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.

I am indebted to Major-General H. C. D. Rankin, C.I.E., O.B.E., M.B., D.D.M.S., H.Q., Eastern Command, for permission to forward this note for publication.

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

BY
Captain S. F. M. CRESSALL,
Royal Army Medical Corps,

[Received February 17, 1944.]

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
round the front of the abdomen at waist level. The other piece is bent in the
form of a "J" with the concave surface of the splinting innermost. The
curved base of the "J" should be sufficiently wide to accommodate the
patient's elbow comfortably, i.e. about 3½ in. across, and the short limb long
enough to project up the side of the patient's chest, medially to the injured
arm, leaving about an inch clearance between the elbow and the base of the
"J" without being thrust into the axilla, i.e. about 10 in. long. The long
limb of the "J" should be long enough to project up the outsideside of the
injured arm to about one inch above the shoulder when it can be cut short
or bent over.

The short limb of the "J" is tied firmly just above the curve of the "J"
to the 4 in. overlap of splinting at one angle of the triangle, so that the "J"
is at right-angles to the plane of the triangle with the long limb outermost
from it. The "J" and adjoining limb of the triangle are then padded with
wool and roller bandages.

To Apply.

Bend out the "J" slightly and slide it up the injured arm, short limb
medially and long limb laterally, leaving about 1 in. to 2 in. clearance below
the elbow. Rest the forearm in the mid-prone position against the
adjoining forward side of the triangle with the fingers curving round the anterior angle.
Bandage the whole length of the upper arm against the outer limb with a
roller bandage and then bring the concave side of the triangle into position
across the front of the body. Tie the short limb of the "J" to the body with
a triangular bandage round the chest. Bind the forearm firmly against the
Current Literature

triangle with a roller bandage. This helps to maintain a certain degree of extension on the upper arm. Tie a second triangular bandage right round the body, forearm and triangular portion of the splint. Tie a third triangular bandage round the top of the long limb of the “J” and the chest, passing beneath the opposite axilla. This, when pulled tight, produces a slight outward bowing of the middle portion of the long limb of the “J” and thereby tends to correct any medial displacement of the bone fragments, without impeding circulation as a medially placed pad may do.

If it is desired to produce additional firmness of extension in a stretcher case during a long ambulance journey a fourth triangular bandage can be tied to the bottom of the “J” passed under the crutch and brought upwards and tied to the anterior angle of the triangle.

---

Current Literature.


Ten proved diphtheria carriers were treated with nasal instillations of 500 Oxford units of penicillin contained in 1 c.c. of the solution. Instillation was made into both nostrils four times daily for five days, and immediately after each instillation another 1 c.c. was sprayed by an atomizer on to the fauces.
A Method of First-Aid Splinting for a Fractured Humerus with Cramers Wire

S. F. M. Cressall

*J R Army Med Corps* 1946 86: 77-79
doi: 10.1136/jramc-86-02-09

Updated information and services can be found at:
http://jramc.bmj.com/content/86/2/77.citation

**Email alerting service**

Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/