 8 Hygiene Company, who very kindly made the drawing for me.

A CASE OF SOMATIC INFECTION WITH CYSTICERCUS CELLULOSÆ.

By Captain W. M. Cameron, O.B.E.
Royal Army Medical Corps.

The case is considered worthy of record both on account of the comparative rarity of the condition and on account of the cerebral symptoms exhibited.

HISTORY.

Sergt. "A" was stationed in India from November, 1919, to November, 1921, at Risalpur. He was in good health during this time, and till March, 1922, when he had his first fit. This was mild in character; he felt paralysed and unable to move, but was not unconscious. The fit lasted...