the journey but may be cancelled at the last minute if necessary. The only exceptions are the Canadians. The same arrangements are made but their own ambulances arrive to take them to Canadian Hospitals. R.A.M.C. stretcher bearers prepare them and load the Ambulances.

The work attached to the despatch of a convoy is very heavy indeed—260 of these 302 patients are to be evacuated. The time is announced, R.A.M.C. personnel draw stretchers and blankets which are distributed to the wards which house the patients, each patient is prepared, put on to the stretcher and carried out to the ambulance. As many inter-ward transfers have taken place since the arrival of the convoy and many patients are in the villas some 500 yards away, collecting the men is a difficult business.

Those patients who are unfit for evacuation remain in hospital and are likely to become our ordinary patients. The ordinary admission procedure is executed. While the men are "Transit patients" they are not allowed to tell their relatives where they are, mainly for fear of unnecessary journeys being undertaken by relatives who may arrive at the hospital only to find that "Bill" has gone away that morning. Once the patient is admitted though, he may tell anyone he likes where he is and relatives can come in comfort and are welcomed by all concerned.

Prisoners of War receive practically the same treatment. Documentation in respect of the Prisoners of War is very technical and for this work the interpreter is invaluable. As a precautionary measure they are guarded, but their contented smiles give one the impression that the idea of escape is far away. Be that as it may, it is seen that no opportunity occurs.

It can be plainly seen that the work is continuous. It may be that two convoys are received and two evacuations dealt with in twenty-four hours—but no one minds, the same amount of energy and interest is given to each.

And so it goes on—the washed, shaven and smiling faces of the outgoing patients denote a great difference from their state on admission. The happy demeanour of the patients shows that they are deeply conscious that no effort is spared to make the fleeting visit as happy and comfortable as possible. Many try to express their gratitude for what has been done on their behalf but all concerned consider it a great privilege to welcome them and to God speed them on their way.

It is sufficient for us that they should have a swift recovery to full health and spirits.

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AN IMPROVISED HÆMOCYTOmeter COVERSliP.

By Corporal Ernest Rayson,
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A thick, heavy, glass coverslip is an essential component part of any haemocytometer counting chamber. Its chief merit is that its weight will overcome the surface-tension of the drop of fluid beneath it and allow it to rest evenly on the chamber supports. An ordinary thin glass coverslip, being light, floats on the fluid, giving a false depth to the "counting chamber," varying the volume of the fluid and thus producing inaccurate counts.

Thick glass haemocytometer coverslips are notoriously easily broken and, in these times, not easily replaced, particularly on field service. An improvised useful substitute is suggested which is obviously simple but adequately efficient and can be devised in any laboratory.

Two, three or four (according to thickness) thin glass coverslips, as ordinarily used for microscopic work, three-quarters inch square, are cemented together with Canada balsam and dried in an incubator. Together they are sufficiently heavy to rest evenly on the counting chamber above the fluid. The cement is clear and, moreover, renders the improvised haemocytometer coverslip less easily broken.