

(4) Despite the long duration of the intussusception the bowel was viable, apart from a tiny leakage.

In view of the viability of the bowel a longer time might have been spent in getting the child into better condition for operation. I have experienced this before. A baby with a three-day-old intussusception proved at operation to have viable gut but the child died soon after the operation as a result of shock. I believe that when we are called upon to deal with a late case of intussusception we are justified in delaying operation until the child's general condition has improved by warmth and the administration of fluid. If the bowel is gangrenous the child has little chance of recovery; if the bowel is viable hasty action may endanger the child's chances of recovery from the operation.

DESCRIPTION OF THE "SLING SEAT."

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REALIZING the great need for a form of stretcher more suitable for certain wounded cases, also appreciating, through personal experience, the very tiring and often difficult task of carrying wounded by hand seats I have designed this new device for use in the proper circumstances (sitting cases).

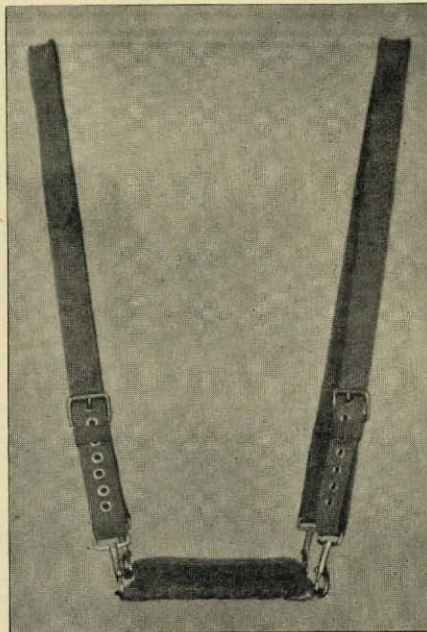


FIG. 1.—The "Sling Seat."

I have called this device a "Sling Seat," as it consists of a small padded seat, size about 10 by 12 inches, suspended by two strong web slings, the latter fitted with buckles to allow adjustment of the length of the slings. These web slings fit over the shoulders of two bearers and when ready for use appear as a small seat suspended between the two bearers. The foundation of the small seat is made of a wire frame filled in with a grille of smaller wire, one inch spaces. All is then padded and covered with heavy duck. Four loops are provided in the frame to attach the ends of the slings which are equipped with snap hooks.

Position No. 1 is described as follows: The two bearers will face and walk in the same direction. The wounded man will be placed on the seat



FIG. 2.—Position No. 1, loaded.

between them and will recline slightly backward, being supported by the crossed arms of the bearers. This position permits both bearers to see the ground in front of them and avoid stumbling.

Position No. 2.—This might be termed the "Trench Position." The wounded man will be placed astride the seat, as on a saddle, and the bearers, with the slings over their shoulders, will turn as in file. The front bearer will grasp and support the wounded man's legs during carriage, while the rear bearer will steady and support the body. In this position a squad can negotiate a trench, get around traverses or climb stairs without difficulty.

Position No. 3.—This is the method by which a wounded man can be carried in a horizontal position, by loading as for No. 1 position; the bearers will then support the head, shoulders and legs, with their outstretched arms. A large proportion of the weight will be taken by the small seat.

May I here point out some of the advantages of the "Sling Seat":

The small size and weight makes it easily carried by the bearers and it requires little space in other forms of transportation.

In trench work it can be carried around traverses without exposing the wounded man.



FIG. 3.—Position No. 2, loaded.

In field work both bearers can walk straight to their front instead of moving by side steps as is the case when using handseats.

This device is especially suitable for carrying patients, if they may sit up, up or down stairs in military hospitals.

Suggestions for training personnel in the use of this "Sling Seat," the method of loading and unloading, etc., will be gladly furnished if required.

To contribute anything towards the splendid efficiency of the Royal Army Medical Corps is an honour that has long appealed to me and for this reason I make this feeble effort.