THE JERRICAN FLOATING STRETCHER.

[Received January 10, 1945.]

Lieutenant-Colonel J. D. Finlayson and Lieutenant P. R. Duncan, Royal Army Medical Corps, have devised a simple method of transporting a lying casualty across water. We regret that the limitations of space prevent our publishing their article in full. From the one illustration printed it will be seen that this is a sensibly simple and practical suggestion.

Fig. 1. General view.

The writers describe the method of use as follows:—

With a lying casualty on board, the bearers carry the floating stretcher into the water by the handles in the usual manner. A shallow bank is an advantage. A bearer who is wading or swimming can pull the raft across a water obstacle. At a recent demonstration to Medical Officers a rope was taken over by a swimmer, the floating stretcher attached, several casualties being then successfully transported in rapid succession. Guided by a strong swimmer, the raft may be floated downstream if the current be moderate. It is possible to construct this raft from the stretcher upon which the casualty has been brought to the water’s edge without removing him. The obstacle having been crossed, the floats may be removed, again without disturbing the wounded man. Pain is kept to a minimum and the additional shock produced by lifting on and off a raft is avoided. When making a floating stretcher while a casualty is in situ the foot end should be constructed first in order that the casualty may remain in the head-down position as far as possible.

HæMOTHORAX ASPIRATION BY BLOOD-TAKING APPARATUS.

By Lieutenant H. Müller,
Royal Army Medical Corps.

[Received August 2, 1944.]

In the treatment of thoracic injuries complicated by hæmorrhax, emphasis is rightly placed on early and complete aspiration of the pleural cavity; the operation may have to be repeated as blood and effusion may accumulate for a day or two after the first aspiration.

Under field conditions, and even in General Hospitals, the apparatus for the easy and rapid emptying of a large hæmorrhax may not be at hand. Using the largest syringe available (usually one of only 20 c.c. capacity) even when a ‘two-way’ tap is used, the procedure is slow and tedious and often painful and exhausting to an ill patient.
A simple and effective alternative apparatus has been found in the Army pattern "Blood Taking Apparatus" and bottle issued for collecting blood from donors.

The operation closely resembles that for taking blood from a vein. The skin over the selected intercostal space and a track down to the pleura are anaesthetized, the taking set and bottle assembled and the blood-taking needle inserted through the anaesthetized area into the pleural cavity. Suction is applied by means of a reversed Higginson syringe and the pleural contents flow freely into the blood bottle. The rate of flow is such that the operation is reasonably expeditious yet it is not so fast as to cause a dangerously rapid re-expansion of the underlying lung. The length of the needle is just right for most chests but it is possible that a longer needle may be required for an unusually thick chest wall.

This method of aspirating hæmothorax has been found eminently satisfactory in use in a Field Hospital.

My thanks are due to Colonel G. F. Allison, C.B.E., M.C., Commanding Officer of — General Hospital, for permission to forward this paper.

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AN IMPROVISED "BLANKET STRETCHER"

By Captain C. L. Kashyap,
Indian Medical Service.

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Several senior officers to whom the improvised stretcher described in this article was shown had not seen it before. It was therefore felt that this simple improvisation was not generally known and the writer was encouraged to prepare a description of it for publication.

It was devised for use as a "Hill Stretcher" during the Tunisian campaign and has been used again with success in Italy.

Material Required.

(i) One Army blanket.

(ii) Two strong poles, each about 7½ feet in length; bamboo poles are ideal. The jointed uprights of a 180 pounds tent may be used and make carriage easier as, instead of two long poles, only four short ones have to be carried.

Method.

(1) Spread the blanket on the ground. Lay one pole parallel to, and 45 inches away from, a long edge of the blanket. Place the second pole 18 inches from the first and parallel to it. The two poles divide the blanket into three portions: (a) 24 inches in breadth; (b) 18 inches in breadth; (c) varies from 10 to 12 inches according to the width of the blanket.

(2) Fold flap (a) over the poles and tuck the extra 6 inches of blanket under the second pole.

(3) Bring flap (c) over.

(4) Fold the blanket at either end of the stretcher back twice, including 4 inches of blanket in each fold. If the blanket is too long, more can be folded back to bring it to the correct length. The stretcher is now ready for use.

Advantages.

(i) Can be made quickly and easily. Every man in a battalion can be taught to make it.

(ii) The material required is readily available. Bamboo poles are the best, but tent poles, branches of trees, etc., serve as well.