AN INTERNATIONAL STANDARD FOR STRETCHERS

BY

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In the early days of the Geneva Committee for Aid to the Wounded, the historic forerunner of the International Red Cross Committee, its founders had emphasized the importance of the exchange of ideas and of close co-operation with the medical services of the various Powers. The objectives which exercised Henri Dunant, in particular, included improvement in the means of transport of the wounded, the universal adoption of approved methods of treatment, and the institution of a "veritable museum" of military equipment. Again, Dr. Appia, another of the five famous men who founded the Geneva Committee, made two cogent suggestions in this sense: first, that a collection be made of existing literature on medical equipment; and, secondly, that liaison be established between the Committee and the various national medical services.

In the thoughts of these pioneers was the seed which finally germinated when the Permanent International Commission for the Study of Medical Relief was appointed by the International Red Cross Conference of 1925; and provided with library and museum. Liaison between the Commission and the International Congress of Military Medicine and Pharmacology was officially established in 1929. In the meantime a definite proposal for the general adoption of a stretcher of standard dimensions had been made independently by Colonel van Baumberghen at the International Congress of Hygiene held in Berlin in 1907; but this proposal seems to have been followed by no immediate action.

Experience in the Field, 1914-17

During the 1914-18 war the diversity of types of stretcher in use by the various Powers came into distressing prominence. The measurements of French, British, American, and German stretchers differed to such a degree that each stretcher was suited for transport only in an ambulance of corresponding national origin. Thus the wounded had at times to be transferred from one stretcher to another—a process inevitably painful, often dangerous, and, in any case, involving loss of time in the urgent business of collecting the wounded. As General Marotte remarked: "Never have the differences in the standard of equipment been so conspicuous and so prejudicial to the interests of the wounded." Even during hostilities conferences were held, including representatives of both sides, in the endeavour to reach some degree of uniformity in means of transport for the wounded, but with no success.

Development of the Idea

In 1921 the Tenth International Red Cross Conference, the first to be held after the war, met in Geneva and included an exhibition of equipment used by the various national Red Cross Societies. Senator Ciraolo (Italy), President of the International Relief Union, pleaded for the adoption of a uniform standard of equipment by the different national Red Cross Societies in order to facilitate collaboration in relief operations in the case of civil disasters.

At the Twelfth International Conference, held in Geneva in 1925, an international exhibition of military medical equipment had been organized. The Permanent International Commission on Standardization was appointed and the Institute of Study was founded. The primary task before this Commission was emphasized by the President, Dr. Reverdin, in the words: "It is of the utmost importance for the wounded that the dimensions of all stretchers should permit of their adaptation to every type of carrying fitment, and *vice versa*."

A standard of dimensions recommended by the Commission was adopted by the Red Cross Conference held at the Hague in 1928, subsequently modified by the Brussels Conference in 1930, and finally approved by the Tokio Conference of 1934. This model, however, for one reason or another, failed to win the approval of the various national medical services.

The Commission undertook extensive research on other medical problems of armies in the field, up till their thirteenth and last pre-war session; but, in spite of their momentous labours, the outbreak of the 1939-45 war found their original objective—the adoption of an international standard of stretchers—still unattained.

Civil Defence

Advances in the technique of bombardment from the air had led to the development of special measures of passive defence, including the provision of first-aid and ambulance services for the collection of casualties among the civil population. In England this task was undertaken by the specially created Air Raid Precautions Department of the Home Office. For this purpose ambulance transport was formed by stripping the coachwork of selected motor-cars and building on the bare chassis an ambulance body of simple standard design.

The "A.R.P." stretchers were rigid, the poles consisting of cast-iron tubing and the beds of iron-wire mesh. The all-over dimensions of the British Army stretcher were adopted, but the "feet," consisting simply of downward salents on the poles, were too wide for admission to the grooved carrying-fittings of the Army ambulance.

Of the three main types of stretcher in use in England during combined operations—British, American, and A.R.P.—none were mutually interchangeable. Ultimately a simple adaptation of the width of the A.R.P. stretcher-racks permitted the carriage of both American and British Army stretchers in A.R.P. ambulances. An awkward feature of all three types was the length of the rigid poles, which prevented their introduction to most hospital elevators.

Conclusion

Allowing for differences in materials of construction and in details of fitment, it is evident that a stretcher of standard dimensions could meet most, if not all, occasions, both civil and military; indeed, the argument in favour of a universal type applies not only to armies but to civil institutions and voluntary organizations.

The outbreak of the 1939-45 war called a halt to the activities of the Standardization Commission; the contents of their library and museum went into store, but it is hoped that, in view of the first post-war International Red Cross Conference, due to be held in Stockholm next autumn, the Commission will be endowed with a new lease of life and will see its beneficent labours crowned with success.

LADY TATA MEMORIAL TRUST

International Awards for Research in Blood Diseases

The Trustees of the Lady Tata Memorial Fund announce that, on the recommendation of the Scientific Advisory Committee in London, they have made the following awards for research in blood diseases, with special reference to leukaemia, in the academic year beginning Oct. 1, 1948.

Grants for Research Expenses and Assistance.—Dr. Marcel C. Bessis (France), for work in Paris; Dr. Jörgen Bichel (Denmark), for work at Aarhus, Denmark; Dr. Pierre Cazal (France), for work at Montpellier; Dr. Johannes Clemmesen (Denmark), for work in Copenhagen; Dr. Peter A. Goré (Great Britain), for work in London; Dr. Andrew Kelemen (Hungary), for work at Szeged; Dr. Edith Paterson (Great Britain), for work at Manchester; Prof. Edoardo Storti (Italy), for work at Pavia.

Scholarships (for whole-time or part-time research).—Dr. Simon Iversen (Denmark), for work in Copenhagen; Dr. Claus F. M. Plum (Denmark), for work in Copenhagen; Dr. Guido H. R. Tötterman (Finland), for work in Helsinki.

Mr. R. W. Raven, surgeon to the Royal Cancer Hospital and the Gordon Hospital for Gastro-Intestinal and Rectal Diseases, left Britain on June 12 to lecture to the Roman Surgical Society in Rome. Between June 19 and 29 he is lecturing on behalf of the British Council to the medical schools of Florence, Bologna, Milan, and Turin.