patients with abdominal or chest wounds, etc., could be first aided for transport through narrow doors, along narrow trenches, through windows, up or down ladders and in many places where it would be impossible to use a stretcher in the orthodox way.

I am indebted to Major J. Howell, R.A.M.C., for the photograph.

REFERENCES.


A SIMPLE METHOD FOR THE CONVERSION OF 3-TON AND 30-CWT. LORRIES FOR CARRYING STRETCHERS.

BY LIEUTENANT-COLONEL A. L. CROCKFORD, M.C.,
Royal Army Medical Corps.

I.—FITTING THE LORRY.

A. Eight lengths of two-inch manilla rope are hung from the iron framework carrying the hood, four each side, to hold the four handles of two stretchers. Each length is spliced with a loop at both ends; one is for the stretcher handle and the other to encircle the bar of the framework and so prevent removal. Total length of each piece with the two loops—21 inches. Total length required per lorry—36 feet.

B. To prevent side sway four lengths of one-inch rope are used, one for each end of the two stretchers. These are spliced with a loop round the two outer longitudinal bars of the hood frame; the free end has a slip noose made with a small wooden toggle. This is passed over and under the inner handle through the inner runner and the noose looped over the outer handle. The noose is then tightened with the toggle. The stretcher is thus firmly laced into the side. Total length required per lorry—30 feet.

II.—LOADING AND UNLOADING.

A. 3-ton lorry—the stretcher is placed on the floor of the lorry, Nos. 1 and 2 getting into the lorry first. Nos. 3 and 4 then follow; the patient is lifted up and the loops slipped on the stretcher handles. The side ropes are then made fast. Unloading is merely a reverse of this procedure.

B. 30-cwt. lorry—here owing to lack of length of the floor of the lorry the driver should fix the tail board horizontal to the ground when the stretcher and squad are inside. This allows Nos. 3 and 4 room to step back when raising the stretcher.

III.—GENERAL POINTS.

This is a simple, cheap, and effective method of carrying two stretchers, leaving the floor free for sitting cases or two more stretchers. The slight degree of freedom of fore and aft movement adds much to the comfort of
the patient. It was devised only for emergency work over short distances. The ropes are all spliced in so they cannot be easily removed; at the same time they in no way interfere with the ordinary use of the lorry.

THE McCUSKER TRACTION FOOTPIECE AND SUPPORT FOR USE WITH THE THOMAS' LEG SPLINT.

By Colonel E. A. McCusker, M.C.,
A.D.M.S. 1st Canadian Division.


As described in the following note the traction footpiece and support for use with the Thomas' knee splint in first-aid work and transport of lower limb fractures has been devised by Colonel E. A. McCusker, M.C., A.D.M.S. 1st Canadian Division. By eliminating several loose pieces of equipment, simplifying the application, and enabling the patient and splint to be moved as one unit, it is hoped that a very definite improvement will have been made.

The footpiece is being tried out practically and if it turns out to be satisfactory will be adopted for use.

For some time it has been evident to the writer that a simpler method of applying the Thomas' splint must be devised in order to obtain the maximum benefit from its use.

Listed below are difficulties encountered in the ordinary method of application:

(a) Many bandages are required to make a trough in which to support the fractured leg. These require adjusting which is difficult in the dark, and they require so much handling that cleanliness is impossible.

(b) The clove hitch presents difficulties to the inexperienced and interferes with circulation.

(c) The caliper is not satisfactory, nor is the skewer.

(d) A short piece of wood or metal must be carried for a windlass to obtain traction.

(e) The reversible stirrup (Sinclair) must be carried. It is not steady and a bandage must be used to anchor the foot to it.

(f) Suspension cannot be obtained until the patient is placed on the stretcher. The suspension bar is then put in place and bandages must be used to suspend and anchor the splint.

(g) The patient cannot be removed from stretcher without removing the suspension bar.

(h) The suspension bar interferes with placing stretcher cases in ambulances.

In addition to the above, this procedure is wasteful of time and material.