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.

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**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 gonorrhoea. 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.
Treatment.—In view of the history, the upper and lower lids of each eye were everted, and were painted generously for twenty seconds with 2 per cent silver nitrate solution on cotton-wool-armed match-sticks, special attention being paid to the canthi. In addition, after the lids of the right eye had been allowed to resume their normal position, they were retracted by hand pressure on the orbital rim, and several drops of 2 per cent silver nitrate solution were poured into the upper and lower conjunctival fornices and, after a few seconds, washed out with saline. This treatment was given at 10.15 a.m.

At 5 p.m. the same day the right eye was more painful, the conjunctiva was acutely inflamed all over, and there was a slight yellow purulent discharge. The conjunctiva of the left eye was still mildly reddened as a result of the morning’s silvering, but otherwise normal.

Methylene blue stained smears from the discharge from the right eye showed pus cells containing considerable numbers of kidney-shaped intracellular diplococci. Slides taken at the same time and stained by Gram’s method showed that these organisms were Gram-negative intracellular diplococci morphologically indistinguishable from gonococci.

The patient was immediately taken in hand as an established case of gonorrhoeal ophthalmia.

Next morning, less than twenty-four hours after the first symptoms, the right eye was almost painless, opened easily, was less injected than on the previous evening, and had only a trace of discharge which failed to show any diplococci, and from that time on rapidly whitened and gave rise to no anxiety.

Comment.—It would appear that an undoubted case of gonorrhoeal ophthalmia in an adult had been aborted by the early and somewhat severe application of 2 per cent nitrate solution locally, before the diplococci had had time to “dig in.”

It is, of course, possible that the patient did not infect himself at 9.30 a.m., while taking smears from gonorrhoeal cases, but that the infection occurred previously, and the slight irritation then felt in the right eye was really the first symptom of the disease.

From other evidence, however, which has not been gone into here, the former would appear more likely.

In a private communication Dr. S. H. Browning, to whom I referred the notes of the case, considered that if the infection occurred at 9.30 a.m. it was quite possible that pus cells containing considerable numbers of intracellular gonococci could be recovered from the conjunctival sac by 5 p.m. the same day.

Consideration of the case described suggests that it might be advisable to:

(1) Keep a special emergency box in clinics dealing with gonorrhoeal cases, the box to contain a small amber coloured or brown paper-wrapped bottle of 2 per cent silver nitrate (the solution being changed every three
months), and several ready prepared cotton-wool-armed match-sticks for the application of the solution.

The "match-sticks" should be made up in the manner of the throat swabs in ordinary use, plugged into test tubes and sterilized before storage.

(2) Train "Special Treatment Orderlies" and others employed in venereal wards in the exact method of the efficient application of silver nitrate solution to eyes likely to have been infected by discharge containing gonococci.

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**Echoes of the Past.**

**TWENTY YEARS AFTER.**

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(Continued from p. 112.)

**III.—GUNSHOT WOUNDS OF ABDOMEN (Continued).**

Case 48.—Retroperitoneal Hæmatoma with Gas Infection.

**Clinical History.**—Nature of wound: Gunshot wound, right loin. (Shrapnel.)

Signs and symptoms: Wound in the right loin just to one side of the mid-line; wound of exit near the right costal margin in front. Pulse 80, temperature normal. Operated on shortly after admission. Next day condition fairly good, but pale. In the evening, temperature 102°F., pulse 140, respirations rapid. Next day temperature 100°F., pulse 160, respirations very rapid. Is pale; mentally, perfectly clear. Abdomen lax. No distension. Wounds look healthy. Died that afternoon.

Operation: Anterior and posterior wounds excised; track through the right psoas, which was quite healthy, horizontal incision made along the costal margin; large retroperitoneal hæmatoma seen; also a puncture of the hepatic flexure of the colon, and a wound of the edge of the right lobe of the liver. There was a slight escape of bowel contents on manipulation, but this was mopped up carefully. The wounds of the liver and bowel were sutured. There was also a small wound of the diaphragm into the lowest part of the pleural cavity; this was sutured. A small tube was put just into the loin wound.

Survival: About forty-eight hours.

**Post-mortem Result.**—Chest: Except for hypostatic congestion the lungs were normal.

Abdomen: The skin in the loin and down to the groin was bronze; the superficial fascia was darker than normal; the underlying muscles were