

for counting and identification of the catch and for killing the hordes of insects which have been caught.

Annual catches have been about 15,000 to 18,000 insects, of which in Bannu a definite majority are anophelines.

The barrack room orderly puts back the men's blankets on to each bed and opens up the clerestory windows. The smell of fumigation soon disappears.

The windows used for trapping should face away from the sun and away from the prevailing wind. All the rooms in one block can be done at one time. The method becomes pure routine for the occupants, the barrack orderly and the anti-malaria personnel.

*A Battery of Traps in the Cavalry Barracks* (fig. 5).—The north aspect of the barrack block with traps in action on each room is shown in this figure.

My thanks are due to Captain J. W. A. McIver, R.A.M.C., the anti-malaria officer, Bannu, and to the anti-malaria staff who carried out the demonstration.

## A NEW LORRY-FITTING FOR STRETCHERS.

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AND

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WHEN a mechanized brigade operates over a wide front, distances will inevitably be long and the mechanized field ambulance is likely to be dependent on all its transport for the removal of casualties.

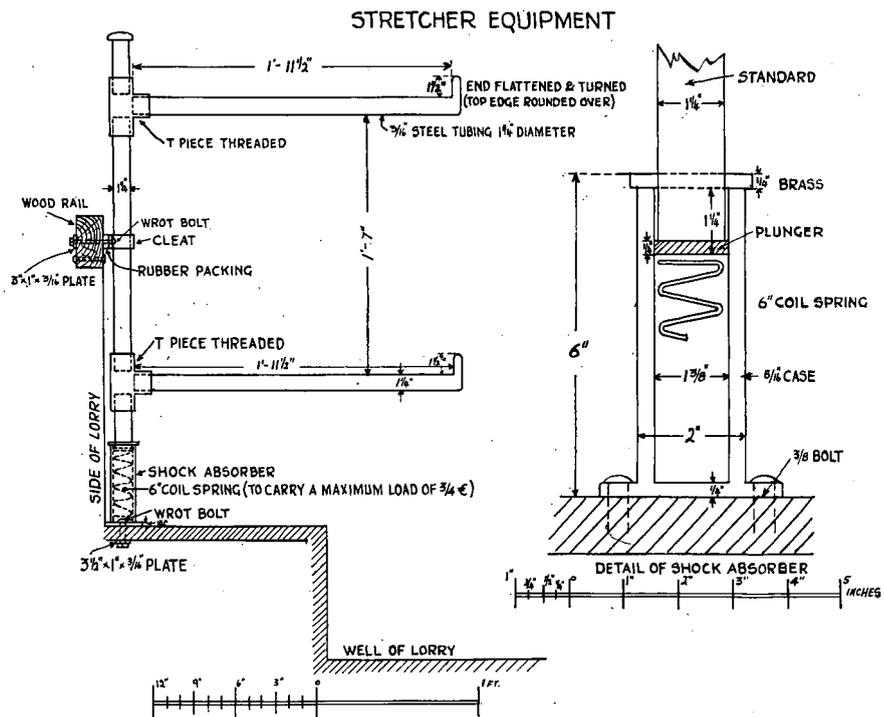
To meet this problem the obvious solution appears to be the provision of a conversion set for each lorry. For a mechanized field ambulance this would bring the total stretcher carrying capacity up to 104, as against 32 at present.

There is no provision for a lorry conversion set in the British Army, and we have devised and had a set made which embodies the following advantages: (i) The utmost possible riding comfort; (ii) easy loading and unloading; (iii) it is instantly available for use; and (iv) it is "foolproof," strong and a permanent fixture with nothing to get lost.

The equipment consists of tubular steel uprights from which protrude two steel supporting arms. The uprights are supported on spring shock absorbers. When not in use the supporting arms are flush along the side of the lorry and held with spring clips. The steel uprights are held in position to the side of the lorry by iron cleats which are mounted on rubber shock absorbers. To bring into action the supporting arms are pulled out at right angles to the side of the lorry and when in this position a stud in

the upright falls into a slot in the cleat to keep the arms rigid. The stretchers are then placed on the supporting arms; the runners on the stretchers and the flanges on the supporting arms prevent the stretchers sliding off. (See diagrams).

We had this equipment fitted to a lorry and gave it an exhaustive trial over rough country—the results were even better than we had hoped for; the riding was surprisingly comfortable, due to the fact that the stretchers are sprung independently of the lorry springs, and so all road shocks are reduced to a minimum. Indeed, our own impressions were that riding was much more comfortable than that provided in the Service motor ambulance!



A lorry fitted with this apparatus would make an excellent travelling dressing station for use under conditions such as are envisaged in R.A.M.C. Training, 1935, para 362. Lighting for this could easily be obtained by a lamp of the "Magnalite" pattern plugged into the dash-board of the lorry. A small Magnalite lamp has been tried out for this purpose and found satisfactory.

It is suggested also that this conversion set would be most useful for converting river steamers and barges into improvised ambulance vessels, and railway rolling stock into improvised ambulance trains.

A lorry can be equipped with the apparatus to carry four lying cases at

a cost of £5 10s.: no modification to the body of the lorry is necessary, and the equipment can be fitted by any carpenter or fitter in half an hour. The apparatus in no way interferes with the normal loading of the lorry.

In our opinion the equipment should be adopted as a standard fitting for the lorries of all medical units.

We wish to thank Colonel R. M. Dickson, O.B.E., Director of Training, Field Ambulance Training Camp, Swingate, Dover, for permission to forward this article for publication.

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## Echoes of the Past.

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### WAR EXPERIENCES OF A TERRITORIAL MEDICAL OFFICER.

BY MAJOR-GENERAL SIR RICHARD LUCE, K.C.M.G., C.B., M.B., F.R.C.S.

(Continued from p. 277.)

#### CHAPTER XIV.—EAST FORCE.

EAST Force Headquarters was at this time established in a group of small camps close to the village of Deir el Belah and only about five hundred yards from the sea. The Force though not formally recognized as an independent Army unit was practically run as such and the Commander flew the red and blue flag of an Army Commander. As the Commander-in-Chief, Sir Archibald Murray, had his Headquarters at Cairo, Sir Philip Chetwode was responsible for all the troops East of the Canal except those on the lines of communication.

Desert Column, consisting of the two Mounted Divisions and the Imperial Camel Corps with one of the Infantry Divisions attached, was practically an independent subordinate command with much the status of an Army Corps. The Commander flew the red and white flag of a Corps Commander. All correspondence between Desert Column and General Headquarters in Cairo passed through East Force Headquarters. The medical staff of the force consisted of a D.D.M.S. (Deputy Director of Medical Services) with an A.D.M.S. as his assistant and sanitary officer, a medical officer especially devoted to water supplies and a headquarters medical officer who had charge of all Headquarters personnel. The medical staff was not very comfortable as it was pitched on dusty ground close to a road on which there was much traffic and worse than anything it was within a few yards of the Headquarters motor garage. Cars were coming in or going out all day and all night long and we were so constantly subjected to the noises of engine testing that it was often difficult to carry on a conversation. It was, however, an agreeable change to live once more