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 haemothorax 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.

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.
(iii) Very light and easy to carry. A testimony to this fact has been its universal adoption by company stretcher bearers of two battalions in the Division. Total weight between 10 and 12 pounds (a new blanket weighs 6 to 7 pounds and an old one 4 to 5 pounds). Bamboo poles 7\frac{1}{2} feet long weigh (unless freshly cut, when the weight is greater) 2\frac{1}{2} pounds each. Weight of a standard G.S. stretcher is 26 pounds.

(iv) Can be carried in three parts by three men, making a very light load for each man, and is therefore specially suited for "Night Patrols" in difficult country.

(v) The patient lies securely in the stretcher, as his weight tends to bring the poles together. The rough surface of the blanket makes him less likely to slip when the stretcher is inclined than the smooth surface of a G.S. stretcher.

(vi) The patient can be transferred to a G.S. stretcher with the minimum of disturbance by placing the "Blanket Stretcher" over the G.S. stretcher and withdrawing the poles. The patient now lies on a G.S. stretcher with two layers of blankets underneath him. When another blanket has been placed over him, he is ready for loading into the ambulance car.

I should like to thank my Commanding Officer, Lieutenant-Colonel R. J. Niven, M.C., R.A.M.C., for permission to forward this article for publication.

I am also indebted to Colonel D. Datt, I.M.S., for his encouragement.

**ARTERIAL HÆMATOMA—SPONTÀNEOUS CURE.**

By Major R. E. Waterston,

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[Received October 3, 1944.]

Circumscribed arterial hæmatoma is a form of arterial aneurysm in which the wall of the sac is formed of blood clot and condensed fibrous tissue from the surrounding structures. In view of the large number of cases which are likely to result from penetrating wounds, a spontaneous cure which occurred in a case seen recently is reported here.

Private B., aged 26, was wounded on the lateral aspect of the left thigh by a small shell splinter on July 10, 1944.

When seen a week later the small entrance wound had practically healed, and X-ray showed the presence of a small metallic foreign body deep in the quadriceps, anterior to the upper third of the femur. There was some limitation of flexion of the knee, but no swelling in the region of the wound was noted.

On July 24, while walking about, he reported the sudden onset of intense pain in the left thigh. He stated that the thigh felt tense and stiff, and that the pain was like cramp. After treatment by rest and morphia the pain subsided.

The day following, a localized swelling could be made out on the antero-lateral aspect of the upper part of the left thigh. This swelling was firm, tender and fixed, and lay in the substance of the quadriceps. It could be covered by the palm of the hand. No pulsation could be felt or seen, but there was a loud systolic bruit on auscultation over it. This bruit disappeared when the common femoral artery was compressed. There was normal pulsation present in the dorsalis pedis and posterior malleolar arteries, and no sign of impairment of the circulation of the limb distally was present. There was subcutaneous ecchymosis on the medial side of the thigh over the lower end of Hunter's canal, and also on the lateral side of the leg below the knee and in the popliteal fossa.

It seemed clear at this time that there had been a diffuse hæmorrhage into the tissues which had become localized to form an arterial hæmatoma. The position of the swelling indicated that the lateral femoral circumflex artery or one of its muscular branches was the vessel indicated. The position in the substance of the quadriceps and the presence of clot would account for the absence of pulsation.

On the advice of Brigadier Fettes, Consultant Surgeon, Western Command, conservative treatment was adopted. The patient was kept strictly in bed and the swelling in the thigh