A SIMPLE SHELTER.

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COMMENTARY.

Experience in the Western Desert campaigns, the Italian summer campaign of 1944, and, one is informed, in the invasion of Normandy, has demonstrated that an alteration in the present G.1098 scale of tentage for Divisional medical units is desirable.

A Field Ambulance now has:
(a) 3 — 160 lb. tents.
(b) 2 — 30 X 30 shelters, portable, No. 11 (or alternatively 3 — 30 X 20s).
(c) 1 — shelter, portable, No. 10 (12 cases).
(d) 14 — shelters, portable, No. 14 (penthouses).

In the desert, along a difficult line of evacuation, a large number of casualties had to be admitted and often held overnight, and there were, of course, no buildings available. Field ambulances, therefore, needed large and "roomy" canvas shelters to fulfil this function, and many ingenious types were evolved.

In the Italian campaign, it was rare to find a suitable building in a tactically advantageous position for use either as an A.D.S. or, more especially, as a M.D.S. Only too often has one seen A.D.S.s, located in buildings and villages, heavily shelled, while difficulties of expeditious ingress and exit are almost invariably present—steps, stairs, narrow doorways and passages with awkward corners—giving rise to confusion and delay, and accommodation must, of necessity, be limited.

The A.D.M.S. of a veteran Division engaged in the Normandy campaign writes that the large canvas shelters which this Division has been using since the battle of Gazala in 1942, through the Desert campaigns, in Sicily, Italy and ultimately in France, "have been an enormous help."

To be satisfactory, a shelter should have the following criteria:

1. It should be well ventilated and "roomy."

2. It should be easy of "blackout," and lightproof during the hours of darkness.

3. It should be weatherproof.

4. It should not increase the width of the vehicle, as this is a great disadvantage along the narrow roads and lanes of the Continent, and almost certainly entails damage to the penthouse structures sooner or later.

5. It should be simple and quick to erect and dismantle.
While it is felt that the shelter suggested in this note is not by any means the final answer to the problem, it is submitted that it will fulfil a practical purpose and be of great assistance to such units as are still on active service, pending an alteration in the scale of tentage as at present laid down.

**Erection.**

The shelter in detail, requires:

- (a) 1—40 × 40 canvas sheet.
- (b) 20—1' 0" square canvas patches for reinforcement.
- (c) 10—¹/₁₂ thick 6" long pieces of leather.
- (d) 3—1' 6" metal bars.
- (e) 10—5' 0" metal uprights (vehicle super-structure material—salvage).
- (f) 2—8' 10" wooden uprights.
- (g) 1—7' 6" wooden horizontal.
- (h) 13—lengths of 10' 0" 1 in. rope.
- (i) 10—2' 0" angle iron tent pegs.
- (j) Odd bits of canvas to form "blackout" and hessian for use as buffers.
- (k) Finally, the skill of a unit saddler or bootmaker and the co-operation of a R.E.M.E. or R.A.S.C. workshop section.

The shelter, which weighs 600 lb. (i.e. 100 lb. more than an E.P.I.P. tent), is normally erected from the rear of the 3-ton G.S. vehicle which carries it and medical supplies in accordance with its operational function. Whether that be a Light Section, M.I. Room and Reception of a M.D.S., Medical "holding" Ward or Resuscitation Shelter, the vehicle does not require to be completely unloaded and acts as a store-room for drugs, dressings, etc.

Eight men and approximately ten to fifteen minutes are required to erect the shelter. It provides approximately 1,000 feet of floor space, and can receive 30 to 35 lying patients with ease of ingress and exit. 40 lying cases can be placed under cover in an emergency.
The criticism that these shelters require a vehicle for their erection does not hold good for the type herein suggested. By tying the front to a suitable tree or by using two "goal posts" instead of one, the shelter can be erected entirely independently. They have been conveyed by Jeep, in an area accessible only to this type of vehicle, and used for the reception and treatment of casualties at a height of over 4,000 feet. In forward areas, part or whole of the floor space can be dug down below ground level for the protection of casualties.

The ventilation is excellent, due to the fact that one, two, or all three sides can be rolled up without any effect on the shelter's stability or function. The illustration gives a good general idea of its appearance.

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A METHOD OF FIRST-AID SPLINTING FOR A FRACTURED HUMERUS WITH CRAMERS WIRE.

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It has been noticed that battle casualties suffering from compound fracture of the humerus not infrequently stand long and rough ambulance journeys very badly, being in a considerably shocked condition on arrival at the Main Dressing Station. It is suggested that this may often be due to inadequacy of first-aid splinting.

Though in no way intended as an alternative to the early application of a thoraco-brachial plaster of Paris splint it is submitted that the method described below will provide comfortable and substantial immobilization until the surgeon can be reached.

The splint is easily prepared and packed in two separate pieces which can be joined together so as to fit either arm. Thus, being fairly quick to apply, it is useful in forward evacuation areas. Moreover if the patient is fit to be moved sitting and this should be necessary it is claimed that he will be more comfortable with this type of first-aid splinting.

To Prepare the Splint.

Two pieces of standard 3 ft. Cramers Wire splinting are required. One piece is bent with the concave surface outermost into the form of a triangle with 4 in. overlapping at one angle and tied firmly at the junction. The side of the triangle overlapped by this is bent inwards a little so as to curve slightly