Stage 5.—Pass this end over and then under the right-angled loop formed under the anchoring fingers.

Stage 6.—Release the anchoring left hand and grasping both ends of the bandage pull downwards beyond the sole of the boot. These ends may now be fixed to the foot of the Thomas splint and a Spanish windlass applied in the same way as with the clove-hitch (fig. 4).

Fig. 4.

I lay no claim to originality in the formation of this "knot" as I am sure it must be a well-known one. I do, however, claim the following advantages over the clove-hitch:

1. Rapidity of formation—from start to finish, no more than ten to twenty seconds need be spent on it.
2. It abolishes any need for No. 2 bearer to release his grip at all until the ends are secured to the bottom of the splint, thus avoiding jarring of the fractured bone and resulting discomfort to the patient.
3. The length of material required for its formation is far less than the 9 feet recommended for the formation of the clove-hitch—the usual narrowfold bandage is sufficient.
4. It is far easier to perform in the dark than is the clove-hitch method.

A DEVICE FOR RAISING INJURED LIMBS WHILST CASUALTIES ARE REMOVED ON STRETCHERS.

By Captain F. Gordon Cawston, M.D.Cantab., S.A.M.C. (Retired).

Although knowledge of useful pressure points to control haemorrhage is rightly demanded of first-aid candidates there would seem to have been too much prominence given to the use of tourniquets judging from the answers given by even the youngest pupils of first-aid.

In a limited experience of surgical procedure I have seldom encountered a case of severe haemorrhage which could not have been adequately controlled without a tourniquet and on two occasions of amputation was surprised to find that a tourniquet I had in readiness was not required.
Clinical and other Notes

If undue swelling of a limb to which a tourniquet has been applied is to be avoided, that limb must be raised and kept cool. Excessive use of lint may obscure the amount of bleeding which is taking place under bandages whilst undue warmth and swelling is encouraged unless the limb is raised.

To obviate the necessity for pillows, which tend to get soiled and shift out-of-place, canvas cross-bands have been suggested for raising an injured limb whilst a casualty is being conveyed on a hand-stretcher, but some difficulty has been experienced in producing a device applicable to all types.

A serviceable arrangement for the usual two-inch by one and a half inch stretcher-rod is considered unsuitable for military stretchers in common use whilst some special adaption is required where the stretcher-rod are of metal, as used in the Far East and as seen at Ambulance Stations.

The accompanying illustration is that of a device for fitting to the side of a round stretcher-rod and holding the ends of canvas-bands for supporting especially a lower limb, tilting of the rods being controlled by a pair of straining straps passed below the canvas on which a casualty rests.

The canvas support need be only about a foot in breadth, its size being exaggerated in the diagram. The device may be applied to any portion of the stretcher-rod without injuring the canvas or weakening the structure.

REFERENCE