Clinical and other Notes

Puttees, socks, and boots, and we have found that by means of our drying tent apparatus and a little organization the whole of the battalion were made reasonably comfortable in a couple of hours. In the case of great coats and blankets we make the Company Quartermaster-Sergeant of each company collect them and they are dried between the hours of 9 a.m. and 1 p.m.

Note.—This unit has always asked for the issue of two ground-sheets per man, and this is still considered an absolute necessity.

The photographs were taken in the drill hall, only the four inch spikes being removed. It will be noticed that no outside help, such as a wall, pillars, etc., is necessary for this apparatus.

The whole, i.e., arms, legs, canvas, etc., may be packed in a box 6 feet 3 inches by 12 inches by 12 inches. The apparatus, less canvas, cost this unit £5 10s. The apparatus described and illustrated was thought of and worked out by the Quartermaster of the unit, Lieutenant J. Christie, without any outside help by designers, etc.

CORONARY OCCLUSION IN A MAN AGED 27.

By Captain L. R. S. MacFarlane,
Royal Army Medical Corps.

Rifleman M., of the Royal Ulster Rifles, was found dead in his bed at 7 a.m., on October 29, 1936, at Catterick Camp. No one had heard him cry out or appear to be in any distress during the night. He was an athletic, healthy man as far as his fellow soldiers knew.

At autopsy, six hours after death, the body appeared to be that of a healthy, well-nourished man. Post-mortem staining was beginning to appear in the cervical region, but rigor mortis had not yet developed.

On opening the chest, the heart was at once seen to be markedly hypertrophied and the right auricle almost completely infarcted. The hypertrophy was chiefly represented by the left ventricle, and to a lesser extent by the right ventricle.

Of the valves, the mitral and tricuspid were normal, but the pulmonary valve was thickened and had a few vegetations. The aortic valve was greatly thickened and vegetations were present. Ante-mortem clots were found in all chambers. A main branch of the coronary artery led direct to the infarcted area, which, as already stated, involved the greater portion of the right auricle. Ante-mortem clot was recovered from this vessel also.

Of the other organs, the liver was greatly congested, and the spleen to a lesser extent. The spleen was also notable in having two distinct lobes and rudimentary attempts at the formation of two more. The lungs were normal. Blood from the heart post-mortem gave negative Wassermann and Kahn reactions. The aorta was normal. There were no signs of specific disease anywhere.
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On scrutinizing the man's medical history sheet later, the following extracts which bore on the subject were noted:


Points of interest are: Apparent lack of any symptoms until his hospital treatment in 1934. Apparent lack of physical signs, so that he was “passed fit” in 1935. The extreme rarity of coronary occlusion following rheumatic endocarditis. The extreme rarity of sudden death from coronary occlusion at his age. The unusual site of infection. The original finding of a presystolic murmur in a case of aortic stenosis.

Finally, since aortic stenosis is well known to be frequently missed owing to the vagueness of the symptoms, the interesting fact that when a definite symptom did appear it was a fatal one.

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Echoes of the Past.

WAR EXPERIENCES OF A TERRITORIAL MEDICAL OFFICER.

BY MAJOR-GENERAL SIR RICHARD LUCE, K.C.M.G., C.B., M.B., F.R.C.S.

(Continued from p. 132.)

CHAPTER XX.—THE CAPTURE OF JERUSALEM.

Preparations proceeded busily for the next operation which was to involve the capture of Jerusalem itself. With the taking over of the right part of the line by the 20th Corps a readjustment of the troops was necessitated in order that the divisions might be in their proper positions to carry out the scheme of operation. This readjustment was made gradually as the divisions came up. The remaining brigades of the 74th were moved into the line; when the 10th Division arrived on December 1 it at once replaced the 52nd which came out of the line and reverted to the 21st Corps. Two brigades of the Australian Division filled the gap between the 20th and 21st Corps. The headquarters of the 21st Corps moved at this time from Kubab to Ramleh. The positions of the divisions when the readjustment was complete were practically those shown on the map for the starting point of the operation.

The 31st and 32nd Field Ambulances rejoined their division as it came up from its position on the line of communications.

The 75th Casualty Clearing Station was opened at Junction Station on December 2, the 35th at Deir Sineid on the same day, with an advance depot of medical stores attached to it.

The A.D.M.S. Lines of Communication took over all responsibility for