

FIELD TRAINING – RIVER CROSSING BY LT COL A LOW RAMC

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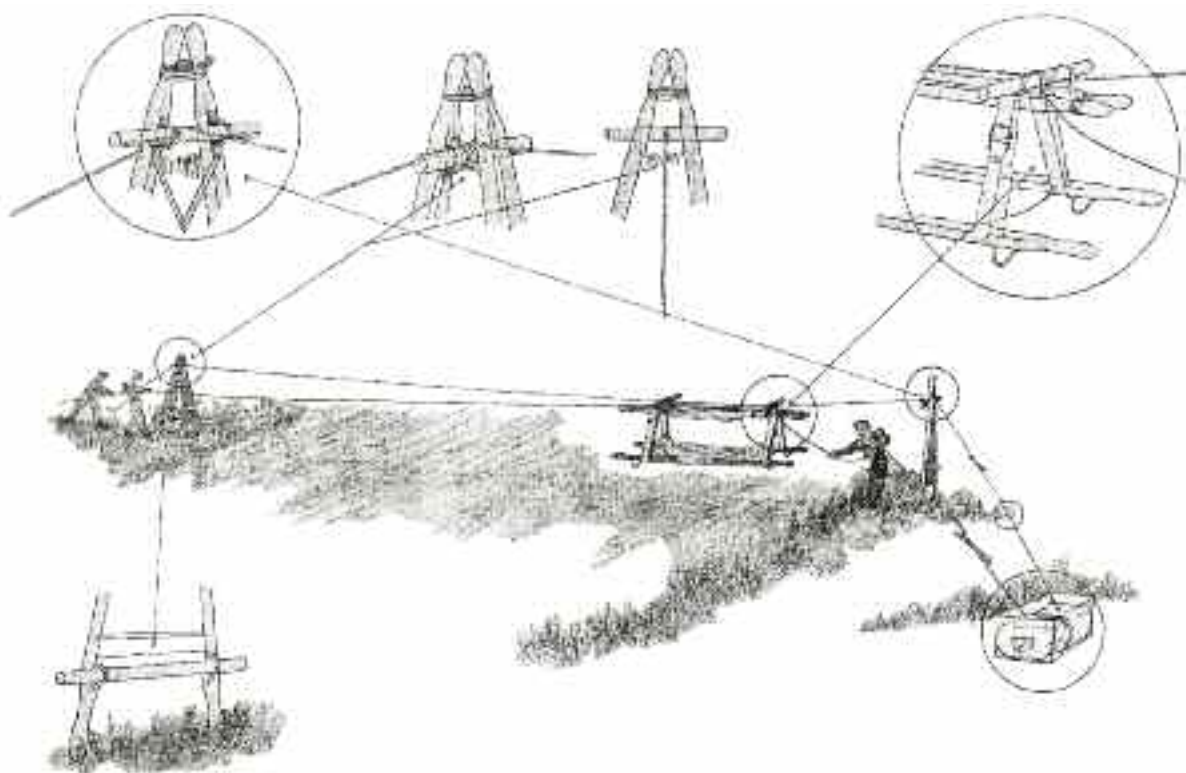


Figure 1. Patient with a closed femoral fracture who had massive swelling of the thigh requiring emergent fasciotomies, he also had 70% TBSA with a significant inhalational injury and blast lung.

Over the last few months I have on occasion found myself at the Army Medical Services Museum in Keogh Barracks, Ash Vale slowly plodding through back issues of the Journal of the Royal Army Medical Corps as part of my MSc in Public Health research and found this fascinating short piece. Of course in today's health and safety environment one would also ensure a downstream catch rope and rescue boat although this could prove tricky on the river Helmand in contact!

The article below was originally submitted by Lt Col A Low RAMC in 1944 and published as J R Army Med Corps 1944; 82(1): 44-5

The objection put forward to many forms of Field Training at present being practised by Field Ambulances is that ropes and other materials used are not G1098 equipment and would not be available in action. This objection of course does not carry any weight because a unit called on to evacuate casualties up a cliff or across a river must have rope and must obtain it through R.E. sources when the task is set.

The following improvisation, however, does answer the criticism to the extent that G1098 equipment only is used and,

though the length of material limits the crossing to one of a small river only, it may be found useful to demonstrate the principles to be followed when better equipment is available.

Materials required.

- Two 120 feet lengths wire, galvanised.
- Four Stretchers.
- Two Sandbags.
- Two 18 inch poles of hard wood.

The sketch (Figure 1) shows the method and a short description only is required in explanation.

The wire is carried across the river, suspended between erected stretchers and tightened by use of Spanish Windlass. The method of securing the end of the wire in the absence of trees or other suitable fixed objects is to tie the wire round a filled sandbag or strong stake buried in the ground to a depth of about 2 feet.

The stretchers are used double to ensure security, opened at the lower end and closed at the top. The lower handles are embedded for stability and to prevent slackening of the wire when weight is taken.

The actual method of carrying the stretcher across has been previously described and is shown in the sketch.

One length of wire alone is sufficient to bear a patient but two are used for safety.

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