primary treatment—a rare occurrence in Army medicine. Cases requiring special treatment are sent to the British Centres, e.g. Facio-Maxillary, Plastic, etc.

Many dramatic stories could be told. A German airman, shot down into the sea off Malta, was rescued by a British Destroyer. He was admitted to Hospital on the Island with G.S.W. abdomen. Eight tears of the small bowel were sutured, one a rent involving three-quarters of the circumference of the gut. He arrived here practically convalescent within a month of his wounding.

Less dramatic but more significant is the record of the Medical Division in the early weeks.

The total number of medical admissions during the eight months period was 1,850. These included 770 dysentery, 95 enteric group, and 70 cases of pellagra and other deficiency diseases.

The dysenteries and typhoids constituted a serious problem in November and December. During these months 276 cases of chronic bacillary dysentery were admitted. Many had had chronic diarrhoea for several months in the German forward areas. Some had protein deficiency oedema, their serum protein levels being subnormal. Four dysentery cases died. The spectacle these cases presented was even worse than the severe battle casualties—men reduced to scarecrows because their medical services had failed to cope with the dysentery problem. The high incidence of pellagra was the result of failure of absorption due to prolonged diarrhoea.

In addition to the deaths from dysentery there have been on the medical side eight others, five being due to typhoid.

The German Medical Officers deserve well of their country. Their attitude has been courteous and correct and co-operation in medical matters has been cordial.

The Geneva Convention is the sole surviving plank of international morality. Across it some day a bridgehead to normal relations may be established. This article has been written to confirm that on the British side it has been sustained and observed in the letter and the spirit.

STRETCHER PHYSICAL TRAINING.

By Captain G. J. G. Keys,
Royal Army Medical Corps.

STRETCHER Physical Training is designed to develop the muscles used in carrying wounded men and in the equally arduous task of loading and unloading ambulances.

The most strenuous physical work in a Field Ambulance still devolves upon the stretcher-bearer and it was with a view to increasing the endurance of stretcher-bearers and lengthening the time that they could work without undue fatigue that this series of exercises was evolved.

ADVANTAGES.

(1) No equipment needed except that carried by the unit.
(2) Any piece of ground large enough to contain the squad is suitable.
(3) Can easily be performed in ordinary working clothes.
(4) Physical Training is applied to the actual work men will be called upon to do

GENERAL PRINCIPLE.

Each exercise is designed to develop muscles used in a particular act of carrying or lifting. Each exercise is followed by a stretching exercise as a counteraction to the weight-lifting.

I would like to express my thanks to Staff Serjeant Sale, R.A.M.C. for his assistance in arranging this series of exercises and to Private Chinn, R.A.M.C., for his drawings in the original.
To prepare squad for Stretcher Physical Training:

"Tallest on the right, shortest on the left, in single rank—fall in!"
(While sizing, ensure that short, strong men are placed above those who are slightly taller but obviously not so muscular.)

"In threes—number." "Right turn." "Ones to front rank; twos to centre rank; threes to rear rank. No. 1 stand fast, remainder—Quick march."

"Squad—Left Turn."

"Ones and threes—fetch stretchers—Move."

Nos. 1 and 3 double to stretchers, bring them back, and place them on left of their No. 2. Then fall in on right of their stretcher.

Exercise I.

1st "patient" is No. 2, who lies on the stretcher with feet towards front.

Lift stretcher and lower stretcher six times.

On the command "Change," stretcher is lowered to the ground and Nos. 1 and 2 change places, No. 1, the new "patient," having his head towards the front. This ensures that No. 3 does not lift the heavy end of the patient twice running.

When No. 3 lies on the stretcher he places his feet to the front.

This goes for all the exercises.

Stretching Exercise.—Arms flinging. Rest easy.

Exercise II.

Raise and lower stretcher six times, keeping legs stiff.—Change—Six times—Change—Six times—Rest easy.
**Stretching Exercise.**—Touch ground behind heels.—Up and stretch well back.—Rest Easy.

**Exercise III.**

Carry on as in Exercise I.

**Stretching Exercise.**—Arms swinging forward, backwards and over. Swing arms loosely.—Rest Easy.

**Exercise IV.**

Knees kept closer together than in ordinary “full knees bend.”
**Clinical and Other Notes**

**POSITION**

**EXERCISE**

*Stretching Exercise.*—High kicking. Right hand and left foot and vice versa.—Rest Easy.

**EXERCISE V.**

The same as Exercise II, except that lifters stand with their backs to the stretcher.

*Stretching Exercise.*—Feet apart. Hips firm. Trunk backwards bending.

**EXERCISE VI.**

The same as Exercise IV, except that lifters have their backs towards the stretcher.

*Stretching Exercise.*—This must not be a stiff "touch toes." The trunk and arms must flop down loosely; fingers curled up; legs straight.

*Note.*—Exercises V and VI should be omitted until troops have had at least seven days on this series.

After Exercise VI, positions are changed for the final exercise. All move up towards the right of the squad until there are 3 men on the right and 2 on the left of each stretcher.
No. 3 is the first patient, followed by Nos. 1, 2, 4 and 5 in that order. In this exercise five lifts should be done between each change-over. Rest easy.

STRETCHER Hurdles.

The stretchers are put out in two rows, standing on their sides as hurdles. The front rank of each team goes to one end of the line and the rear rank to the other. A relay race, is run.

Repeat with both teams at the same end. Runners go down the line, touch some object, such as a fence and come back to the waiting member of the team. (Those who have run should move down the line of stretchers, ready to prop up any which are knocked over.)

The above complete schedule of exercises should be carried through in forty-five minutes by a well-trained squad.

ON THE VIABILITY AND TRANSMISSION OF DYSENTERY BACILLI BY FLIES IN NORTH AFRICA.

BY MAJOR W. STEWART,
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DYSENTERY has now been recognized for centuries as one of the major problems of armies in the field and British Armies in Mediterranean regions have suffered considerably from this bacterial infection in the past. With the advent of the warm weather in North Africa the fly-scourge appeared and was followed soon by cases of acute bacillary dysentery. It appeared that it would be interesting to make a few observations on flies in relation to dysentery in Algeria and particularly after carriers of dysentery bacilli had been found among the native population. The outlook and gravity of bacillary dysentery has, of course, been much altered with the use of the newer sulphonamides but, nevertheless, it still remains an important problem. The few days following the successful treatment constitute a period of very considerably reduced physical efficiency although the source of the toxæmia may have been wiped out in the early stage.

Sanitation and customs generally in North Africa are conducive to the spread of disease by flies and the multitudinous other insects. It is quite a common custom for the inhabitants to defæcate and urinate on any site, sheltered or otherwise. Deposits of faecal matter may