

The stretcher bearer : a companion to the R.A.M.C. training book, illustrating the stretcher-bearer drill and the handling and carrying of wounded / by Georges M. Dupuy.

Contributors

Dupuy, Georges M.

Publication/Creation

London : [Joint Committee of Henry Frowde, Hodder & Stoughton], 1915.

Persistent URL

<https://wellcomecollection.org/works/suwxu72s>

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution, Non-commercial license.

Non-commercial use includes private study, academic research, teaching, and other activities that are not primarily intended for, or directed towards, commercial advantage or private monetary compensation. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

89/8

THE
STRETCHER BEARER

GEORGES M. DUPUY

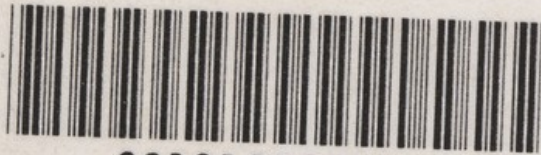
M:
WX215
1915
D94s

M
24980

OXFORD
MEDICAL PUBLICATIONS

92 A

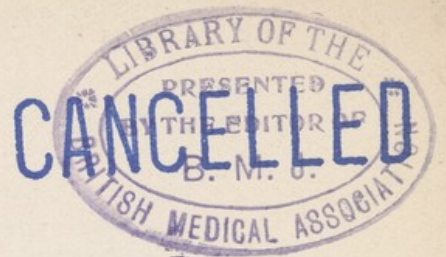
M 24980



22101898504



CANCELLED



THE STRETCHER BEARER

16

CANCELLED

11/13/04

Published by the Joint Committee of Henry Frowde,
Hodder & Stoughton at the Oxford Press Warehouse,
Falcon Square, London, E.C.

16.9.15 2/-net. ✓ 56

THE STRETCHER BEARER:

A COMPANION TO THE R.A.M.C. TRAINING BOOK,
ILLUSTRATING THE STRETCHER-BEARER DRILL
AND THE HANDLING AND CARRYING OF WOUNDED

BY

GEORGES M. DUPUY, M.D.

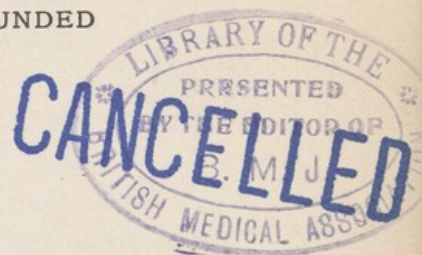
Stretcher-Bearer Ambulance Section of C (Norwood) Co. Lambeth Battalion V.T.C.

LONDON :

HENRY FROWDE
Oxford University Press

HODDER & STOUGHTON
Warwick Square, E.C.

1915



8 327 625

CANCELLED

M24980

Printed in England by
J. MILES & CO., Ltd.
68-70, Wardour Street, London, W.

WELLCOME INSTITUTE LIBRARY	
Coll.	we!M:Omec
Call	M:
No.	WX215
	1915
	D94s

PREFACE.

THIS little volume is published in the hope that it will prove a useful addition to the Royal Army Medical Corps Training Book; it is specially intended for the assistance of men who have had no experience of Military or Ambulance Training, to enable them to form a clear idea of a command by seeing the order actually carried out.

The Royal Army Medical Corps Training Book has been my guide—the commands and explanations are the same, and I have endeavoured to show as far as possible the different movements corresponding with the same command.

The principal movements in the Stretcher Bearer exercises are shown, but in the carrying and care of wounded I have gone into further details, as this is the principal part of our calling—to help our comrades in distress.

The Section referring to Hæmorrhage has been omitted entirely as it is completely illustrated in the Army Book.

My thanks are due to the Sergeant of our Ambulance Section, Mr. Macphail, late R.A.M.C. (Volunteers), who has afforded me the greatest assistance with the Stretcher Bearer exercises; I also desire to express my thanks to all the members of our Ambulance Section who so willingly gave me their time often at great inconvenience to themselves.

Finally, I must thank my Publishers for their suggestions and co-operation.

Dulwich, 1915.

G. M. D.

INTRODUCTION.

By F. S. CRISP.

Late Colour-Sergeant (Ambulance) London Scottish; Instructor Volunteer Ambulance School of Instruction. Second in Command 1st (Lambeth) Battalion, South London Regiment V.T.C.

THIS war has proved what a great asset the regimental stretcher bearer is to his wounded or disabled comrades.

I have always held most strongly that the R.A.M.C. men cannot do everything. They have all their work cut out at the collecting stations, and the collection of wounded in the actual firing line must be largely the work of the regimental men. First aid stretcher drill is also of the utmost importance to those who are preparing themselves for Home Defence, and I recommend that every unit of the new Volunteers should have its own properly trained stretcher section.

The reading of this admirable work by Dr. Dupuy, who is a member of our Norwood V.T.C., has given me the utmost pleasure. The Illustrations are admirable. I only wish that

in the days when I was instructing I could have had such a book to recommend to those who were going through the course with me. A picture and a few simple words of explanation will often save a deal of work and worry both for instructor and pupil.

I must congratulate Dr. Dupuy most heartily on this little book, and commend it to the notice and careful study of all who are going in for stretcher work.

ASPHYXIA FROM BREATHING IRRESPIRABLE AND POISONOUS GASES.

ASPHYXIA is the condition of the body when unconscious as the result of defect in the Aeration of the Blood. In the new methods of warfare imposed on humanity by a degenerated country disregarding all International laws, it is necessary to have a certain knowledge of Asphyxia, its causes, effects and the means of Resuscitation.

Different causes will bring Asphyxia—Drowning, Strangulation, the breathing of irrespirable gases.

In drowning, the lungs are filled with water, but no noxious gas takes the place of the air, and the chances of recovery are good if the patient has not been too long under the water; the emptying of the lungs of the water and artificial respiration will do very well, and with patience consciousness will be restored.

In asphyxiation by strangulation, the same method as for

drowning, omitting, of course, the emptying of the lungs of water, will bring the same results.

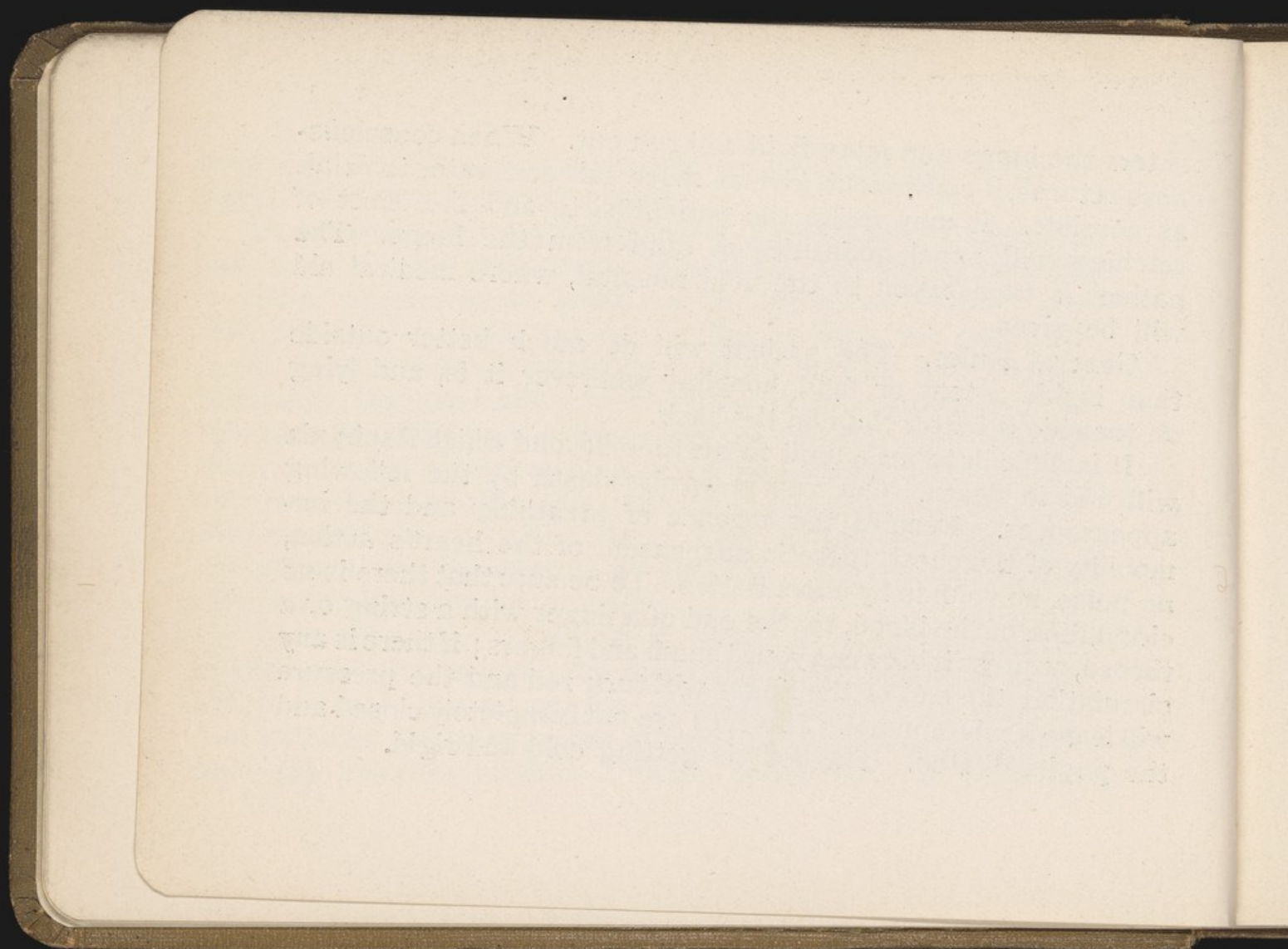
Asphyxiation by irrespirable gases is much more dangerous and cruel, and for that reason all civilised nations agreed not to make use of noxious gases as the means of warfare. By their use not only the oxygen of the air does not reach the lungs, but its place is taken by Carbon Dioxide and Carbon Monoxide, this gas leading to complete oxygen starvation. In that case the effect on the lungs and the blood is very different than in Asphyxia by drowning or strangulation, the lungs not only are filled by the gas, but this last one irritates the Mucous Membrane, producing a fluid which fills the tubes Infundibula and the Alveoli, or air cells. The real danger is then suffocation by slow drowning.

When the soldier or patient is picked up from the field he is generally unconscious; the first thing to do before any first aid, is to carry him as quickly as possible out of the zone of contaminated air; then loosen his clothes, use artificial respiration—the Schaefer method, I think, is the best, as more air

enters the lungs and more fluid will run out. When consciousness returns, if convenient, give as much salt and water to drink as possible. It may make the patient sick, and the effect of retching will expel quantities of fluid from the lungs. The patient is then taken to the field hospital, where medical aid will be given.

General Rules.—The patient will do much better outside than inside a tent or field hospital wherever it is, and lying on the side is better than on the back.

It is difficult to fix a limit to the time beyond which Asphyxia will end in death. One can recognise death by the following appearances. Besides the absence of breathing and the immobility of the chest, there is suspension of the heart's action, no pulse, no sounds by auscultation. To be sure that there is no circulation of the blood, tie the end of a finger with a string or a thread, or press it between your thumb and fingers; if there is any circulation, the end of the finger will turn red and the pressure will leave a white mark. The eyes are not completely closed and the pupils dilated. The body is getting cold and rigid.





FORMING SQUADS

Fig. 1. Stand at ease.

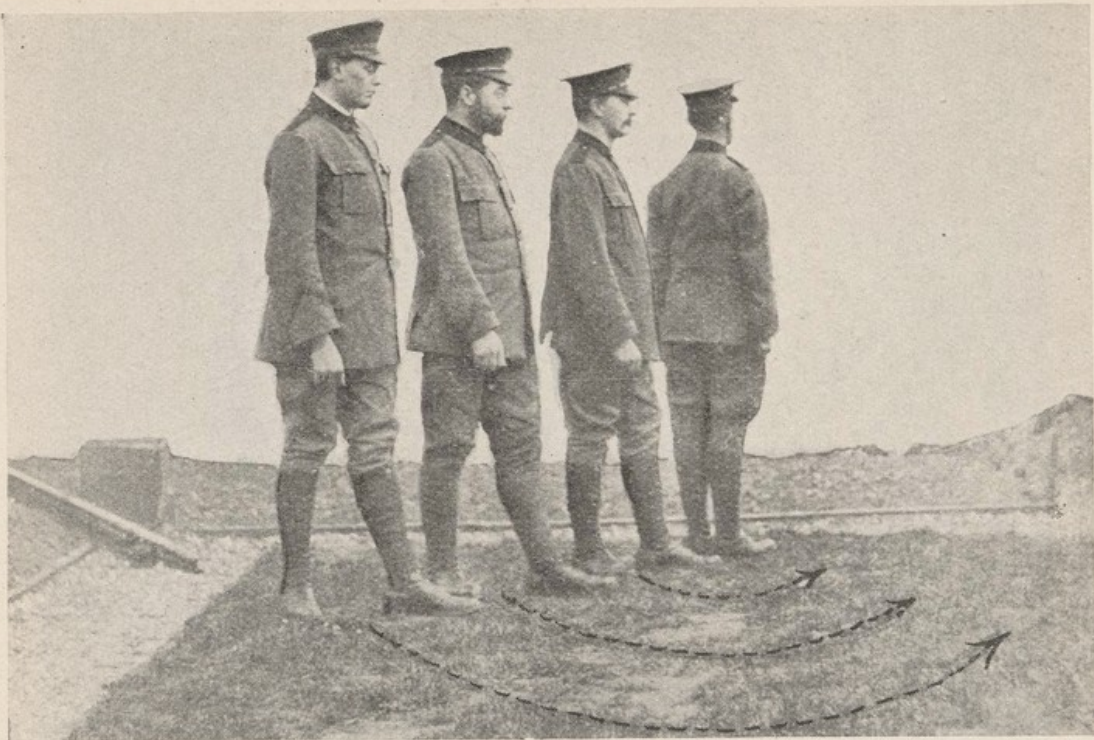
I

B



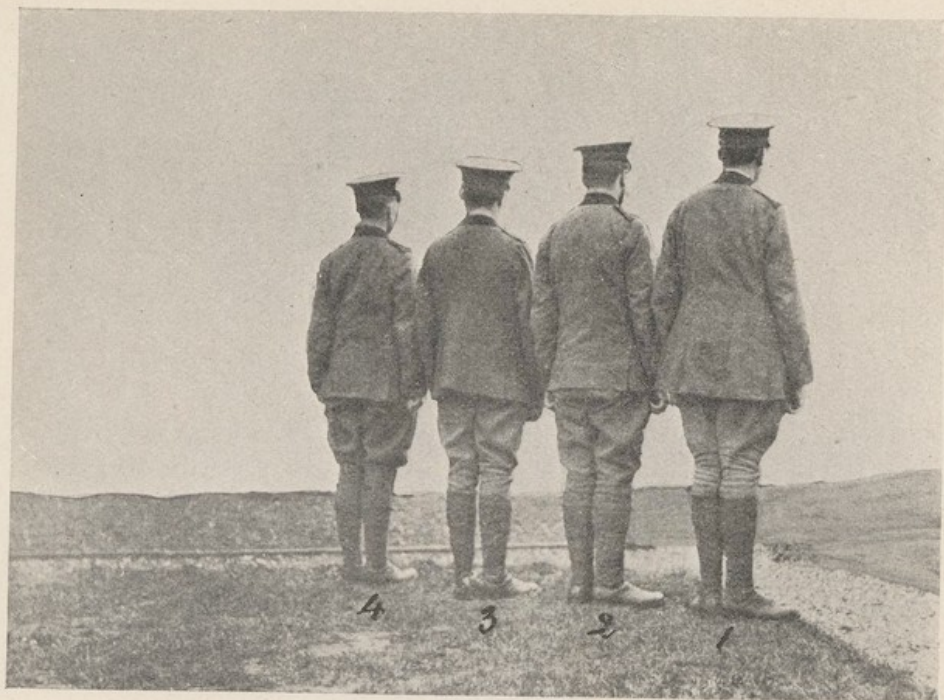
FORMING SQUADS

Fig. 2. Bearers number from right to left. Attention.



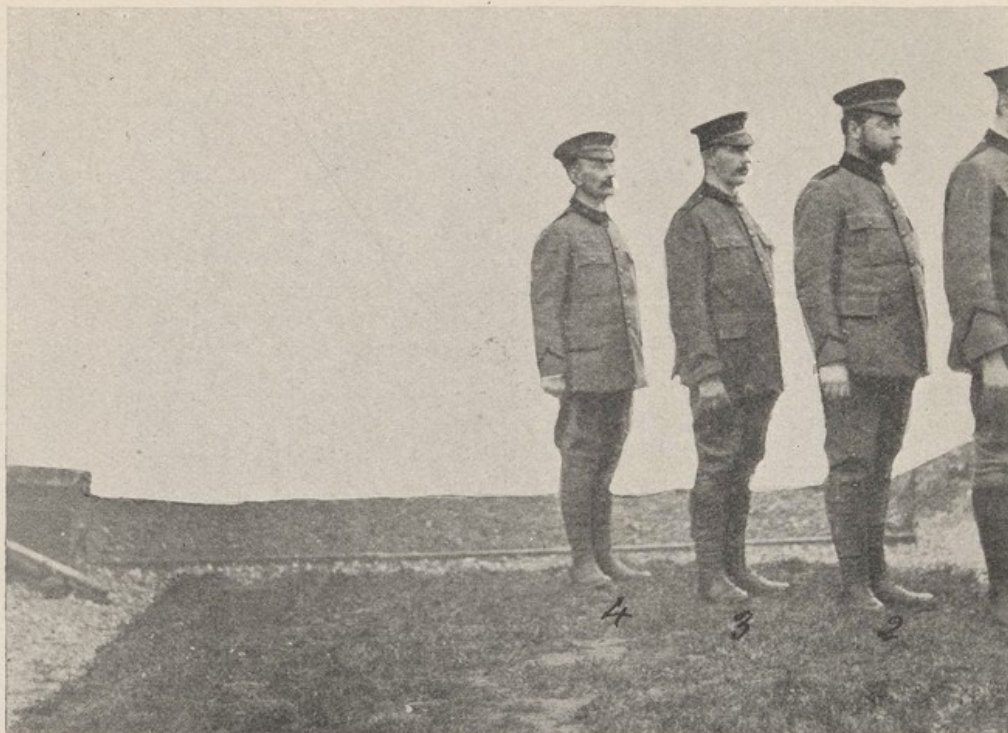
FORMING SQUADS

Fig. 3. Left wheel. Number 1, full left turn. Numbers 2, 3, 4, half left turn.



FORMING SQUADS

Fig. 4. Completed left wheel.



FORMING SQUADS

Fig. 5. Right turn.



SUPPLYING STRETCHERS

Fig. 6. Number 3 Bearer right or left turn. Supply stretcher. Quick march.



SUPPLYING STRETCHERS

Fig. 7. Number 3 will march by the shortest route to the stretcher, lay hold of the near handle of the stretcher, raise it to a perpendicular position in front of him, runners to the front, stoop, grasp the lower runners with the right hand, place stretcher on his right shoulder at the slope, rise to the erect position.



SUPPLYING STRETCHERS

Fig. 8. About turn, rejoin his squad in quick time, halting, without further word of command, as he arrives at his place.



SUPPLYING STRETCHERS

Fig. 9. The lower handles will be rested on the ground. Stretcher held perpendicularly.



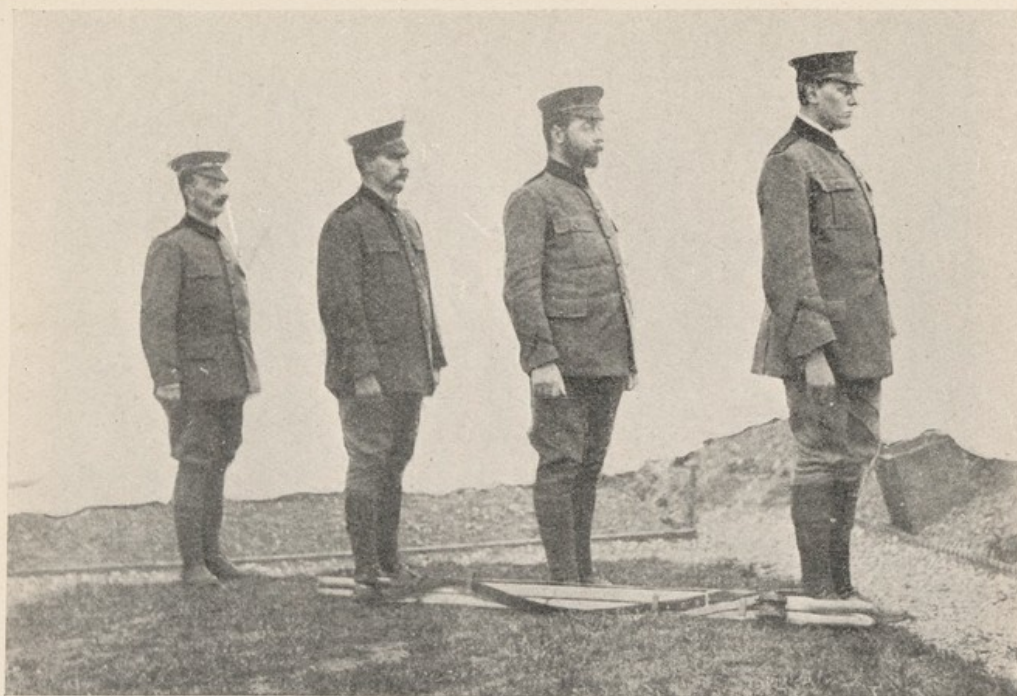
SUPPLYING STRETCHERS

Fig. 10. The Bearer will place the stretcher on the ground to the right of the Squad, by passing the lower handles forward, runners to the right, front end of the poles in line with toes of Number 1.



SUPPLYING STRETCHERS

Fig. 11. And rises.



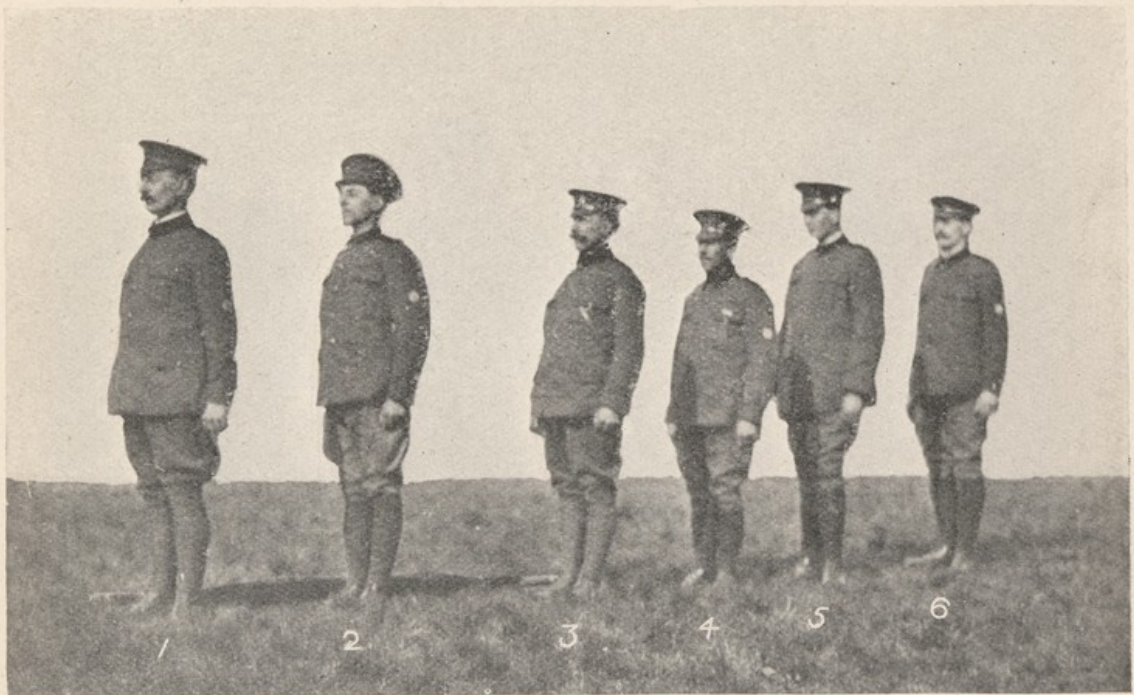
SUPPLYING STRETCHERS

Fig. 12. Stand to Stretcher. Number 1 places himself with his toes in line with front end of the poles, Number 3 with his heels in line with rear end of poles; remaining Bearers take position one pace behind and covering the Bearers in front of them.



SUPPLYING STRETCHERS

Fig. 12. Stand at ease.



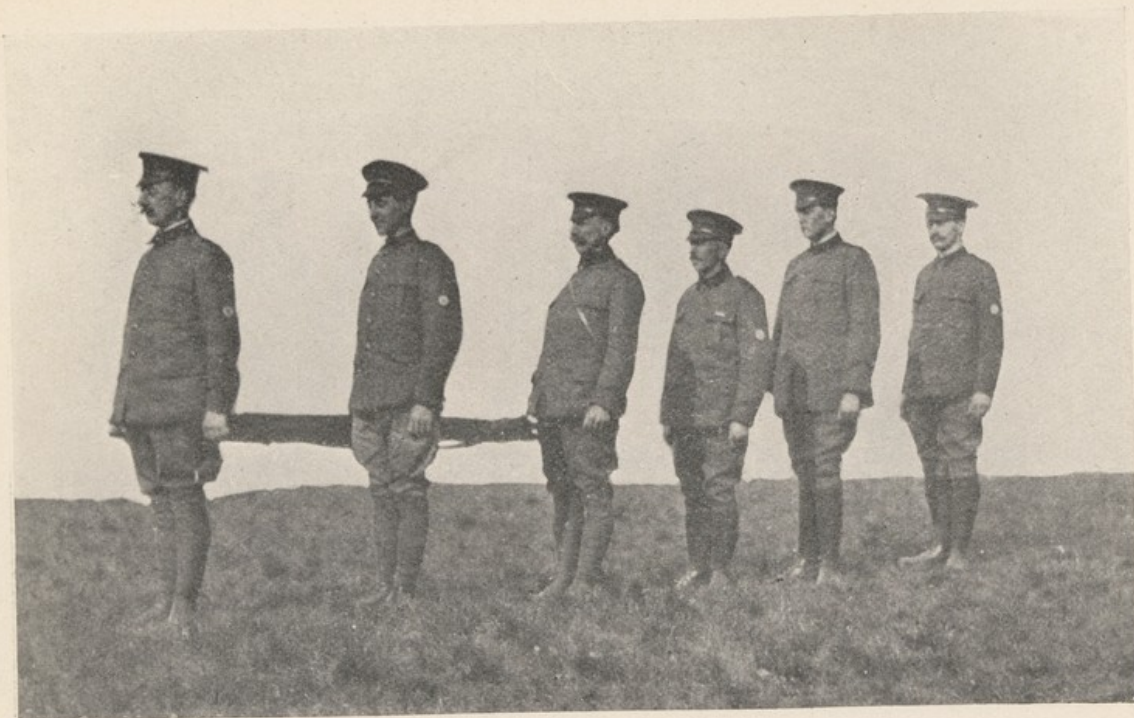
EXERCISES WITH CLOSED STRETCHERS

Fig. 14. Attention.



LIFT STRETCHER

Fig. 15. Numbers 1 and 3 stoop, grasp both handles of the poles firmly with the right hands.



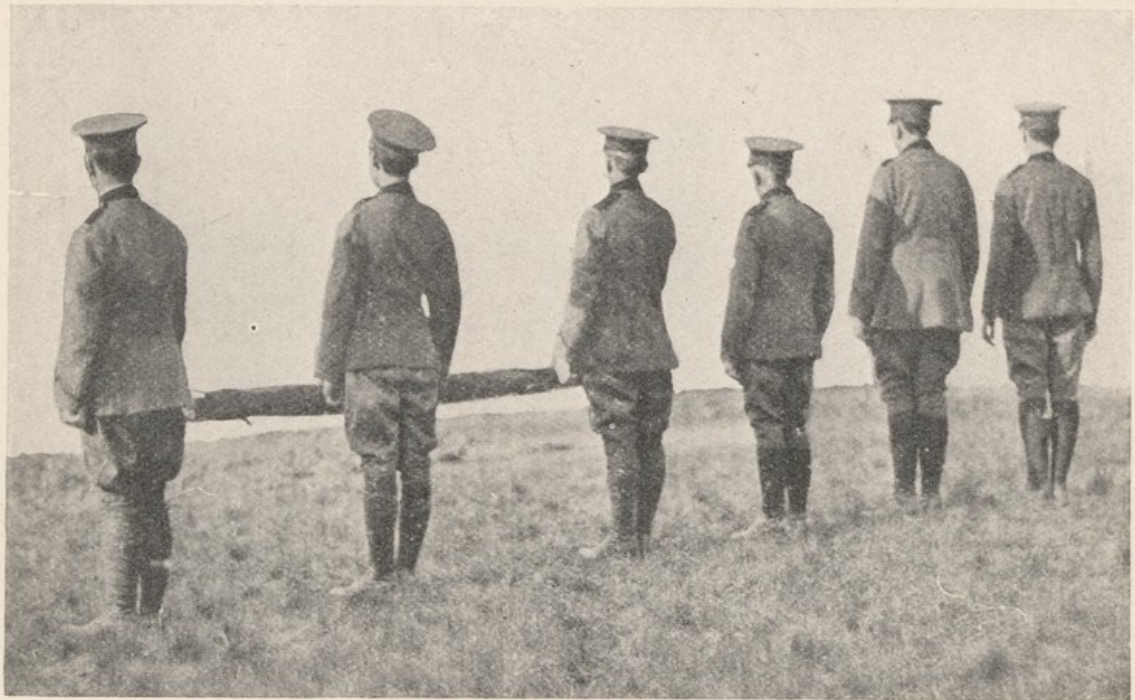
LIFT STRETCHER

Fig. 16. Rise together, holding the stretcher at the full extent of the arms, runners to the right.



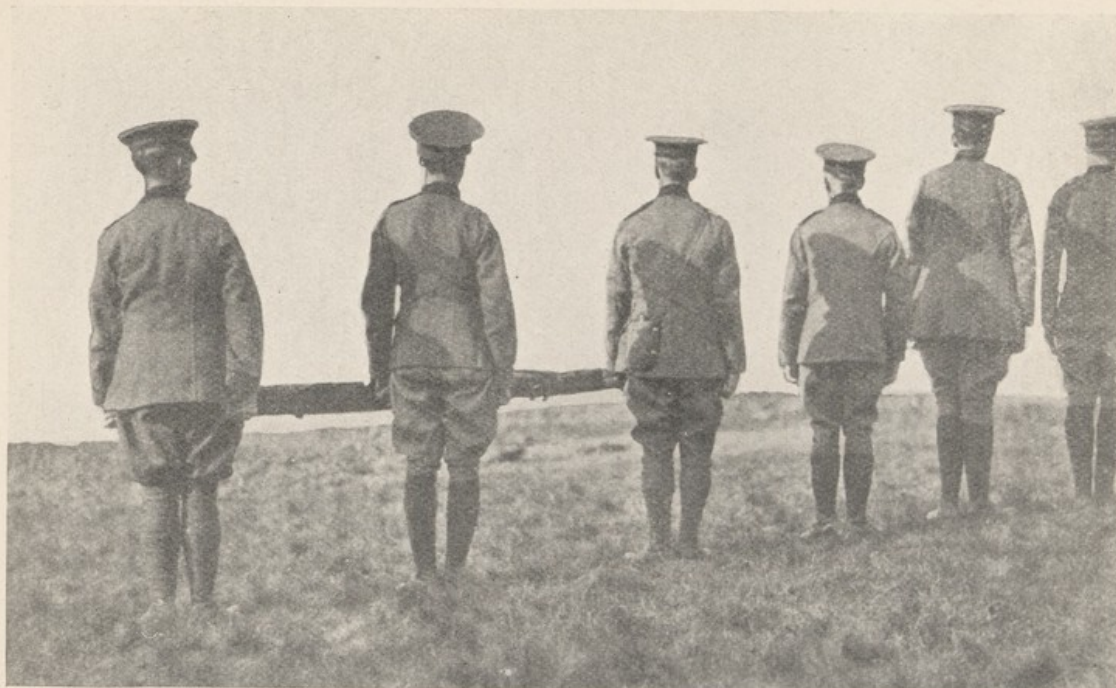
LOWER STRETCHER

Fig. 17. Numbers 1 and 3 stoop and place the stretcher quietly on the ground, runners to the right, and rise smartly together.



MOVING TO A FLANK

Fig. 18. Right turn.



MOVING TO A FLANK

Fig. 19. About turn. When command is given, Numbers 1 and 3 will seize the handles of the stretcher with the left hand and cut away the right while turning.



MOVING TO A FLANK

Fig. 20. About turn, resuming the grasp of the handles with the right hand, back of the hands to the rear, after the turn has been completed.



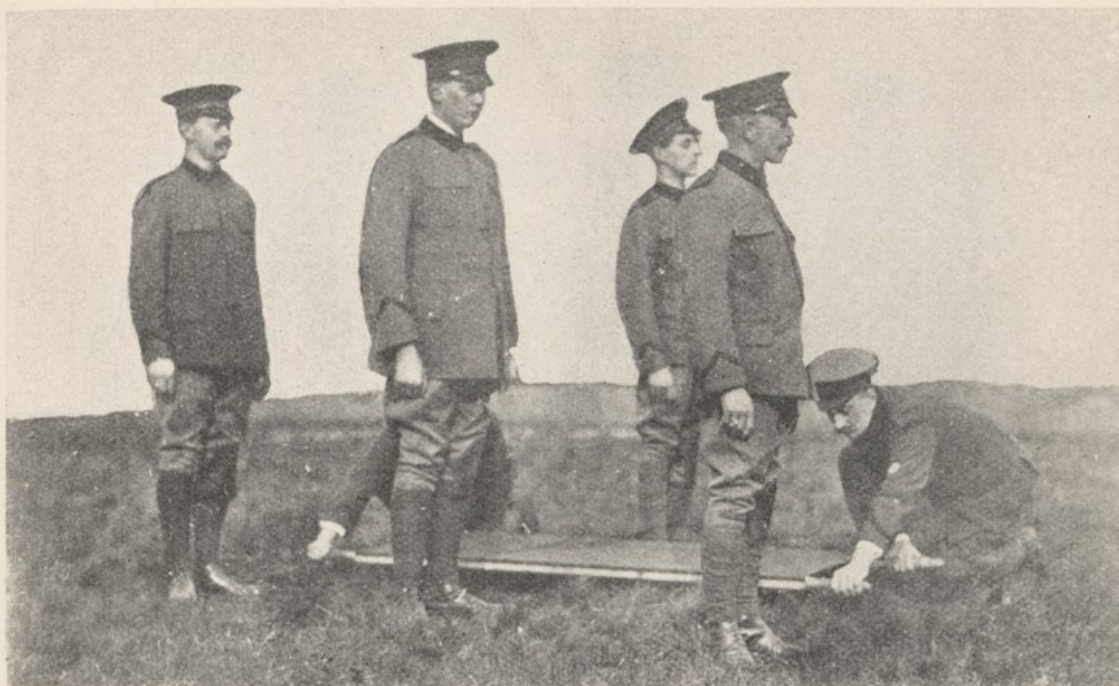
MOVING TO A FLANK

Fig. 21. Right turn.



PREPARING STRETCHER BY NUMBER

Fig. 22. Numbers 4, 5, and 6 taking one pace to the right, Numbers 1 and 3 turn to the right and kneeling on left knee are separating the poles.



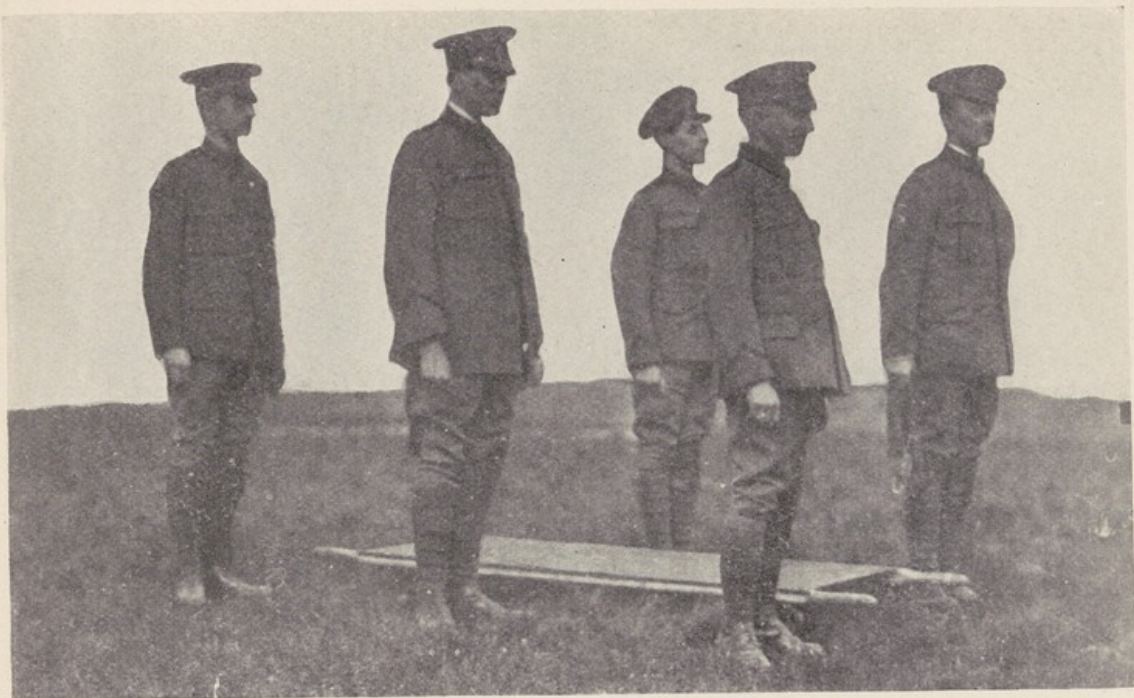
PREPARING STRETCHER BY NUMBER

Fig. 23. Poles separated.



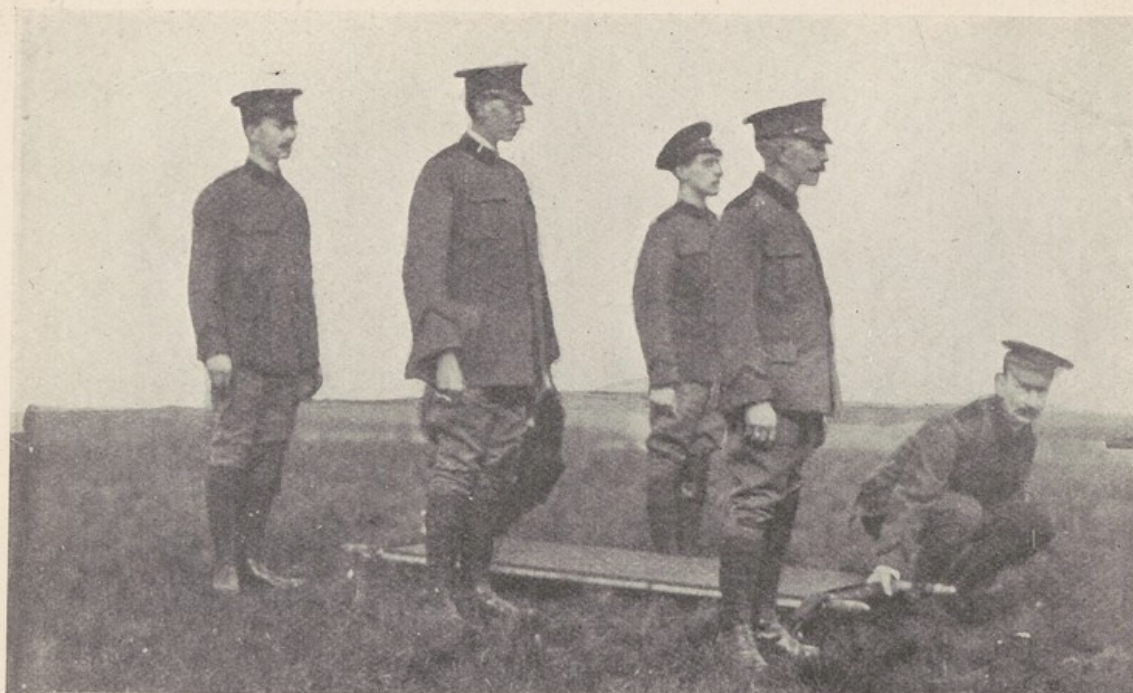
PREPARING STRETCHER BY NUMBER

Fig. 24. Each takes a sling, doubles it on itself, slips the loop forward on the near handle and places the free end, buckle on top, over the opposite handle, and waits for the word two.



PREPARING STRETCHER BY NUMBER

Fig. 25. On the word two they rise and turn to the left.



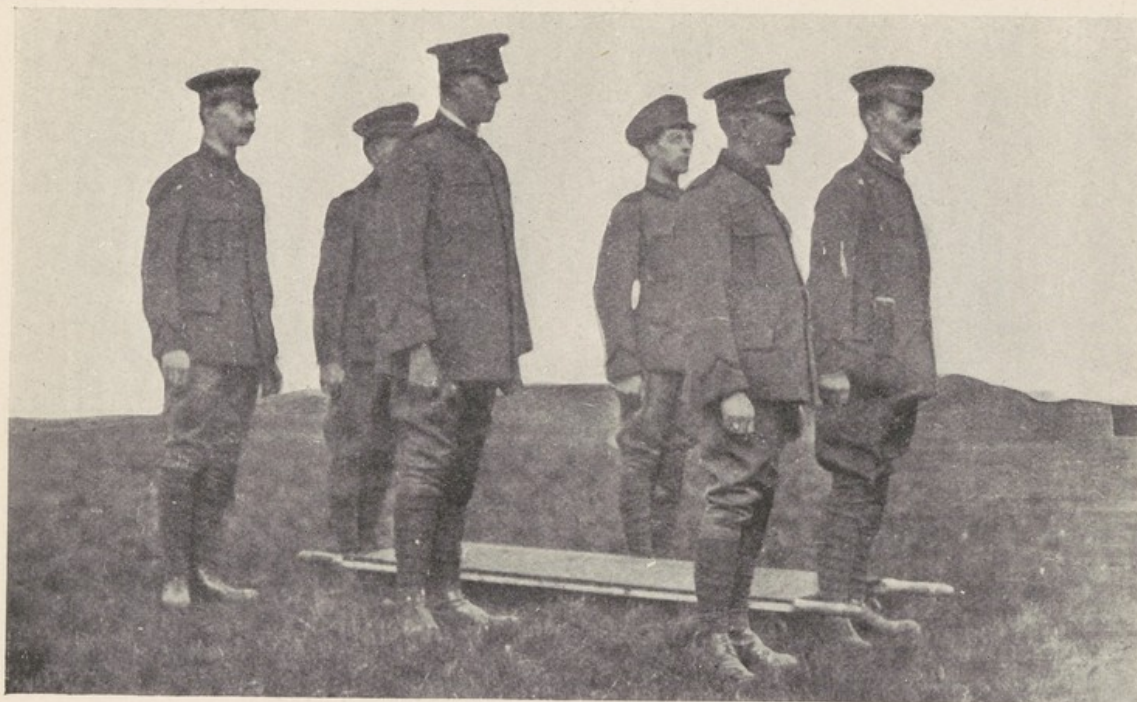
LIFTING STRETCHER BY NUMBER

Fig. 26. Stooping down and grasping the double sling in the centre with the right hand.



LIFTING STRETCHER BY NUMBER

Fig. 27. Rising and holding sling to the full extent of the arm.



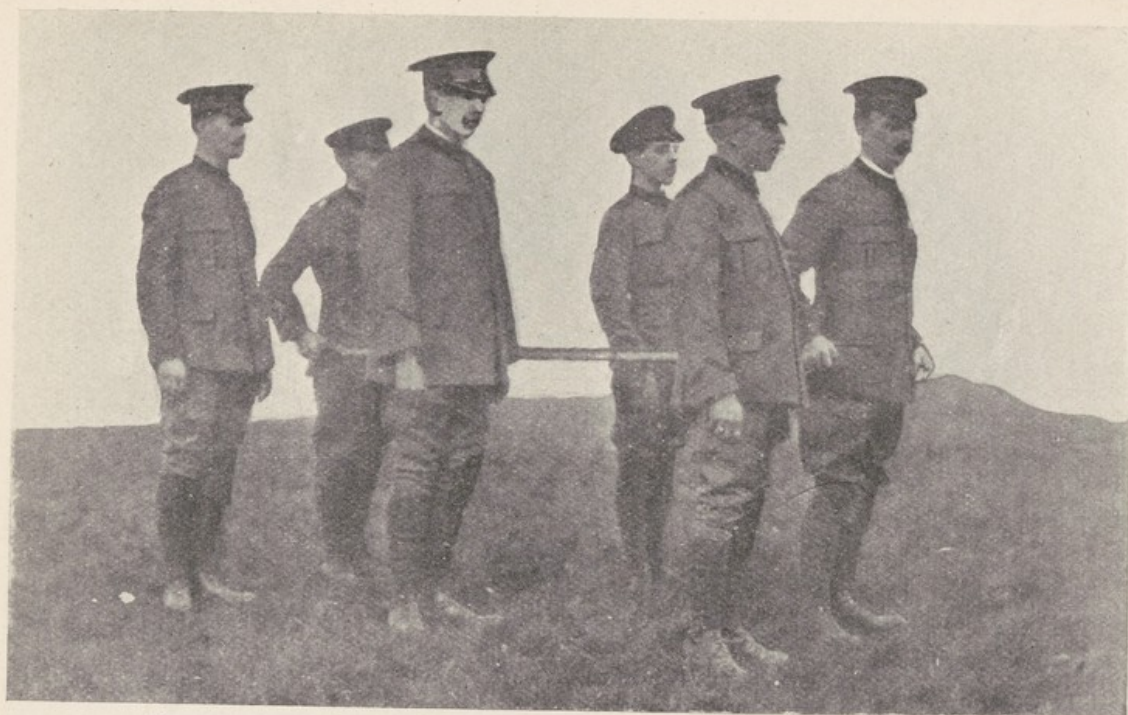
LIFTING STRETCHER BY NUMBER

Fig. 28. At the word two take a side pace between the poles and place the sling on the shoulder.



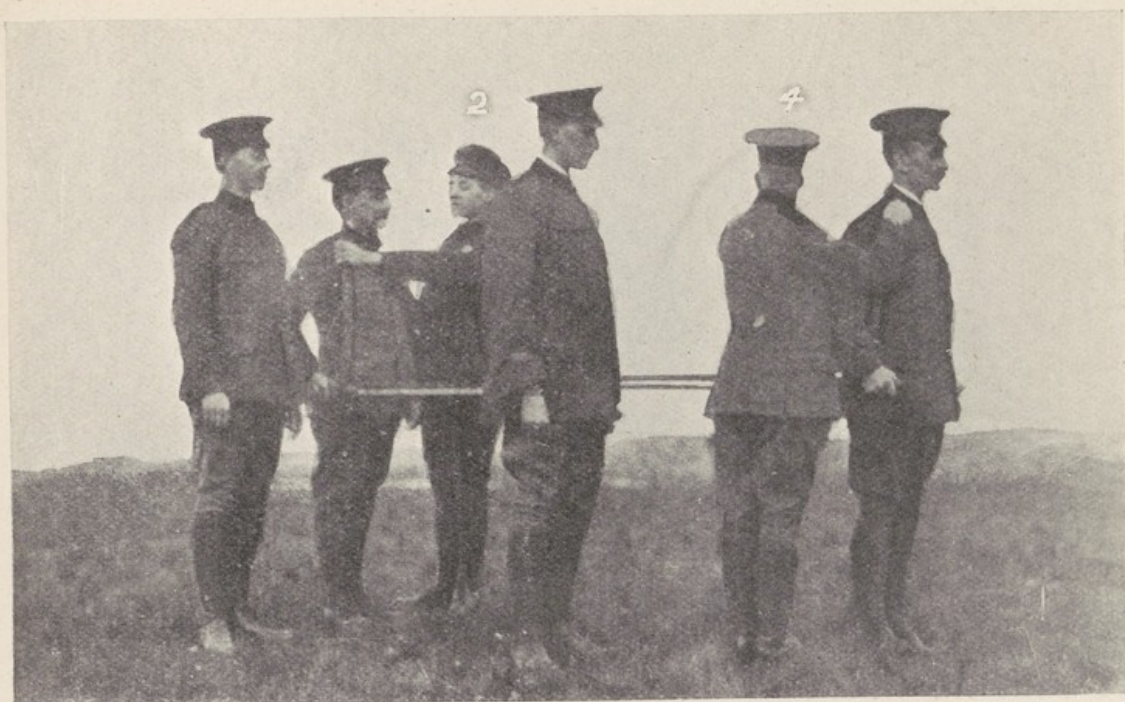
LIFTING STRETCHER BY NUMBER

Fig. 23. At the word three stoop, slip the loops over the handles, commencing with the left, and grasp both handles firmly.



LIFTING STRETCHER BY NUMBER

Fig. 30. At the word four rise slowly together.



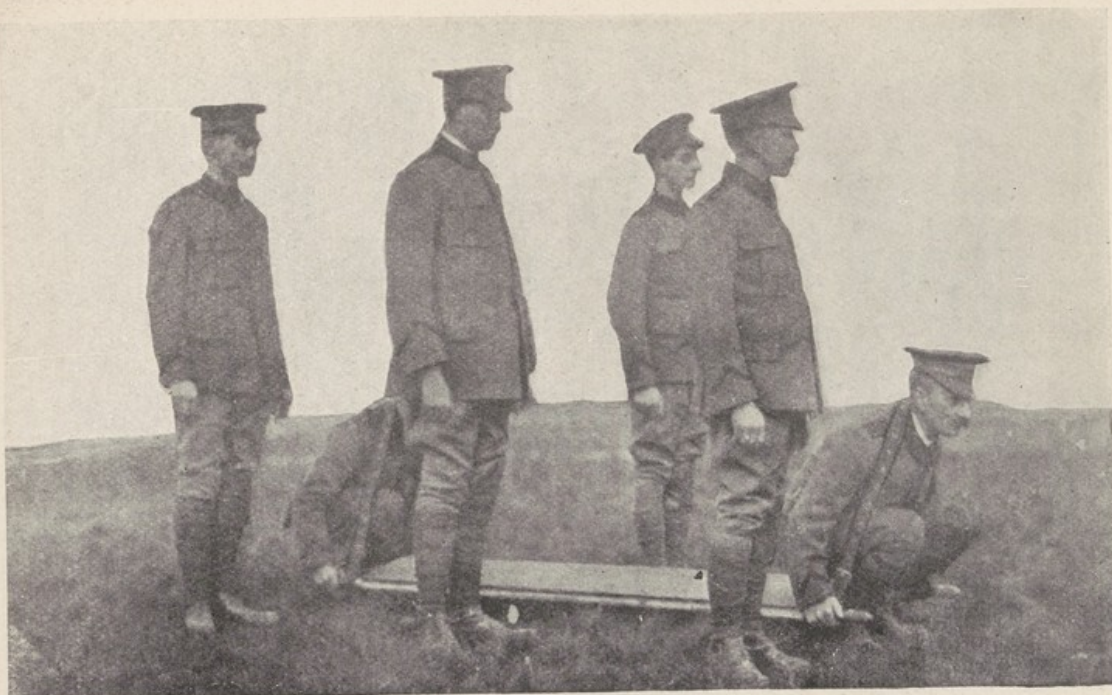
ADJUST SLING

Fig. 31. Number 2 turn about and step forward one pace. No. 4 turn to the left. They adjust the slings putting them well below the collar of the coat behind and in the hollow of the shoulder in front.



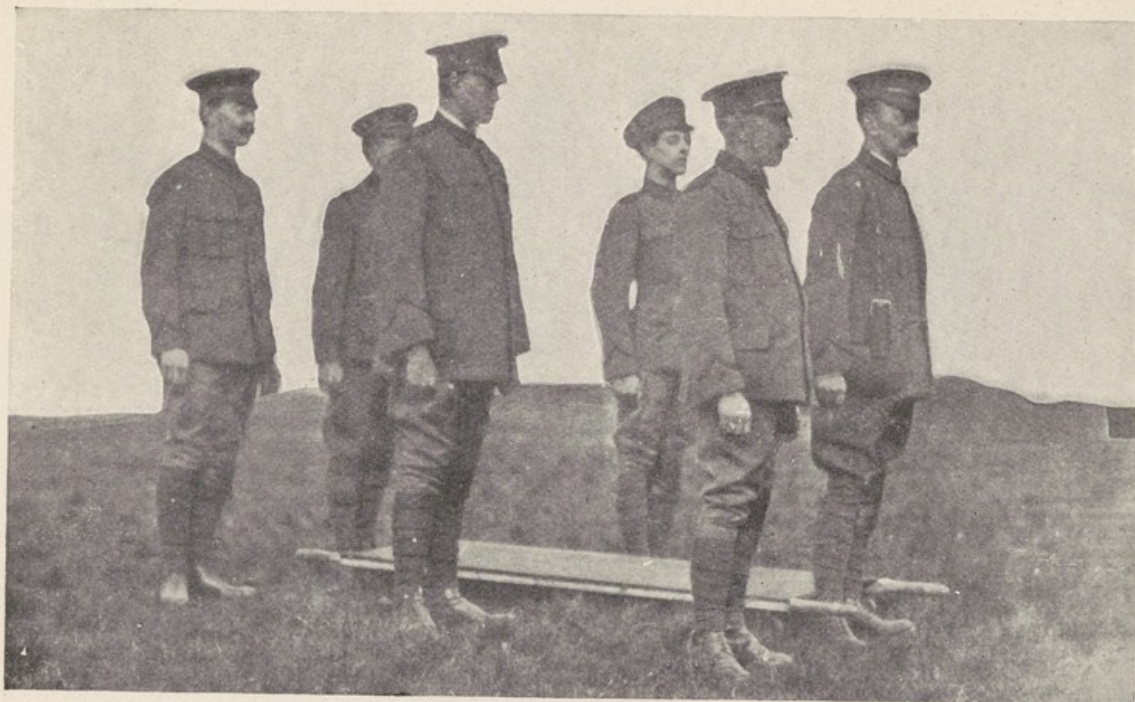
ADVANCE

Fig. 32. They all move together stepping short. Number 3 starting off with the right foot, the remainder with the left. Numbers 1 and 3 keeping their knees bent, and raising the feet as little as possible.



LOWER STRETCHER BY NUMBER

Fig. 33. Stoop slowly, placing stretcher quietly on the ground.



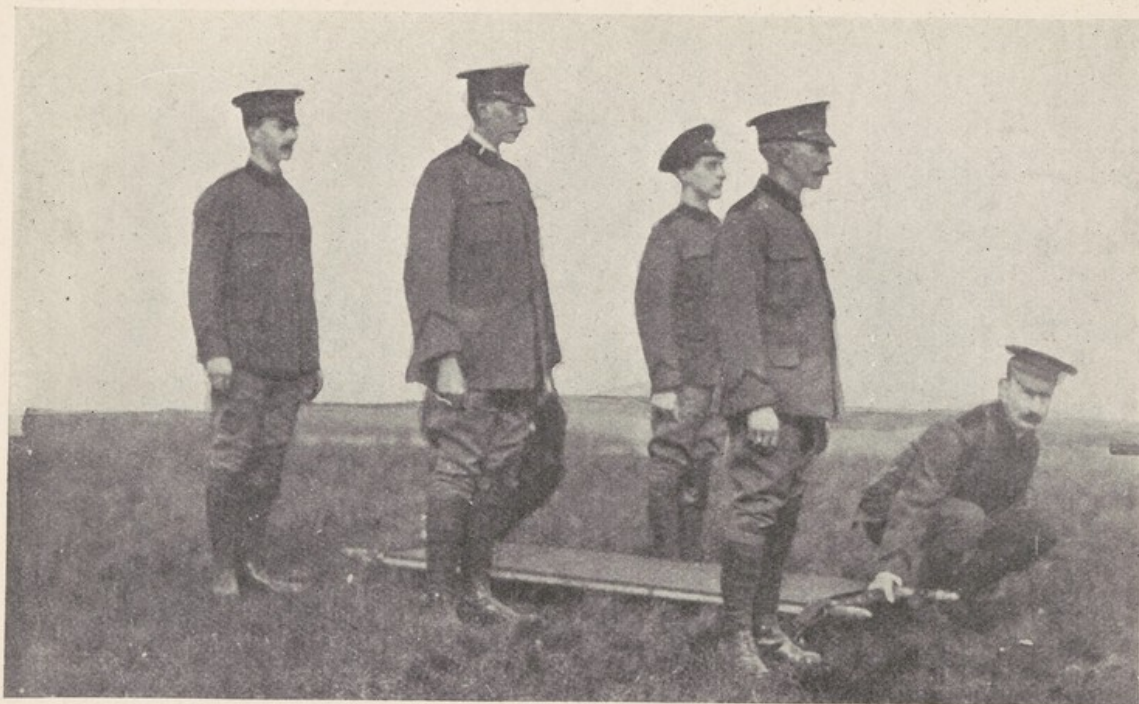
LOWER STRETCHER BY NUMBER

Fig. 34. Slip loop from handle and stand up together.



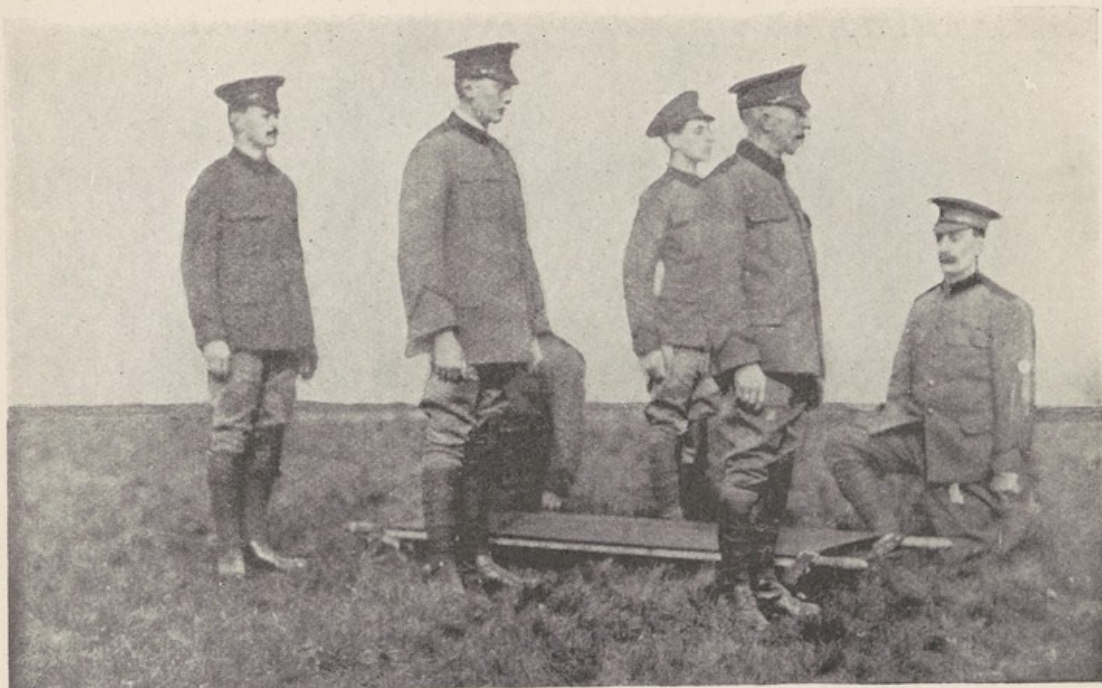
LOWER STRETCHER BY NUMBER

Fig. 35. At the word two remove sling from shoulder, and holding them up full length, take a side step to the left and stand to stretcher.



LOWER STRETCHER BY NUMBER

Fig. 36. At the word three they stoop, place the slings on the handles as in prepare stretcher, and rise together.



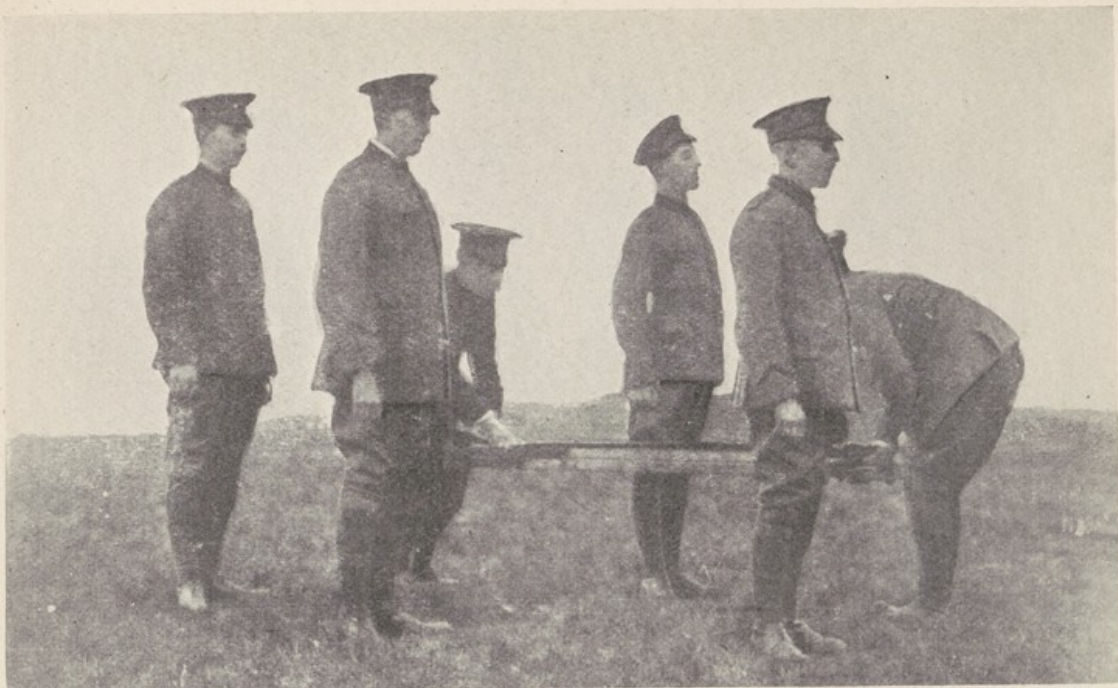
CLOSING STRETCHER BY NUMBER

Fig. 37. Turn to the right and kneel on the left knee.



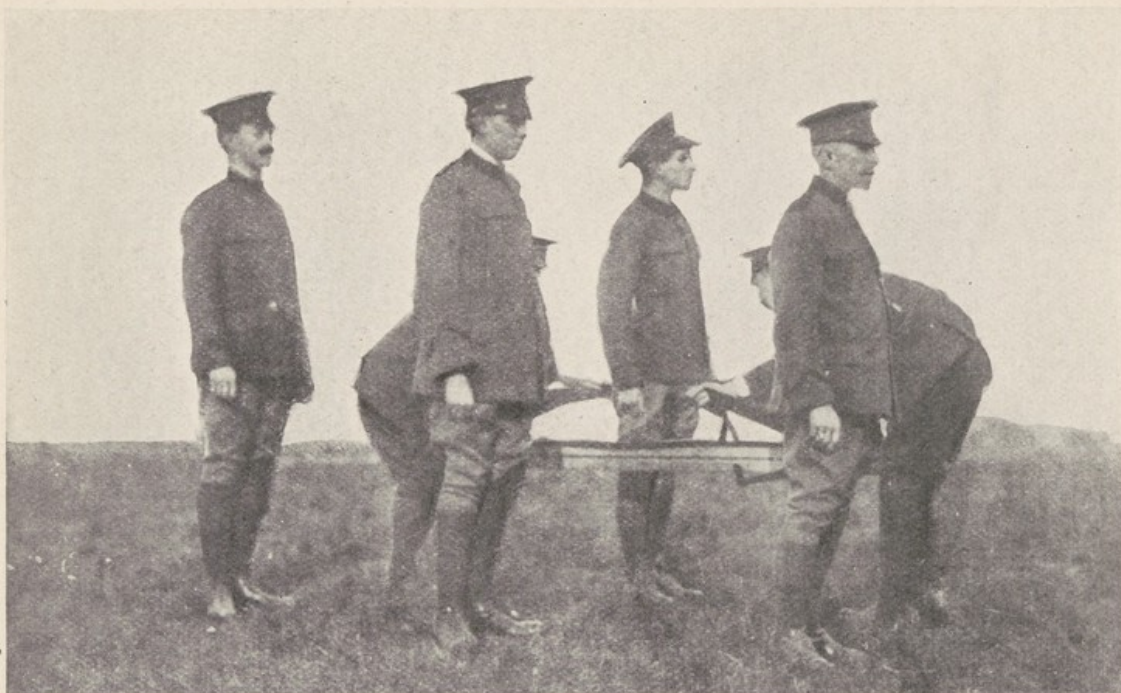
CLOSING STRETCHER BY NUMBER

Fig. 38. Remove the slings, place them on the ground, pushing the traverses, raise the canvas, and approximate the poles.



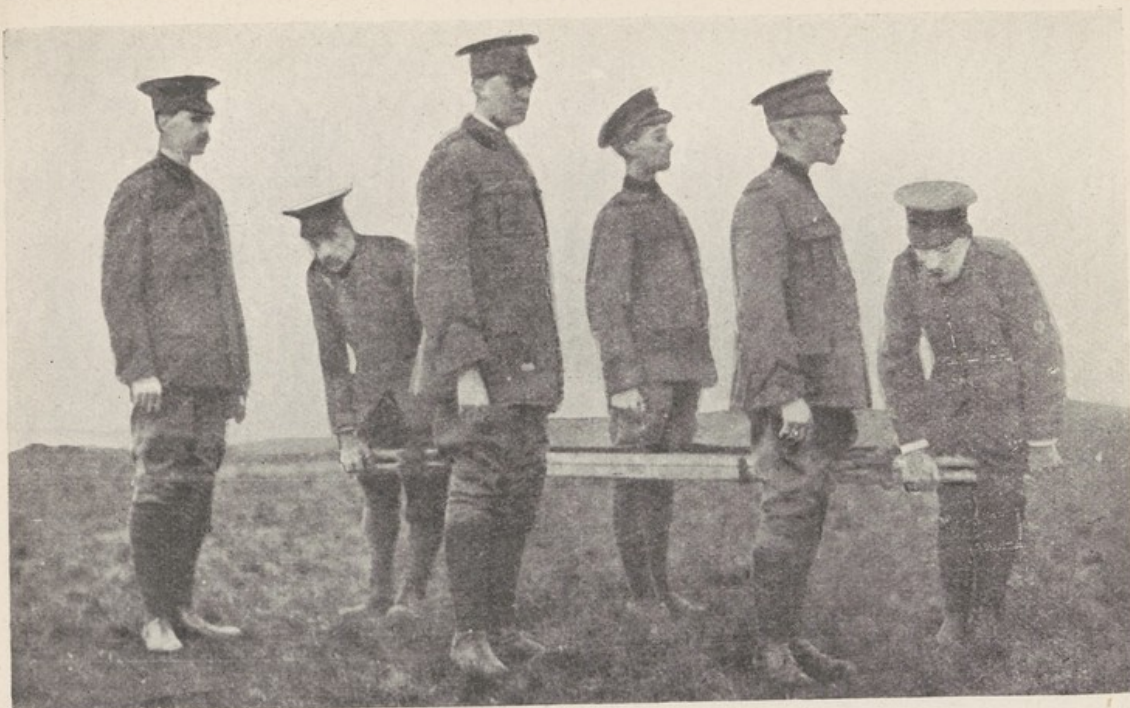
CLOSING STRETCHER BY NUMBER

Fig. 39. At the word two they rise together, lifting stretcher, and face each other, handles of the poles between the thighs, runners to the right of Number 1, and roll the canvas tightly over the poles to the right.



CLOSING STRETCHER BY NUMBER

Fig. 40. At the word three each takes a sling and passes the buckle end with the right hand to the other left hand, and buckles sling tightly on top.



CLOSING STRETCHER BY NUMBER

Fig. 41. Then grasping both handles with the right hand, back of hand to the right, turn to the right in a stooping position.



CLOSING STRETCHER BY NUMBER

Fig. 42. Then rise and turn to the left together, bearers on right of stretcher take a side pace to the left.



COLLECT WOUNDED

Fig. 43. Squad double by shortest route, halt one pace from head of wounded, and in line with him, Number 4 proceed to patient, examine and attend to injuries; he is assisted by Number 2, and if the patient needs the stretcher he gives the command: Lower and prepare stretcher.



LOAD STRETCHER

Fig. 44. When patient is ready, Number 4 gives the command: Load stretcher; then the bearers will place themselves as follows: Numbers 1, 2 and 3 on the left of patient, Number 4 on the right, if patient is very much injured. Kneeling together.

"For the sake of clearness the Squad is reduced to four bearers."



LOAD STRETCHER

Fig. 45. Will join their hands beneath the patient. Number 1 supports the legs, Number 2 the thighs and hips, Number 3 the upper part of the trunk, Number 4, if necessary, lock hands with Number 2 or attend to the injured part; then they lift patient carefully on the knees of Numbers 1, 2 and 3.



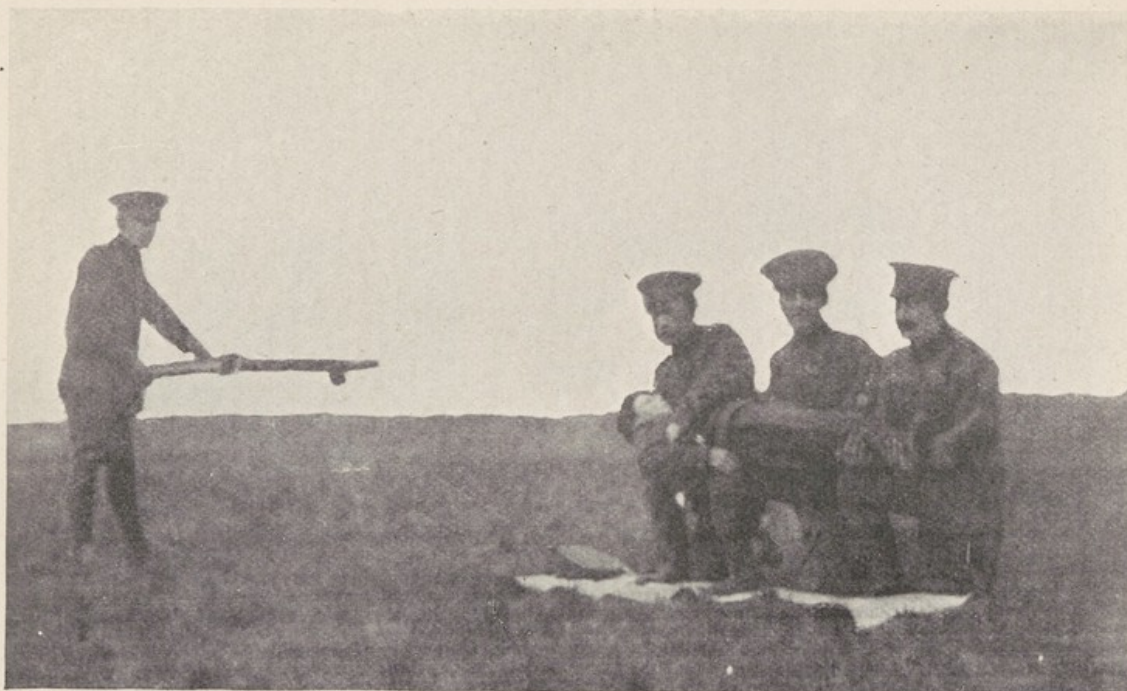
LOAD STRETCHER

Fig. 46. Number 4 rises and steps back one pace.



LOAD STRETCHER

Fig. 47. Turn to the left, double to the stretcher, and take hold of it left hand across.



LOAD STRETCHER

Fig. 48. And rises resting near pole on left hip.



LOAD STRETCHER

Fig. 49. Return to patient and place the stretcher directly beneath him, and will assist in lowering patient when he gives his order: Lower.



LOWER

Fig. 50. Patient is slowly and gently lowered in the centre of canvas. Bearers disengage, rise.



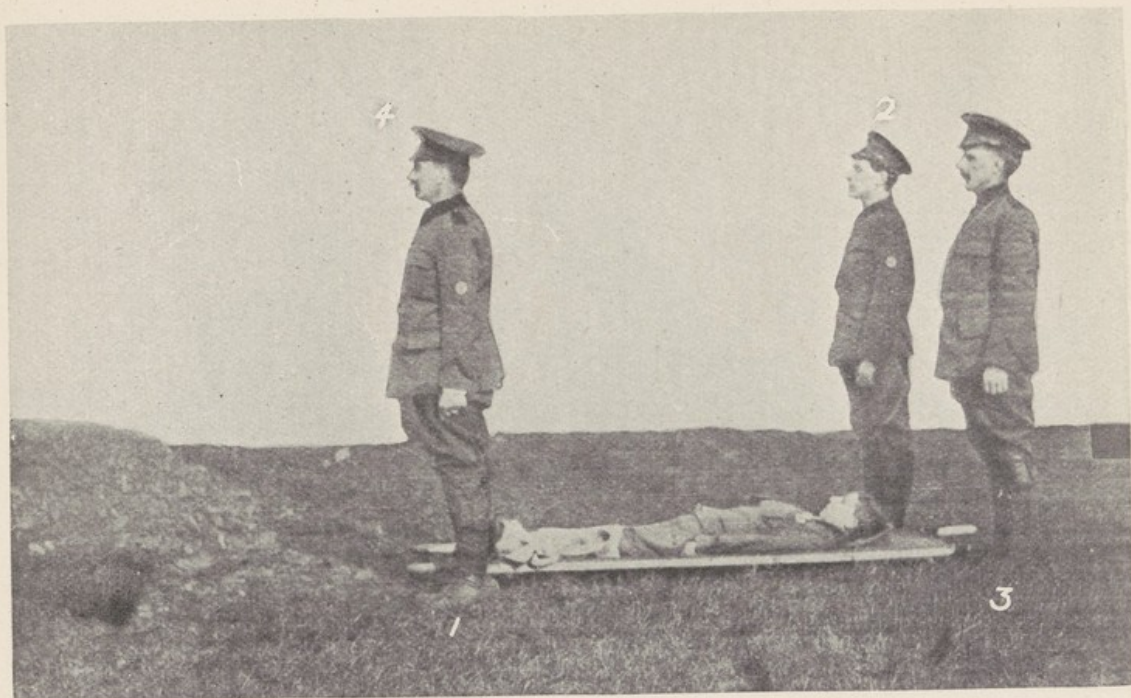
LOWER

Fig. 51. Numbers 1, 2, and 3, turn to the left. Number 4, turn to the right, and stand to stretcher as in prepared stretcher.



LIFT STRETCHER

Fig. 52. Numbers 1 and 3 will lift stretcher as explained before. Number 2 collect patient's rifle and accoutrements. Number 4 place himself in line with Number 1 and on his right, and Number 2 on left and one pace behind Number 1.



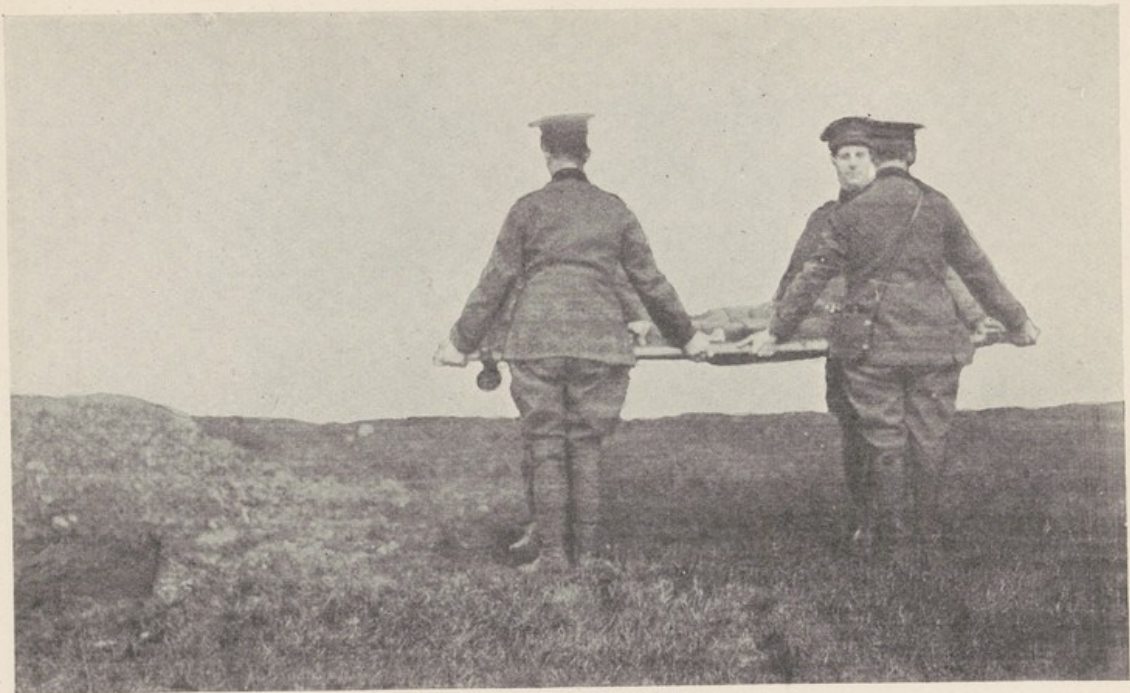
CARRYING WOUNDED ACROSS A TRENCH

Fig 53. Lower patient one pace from trench, Numbers 1 and 3 on left of stretcher, Numbers 4 and 2 on right.



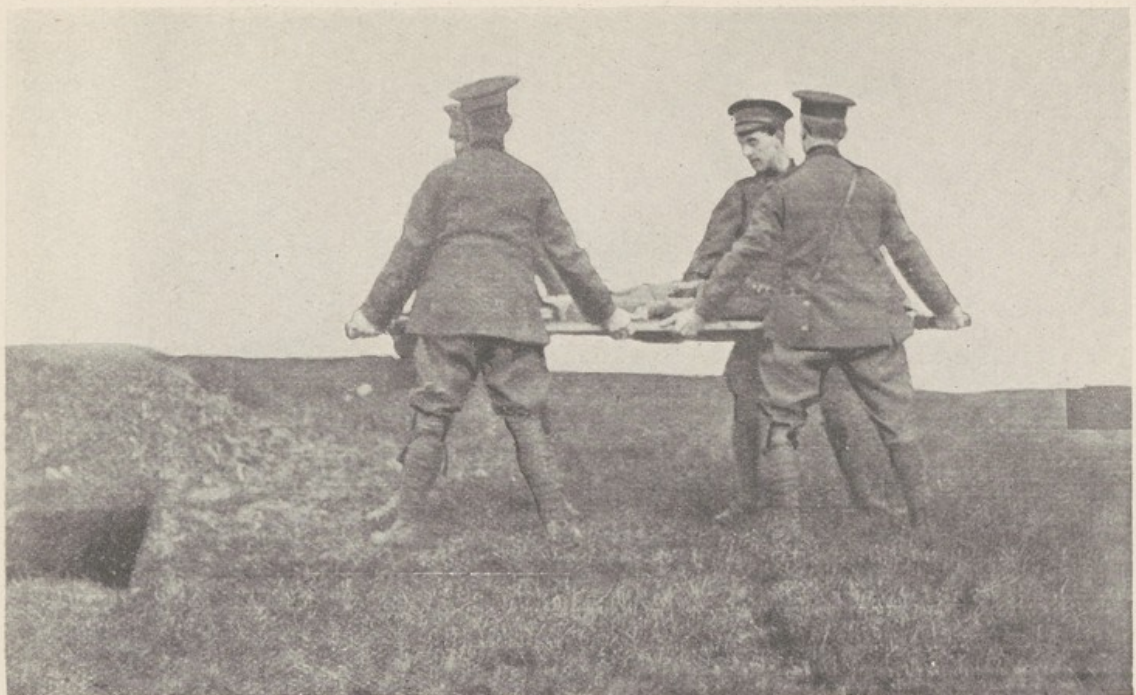
CARRYING WOUNDED ACROSS A TRENCH

Fig. 54. Together they stoop, taking hold of stretcher by both hands as far apart as possible.



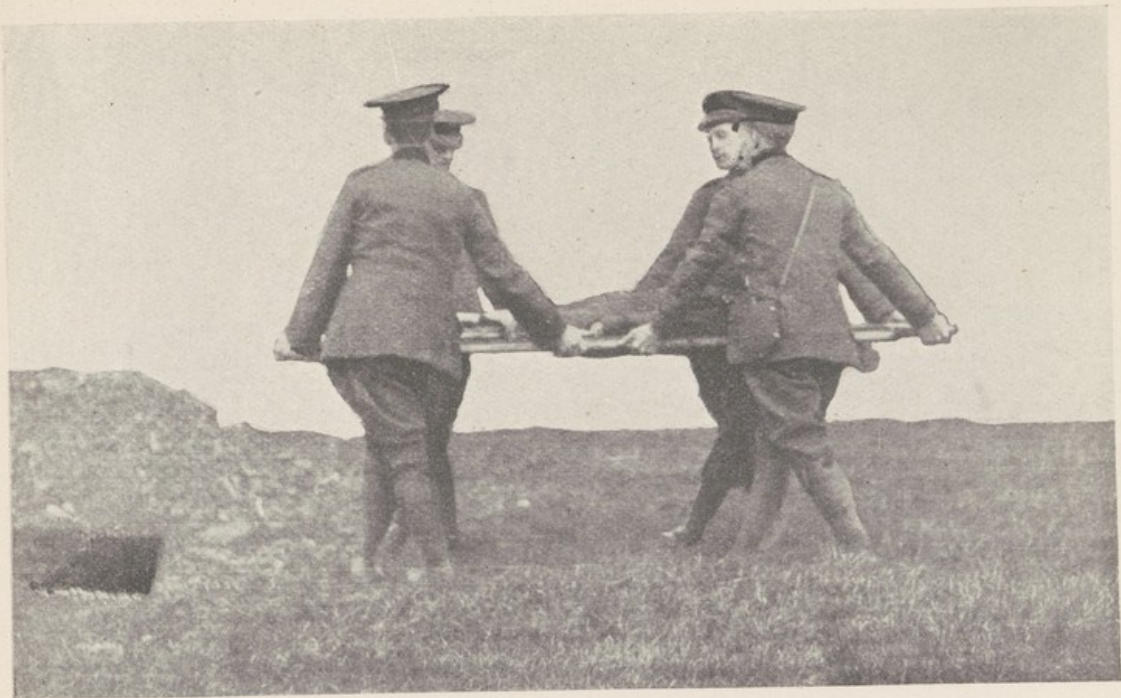
CARRYING WOUNDED ACROSS A TRENCH

Fig. 55. Rising slowly together.



CARRYING WOUNDED ACROSS A TRENCH

Fig. 56. Stepping with the feet nearest to the trench.



CARRYING WOUNDED ACROSS A TRENCH

Fig. 57. They cross legs as illustrated.



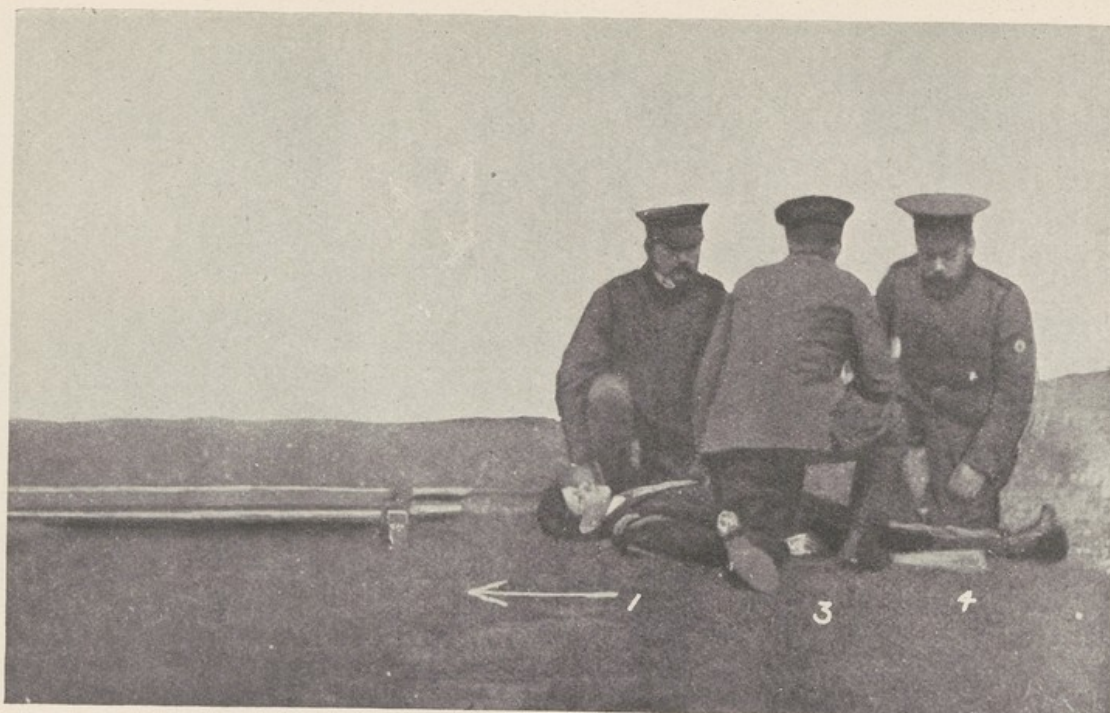
CARRYING WOUNDED ACROSS A TRENCH

Fig. 58. Then Numbers 1 and 4 step in trench, Numbers 3 and 2 stoop and together push stretcher as far across as possible.



CARRYING WOUNDED ACROSS A TRENCH

Fig. 59. Numbers 1 and 4 out of trench. Numbers 3 and 2 in and pushing stretcher clear over the trench, after lift stretcher as previously explained.



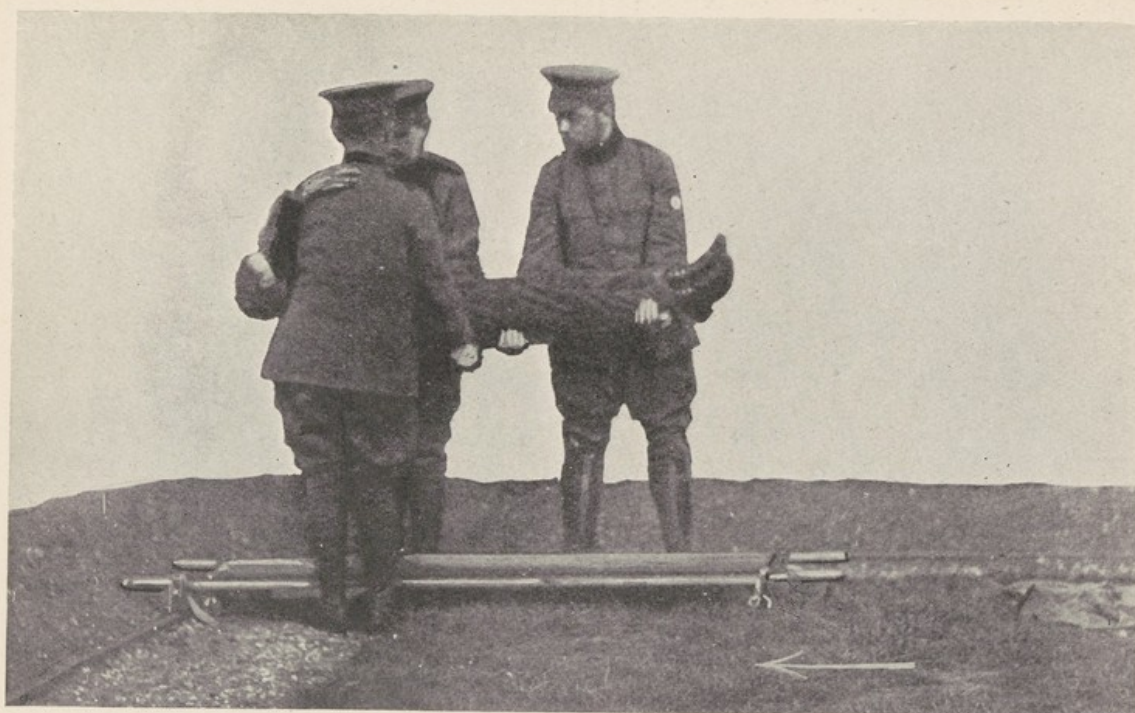
LOADING AND UNLOADING WITH THREE BEARERS

Fig. 60. Stretcher placed at patient's head. Numbers 1 and 4 at left of patient, Number 3 on right, and kneel together.



LOADING AND UNLOADING WITH THREE BEARERS

Fig. 61. Lift patient slowly and gently, patient, if possible, helping by placing his arms on the shoulders of Numbers 1 and 3.



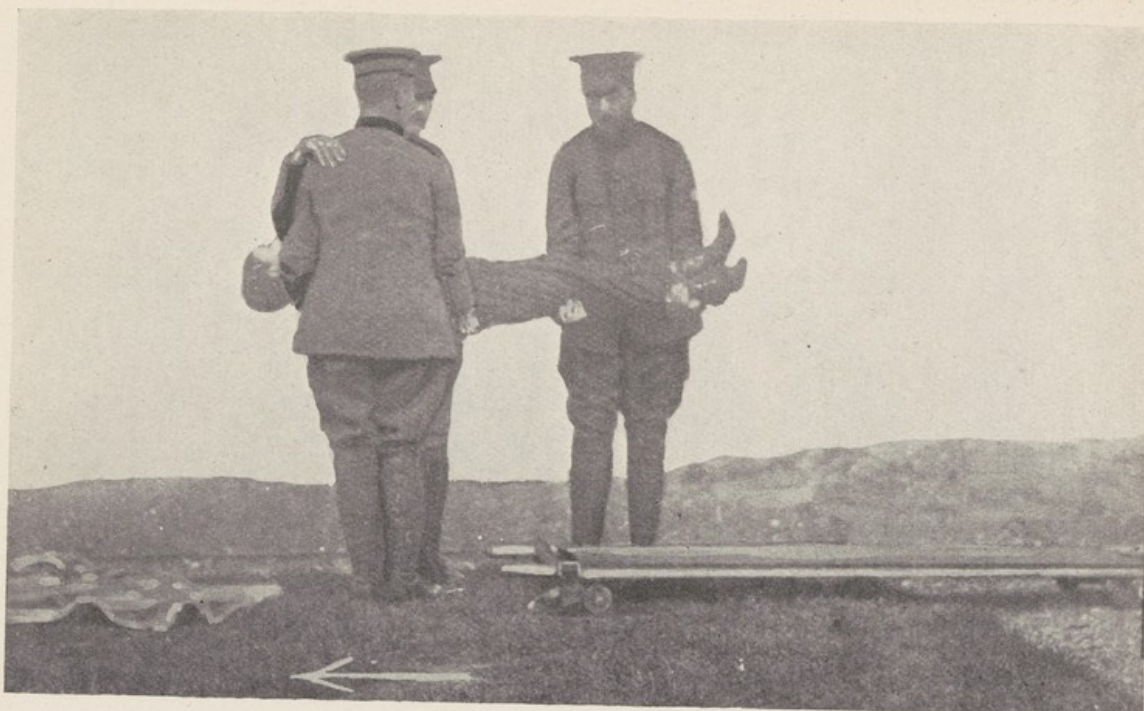
LOADING AND UNLOADING WITH THREE BEARERS

Fig. 62. Carry him, head-foremost, over the foot of stretcher, the horizontal position being maintained throughout the movement.



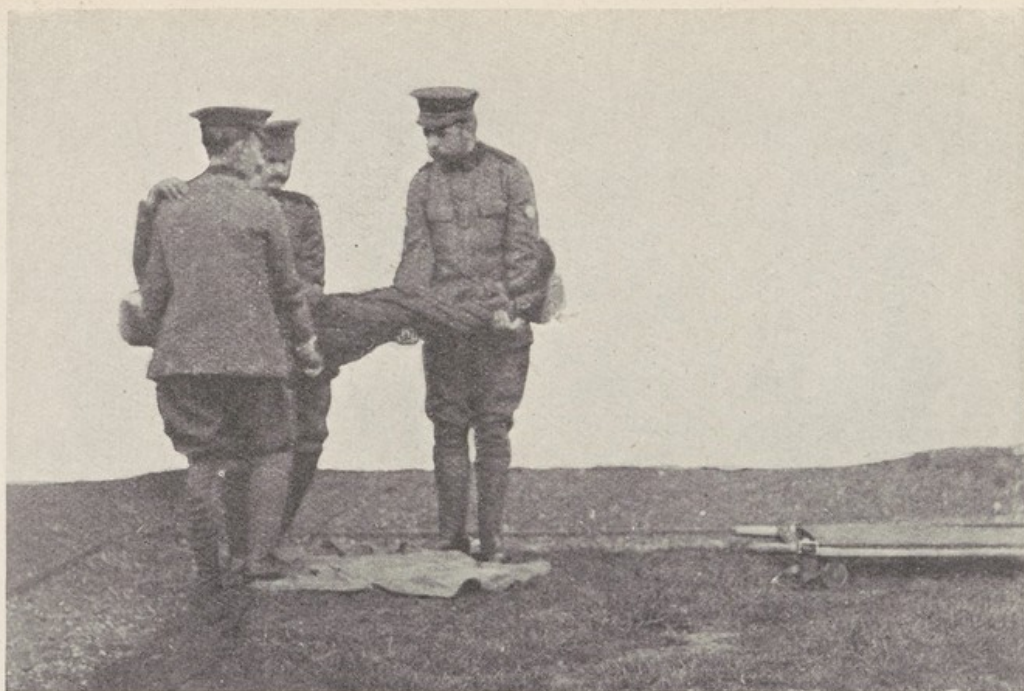
LOADING AND UNLOADING WITH THREE BEARERS

Fig. 63. And lay him in a suitable position on the canvas.



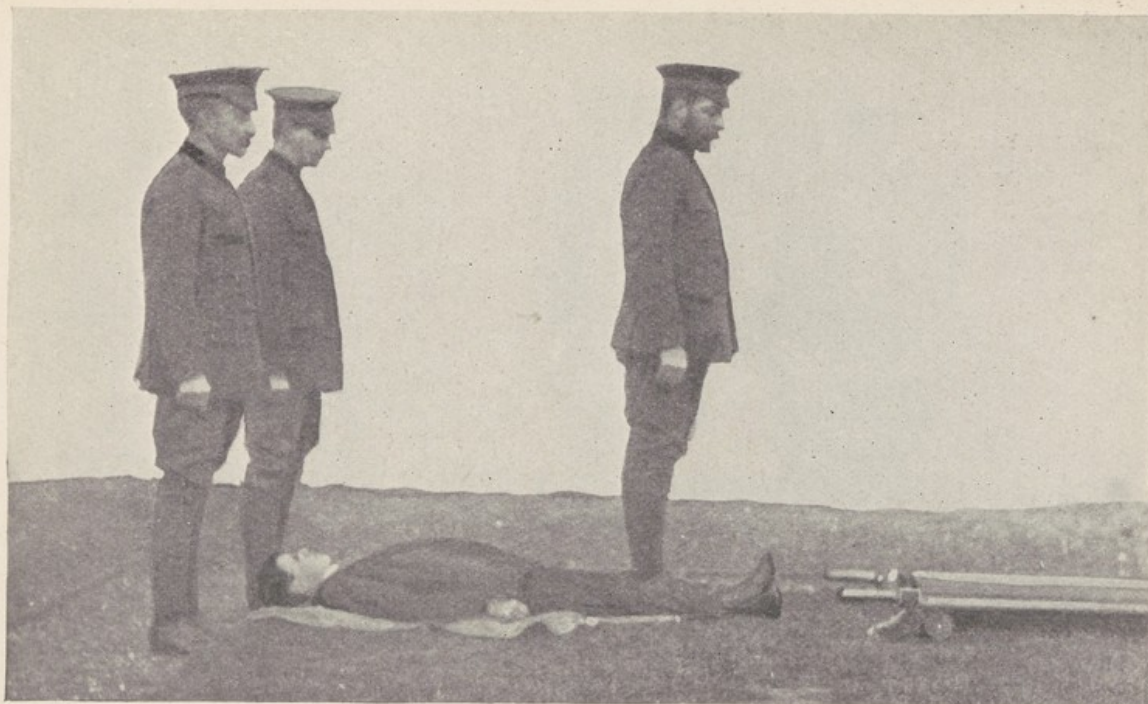
LOADING AND UNLOADING WITH THREE BEARERS

Fig. 64. When unloading, the patient is lifted and carried head-foremost over the head of stretcher.



LOADING AND UNLOADING WITH THREE BEARERS

Fig. 65. And gently laid on the ground.



LOADING AND UNLOADING WITH THREE BEARERS

Fig. 66. They rise. Numbers 1 and 4 turn to the left, Number 3 to the right, and together go and stand to stretcher.



LOADING AND UNLOADING WITH TWO BEARERS

Fig. 67. Lifting gently the wounded on their knees, the wounded, if possible, supporting himself on the neck of Number 1.



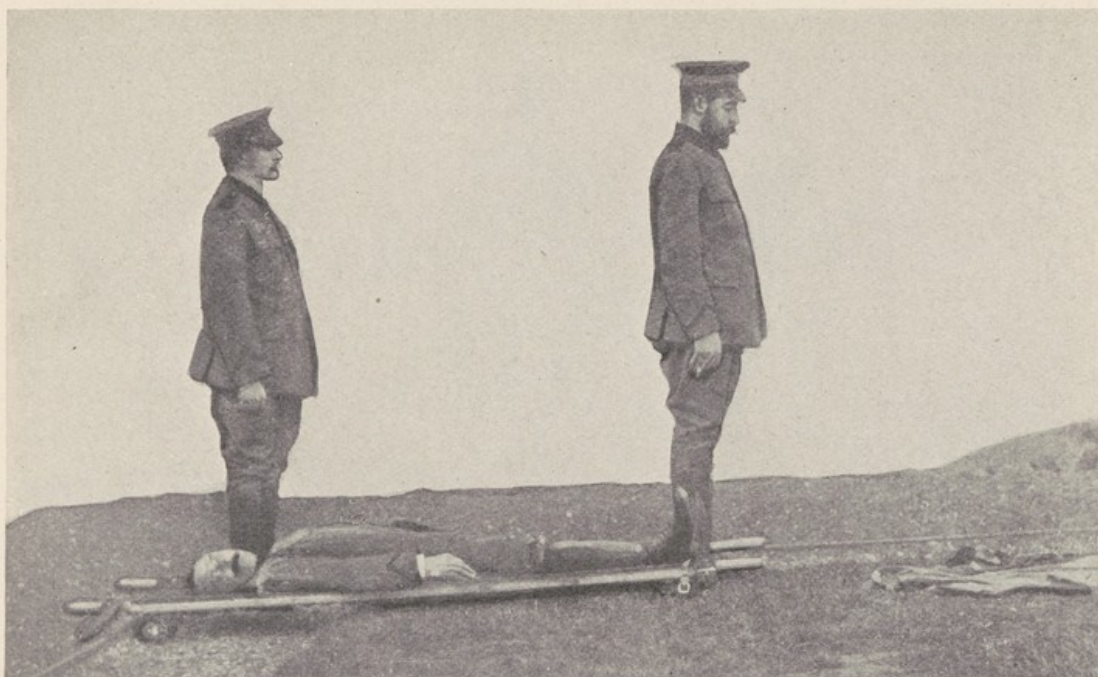
LOADING AND UNLOADING WITH TWO BEARERS

Fig. 68. They rise, and carry the patient head-foremost over the foot of stretcher.



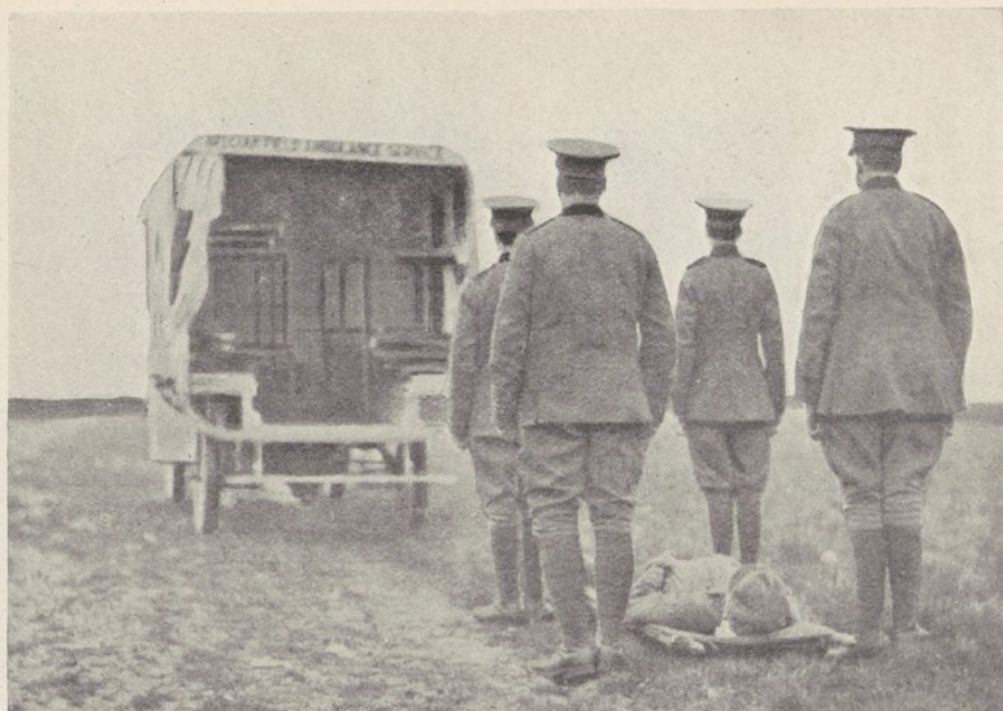
LOADING AND UNLOADING WITH TWO BEARERS

Fig. 69. And will lay him gently on the canvas.



LOADING AND UNLOADING WITH TWO BEARERS

Fig. 70. Then stand to stretcher. Unloading will be carried out as previously explained when there are three bearers.



LOADING WAGONS

Fig. 71. The squad will return towards the wagon. Lower stretcher. Numbers 1 and 3 will turn to the right, kneel, and will fix the slings by passing the loop of the buckle over the near handle, carry the sling under and over the opposite handle, close to canvas back to the near handle, round two or three turns, pass the transverse strap round the pole between the runners and fasten the buckle outside the sling between the poles. Bearers rise and stand to stretcher.



LOADING WAGONS

Fig. 72. Numbers 1 and 3 turn to the right, 4 and 2 to the left; stoop and take hold of stretcher by hands as far apart as possible, and rise gently.



LOADING WAGONS

Fig. 73. On the word Advance, they advance towards the wagon, following the same movements as explained in Fig. 57.



LOADING WAGONS

Fig. 74. They halt one pace from wagon, and lifting stretcher on level with the floor of the upper compartment, place the front runners on it. The stretcher is then gently pushed into its place, Numbers 1 and 4 making way for stretcher and bearers to pass between them.



CARE OF WOUNDED

Fig. 75. Number 4 stretcher bearer looking for injuries on the wounded.



CARE OF WOUNDED

Fig. 76. Bandage Top of Head (I.) Take a whole cloth. Lay centre on top of head, the lower border on the forehead above the eyes. Fold in the edges, pass the end round behind, leaving ears free, cross below occipital protuberance over the point of bandage, bring ends in front and knot with granny knot in front and centre of forehead.



CARE OF WOUNDED

Fig. 77. Bandage Top of Head (II.) Place hand on top of head to steady bandage, draw the point down on back of head to make the bandage fit to the head, turn it up and pin on top.



CARE OF WOUNDED

Fig. 78. Bandage Side of Head (I.) Place centre of narrow fold over the dressing.



CARE OF WOUNDED

Fig. 79. Bandage Side of Head (II.) Pass ends horizontally round the head, cross, and knot over the dressing.



CARE OF WOUNDED

Fig. 80. Bandage Side of Head (III.) Pass narrow fold under the chin, centre on the opposite side of the wound, bring ends round and cross them on top of dressing, bringing ends horizontally round the head and knot on top of bandage.



CARE OF WOUNDED

Fig. 81. Chin and Side of Face: Place centre of narrow fold under chin, pass the ends upwards and knot on top of head, tucking the ends.



CARE OF WOUNDED

Fig. 82. Both Eyes. Place centre of broad fold between the eyes, carrying the ends backwards, cross behind and knot in front.



CARE OF WOUNDED

Fig. 83. Neck. Centre of narrow fold over dressing, cross over and bring ends, knotting them on top of the wound.



CARE OF WOUNDED

Fig. 84. Chest (I.) Take a whole cloth, put it on chest, point over the shoulder of the wounded side, pass ends under both arms and knot behind on the same side that the point is, leaving a long end.



CARE OF WOUNDED

Fig. 85 Chest (II.) Knot point of whole cloth over shoulder to long end in the back, knot to be below shoulder in the back.



CARE OF WOUNDED

Fig. 86. Chest (III.) Dressing finished.



CARE OF WOUNDED

Fig. 87. Abdomen. Place centre of broad fold on the dressing and knot at the side.



CARE OF WOUNDED

Fig. 88. Greater Arm Sling (I.) Take a whole cloth, throw one end over the shoulder on the sound side. Place the point behind the elbow of the injured arm, and bend the injured arm carefully.



CARE OF WOUNDED

Fig. 89. Greater Arm Sling (II.) Place it across chest, thumb pointing up, bring the lower end on top and knot to the other end, on top of shoulder on the injured side.



CARE OF WOUNDED

Fig. 90. Greater Arm Sling (III.) Draw the point forward, round the elbow, and pin in front.



CARE OF WOUNDED

Fig. 91. Greater Arm Sling with Broken Collar-bone. Instead of bringing the lower point of the bandage on top of the injured shoulder, it is passed between the arm and the side, and knotted to the upper end behind the neck.



CARE OF WOUNDED

Fig. 92. Lesser Arm Sling and Shoulder Bandage (I.) Lay the centre of a whole cloth on top of shoulder, point up, the lower border across the middle arm, fold border, carrying the ends around the arm, cross and knot them on side opposite.



CARE OF WOUNDED

Fig. 93. Lesser Arm Sling and Shoulder Bandage (II.) Take a broad cloth, place one end over shoulder on the sound side. Bend the arm over carefully and place wrist across the middle of bandage, hand a little higher than elbow, bring the lower end and knot on top of shoulder of the injured side, and on top of the point of bandage on shoulder, pull point to make bandage fit on shoulder, bend it above lesser arm sling and pin it.



CARE OF WOUNDED

Fig. 94. Elbow. Place centre of whole cloth over the back of bent elbow, point up, pass the ends round forearm, cross them in front, pass them around the arm, and cross behind and knot in front. Apply greater arm sling. See Figs. 88, 89 and 90.



CARE OF WOUNDED

Fig. 95. Fractured Clavicle (I.) Place a small pad in the arm-pit of the injured side, apply centre of narrow fold to the outer surface of arm, carry front end horizontally across chest. Bring the other end between arm and chest over the upper margin of the front end, then pass it upwards and backwards through the loop thus formed to the back of the chest.



CARE OF WOUNDED

Fig. 96. Fractured Clavicle (II.) Exercise a steady traction so as to pull arm backward and knot both ends on the other side of the chest. Then apply lesser arm sling.



CARE OF WOUNDED

Fig 97. Hand (I.) Take a whole cloth. place hand palm downwards on the centre of bandage.



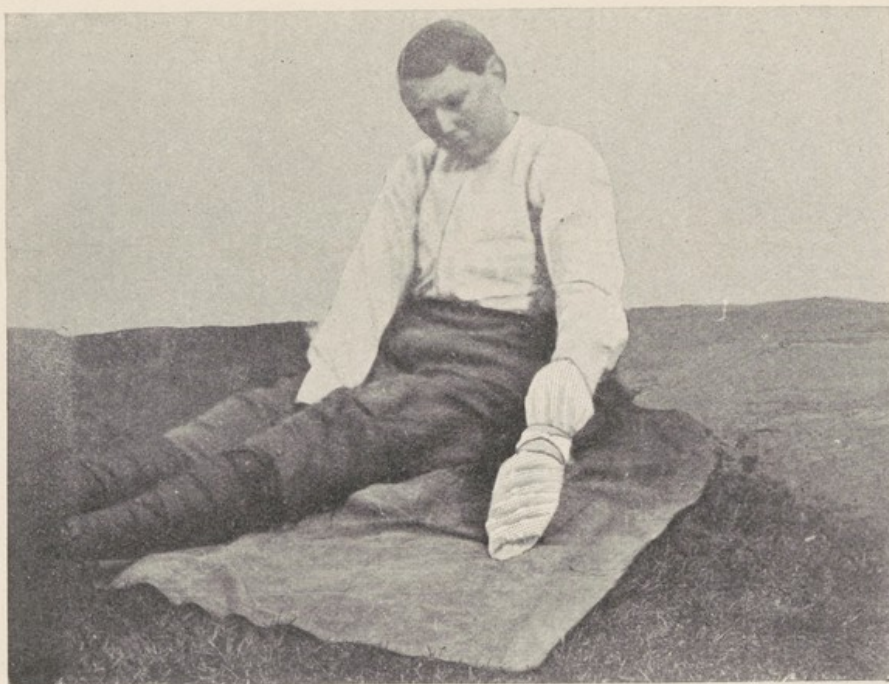
CARE OF WOUNDED

Fig. 98. Hand (II.) Bring the ends toward the forearm.



CARE OF WOUNDED

Fig. 99. Hand (III.) Bring the ends over the back of the hand.



CARE OF WOUNDED

Fig. 100. Hand (IV.) Pass ends round the wrist coming across the point, pass behind wrist, cross them and knot in front.



CARE OF WOUNDED

Fig. 101. Hand (V.) Fold point over knot and pin it.



CARE OF WOUNDED

Fig. 102. Fracture of Lower Jaw. Apply four-tailed bandage. Place central slit on point of chin, tie the two upper tails behind the neck, tie the two lower tails on top of head, then the ends of both upper and lower tails are tied together.



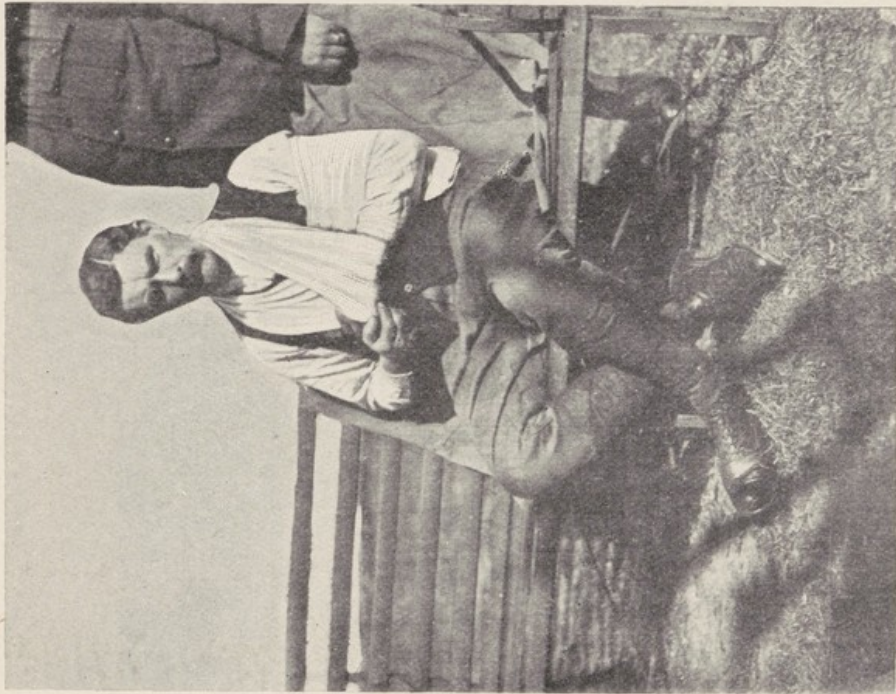
CARE OF WOUNDED

Fig. 103. Fracture of Upper Arm near Shoulder (I.) Put a pad along the inside of the arm-pit to the elbow.



CARE OF WOUNDED

Fig. 104. Fracture of Upper Arm near Shoulder (II.) Then bandage the arm to the side by means of a broad-fold, the centre over the arm and the ends passed round the body and tied on the opposite side.



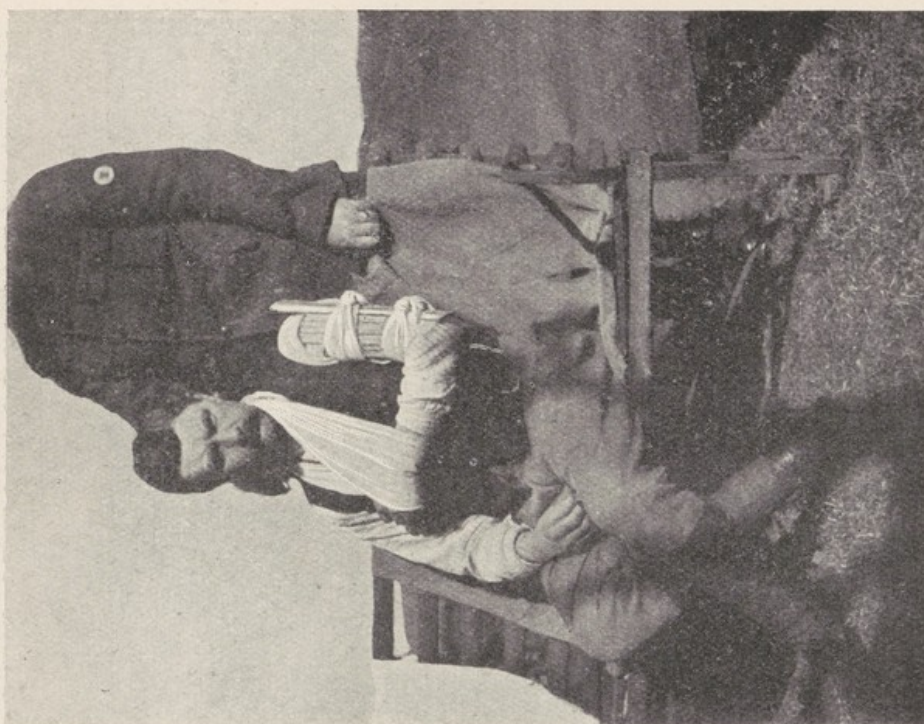
CARE OF WOUNDED

Fig. 105. Fracture of Upper Arm near Shoulder (III.)
Then apply the lesser arm sling.



CARE OF WOUNDED

Fig. 106. Fracture of Middle of Upper Arm (I.) Four short splints are applied, in front, behind and on either side,



CARE OF WOUNDED

Fig. 107. Fracture of Middle of Upper Arm (II.) Then narrow-fold bandages applied below and above the fracture, knots on top of outer splint. Apply the lesser arm sling.



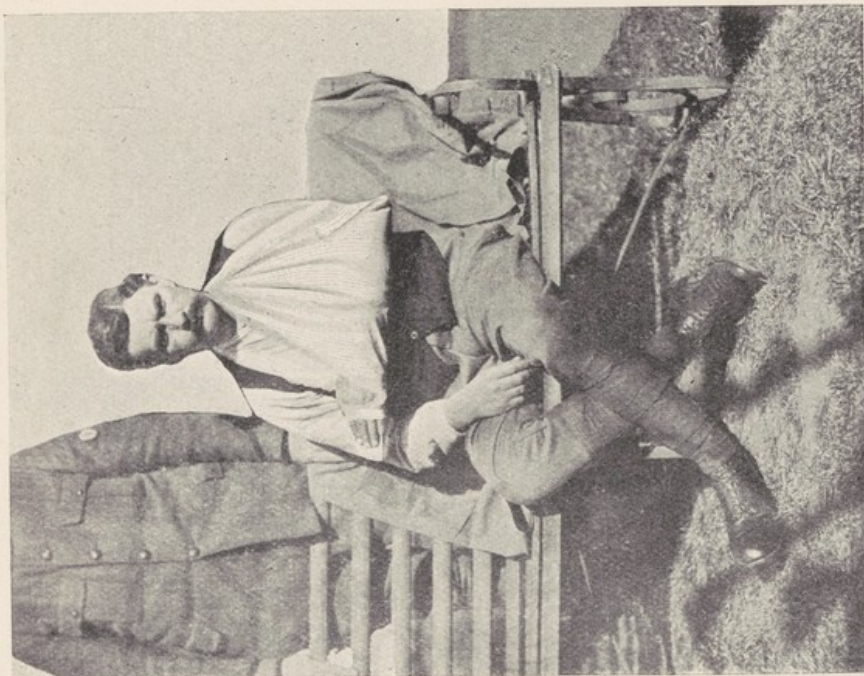
CARE OF WOUNDED

Fig. 108. Fracture of Lower Upper Arm (1.) Apply an L splint as shown in illustration.



CARE OF WOUNDED

Fig. 109. Fracture of Lower Upper Arm (II.) Tied splint with narrow-fold bandages over fracture on the upper arm, and below fracture on the forearm.



CARE OF WOUNDED

Fig. 110. Fracture of Lower Upper Arm (III.) Apply greater arm sling.



CARE OF WOUNDED

Fig. 111. Fracture of Forearm (I.) Bend the forearm at right angles to the arm, thumb uppermost and palm of hand to body. Apply two broad splints on the inner side and outside of arm; the inner one reaching from elbow to fingers, the outer one from elbow to back of hand.



CARE OF WOUNDED

Fig. 112. Fracture of Forearm (II.) Bandage over and below fracture, if possible, with narrow-fold bandages, knots on outer splint. Steady hand with another bandage.



CARE OF WOUNDED

Fig. 113. Fracture of Forearm (III.) Apply greater arm sling.



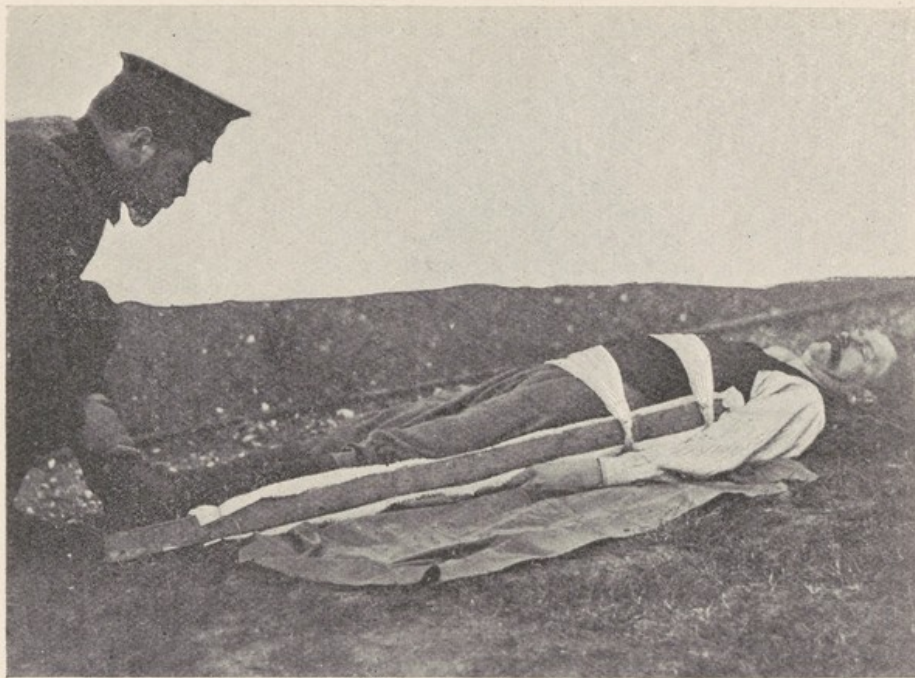
CARE OF WOUNDED

Fig. 114. Fracture of Ribs. Apply two broad-fold bandages firmly around chest so that the centre of each is above and below fracture. They are tied separately on the other side. Knots partly in front.



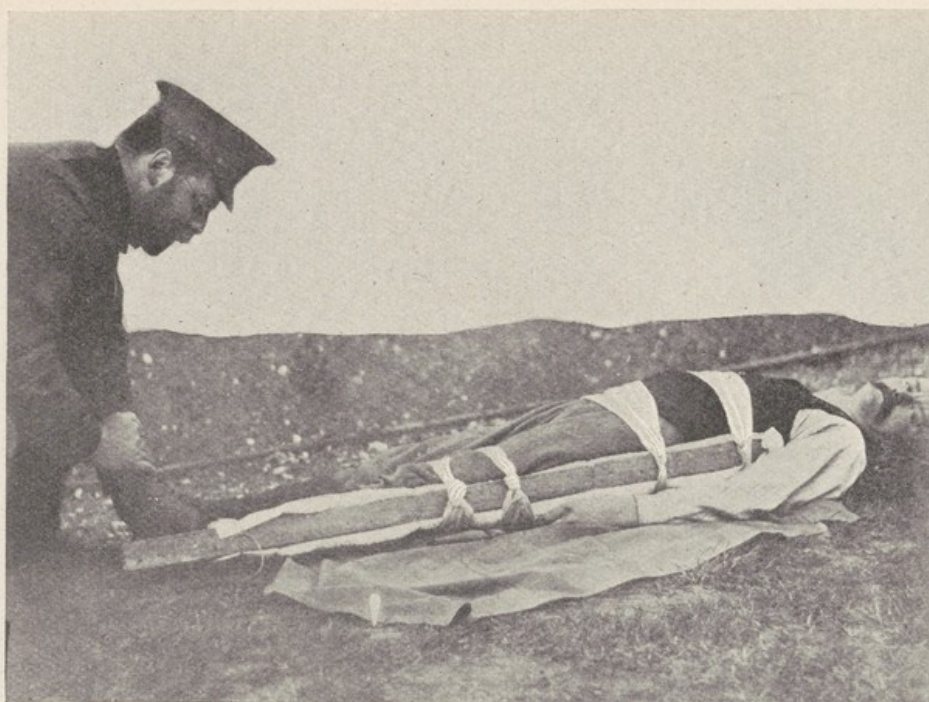
CARE OF WOUNDED

Fig. 115. Fracture of Pelvis. Use a broad bandage.



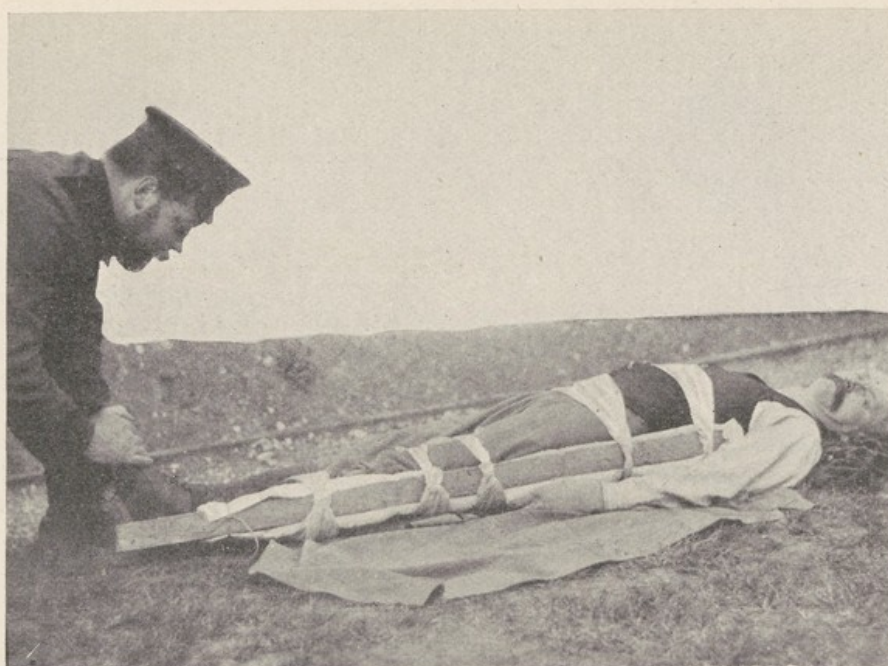
CARE OF WOUNDED

Fig. 116. Fracture of Thigh-bone (I.) Bring the foot of injured leg in line with the sound side by a steady pull. Apply a splint on the outer side long enough to reach from the armpit to beyond the foot. Secure this splint by two broad-fold bandages around chest and pelvis.



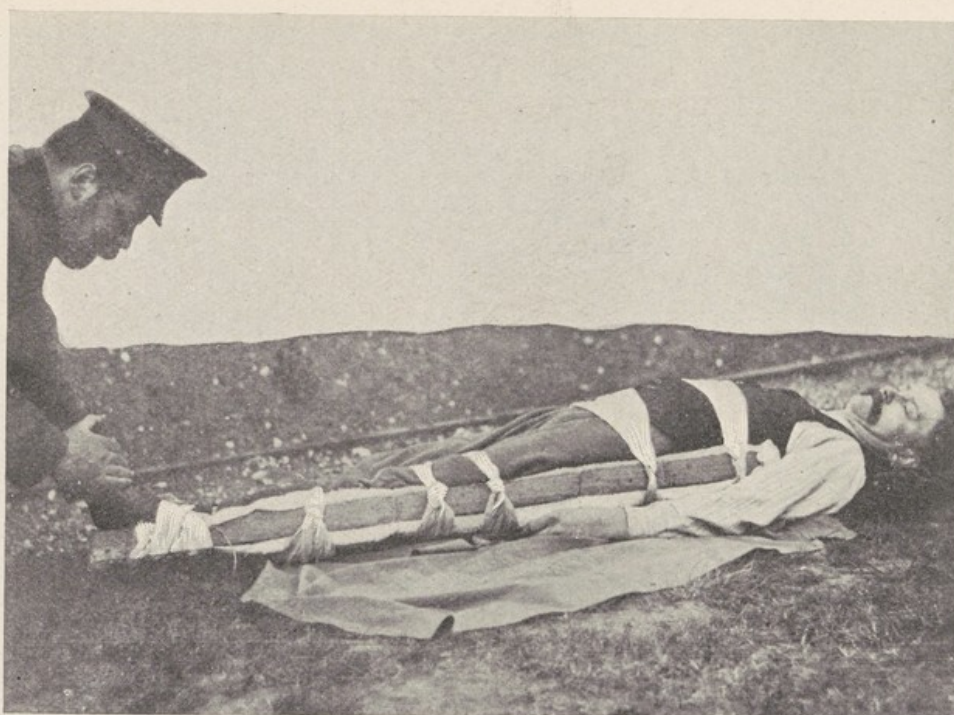
CARE OF WOUNDED

Fig. 117. Fracture of Thigh-bone (II.) Apply a second splint on the inside of the injured leg reaching from fork to knee, and secure it by two narrow-fold bandages above and below fracture.



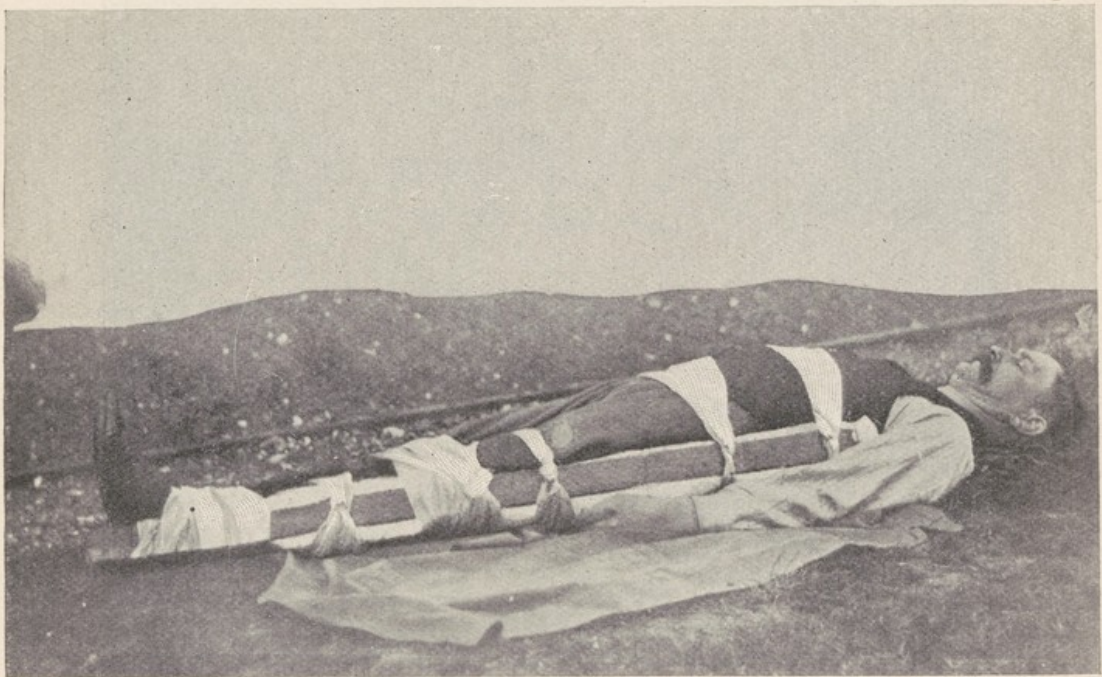
CARE OF WOUNDED

Fig. 118. Fracture of Thigh-bone (III.) Another bandage should be passed around the leg, enclosing the long splint.



CARE OF WOUNDED

Fig. 119. Fracture of Thigh-bone (IV.) Fasten the ankle to the end of the long splint.



CARE OF WOUNDED

Fig. 120. Fracture of Thigh-bone (V.) Finally the injured limb is secured to the other leg by two broad-fold bandages—till then the injured leg has always been kept in position by the assistant.



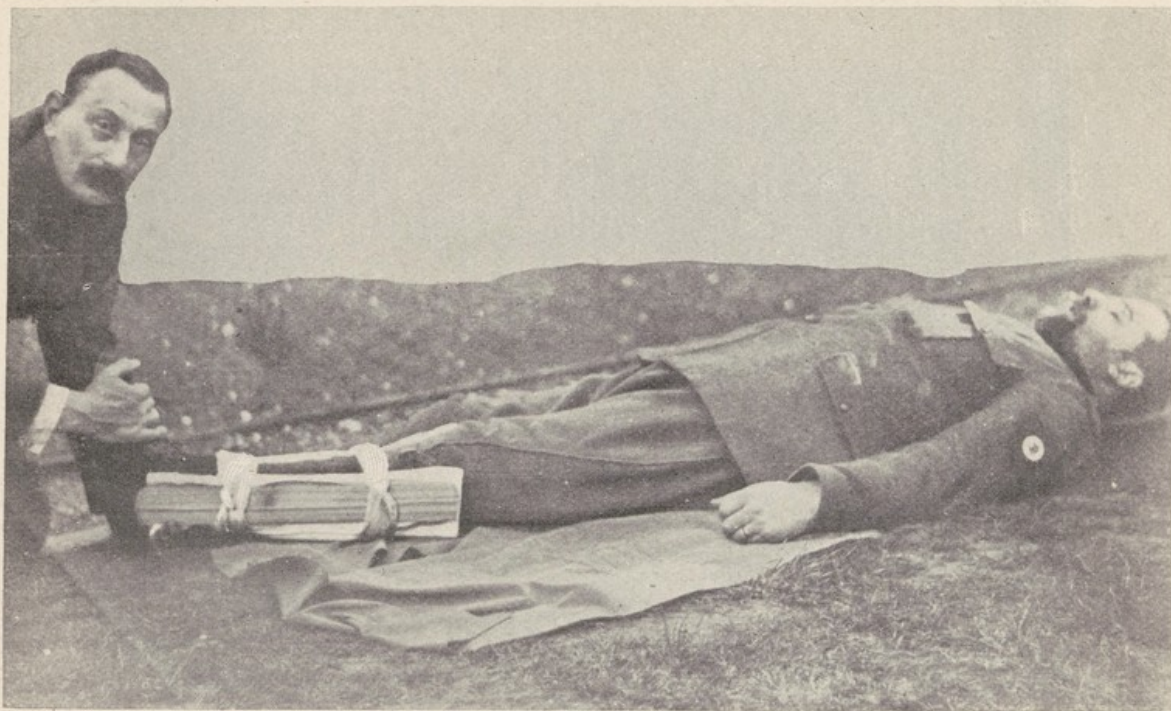
CARE OF WOUNDED

Fig. 121. Fracture of Knee-cap (I.) Place patient in half-sitting position. Apply a long splint under leg from hip to heel, fixed by a broad bandage round thigh and round ankle.



CARE OF WOUNDED

Fig. 122. Fracture of Knee-cap (II.) A narrow-fold bandage is laid above the upper fragment, crossed behind the splint and then tied in front below the lower fragment. An ice bag may be applied. The heel should be raised.



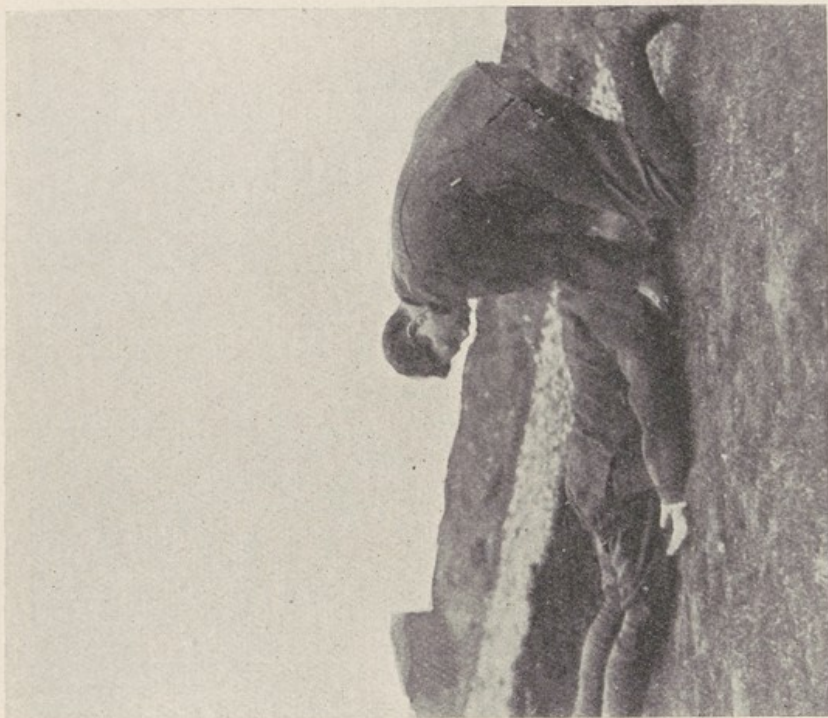
CARE OF WOUNDED

Fig. 123. Fracture of Leg (I.) Limb should be steadied by drawing on foot. Splints reaching from knee to below foot should be applied on the inside and outside of injured leg and secured by two narrow-fold bandages.



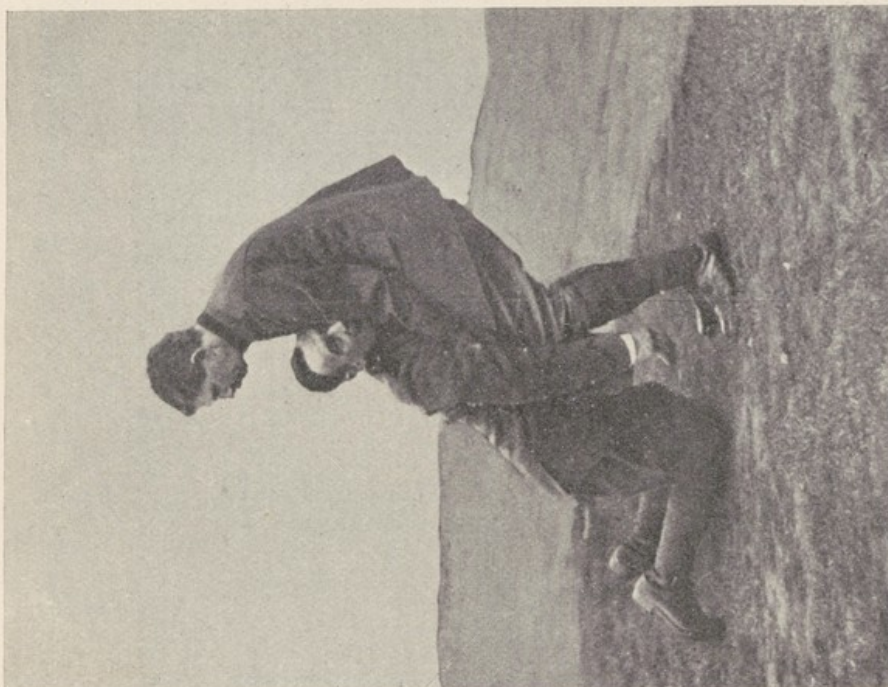
CARE OF WOUNDED

Fig. 124. Fracture of Leg (II.) Both legs bandaged together by broad-fold bandage.

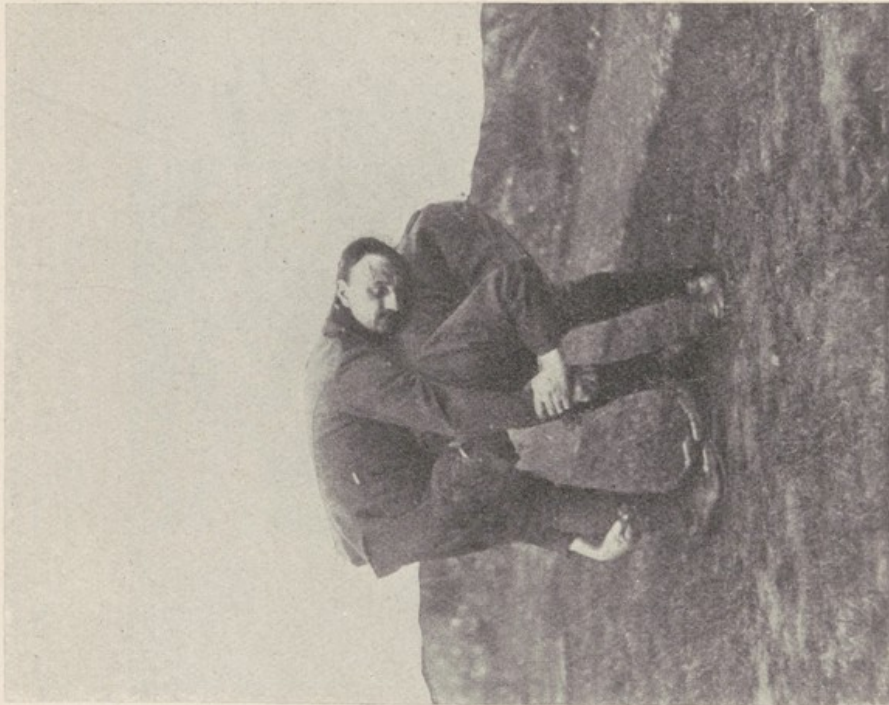


CARRYING OF WOUNDED

Fig. 125 Fireman's Lift (I.)



CARRYING OF WOUNDED
Fig. 126. Fireman's Lift (II.)



CARRYING OF WOUNDED

Fig. 127. Fireman's Lift (III.)



CARRYING OF WOUNDED

Fig. 128. Fireman's Lift (IV.) The body of wounded should be a little more backward and head lower down.



CARRYING OF WOUNDED

Fig. 129. With Two Bearers (I.)



CARRYING OF WOUNDED
Fig. 130. With Two Bearers (II.)



CARRYING OF WOUNDED

Fig. 131. With two hands locked and the others making support for back. The A.M.C. grip is by locking the hands in bending fingers and hooking one hand to the other.



CARRYING OF WOUNDED
Fig. 132. Three hands grip.



CARRYING OF WOUNDED
Fig. 133. Four hands grip



CARRYING OF WOUNDED
Fig. 134. Wounded carried by either of the methods.



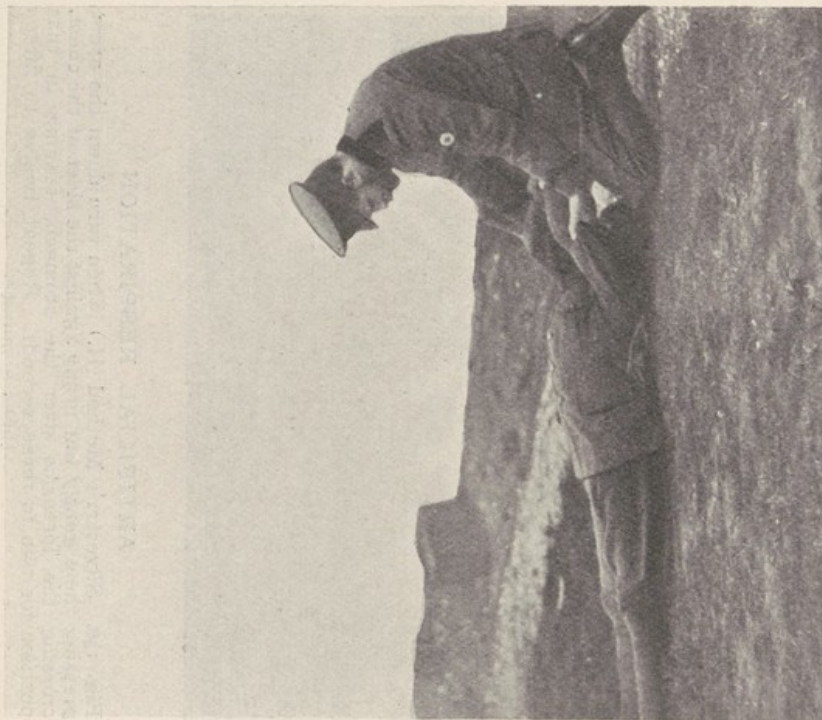
ARTIFICIAL RESPIRATION

Fig. 135. Schaefer's Method (1.) Place your hands flat on the small of the back, with thumbs nearly touching, and steadily allow your weight to fall on the wrists—thus producing a downward pressure. By this means water or gas are excluded from lungs. Stay in that position for two or three seconds.



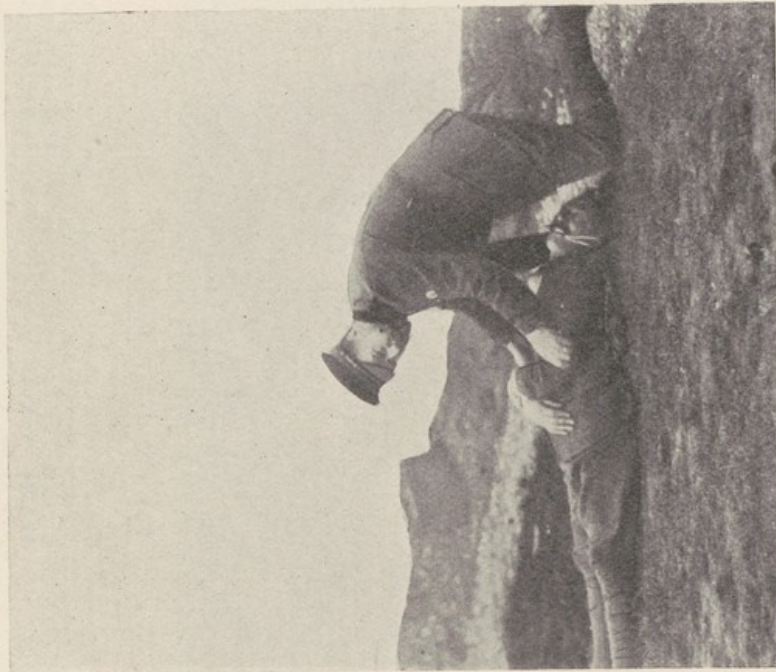
ARTIFICIAL RESPIRATION

Fig. 136. Schaefer's Method (II.) Then swing back, rapidly releasing the pressure, when air will enter the lungs, then stay for two seconds. Repeat twelve to fifteen times a minute.



ARTIFICIAL RESPIRATION

Fig. 137. Silvester's Method (I.) Patient on back. Cloth under shoulder blades. Grasp the arms by the elbows, draw them gently upwards and backwards over the head and keep them stretched for two seconds. The tongue should be tied so as not to drop inside the mouth.



ARTIFICIAL RESPIRATION

Fig. 138. Silvester's Method (II.) Then turn down the arms, pressing them gently but firmly against the sides of the chest, crossing the forearms over the stomach, staying in that position for two to three seconds. Repeat twelve to fifteen times a minute.

NOTES



NOTES

NOTES

NOTES

NOTES

NOTES

NOTES

NOTES

NOTES

NOTES NOTES

NOTES

NOTES
NOTES

NOTES

NOTES

NOTES

NOTES

NOTES

