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.

FOREWORD BY COLONEL J. M. WEDDELL, F.R.C.S., K.H.S., Consulting Surgeon.

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.
THE MCCUSKER TRACTION FOOT-PIECE AND SUPPORT
FOR USE WITH THE
THOMAS SPLINT

CLAMP (SPRING STEEL)

FIXATION ROPES TO PREVENT LATERAL ROTATION

STOCKINET

TRACTION ROPE OR STRAP
USED TO HOLD FOOT-PIECE IN POSITION FOR TRANSPORTATION
To simplify this technique it is suggested that:

(a) A stockinet be slipped over the Thomas' splint to form the supporting trough. This can be sterilized and carried in the waterproof case attached to the splint. It requires little handling and can be put on in the dark. It can be washed several times and decontaminated if exposed to gas. It is inexpensive. (If surgical stockinet is not available the leg of a pair of under pants serves admirably.)

(b) The combined traction footpiece and support which can now be slipped on takes the place of all other equipment in that:

1. The spring instep clamp which grasps the waist of the shoe just anterior to the heel passes through the oval aperture in the centre of the footplate. The toe is fixed to prevent lateral rotation.
2. Traction is obtained and maintained by a rope or strap from the spring instep clamp to the notch in the end of the splint.
3. From the heel of the footplate a bar of light iron extends downward 2 inches then bends at right angles towards the body to rest on the ground, or on the stretcher, and takes the place of the suspension bar.
4. The patient can be moved readily to and from stretcher.
5. The toe piece extends high enough to carry weight of blankets.
6. The footplate is attached to a hinged crossbar which is turned at each end to fold around the parallel bars of the splint, on which it can slide to the desired position but which prevents any lateral or rotary movement. When not in use, the footpiece folds through 90° to lie parallel to the bars of the splint. It is tied in this position and cannot be lost.

Advantages are:

1. Simplicity, economy, lightness and mobility.
2. Highly trained personnel are not required for rapid and satisfactory application.

Current Literature.


This report compares the trends of quarterly mortality rates up to the end of June, 1940, from all causes of death and from diphtheria, measles, whooping-cough, and cerebrospinal fever in groups of the great towns classified as evacuation, neutral and reception areas. Notifications of the infectious diseases are similarly examined. In those towns which served as reception areas there was initially a relative rise in total mortality, due probably to the transfer of an undue proportion of infirm persons from the evacuation towns. Subsequently their position improved. During autumn