A METHOD OF BLANKETING A.R.P. OR OTHER STRETCHERS

BY

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This method was evolved progressively by Wanstead and Woodford S.P. leaders and men after discovering in practice exercises the various interesting disadvantages, using two blankets only, in all officially described methods.

Preparing the Stretcher

1. Blanket A is laid lengthwise across the stretcher with one side close to the head end of the stretcher. (Fig. 1.)
2. Blanket B is folded in three lengthwise and laid over A, covering also the part of the stretcher, about 1 ft. long, at the foot end and left uncovered by A and hanging a few inches over the foot (see Note I). (Fig. 2.)
3. The folds of B are laid open for about 18 in. at the foot end. (Fig. 2.)
4. The free ends of A are rolled or close folded to lie along the sides of the stretcher, which can now be carried about in complete readiness for a patient.

Fig. 1.

Fig. 2.

Wrapping a Patient

1. The foot of blanket B is brought up over the feet, with a small fold between the feet (see Note II).
2. The two open folds of B are then tucked closely over and round the feet and ankles. (Fig. 3.)
3. The rolled edges of blanket A are eased out from under the patient if necessary (see Note III) and tucked down round the shoulders and well over down both sides. (Fig. 4.)

Fig. 3.

Fig. 4.

Preparing Blankets for Stowing in Readiness on Car or Ambulance or as a Pack

1. Proceed as under 1 and 2 for preparing a stretcher.
2. Fold in the two ends of blanket A, taking the folds right into the sides of B and folding back again the ends of A.

3. Fold both ends of the blankets (taken together) in to meet at the middle (see Note IV).

4. Fold again into two or roll into a cylindrical pack.

[Note I (a minor refinement for short patients only).—Blanket B may be drawn up 6 in. over the head end and folded over, giving seven layers instead of four under the head, as a pillow.]

Note II.—This fold to go between the feet comes up almost automatically when the foot of blanket is tucked over the feet, and makes for both neatness and comfort.

Note III.—It is found, even with broad patients, that the rolled edges can be eased out from under the shoulders without difficulty or discomfort.

Note IV.—The foot and head ends of the folded blankets are respectively thin and thick, and can be distinguished instantly. For example, an ambulance attendant can lay a stretcher in readiness in the dark.

Note V.—The method is adaptable—for example, a long thigh splint can be allowed to protrude with a trifling adjustment of the blanket folding round the feet.]

Commentary

The following advantages are claimed:

The maximum of warmth, support, and absence of draught are obtained from two blankets, even with a broad 6 ft. 2 in. patient. (Compare with Handbook No. 10 method.)

The removal of patient from stretcher by a simple blanket lift, using blanket B, is safe and convenient. (Compare with the otherwise excellent interlocking blankets method.)

The blankets are thick, and close round the patient so as to render fastening by ropes or triangular bandages, for lowering, comfortable and safe.

Nova et Vetera

HISTORY OF DENTISTRY

The Story of Dentistry. From the Dawn of Civilization to the Present. By M. D. K. Bremner, D.D.S., F.A.C.D. (Pp. 212. 20s. net.) London: Henry Kimpton. 1940.

Dr. Bremner, a Doctor of Dentistry practising in Chicago, writes the story of dentistry. He began it to answer the questions asked him by patients as to: "Who invented the dental drill?" "How were teeth pulled out before the advent of anaesthesia?" "Was there crown and bridge work in ancient Egypt?" "What force in pounds is used by the jaws in biting a loin chop or a tough beefsteak?" "Is caries more common in some parts of the world and in some races than in others?" "When did porcelain replace dentures carved out of bone or ivory?" "What is amalgam and when did it replace gold as a filling for hollow teeth?" Some of the answers he knew, others had to be looked for. What began as a catechism thus grew into a history written more for the intelligent layman than for members of the dental profession.

The story is well told. It begins with prehistoric times and ends with the recognition of women as capable dentists. The making of artificial dental appliances reached a high standard in ancient Egypt and afterwards among the Etruscans in Italy. It came to an end when the early fathers taught that the care of the immortal soul was vastly more important than the decoration of the vile body. For a thousand years dentistry ceased to exist, though the pulling of teeth went on. The new life began in the middle of the eighteenth century when Pierre Fauchard (1678-1761) in Paris and John Hunter in London began to study the practical and scientific aspects of the teeth. Advances were made in the United States, more especially on the mechanical and prosthetic sides. England lagged behind; but Sir Richard Owen, the Tomes father and son, and many others carried out scientific work of the highest order. The combined effort in England and America has made a profession out of what might have remained a mere trade.