1 per cent twice a day. Eight 0·5 gramme tablets of M & B 693 were given daily. Buller’s shield was applied to the right eye.

Two days later, the Pathologist reported by telephone from Downe, Farnborough, where the original examination had been made, that the case was probably due to meningococcal infection. Sugar and agglutination tests confirmed this, and placed the meningococcus in Group 1. The D.A.D.P. came to the same conclusion independently.

The conjunctivitis quickly subsided under treatment, and after seventy-two hours, the eye condition resolved. M & B tablets were reduced to one, three times a day. He was discharged to duty after four days, with vision unimpaired.

Comments.—When first seen, two days after it started, the conjunctivitis did not appear virulent enough for a gonococcal infection and there was no evidence of this infection. The iritis was unusual. I could find no history of contact with a carrier of meningococci. Meningococci were not found in the nasopharynx.

The quick response to treatment by M & B was perhaps instructive as to the causal agent.

As far as I know, the case is unique and these notes may be of interest.

I am indebted to Colonel H. H. J. Fawcett, D.S.O., Commanding Officer, for permission to send these notes for publication; to J. C. Colbeck, Esq., M.B., B.S., Pathologist, Downe, Farnborough, and to Major K. E. Hughes, R.A.M.C., D.A.D.P., for their interest and investigations in the case.

A SUGGESTED METHOD OF OBTAINING PERSONAL PROTECTION IN THE FIELD.

By Major H. TEMKIN.
Royal Army Medical Corps.

In the recent campaign in Flanders one saw a number of casualties who were suffering from wounds caused by the penetration of missiles through the back, and sustained whilst the soldier was seeking protection by lying in the prone position on his stomach. The problem arises as to whether this position is the one which offers most protection to the individual from shrapnel, falling bomb fragments or machine gun bullets from aircraft.

The following is a method of obtaining protection which I consider offers the important organs of the body more cover than is obtained from lying in the prone position.

The person lies on one side with the body well flexed. The top knee is bent well up to the abdomen. The arm which is uppermost is placed so that the upper arm lies along the side of the body. The hand is placed to give protection to the lower part of the neck whilst the lower arm and hand are
brought round to cover any exposed portion of the face and neck. The face and upper shoulder are turned somewhat towards the ground.

The advantages claimed are:

(1) That from above there is not the whole of the back of the thorax, liver, spleen, spinal column, etc., exposed to falling fragments or bullets, but only the side of the body, and that is protected by the arm, which would be sufficient to prevent the entry to vital organs of many such missiles even when approaching with a high velocity.

(2) Effects of blast would be reduced, as only the side of the body is on the ground and mostly resting on the lower shoulder, iliac bone and lower leg. In the prone position the abdomen is in close contact with the ground.

(3) If lying in the trench the person occupies less length and, therefore, more people can be accommodated therein.

(4) As seen in the photographs the uppermost portion of the body, when in this position, is not appreciably higher than when a person adopts the prone position, and the individuals can be taught in a very few minutes to take up this position in as short a time as it takes to adopt the prone one.

The stick is placed horizontally across the highest part of the body in each case. In the photograph of the suggested new position, the right elbow should be somewhat further back and the hands should not overlap.

A CASE OF DOUBLE INTUSSUSCEPTION OF THE SMALL GUT.

By Lieutenant-Colonel J. C. Anderson,
Royal Army Medical Corps.

The following case is worthy of record.

The child was a healthy plump male of 18 months. On October 31, at 8 a.m., he fell and bumped his head. After this he ate a good breakfast. At 10 a.m. he vomited copiously and a doctor was consulted. Abdominal pain was not suspected by either the child’s mother or the doctor, and the vomiting was attributed to the recent head injury by both. Unfortunately, the mother was in the process of changing her residence, so the doctor advised her to seek fresh advice in her new quarters.

On November 1 a second doctor saw the child, who was vomiting inter-