A SHOCKLESS HORSE-LITTER FOR TRANSPORTATION OF THE WOUNDED

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The horse-litter shown in the illustration is intended to be utilized in case of war and in territory in which it is not possible to use an ambulance on account of rocky or uneven ground. It was designed and built by me for the Red Cross. Advantage has been taken of the old method of overcoming

Shockless horse-litter, and ready-made splint.

gravity, utilized largely in country districts, in carrying two pails of water on a hoop, the stretchers in the present instance being conveyed in a similar manner.

The contrivance can be made very readily by the regimental farrier from equipment carried for other purposes with the army, and may be attached to any pack-saddle. The salient points in connection with the invention are:

1. Relief from shock and jar ordinarily experienced by wounded persons placed on horseback.
2. Economy in construction and in the use of animals for transportation of the wounded and disabled.

DESCRIPTION

A. Heavy iron springs resilient at pressure-weight of 175 pounds placed on each side of the back of animal, and attached to top of framework of saddle by a steel bar.

B. Canvas straps attached to iron triangle, and ends of stretcher handles.

C. Brace-straps running at right angles from outside stirrup or iron leg of each stretcher to its inner distal mate on other side of horse, and secured by a half hitch to cinch under belly of animal to prevent abnormal movement, or swing.

D. Carter's pin that releases or breaks sectional half of frame iron rod to permit easy loading and unloading of stretchers from sides of horse, the stretcher bearers on reaching camp simply placing themselves at the head and foot of litter, and with an upward movement the stretcher with contained body is unhooked from strap hook on triangle (*E*).

At side of model shown is a ready-made splint for utilization when limbs are fractured, or need immobilization, and the carrier is without splints. The wounded soldier's coat is removed, folded and placed beneath his leg, and lateral rolls (*FF*) made to come in contact with outer and inner aspect of leg. The soldiers' bayonet-knife (*G*) and sheath (*G*) are then placed on each side of coat-roll, and his belt or suspenders (*H*) are finally removed and made to serve as laces over side of stretcher, and through slits made in canvas cover of stretcher with a knife; or eyelets can be previously placed in position in the stretchers for utilization in such emergencies.

A NEW PERINEAL BOARD FOR USE IN PERINEAL PROSTATECTOMIES AND GENITO-URINARY AND RECTAL SURGERY

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An exaggerated dorsal position to obtain correct exposure of the perineal structures is insisted on by Young, who is the chief exponent of perineal prostatectomy in this country; but it is the one factor which has seemed to me to have been

neglected by many men attempting the perineal operation. Usually the elevation of the hips has been effected by means of a sand bag and flexion of the thighs on the trunk produced by the uprights and foot-stirrups of the ordinary operating table.

Such makeshift exposure complicates the operation to such an extent that very few of the structures can be seen, many operators depending on their fingers and not on their eyes to locate the structures in the perineum. In one clinic I saw a prostate removed with the patient in the usual lithotomy position with little or no elevation of the hips, the legs supported by the ordinary uprights and stirrups of the operating table. With poor exposure damage is done to perineal tissues, the rectum is poorly retracted and often torn and the bladder seriously damaged. The popularity of the suprapubic operation with many men is probably due to inability to obtain proper exposure. Without it the perineal operation is often a bunglesome one; but with the exaggerated dorsal position, the Young operation is the ideal one, except in selected cases, provided the Young technic is closely followed.

Young uses the Halsted perineal board which consists of a flat board carrying shoulder pieces and wooden uprights for supporting the legs. A block underneath the board elevates the hips. With the idea of gaining an ideal exposure, comfort for the patient and simplicity of use it seemed to me that a board could be constructed differing materially from the Halsted board.

Fig. 1.—*A*, board, which may be placed on any table; 1, holes for receiving pegs on *B*; 2, shoulder supports; 3, curving of board to accommodate the fit of shoulder pieces. *B*, hip support for elevating perineum; 1, holes for receiving leg support; 2, leg support; 3, 4, grooves to fit curves in back and buttocks and to allow instruments, etc., to hang without coming into contact with table.

The device consists of two separate pieces, *A* and *B*, the parts of which are explained in the legend to Figure 1. Board *A* is 3 feet 8 inches long, the length from the head to the knee-break of an ordinary operating table. The patient is anesthetized. Then the hip support (*B*) is shoved underneath the back and fixed by underlying pegs to holes in the board 1, *A*. As soon as the buttocks are brought to the edge

of the hip support and the legs wrapped around the leg supports the shoulder pieces are locked so that the patient is held in the position desired. The uprights for the legs can be moved backward and forward according to the length of the patient's legs. Flexion at the knees under anesthesia is enough to keep the legs supported by the leg supports. Rarely is it necessary to wrap anything around the legs to hold them. With this device the perineum can be elevated to any position and an exaggerated dorsal position easily obtained.

In the cases in which this device has been used the advantages which have been noted are, (1) convenience of use with

Fig. 2.—Lateral view with leg supports.

any table; (2) ease of manipulation, and (3) perfect exposure.

Proper exposure and strict adherence to the technic as advocated by Young make prostatectomy through the perineal route an ideal operation for enucleating enlarged

Fig. 3.—The hips are elevated, the back is bowed, the perineum is exposed and the patient fixed in this position.

prostates and for attacking malignancy in the prostatic gland. The feasibility of using the same device for other operations around the perineum and rectum is self-evident.

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Gun-Deafness.—During the Russo-Japanese war, among the 1,791 men who were wounded in the naval engagements there were 116 cases of concussion of the labyrinth and rupture and congestion of the tympanic membrane. The injuries are due to the sudden condensation or rarefaction of the error in the external auditory meatus.—Horne, *Lancet*.

Therapeutics

PREVENTION IS GREATER THAN CURE

(Continued from page 1393)

V

PREVENTION OF CONTAGION

Before disease can be prevented its source and its method of transmission must be known. This is too large a subject to treat here, but a brief summary of our present knowledge and of the objects aimed at will be of interest.

To the greater part of the United States, cholera, yellow fever, bubonic plague, some so-called malarial fevers, some dysenteries, and some other diseases, are practically foreign. The cholera bacillus reaches us in ships, and quarantine and governmental control takes this dread disease out of the hands of the individual practitioner. Suffice it to say that stool and urine disinfection, screening against flies, and boiling and using superheated plates and eating utensils, a supply of clean drinking-water and eating with clean hands are the key notes to the prevention of the infection of others. The prevention of dysentery and typhoid fever, both due to known germs, is not dissimilar. Yellow fever infects us by means of contaminated mosquitoes; hence, every case is a menace unless absolutely screened from these insects. The same is true of malarial fever. Bubonic plague is dispersed by the bite of fleas from infected rats. Governmental control of this disease when it entered San Francisco rapidly eradicated it by destroying the infected rats.

Typhus fever is spread by infected body-lice and at times by head-lice. Brill's disease is a form of typhus. The necessity of scrubbing and absolutely cleaning all places of close confinement and all individuals who are confined or about to be confined therein is self-evident.

It has long been known that certain diseases are contagious and transmitted from person to person, but it is only within recent years that the actual germs of disease have been discovered, and still more recently that in some instances the exact method of infection has been discovered. Formerly the contagious element was supposed to be carried in clothing, baggage, money, rags, etc., and to cause the disease when the innocent individual came in contact with such infected materials. In the case of scarlet fever it has until recently been believed that the desquamating skin, the epidermal scales, carried the infection. It has now been pretty thoroughly demonstrated that such is not the fact, that the infection of scarlet fever comes from discharges and secretions of the mucous membranes of the nose and throat and from ears that are suppurating from this disease.

It has been long known that the eruption of measles does not carry the contagion, but that the contagion is transmitted by means of the nose and throat secretions.

Theoretically, dirty money, especially paper currency, handled by all kinds of people and by people suffering from or in close contact with contagious diseases, should transmit disease; but it has not been found to do so. Bank men and treasury department men who handle large amounts of gold and dirty money do not contract disease. This does not excuse the disgusting practice of putting coins in the mouth,