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NEW APPLIANCES FOR THE RECOVERY AND TRANSPORT OF CASUALTIES IN FORWARD AREAS UNDER FIRE.

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THE stretcher bearers, whether regimental or R.A.M.C., have a difficult, laborious, and dangerous task. They deserve any assistance that may be given by the provision of new and improved appliances.

The special problems which confront the regimental stretcher bearers are: (1) How to bring in a man from no-man's-land in the dark and under fire. (2) How to carry a loaded stretcher down a narrow trench with frequent traverses.

The R.A.M.C. bearers have a longer carry, they may have to take cover on the journey, conservation of man-power is important, and the time factor comes into play.

THE GROUND-DRAG (figs. 1 and 2).

A special grip (claw) has been devised which can be rapidly attached to the collar of the man's tunic or battle-dress (fig. 1). The stretcher bearer



FIG. 1.



FIG. 2.

FIG. 1.—The "claw" grip. The man's blouse or tunic is loosened and the claw applied. The spare cloth is pulled up allowing protection for the patient's head as he is dragged along.

FIG. 2.—The ground-drag in action, showing concealment.



FIG. 3.—Universal stretcher sheet, showing method of application. Three body straps attached to clips secure the patient to the stretcher. Two straps are buckled on to the runners. Two loop-straps secure head and feet. The sheet can be detached in a few moments.



FIG. 4.—Lateral carry. The stretcher has just been carried through a narrow trench with traverses, and up steep steps.

crawls out and places the grip in position. The loop of the attached webbing is passed over the bearer's shoulder and he proceeds to crawl back, dragging the casualty behind him (fig. 2).

Attempts have been made to drag a loaded stretcher along the ground, but are generally unsuccessful.

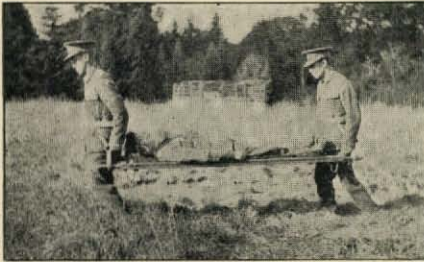


FIG. 5.



FIG. 6.



FIG. 7.

FIG. 5.—Hip sling. Vertical carry. Note bearers' hands are free. The V straps coming off the belt allow the weight to be transmitted down the line of the femur, no matter what position the bearers take.

FIG. 6.—Hip sling, at the stoop. Bearers can proceed at a rapid pace in this position, taking advantage of cover.

FIG. 7.—Hip sling, at the crawl. In this position a loaded stretcher can be carried in a tunnel with a 2-foot roof. The poles of the stretcher should be taken out of their special loop and placed at the apex of the V straps.

THE UNIVERSAL STRETCHER SHEET (figs. 3 and 4).

This apparatus is described in the R.A.M.C. Training Manual, 1935, but is not illustrated.

The sheet can readily be applied to the loaded stretcher, and then converts the Army stretcher into the Neil-Robertson type. That is, the stretcher can be carried in any position, ensuring safety and comfort to the casualty.

In addition, extra warmth is provided and protection in bad weather. The man cannot fall off if one of the bearers stumbles, and traverses can be negotiated without the provision of a special trench stretcher.

On completion of the carry, the sheet is quickly detached and taken back to the R.A.P. It is not necessary to provide sheets for all stretchers ;

it is suggested an establishment of 10 per cent might be held by field ambulances.

In any combined naval and military operations the sheet is especially useful, and also it is of great value in air medical transport.

THE HIP SLING (figs. 5, 6, and 7).

This device enables two bearers, with one relief, to transport their loaded stretcher with ease, speed, and absence of fatigue. The weight of the stretcher is carried from the hips. A broad belt is strapped above the crests of the ilium with a Y-shaped strap attached in such a way that the vertical limb hangs down the line of the femur, no matter what position the bearer adopts.

The bearers' hands are left free for adjusting respirators, steadying themselves, or feeling the way in the dark. Two men can carry a loaded stretcher one mile in forty minutes with rests.

If it is necessary to take cover the bearers can stoop (fig. 6), or even crawl (fig. 7).

CONCLUSION.

By the use of these stretcher-bearing devices : (1) It will be possible to bring in men under heavy fire where no other means can be adopted ; (2) traverses can be passed without using special trench stretchers ; (3) the work of the stretcher bearer is lightened and the time performance greatly improved.

A CASE OF GONORRHOEAL OPHTHALMIA ABORTED BY EARLY TREATMENT.

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History.—On March 26, 1938, at 9.30 a.m., Corporal H., R.A.M.C., was, in the course of his routine duties, making smear preparations from cases of gonorrhœa. As his right eye felt slightly irritable, he rubbed the lid with the back of his right hand, thinking that this would be safe.

Half an hour afterwards the right eye began to burn and felt as though it had an eyelash in it. He bathed the eye with boric lotion. As it felt worse ten minutes later, and began to look inflamed in the right corner, he came to the Ophthalmic Department (a hundred yards away) at once. He was examined immediately.

Condition on Examination.—The left eye was normal. The right eye showed a slight but definite localized inflammatory redness of the bulbar conjunctiva from the temporal side of the corneoscleral margin to the outer canthus. The eye was said to feel irritable. There was no other abnormality.