

Instructions for rendering immediate aid : for troops at the front / drafted and designed by Major MacLure.

Contributors

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APOPLEXY.

Accompanied with snoring noise. Head hot, veins distended, extremities cold. Act as in case of Insensibility, loosen things round neck, lay on back with **head raised**. Apply cold to head, heat to feet. **No stimulants.**

EPILEPSY.

Patient falls uttering generally a sharp cry and foams at mouth. Act as directed in cases of Insensibility, but also prevent patient hurting himself, and place a cork between teeth to prevent him biting his tongue. Try to induce patient to sleep.

DROWNING, SUFFOCATION or ELECTRIC SHOCK.

Send for Medical assistance, blankets and dry clothes, remove clothing, braces, etc., from upper part of body, and proceed **immediately** to restore breathing on the spot after Dr. Sylvester's method:—

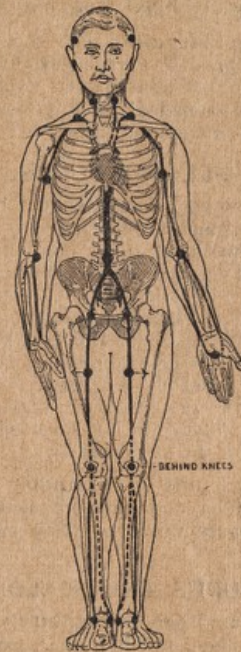
- In case of Suffocation or Electric Shock.
1. Lay patient on his back, rest head and shoulders on his coat folded to form cushion.
 2. Draw forward tongue and secure to lower jaw by an elastic band or tape.
 3. Kneeling at patient's head, grasp the arms just above elbow, and draw same gently upwards, count two seconds; by this movement the lungs are refilled with air. Then lower patient's arms and press them firmly for two seconds upon his ribs, by this means the air is expelled from the lungs. Continue this movement without ceasing for two or three hours, until a spontaneous effort to respire is perceived, then immediately proceed to induce circulation and warmth; give patient plenty of air.
 4. Rub limbs **upwards** with hot flannels, or by hand alone; place patient in bed; apply hot bricks, wrapped in flannel, or hot water bottles, to **pit of stomach, feet and arm pits**. Give weak warm Brandy and water or wine, when patient is able to swallow.

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c. 1915?

Instructions for Rendering Immediate Aid.

FOR TROOPS AT THE FRONT.



The BLACK DOTS on this diagram shew where the Arteries can be compressed to stop Arterial Bleeding from wounds.

A small flat stone or hard substance, in handkerchief or bandage, placed on part corresponding with black dot on diagram, and tied round limb loosely and screwed up with a stick, makes an excellent extemporised tourniquet.

BLEEDING.

If **Arterial bleeding**, the blood **spurts out in jets** at each beat of the heart, and would be fatal unless you apply **immediate pressure**, first by fingers and then by tourniquet (or flat stone in a handkerchief), **above** wound of injured limb on Artery, as shown by **black dot** on diagram.

If **venous bleeding** the blood **oozes out**, and can be stopped by applying cold water and lint, tied round by roller or triangular bandage, unless a larger vein be wounded, when pressure should be applied **below** wound and further from heart.

FLESH WOUNDS.

Remove clothing round wound. If the bleeding occurs in spurts and the blood is bright red apply a tourniquet between the wound and the heart at the black dot on diagram. Do not attempt to wash the wound under field conditions. If you are supplied with Iodine pour it into the wound and immediately apply the field dressing—the **gauze first**, then the wool and then the waterproof covering in which the dressing is packed. Finally fix all on with the bandage. If the ground is dry and contamination with mud is unlikely, do not cover with the waterproof packing of the dressing.

Bullet wounds in Stomach. Never give water or any food, and leave **absolutely** quiet for 24 hours. Knees raised to relax muscles of the stomach.

BURNS AND SCALDS.

Cover injured part **immediately** with Oil and Lime Water, and Lint, to protect wound from the action of the air, and secure gently with bandage.

BROKEN LEG.

Rip up trousers on **outside** seam, **do not** lift patient until fractured limb is extended to length of other leg, and secured by means of splints, or using sound leg as splint. Lift patient perfectly **flat**, by two persons on each side joining hands.

BROKEN ARMS.

Rip up sleeve and **extend the arm** gently until bone is in its proper place, then apply **small splint inside**, and larger **splint outside**, padding same with tow and secure by roller or triangular bandage, sling arm for support. In case of forearm, place splints on inside and outside of arm, keeping palm of hand towards body, use arm sling.

Great care must be taken to prevent the broken bones from protruding through the skin, and causing compound fracture.

DISLOCATED ARM OR LEG.

Secure limb to the body and do not attempt to reduce it without surgical assistance.

BROKEN RIBS.

Remove clothing and keep the ribs steady by applying broad bandages, or broad piece of adhesive plaster round from front to back on injured side, having previously emptied the air from lungs.

BROKEN COLLAR-BONE.

Place a piece of wood or stone enclosed in a handkerchief under armpit, to act as a fulcrum, to bring fracture into position, gradually press elbow down to side and secure by roller bandage and arm sling, draw shoulder back slightly and apply a roller bandage above elbow to secure the arm to the body.

FAINTING.

Lay patient flat on back, **keep head low**, loosen necktie, give plenty of air, apply water to head and a few drops of Salvolatile on handkerchief to nose, when recovering give 30 to 40 drops of Salvolatile in cold water, or a little Brandy.

INSENSIBILITY.

Send immediately for Medical assistance. Remove patient as quickly as possible to Hospital, lying flat on back, **head slightly raised**, undo all clothing round the neck, allow free circulation of air round patient.