

All the cases responded either to simple saline or to castor oil treatment and were fit for duty in the course of two or three days.

THE EVACUATION OF SERIOUS CASES IN MOUNTAIN WARFARE.

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THE subject taken up by me is entitled "The Evacuation of Serious Cases in Mountain Warfare."

This is in my opinion an important one, more so, as up to the present time no ideal methods exist for the evacuation of sick under conditions such as mountain warfare, methods that would render the journey of patients to the base hospitals more comfortable. It is with this end in view that I introduce the subject before this meeting of medical men to-night whose experience and discussion on the various points involved must be appreciated.

It is some time since the armies in India have taken the field on the frontiers of India, and it is for this reason I believe that we have not yet devised a more perfect means of transport for sick and wounded which would minimise the sufferings of the more serious cases.

In the recent operations we have utilized kajawas and stretchers carried on the shoulders, and it is with regard to the former that I now will deal.

The kajawas for lying cases in these operations have worked satisfactorily, in spite of complaints having been made that they shook the patients and thus caused them a good deal of suffering; but while we realise the inconveniences of the kajawa we must not overlook the fact that the transporting of seriously ill and severely wounded patients even in motor ambulances with good springs, and on fairly smooth roads, also causes some amount of suffering; so that the difficulty of moving cases in a mountainous country such as this, where no roads but merely pathways exist, can be readily understood.

After fully considering the whole question and with past experience I am of opinion that the only means at our command at present, at any rate, for conveying such cases in these parts are by (1) stretchers carried on the shoulders by kahars, (2) camel kajawas (lying-down).

The former are obviously more comfortable than the latter, but all serious cases during evacuation cannot be sent on stretchers, as such a procedure would necessitate the maintenance of a large army of bearers requiring tents, rations, transport, etc., at the front, which would greatly impede the movements of a force in the field. Hence the desirability of seeking for some other methods of transport for the moderately

severe cases; and in these operations this has been found in the lying-down camel kajawas.

Although these kajawas have worked fairly satisfactorily so far as the experience of the ambulance in the 43rd Brigade is concerned, they are admittedly far from perfect. They are of a bad pattern to begin with, with a number of loose parts which are liable to be lost, and lastly they are very indifferently turned out. With a view of minimising the inconvenience and rendering the journey more comfortable, I would suggest, firstly, that the kajawa should not be rigidly fixed to its pair, the reason for this being that with every movement of the camel a jerk on one side is transmitted to the other; each kajawa should be separate and slung over the saddle with ropes or straps. Secondly, they should be so constructed that they can be used both for lying and sitting cases. For sitting cases, I think, this can easily be done by the simple method of having either of the outer thirds of the bed fitted on as a separate piece, to slide freely in and out, this sliding piece when removed being used as a "Back Rest," and the opening in the bed thus formed being used for the patient's legs when in the sitting posture, a strap from below looped over from one side to the other being used as a support for his feet.

Lastly, the kajawas might be advantageously fitted with better coverings for protection from the sun and rain, and this can be done by fitting on small iron rods one at each corner of the bed (the rods being worked telescopically into the angle of the bed), and over these rods strong green canvas similar to that used in the covering of doolies should be securely fitted.

So much, gentlemen, for the kajawas.

Finally we come to the stretchers. Of these there is not much to say, except that they have done very well, the only one fault in them being that the side-pieces which the bearers place on to their shoulders should be somewhat longer and thicker.

THE PROPHYLAXIS OF MALARIA.

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ONE five-grain fresh tablet of quinine sulphate taken daily at 5 P.M. prevents malarial attacks.

That this apparently dogmatic statement is true was conclusively proved by the complete escape of three officers who independently of one another took five grains of quinine every evening during three months of the rainy malarious season in the swampy area drained by the river Rufiji in East Africa—one of the worst malarious districts in the world. As far as is known, after extensive inquiries, every other White man, all