

SAFETY

Transportation of Injured

Carrying the hurt to safety on improvised stretchers will be necessary if atomic disaster occurs. Be careful that the movement does not cause further injury or sickness.

By JANE STAFFORD

(Last in a series of articles on atomic first aid.)

► IF YOU are called on to give first aid in case of an atomic bomb explosion or a highway accident or even a medical emergency in your or your neighbor's home, part of your job may be to get the patient transported to a hospital or a doctor's office.

One of the things you will learn if you take a Red Cross course in first aid is to plan carefully before you start moving the patient. If fire is creeping close or there is danger of walls falling on the victim, you have to move fast. But if you have learned the art of planning for transportation, you will be able to make a plan and carry it out at top speed.

You must always keep in mind that the way you move or transport a patient should be such that it does not cause further injury or sickness. Where broken bones are suspected and you cannot apply splints before moving the patient, try to support or carry the patient in such a way that the broken part is kept as still as possible.

In the great majority of cases you will give first aid and then wait for an ambulance, moving the patient only on a doctor's order and following his directions for how to do it. If you have given first aid, so that bleeding is checked, the patient is breathing regularly and shock has been controlled, there is usually no great rush about doing anything more until the doctor or ambulance does arrive.

Do Not Bother Patient with Plans

When you do your planning, do it without bothering the patient and preferably where he cannot hear your discussion. Don't ask him any more questions than necessary. In planning, figure how the patient is going to be carried to the vehicle, how he is going to be put into it, what materials are needed, and what each helper will do.

For carrying seriously sick or injured persons, a stretcher is best. But putting a patient onto a stretcher and carrying a stretcher are not as easy as you may think. It takes three and preferably four strong people to do it.

If you follow the Red Cross first aid directions you will have one of the bearers put the stretcher close to the injured person, preferably two feet from his head and in a straight line with his body. The pa-

tient lies on his back with feet tied, unless his injuries require some other position.

Four Bearers Per Person

Three bearers take positions on one side of the patient, the fourth on the opposite side. If one side is injured, the three should be on the uninjured side. One bearer is at the shoulders, one at the hips and the third at the knees. The fourth is at the hips on the opposite side unless he has a special injured part to care for. All bearers face the injured person and kneel on one knee, the one nearest the patient's feet.

The bearer at the shoulder puts one arm under the patient's head, neck and shoulders and the other under the upper part of the back. The bearer at the knees puts one arm under the knees and the other under the ankles. The third bearer and the man opposite pass their arms under the patient's back and thighs.

The bearers all lift together at a signal and put the patient on the knees of the three men in line. The fourth then puts the stretcher under the patient. The patient

is gently lowered to the stretcher on the signal "Lower."

To carry the stretcher, the bearers stand one at each end and one at each side. The stretcher is raised at a given signal and then at another signal the front and side bearers step off with the left foot and the rear bearer with the right foot. The patient should be carried feet first except up hills, stairs or other steep grades.

Stretchers may be improvised from blankets and poles, or even properly rolled blanket alone, from boards fastened together, or you may use a wide board, door, screen or ladder properly covered with boards or cushions.

If you are going to use a blanket stretcher, first put the blanket beside the patient and tuck—don't roll—two-thirds of the blanket close against the patient's body. Grasping him at hips and shoulders, roll him gently about one-eighth turn away from the blanket. Push the tucked part as far under him as possible, roll him back over the tucked blanket and one-eighth turn further over the blanket. Then pull the blanket on through.

Items for First Aid Kit

As a guide for your first aid kit, you might include these items listed in the American Red Cross First Aid Textbook:

- One-inch compresses on adhesive in individual packages
- Sterile gauze squares—about 3"x3"—in individual packages



MOVING WITH CARE—An improvised stretcher made with two tree branches and a blanket is used in transporting a patient. Three or four persons are needed to move one victim.

Assorted sterile bandage compresses in individual packages
 Triangular bandages
 Sterile gauze in individual packages of about one square yard
 Roll of one-half inch adhesive
 Inelastic tourniquet
 Scissors (blunt tipped are best)
 Three-inch splinter forceps
 Paper cups
 One-inch and two-inch roller bandages
 Wire or thin board splints

Science News Letter, November 4, 1950

MEDICINE

New Operation Helps Colitis Patient

➤ A NEW operation for ulcerative colitis was reported by Drs. Benjamin G. P. Shafiroff and J. W. Hinton of New York University College of Medicine at the meeting in Boston of the American College of Surgeons.

The operation, termed denervation of the pelvic colon, consists in cutting certain nerves to the colon. "Marked improvement" in both symptoms and physical condition of five patients followed this operation.

Science News Letter, November 4, 1950

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PUBLIC HEALTH

Grants for Research

➤ BLOOD, a new vitamin, preserving bones and teeth into old age, curing deafness in school children and a conception-to-death study of growth are among the 155 research problems for which the U.S. Public Health Service has awarded grants totalling \$4,708,766.

The blood research will continue studies already under way under the leadership of Dr. E. J. Cohn and Dr. Charles A. Janeway of Harvard University on methods of separating elements of the blood, preserving them for longer periods and thus making blood more useful than ever, both in case of atomic attack and for saving lives threatened by such peacetime conditions as heart, kidney and joint diseases.

In order to determine whether radium treatment for prevention of deafness due to overgrowth of adenoid-like tissue is effective and cheap enough to be recommended for routine use in regular school health programs, 1,000 Baltimore, Md., school children will be tested under the grant to Dr. Samuel J. Crowe, Johns Hopkins University professor who originated

the method.

The conception-to-death study is under the direction of Dr. Alfred Hamlin Washburn of the Child Research Council, Denver, Colo. Purpose of the study is to correlate physical, mental and emotional factors over a long period in order to develop more reliable methods for determining patterns of normal and healthy growth. Investigation of individual differences in growth of a selected group of persons from the prenatal period to death and through several generations of their descendants is planned. A score of research workers in pediatrics, physiology, biochemistry, hematology, nutrition and psychiatry will continue the investigations already begun on 166 persons.

In another study awarded a research grant, local police, hospitals and physicians will cooperate in furnishing patients for tests as to whether an artificial kidney can prevent death from an overdose of sleeping pills. This one will be conducted by Drs. Harold Jeghers and Theodore Koppanyi at Georgetown Hospital, Washington, D.C.

Science News Letter, November 4, 1950

ECONOMICS

Food More Costly in '51

➤ THE WORLD'S housewife will go to market in the coming year to buy more food than the farmer can supply.

This is the essence of an 81-page annual report issued by the Food and Agriculture Organization of the United Nations.

The Korean crisis and subsequent quickening of world rearmament, said FAO, will lift purchasing power and the demands by people nearly everywhere for food and other agricultural products.

At the same time, the United Nations agency predicts, supplies of food will be only slightly greater than in the past year, barely keeping pace with increases in world population.

The result, FAO experts believe, will be rising prices and a boom in international trade in agricultural products. Already wool and rubber have been gravely affected, they pointed out, and demands for rice, cotton, coffee and cocoa have begun to outrun available supplies.

The annual FAO study, entitled "World Outlook and State of Food and Agriculture—1950," pointed to the brighter side of the picture. Military expenditures by the U. S., it said, will put more dollars into international trade. Dollar shortages in other parts of the world will be reduced.

"It seems that bitter fighting on a peninsula of Asia and world-wide increases in economically unproductive armaments will do more to improve certain aspects of the international distribution of food than all

the direct efforts made since 1946," wrote the FAO Director-General, Norris E. Dodd. "This is not a flattering commentary on international statesmanship."

In supplies of food per person, said the report, the world will make only a slight



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