



A Guide to

**ST. JOHN AMBULANCE
BRIGADE
COMPETITIONS**

By

G. C. CAMPBELL

COUNTY SURGEON NORTH WORCS.

.. AND OTHERS ..

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ST. JOHN
AMBULANCE BRIGADE
COMPETITIONS

BY

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County Surgeon, North Worcs.
and others.

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FOREWORD

From the earliest days of the Ambulance Movement the value of Competitions, as an aid to training and as a means of increasing the knowledge of competitors, has been realised. In the beginning the arrangements were crude as judged by modern standards. Further, the tests were either concerned mainly with methods of drill or were of a simple type such as the treatment of a man suffering from a fractured forearm. For the various steps in treatment ten, twenty, or even more marks were allowed, these being apportioned at the whim of the competition judge.

Later when the need to differentiate between competitors of equal merit arose, problems in simple diagnosis were introduced, while the marking sheets invariably had a final item called "Extras." This, in effect, was a confession that the test had not been fully solved by the competition judge. Also, it was found necessary to increase the number of the items of the test and to allot fewer marks per item than previously.

Experience as a competition judge taught me long since that a test must be worked out in full detail before the marking sheet is prepared. Further I learned that a judge must be prepared to meet possible variations in treatment on the part of the competitors which might be equally effective although not exactly on the lines of the marking sheet and to mark accordingly.

These factors have been given due consideration by County Surgeon G. C. Campbell whom I congratulate on compiling a most useful "Guide to Competitions." Consequently I have pleasure in recommending his book to all those who desire to gain a high standard of efficiency and who, as members of Ambulance, Nursing or Cadet representative teams, hope to secure first place in the Brigade Final Competitions.

N. CORBET FLETCHER, M.A., M.B., M.R.C.S.

Surgeon-in-Chief.

166 HAVERSTOCK HILL,
LONDON, N.W.3.

Introduction

I have been prompted to write this Guide to St. John Ambulance Competitions since there appears to be no adequate book on the subject. Most of my experience has been gained in the County of Worcester, and I should like to take this opportunity of paying tribute to our Commissioner, Dr. F. L. Newton of Malvern, since much of the knowledge which I have acquired has been due to his guidance at Competition Committee meetings and conferences.

Members of the medical profession join the Brigade, generally, with no knowledge of first-aid or of competition work. The former can be rectified easily by reading the standard text-book but the latter is learned only by trial and error and more often than not—with too much error.

This Guide is written as much for them as for the Competitors.

The standard text-book is the basis of our first-aid work and although it is generally recognised that its revision is much overdue I have included no pure first-aid other than in the Appendix, where this has been necessary owing to the loose wording of some parts of "First Aid to the Injured." We can only hope that a new edition will be forthcoming as soon as peace will allow, and should this guide meet with any degree of success I shall be pleased to revise it in the light of the anticipated changes.

I have always been a firm believer in Competitions in spite of having had my share of the usual recriminations and petty jealousies which so often follow. Competitions not only cause the competitors to know their work more accurately and so increase the general efficiency of First Aid work in this country as a whole but also stimulate general interest in the St. John Ambulance Brigade. In this way competitions are a means of increasing our strength. They also acclimatise the first aider to emergencies and give him the necessary confidence to deal with the real thing when the opportunity arises.

The Mark Sheets should be forwarded after the Competition to the Divisional Superintendent via the Surgeons, so that all should be given the opportunity of examining the marks won and lost. It is important not to hand the sheets over to the teams since I have known it happen more than once that an error in addition has been made and if the sheets are taken charge of by the County or Corps Secretary it allows them to be checked minutely to see that no such error has happened.

Should any error be found which affects the placing of the teams it should be the duty of the senior official to inform the teams and to rectify the mistake.

If comments are given after a Competition they should be honest and direct so that the teams may know where they fell short of the standard required. I never could appreciate the sense of attempting to congratulate even the worst of teams other than for their courage in entering the competition.

I greatly appreciate the very generous remarks which Dr. Corbet Fletcher, our Surgeon-in-Chief, has made in his Foreword, and offer my sincere thanks for the care and trouble he has taken in reading the manuscript and for the corrections suggested by him.

I am indebted to Corps Treasurer J. H. Watkins for Chapter 16, Corps Secretary Mrs. A. Northwood for Chapter 14, and Divisional Superintendent K. Northwood for Chapters 13 and 15. Finally I would like to thank Assistant Commissioner Dr. C. P. Porter and County Officer Mrs. Porter for their helpful criticism and advice, and Miss C. J. Voyce, Second Mistress, County High School for Girls, Stourbridge, for kindly correcting the Manuscript.

G.C.C.

BRIERLEY HILL,

STAFFS.

April, 1945.

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I would like to thank the following for the help I have received in compiling the Appendix :

The Chief Commissioner, St. J.A.B., for permission to reprint the Rules of the Dewar and Perrott Competitions.

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Mr. J. S. Hannam, Assistant Brigade Secretary, for the list of winners of the Dewar and Perrott Competitions.

Mr. D. G. Monteith, Competition Secretary St. J.A.A., for the list of Inter-Police Winners.

Sir W. Abbiss, Assistant Commissioner, New Scotland Yard, for the list of Metropolitan Police Winners.

Messrs. G.W.R., L.M.S., L.N.E.R. and L.P.T.B., for their respective lists and the Southern Railway for their winners, and those of the Inter-Railway Competitions.

G.C.C.

CHAPTER I

General Ideas on Competitions

What is meant by a St. John Ambulance Brigade Competition?—this must be stated now so that the scope of this guide may be defined. By it, is generally meant a Competition between Ambulance Teams or between Nursing Teams, and recently between Cadet Teams, staged as realistically as possible and judged by a qualified medical practitioner. He, by “making-up” the casualty or by answering questions as to signs and symptoms, will give answers, the interpretation of which will enable the leader of the team to diagnose the condition which the team has to treat. Finally, he will arrange for the disposal of the injured by the best possible means available, so that further treatment may be given in hospital or by nursing at home. Throughout the Competition the leader should take no active part in the treatment unless he considers that his more skilled assistance is required, but should work his team so that their co-ordinated movements may exhibit that team work which is so essential in first aid.

In short, the Competition must be governed by the Dewar or the Perrott rules which govern the National Competition Finals under the auspices of the St. John Ambulance Brigade, the Dewar Competition being for Ambulance, and the Perrott for Nursing Teams.

Everyone concerned in the Competition must be scrupulously fair, and when the result is announced it must be remembered that this represents the *Judge's* opinion of the merits of the teams and how the work appealed to *him*. Opinions about the work may differ but *his* decision is the one that counts and must be accepted in good faith.

The essentials for a good competition are good organising, a suitable hall with ante-rooms and good judges who are experienced in Competition work. There are other factors which will be mentioned throughout the book but these three are paramount.

It is now intended to give an account of how the Com-

petitions are organised in the County of Worcester, since this is almost ideal. It must be explained here that for St. John Ambulance Brigade purposes the County of Worcester is divided into two areas, a Northern and a Southern, with an Assistant Commissioner and a County Surgeon to each area. The Northern Area comprises two Ambulance Corps and one Nursing Corps, each with a Corps Surgeon in charge of the medical side.

A Competition Committee consisting of the County Commissioner, the two Assistant Commissioners, the two County Surgeons and a Nursing Officer from each area governs all the Competitions and meets at a convenient central point in the County about the middle of the November preceding the Competition Season. At this Meeting the dates and venues of the County Finals for the following year are agreed upon. The time limits for the various preliminary rounds are also fixed. Following this, a meeting is called of the officers in the Northern Area, consisting of the Assistant Commissioner, County Surgeon, the County Officer Ambulance Divisions, County Officer Nursing Divisions, two Ambulance Corps Surgeons, Nursing Corps Surgeon, two Ambulance Corps Superintendents and their Secretaries and the Nursing Corps Superintendent and her Secretary. At this is discussed who to invite to act as Judges and appoint officers to officiate at the various rounds. A meeting of the officers of the Southern Area will arrange preliminary competitions in a similar manner. When judges, etc. have been contacted a sheet can be printed showing all the Competitions with all available data. (See specimen page—Appendix 3).

Below are printed the rules as issued by the County Commissioner in association with the County Competition Committee.

COUNTY COMPETITIONS, 1945.

The following regulations governing the 1945 Competitions have been drawn up by the County Competitions Sub-Committee and approved by the Commissioner:—

1. Two County Finals to be held each year, one in the Northern Area and one in the Southern Area. The venue of each County Final to be alternate each year.
 - (a). One Final to consist of the Final for the Ambulance and Nursing Shields. This to be held in the Northern Area in 1945.
 - (b). The second to consist of the Final for the Captain

and Mrs. Lechmere Cup* and the Newton Cadet Cup. This to be held in the Southern Area in 1945.

- (c). The Christopher Darby Haemorrhage Shield is held every other year alternately in the North and South. This to be held in the Northern Area in 1945.
2. One team from the Northern Area and one team from the Southern Area to compete in the Finals of the Ambulance and Nursing Shields.
 - One team—Ambulance or Nursing—from each Area to compete in the Final of the Lechmere Cup.
 - One Cadet team—Ambulance or Nursing—from each Area to compete in the Final of the Newton Cup.
 - One Ambulance and one Nursing Division representative from each area to compete in the Final of the Christopher Darby Haemorrhage Shield.
3. Conditions governing personnel of teams to be as laid down in Dewar and Perrott Shield Regulations.
4. Penalties will be as laid down in Regulations for Dewar and Perrott Shields Competitions with the additional ruling that the Judge be allowed to deduct marks for inefficient treatment of patient.
5. The total marks for all Team Competitions to be the same.

Team Test	200	}	For teams of 5 members.
Individual Tests	150		
Uniform	50	}	For teams of 4 members.
Team Test	200		
Individual Tests	120		
Uniform	40		

Each Individual Test to have a total of 30 marks. If two members are set to do a test together the total marks for the test to be 60.
- 5a. Total marks for both Practical and Oral Tests in Christopher Darby Competition to be 100 for each section.
6. The system adopted for marking Tests will be:—
 - When work is done badly or not done at correct time, a "nought" will be inserted in the appropriate column on Marks Sheet.

*This Competition, introduced in 1943, is competed for by Ambulance and Nursing Teams, any four members of a Division to constitute a team, and in it teams meet on equal terms on First Aid as governed by the authorised text-book *First Aid to the Injured*. In addition it may include simple bed-making.

When work is not done at all—or necessary questions not asked—a “dash” will be inserted in Marks column.

7. The timing of all Competition Tests to be standardised. Team Test 20 minutes. Warning at 15 minutes. Individual Tests to be timed so as to finish all Tests at the same time.
8. Teams to be distinguished by a “Team Letter” according to draw.
Teams of 5 members to be numbered 1, 2, 3 and 4. Leader to wear Team Letter.
Teams of 4 members to be numbered 1, 2, 3 and Leader will wear Team Letter.
9. Haversack will be provided by Assistant Commissioners.
10. A standard Uniform Mark Sheet has been adopted and will be used in all County Competitions.

MARKING SHEETS FOR JUDGING OF UNIFORMS

AMBULANCE		NURSING	
Cap and badge	2	Cap	3
Hair	2	Hair	2
Face	2	Face	2
Jacket	2	Collar and cuffs (including studs)	2
Belt and pouch	2	Dress (may include medallion)	2
Pouch contents (if Officer leads, collar and tie)	2	Apron	2
Haversack	1	Badge	1
Water bottle	1	Belt (including studs)	1
Gloves	1	Gloves	1
Trousers	1	Stockings	2
Socks	2	Shoes	2
Shoes	2	Total Marks	20
Total Marks	20		

CADET AMBULANCE		CADET NURSING	
Cap	2	Cap	3
Hair	2	Hair	2
Face (teeth, neck, ears)	2	Face (teeth, neck, ears)	2
Shirt, tie and badge	3	Dress (including collar and badge)	4
Haversack	1	Frillies	2
Belt	2	Hands and knees	3
Trousers	1	Socks or stockings	2

Hands and knees	3	Shoes	2
Socks	2	Total Marks	20
Shoes	2		
Total Marks	20		

Grand Total to be divided by 2.

(No marks have been included in the Ambulance and Nursing tests for “hands,” not only because the competitor will be wearing gloves, but also because some competitors may be employed in heavy industry where the hands become badly affected, and these members would thus be handicapped.)

11. Each Assistant Commissioner to be responsible for the Final in his Area :—
 - (1). To choose the place and arrange with the Authorities for use of room, notifying the Commissioner of the arrangements made.
 - (2). To arrange for material required, a list of which will be sent to him by the County Secretary.
 - (3). To arrange necessary accommodation on the day.
 - (4). To be Officer-in-Charge of Competitions with the County Secretary to help him.
 - (5). All material required to be ready on site one hour before the Competition is due to begin.
 - (6). All Stewards to report to the Officer-in-Charge at least half an hour before Competition.
 - (7). All Teams to report to Officer-in-Charge, ready in all respects, 20 minutes before Competition is timed to commence.
 - (8). The Officer-in-Charge to make Draw 15 minutes before start of Competition.
 - (9). Any Team reporting late or not ready without reasonable excuse to be liable to disqualification.

ADDITIONAL INFORMATION FOR COUNTY AND CORPS OFFICERS

- (a). A simple tea to be arranged by Assistant Commissioners for :—
 - (1). Officials, teams and guests. Expenses to be charged to County Funds.
 - (2). Canteen (? Mobile) for visitors on payment.
- (b). The Tests for the County Finals to be set by the County Surgeons and sent to the Commissioner as early as possible. The Commissioner will send a copy of the Test to each Judge. The County Surgeon for the North to arrange the Ambulance and Nursing Com-

- petitions and the County Surgeon for the South the Cadet and Lechmere Competitions.
- (c). Judges to be provided by County Surgeons who will notify the Commissioner giving name and address of Judges.
 - (d). Each ring to have an Officer-in-Charge, a Timekeeper and two Orderlies.
 - (e). Results to be read out by the County Commissioner who will also make any comments regarding the work of competitors.
 - (f). Reports for insertion in local newspapers to be made by Assistant Commissioners.

NEWTON CADET CUP RULES

The Competition shall be open to all Cadet Divisions in the County of Worcester and shall be held annually.

The Competition shall be open to teams consisting of one N.C.O. and three Cadets who will all be members of the same Division, and shall compete in Brigade uniform or official Modified Uniform.

No team, once entered, may change a member without sanction of the Commissioner.

The team shall be in charge of the N.C.O. who shall not do any First Aid work but may take part in any transport work.

The Competition shall consist of:—

- (1). A Team Test which may include Stretcher and/or other methods of transport.
- (2). An Individual Practical Test for each member of the team. It is permissible for the Judge to call upon any two members to work together and members of the team may be called upon for a brief viva-voce examination.
- (3). Uniform Inspection.

Judges to be members of the medical profession and of the St. John Ambulance Brigade.

All work to be judged in accordance with the latest edition of the Preliminary First Aid Manual of the St. John Ambulance Association.

Time limits shall be fixed by the Judges and at the expiration of the time allowed all work shall be stopped.

The decision of the Judges shall in all cases be final.

The officer in charge of the Division shall decide where the Cup is to be kept and shall be responsible for the insurance, safe custody and return to the Commissioner at the end of

twelve months or sooner on the request of the Commissioner.

The Commissioner reserves the right to withhold the Cup if less than three teams enter and from time to time make such alterations, additions and amendments to these conditions as may be necessary.

Just as the future of any Adult Division depends on the formation of a Cadet Division, so the success of an Ambulance or a Nursing team will depend on the preliminary training which the cadet team receives. Nothing can produce better results than competitions held among the Cadets themselves, based on the Adult tests, and this more than justifies the introduction of Cadet Competitions. It is hoped that a National Cadet Competition together with a trophy will find a rightful place alongside those of the Dewar and Perrott Shields when these are, once more, competed for.

By means of these comprehensive rules, a high standard of efficiency is aimed at and expected from the judges and officials. The rule B in the "Additional Information for County and Corps Officers," was introduced to ensure that the test should be as free from error as possible. Should the County Surgeon be satisfied that the Judge he invites to adjudicate is competent to supply a satisfactory Mark Sheet he would waive his right to set it himself.

All tests for preliminary rounds should be scrutinised by the County Surgeon. A Mark Sheet is obtained for each test and these should bear the same relationship of marks as regards Team Tests to Individuals and Vivas as laid down in the rules. The Mark Sheet should be in detail as far as is practicable. A series of sheets as appended should be used for all competitions so that the work of the Uniform Judge and Mark Stewards may be made as easy as possible.

THE HALL.

The Hall selected should be the most convenient one available as regards being accessible to all teams. It should be at least 25-ft. x 50-ft., and should have rooms to be used as: Waiting Room for Teams; Room for Individual and Dual Practical Tests together with Viva Voce; Mark Stewards; Tea Room. These rooms should, if possible, not open directly into the Main Hall. Seating accommodation for the spectators must be provided and the probable number should be estimated previously so as to avoid any unnecessary disturbance at the last minute.

The organisation of the competition building arrangements is covered in the next Chapter where the duties of the various officials are enumerated.

THE JUDGE.

The last and perhaps the most important of the three paramount factors is the judge. This official is commended upon in the following Chapter also, and readers are referred to Chapter 2 for descriptions of all the duties and attributes of this most important person.

If time permits it is fairer to the first team in the Competition Team Test if the judge uses a "Trial Team." This is a team of good standard which is generally supplied by the local division where the Competition is being held, and the judge goes through the test with them immediately prior to the Competition.

Stewards will see that there can be no possible chance of either members of the trial team or spectators giving any information about the test to any of the competitors, and a warning remark by the Officer-in-Charge of the Competition before the test begins is advisable. No-one should be permitted to leave the Competition Room once the test has started.

It is usual for the result to be announced at the conclusion of the Competition by a Senior Official or Officer-in-Charge, and for the judges to make any comments they may wish, on the work done.

Prior to the announcement of the result the teams should fall in at the rear of the Hall in the order of their team letter. When the name of the winning team has been announced they should march smartly and take up a position immediately in front of and to the right of the stage. Subsequent teams should do likewise when their names are called. It is thus clearly apparent to the spectators which team, or teams, has won.

A programme is an advantage if the Competition is an important one and adds greatly to the enjoyment of the spectators as well as being a permanent record for the competitors and officials.

A suitable layout for the programme, would be :

THE GRAND PRIORY OF THE BRITISH REALM
OF THE
VENERABLE ORDER OF THE HOSPITAL OF ST. JOHN OF JERUSALEM
AMBULANCE DEPARTMENT
THE ST. JOHN AMBULANCE BRIGADE
WORCESTER COUNTY

AMBULANCE AND NURSING COMPETITION FINALS.

TOWN HALL, DUDLEY

16th June, 1945, at 3 p.m.

Trophies will be presented by
VISCOUNTESS DEERHURST
County Vice-President
Dame of Grace Order of St. John

Programme

Sixpence

Referee : DR. F. L. NEWTON, County Commissioner.

Officer-in-Charge : D. M. CHAPMAN, J.P., Assistant Commissioner.

Stage Management : County Surgeon G. C. CAMPBELL.

Reception :
Assistant Commissioner D. M. CHAPMAN, J.P.
Corps Secretary F. LIGHTFOOT.

Mark Stewards :
County Secretary Miss H. M. WALTON,
County Nursing Officer Mrs. C. PORTER.

Mark Sheets Collector :
Corps Supt. G. F. GRIFFIN.

Programmes :
Corps Treasurer C. GREAVES.
Corps Treasurer W. T. B. NUEL.

Final Parade of Teams :
Corps Sergeant Major D. JONES.

Charge of Equipment :
Corps Officer W. OLLIS.
Corps A.R.P. Officer P. C. BENNETT.

Seating and Gangway : Cadet Supt. R. R. HINES.

Press : Corps Treasurer J. H. WATKINS.

Competition Secretary :
County Secretary Miss H. M. WALTON.

JUDGES (Blue Armlet)

AMBULANCE :

Team Test : W. C. BENTALL, O.B.E., F.R.C.S.
(Asst. Surgeon-in-Chief).

Viva Voce and Individual and/or Dual Practical Tests :
T. W. KEMP, M.B., B.CH., B.A.O.
(Div. Surgeon, Coseley).

Uniform : Corps Supt. P. A. REED (Birmingham).

NURSING :

Team Test : A. C. WHITE KNOX, M.C., M.B., CH.B.
(Asst. Commissioner No. 1 (Prince of Wales's) Dist.)

Viva Voce and Individual and/or Dual Practical Tests :
D. J. NICOL, M.C., M.B., CH.B.
(County Surgeon, Birmingham).

Uniform : County Officer Mrs. OLIVER LEE
(Birmingham).

AMBULANCE COMPETITION

for

AMBULANCE SHIELD AND COMMISSIONER'S CUP

Commence at 3 p.m.

STEWARDS
(White Armlet)*Ring :* Corps Superintendent T. C. LENCH.
Corps Superintendent J. A. HARRIS.*Individual Tests :*Corps Secretary H. G. MILLS.
Corps Secretary R. WARING.*Team Guide :* Corps Sergeant Major E. F. PREECE.*Waiting Room :* Div. Supt. F. G. PRICE, M.B.E.*Time :**Team :* County Officer A. WINBOW.*Individual :* Corps A.R.P. Officer H. ROSE.

COMPETING TEAMS :

Brierley Hill	Redditch
Div. Supt. K. NORTHWOOD (Captain).	Amb. Officer J. GRANT (Captain).
Pte. F. BUTTERWORTH.	Pte. J. T. PALMER.
Pte. A. E. JONES.	Pte. E. HARRIS.
Pte. D. EATON.	Hon. Sergt. L. COTTRILL.
Pte. F. WALKER.	Pte. F. CARDY.

AMBULANCE COMPETITION TESTS

TEAM TEST :

There has been a Factory on fire and Fire Brigade members and a party of S. J. A. B. men are arriving. Deal with any casualties.

Time allowed 20 minutes.

Warning at 15 minutes.

INDIVIDUAL TESTS :

Stage Scenery kindly loaned by Messrs. Kennedy Bros.,
Hippodrome, Dudley.

NURSING COMPETITION

for OLLIS SHIELD. Commence at 3.50 p.m.

STEWARDS
(White Armlet)

Ring : Corps Superintendent Miss N. ASHTON.
Corps Superintendent Mrs. K. M. NELIGAN.

Individual Tests :

Corps Secretary Mrs. A. NORTHWOOD.
Div. Superintendent Miss WITCOMBE.

Team Guide :

Div. Superintendent Mrs. TONKS.

Waiting Room :

Cadet Superintendent Miss FREEMANTLE.

Time :

Team : County Officer Miss E. C. JEAKES.

Individual : Corps Officer Miss S. WAKEFIELD.

COMPETING TEAMS

Halesowen

Div. Supt. Miss M. E. FEARNside (Captain).
Ambulance Sister Miss M. SMITH.
Ambulance Sister Miss D. WOOD.
Ambulance Sister Miss L. ANDREWS.

Bromsgrove

Ambulance Officer Miss C. WATKINS (Captain).
Cpl. Miss P. WINDSOR.
Ambulance Sister Mrs. J. POWELL.
Ambulance Sister Miss N. HALL.

4.45 p.m. (approx.) : Demonstration of Physical Training
by members of Brierley Hill Cadet Ambulance Division,
with Cadet Officer M. Pugh (Instructor).

5.0 p.m. (approx.) : Declaration of Results and Presentation
of Trophies.

NURSING COMPETITION TESTS

TEAM TEST :

You are sitting one sunny summer afternoon about 50 yards from the bank of a river, listening to the laughter of the bathers in the river below and watching the boats in the distance. You are also interested in some of your senior boy cadets, who are camping, outside their tent. There are no houses in the neighbourhood. You will deal with any emergency which may arise.

Time allowed 20 minutes.

Warning at 15 minutes.

INDIVIDUAL TESTS :

Stage Scenery kindly loaned by Messrs. Kennedy Bros.,

Hippodrome, Dudley.

COUNTY OF WORCESTER

comprises the following Divisions :

NORTH WORCESTERSHIRE CORPS.

Ambulance Divisions : Stewarts & Lloyds, Langley and District, T. W. Lench's, Rowley Regis, Halesowen, Cradley, Hill and Cakemore Section.

DUDLEY AND DISTRICT CORPS

Ambulance Divisions : Dudley, Stourbridge, Brierley Hill, Netherton, Lye, Midland Red (Black Country).

Cadet Ambulance Divisions : Brierley Hill, Dudley, Netherton.

SOUTH WORCESTERSHIRE CORPS

Ambulance Divisions : Bromsgrove, Malvern, Worcester, Droitwich Spa, Evesham, Malvern Wells, Redditch, Kidderminster, Midland Red Bromsgrove, Upton-on-Severn, Pershore, Kempsey, Midland Red Worcester.

Cadet Ambulance Divisions : Malvern, Powick, Evesham, Worcester, Kidderminster, Redditch.

NORTHERN AREA NURSING CORPS.

Nursing Divisions : Dudley, Lye, Oldbury, Stourbridge, Halesowen, Brierley Hill, Hill and Cakemore, Cradley, Central (Lye).

Cadet Nursing Divisions : Halesowen, Stourbridge, Brierley Hill, Dudley, Lye.

SOUTHERN AREA NURSING CORPS

Nursing Divisions : Malvern, Worcester, Droitwich Spa, Malvern Wells, Kidderminster, Evesham, Upton-on-Severn, Kempsey, Powick, Bromsgrove, Guarlford Section, Redditch.

Cadet Nursing Divisions : Malvern, Powick, Ripple, Worcester, Field House (Worcester), Evesham, Evesham Prince Henry's, Bromsgrove, Finstall, Kempsey, Kidderminster, Malvern Wells, Bedwardine (Worcester), Christopher Whitehead (Worcester).

CHAPTER 2

Organisation of Competitions Notes for Officials

In the previous chapter a broad outline of Competition Organisation in the County of Worcester has been given as a basis on which any Competition could be planned. It is now intended to enumerate the Officials necessary to carry this Competition through successfully. They are :—

County or Corps Surgeon.

Secretary.

Officer-in-Charge.

Door Stewards.

Team Stewards.

Time Stewards.

Judges.

Mark Stewards.

Ring Stewards.

"Runners."

Cloakroom Stewards.

Refreshment Stewards.

Press Steward.

Gangway and Seating Stewards.

COUNTY OR CORPS SURGEON.

After the dates and venues of the Competition rounds have been decided on, the Surgeon can contact the judges and write inviting them to judge the Test specified, enclosing either the rules of the Test or referring them to the Dewar or Perrott rules, whichever is appropriate. The only business-like manner in which to do this work is by typewritten letter, keeping a carbon copy for reference. On receiving an acceptance, the name of the Judge can be entered in the relative space of the Data Sheet of Competitions. The County Surgeon should make certain that the Judge he selects is fully competent or he should scrutinise the test and see that it conforms with the text-book. Otherwise the team members will criticise not only the judge adversely, but also the organiser.

He should act as liaison between the Judges and the Secretary and be as helpful generally as he can be with the provision of the staging necessary.

SECRETARY.

The major part of the Organisation will fall on the shoulders of the Secretary.

He should see that :

the Hall is booked.

all teams know the rules governing the test.

all the entries conform to the rules.

all teams know the date, time and place of the test.

the First Aid haversack used is standard and that a duplicate is present.

a sufficient number of Officials are invited for the various tasks to be performed.

distinguished guests are sent invitations and are met and escorted to their seats.

teams are referred to by letters and not numbers.

leaders bear the team letter.

each member of the team has a number.

a list of requisites is obtained from each judge and the articles named are available at the test.

that the Trophy is returned by the previous holder at least 21 days before the date of the Competition and should it need repair, get this effected.

that tea is provided for Officials, teams and distinguished guests.

that the forms necessary for the marking of the tests and the subsequent easy determining of the winners are to hand.

that the letters "A, B, C," etc., printed separately on small cards are available for the "draw."

that similar letters (and numbers) on cards with cords attached are available for tying on each member competing.

OFFICER-IN-CHARGE.

He is responsible to the County Commissioner for the efficient discharge of the Competition.

He should :

check everything.

make the draw at least 15 minutes before the test is due to commence.

keep the whole of the Competition running smoothly and to TIME.

collect the Marking Sheets from the Mark Stewards at the conclusion of the Competition without any leakage of information until he announces the final result publicly.

announce the results clearly.

e.g. The winner is B team who gained 48 marks in the Uniform Test.

176 marks in the Team Test.

110 marks in the Individual Tests, making a total of 334 marks out of a possible 400.

Second team is C team who gained, etc., etc.

deal with any protest or complaint.

DOOR STEWARDS.

If the Competition is being held at a school it will generally be found convenient to secure five stewards if possible, two to be stationed at the front main entrance and three at the entrance to the Hall in which the Team Test is to be staged.

Stewards at front main entrance should be on duty 45 minutes before the Competition is due to commence. Their duty is to know the lay-out of the whole Competition and to direct everyone to his correct place with the minimum of delay.

The Senior steward of the three allocated to the entrance to the Competition Hall should allow no member of a competing team to enter the Hall before the correct time. He should allow no-one except officials and distinguished guests (such as the County President or Vice-Presidents, etc.) to leave the Hall until the end of the Competition. Should anyone be compelled to leave the Hall for any reason whatever, he or she should be accompanied by one of the assistant door stewards so that no contact can be made with any member of a competing team.

TEAM STEWARDS.

One of the Team Stewards should wait in the Waiting Room with the teams whilst the other steward should wait in the passage outside and call on the teams when the Judges require them. It has been found a very good rule to use the reserve member of a team as a scrutineer for some other team. Thus, if each reserve is allotted to a different team he is able to check on the behaviour of that team and this is as perfect a guarantee of fair-play as it is possible to obtain.

TIME STEWARDS.

The usual practice in Competitions is for the Team Test and the Individual or Dual practical tests to be taking place simultaneously. Thus, at a minimum it will be necessary to supply two Time Stewards. If it is found practicable, four Time Stewards are suggested because by using two at each test, any error in timing becomes very unlikely. On the other hand, however, it would be quite an easy matter for a Steward to forget to wind his watch and for the watch to stop. If he was alone it would ruin the Competition completely. In order to obviate any possibility of error to have either one Time Steward with two watches at each test or two Time Stewards, each with a watch, at each test is the wisest plan.

JUDGES.

The first essential in him must be a good knowledge of the Handbook. This can be obtained only by reading it, giving courses of lectures on first aid and by reading the St. John Ambulance Brigade Gazette. Other useful information and experience may be gained by the prospective judge if he studies good marking sheets and then practises planning tests by himself, including the filling in of all the details. He should also take every opportunity of seeing other judges at work and especially those of whom he has heard good reports.

A good judge will set tests which are timed so accurately that a team will have its time fully occupied to complete the treatment and dispose satisfactorily of the patient before "Time" is called; he will set tests which will stimulate actual accidents in which the injuries will be fairly common and not too improbable; he will not attempt deliberately to set "traps" but will encourage the teams to give of their best; he will not ridicule the first aiders but should any amusing incident occur will be sufficiently human to enter the mutual enjoyment of it with the competitors and audience; and he will be as unbiased in his conduct of the competition as it is possible to be.

He will award marks as the test progresses and will know his test so well that he will be able to answer spontaneously in a clear voice all questions asked him by the leader. He should try to foresee all eventualities, and award marks which bear a relationship between the important and not-so-important features.

He should appreciate a team's work if it has been done in some manner other than that which he visualised and if he considers it to be as satisfactory, should be prepared to award

full marks. He should arrange for an additional judge for each patient over and above the one he can control. He should arrange his test sheet into groups under the headings: Immediate action, examination, treatment and disposal. He may find it better to have the sheets typed with *his* answers in red so that should he wish to refer to any sheets for information it will be seen readily. He will avoid giving fractions of marks since this complicates the work of the Mark Steward and has frequently been the cause of errors in placing the teams. Preferably he should bring his own "patient" with him so that he also will be independent, and it adds greatly to the enjoyment of both the teams and the spectators if the judge "makes-up" the injuries. The patient should have been coached by the judge as to how to act, e.g., how to fall, or how to lie down, and if it is necessary, how to answer questions by the Leader. Finally, the judge will see that his test conforms in every way with the latest edition of the official text-book.

MARK STEWARDS.

Mark Stewards should be selected for their ability to cast up correctly and there should always be two. Each should be asked to initial every addition after it has been made. The various mark sheets should be taken by the "runners" to the Mark Stewards without any totals being entered by anyone. These sheets will be:

Uniform Inspection Mark Sheet.

Individual Test Mark Sheets for each team.

Team Test Sheets.

The Mark Stewards will add up the marks on the respective sheets and place the totals in the appropriate space on their mark sheet and so arrive at the result in the shortest possible time having regard to accuracy. It is essential to the smooth working of this section of the Competition that the Mark Stewards are given a small room to themselves.

RING STEWARDS.

The Ring Stewards will see that the articles required by the judge are all accurately present and that the staging is set up precisely similar for each competing team. As soon as one team has left the ring, it is their duty to see that all equipment is replaced in the same position or that alternative equipment is ready to be substituted for the next team in. It is wise to have two kits to hand so as to save time. Whilst the second team is in the ring the First Aid haversack used by the first

team can then be repacked by the Ring Stewards. Valuable time can be saved in this manner.

"RUNNERS."

It is wise to have a supply of "runners" so that mark sheets can be taken from the Tests to the Mark Stewards. A "runner" should be allocated to the Officer-in-Charge of the Competition so that should he wish to contact anyone during the Test he is able to send a message at once. "Runners" may also be used as Team Guides between the Waiting Room and the various competition rooms.

CLOAK ROOM STEWARDS.

If convenient it adds greatly to the comfort of competitors and spectators of they are able to place some of their garments in a cloakroom and know that their property is safe. Particularly is this the case if the weather is inclement. It will be convenient to organise this in two sections, Ladies and Gentlemen.

REFRESHMENT STEWARDS.

The number of Stewards necessary will obviously depend on the number to be catered for. In most cases the school will possess a refectory or dining hall and the arrangements for tea will usually work quite smoothly.

PRESS STEWARD.

In order to ensure that a correct report will be printed in the local press it is desirable to appoint an officer who will know the names of all the officials present and can supply answers to any questions concerning the competitions which may be raised by the reporters.

SEATING AND GANGWAY STEWARDS.

If it is decided to reserve seats for spectators an adequate number of stewards should be appointed to act as ushers and to supervise generally the seating arrangements.

REFEREE.

This officer will deal with any disputes and should give a ruling for any point raised by either judge or competitor. He should therefore be a senior officer on the medical side.

CHAPTER 3

On Planning Team Tests— Ambulance, Nursing and Cadets

The Judge in all cases should be a qualified medical practitioner and it has been found useful and more realistic if judges have taken one of their own patients with them as the "casualty," because he or she has some well-defined results of old injuries. General practitioners will be able to recall to their mind many patients who come into this category and experience shows that the patient is only too keen to co-operate and he enjoys his afternoon-out immensely.

The procedure of planning Ambulance, Nursing and Cadet Tests is roughly the same for each but they will be dealt with separately and their development will be shown step by step.

AMBULANCE.

The Judge should first read and understand the rules governing the Competition—then, having made a note of the likely patients who could be used, as has been suggested above, should decide:

- whether he intends to set a straightforward test and mark severely.
- or to set a difficult test and mark leniently.
- or to set a difficult test and mark severely.
- what manner of accident he will visualise: help in this direction will be afforded by the studying of accidents to which practitioners have been summoned, and also by those about which full reports have been recorded in the press.
- Is it to be complicated by an hysterical or over-anxious relative or friend?
- How many casualties.
- What injuries and or poisoning are consistent with such an accident?
- Does the weather complicate the test?
- Whether test can be staged realistically and easily?
- Are the following available?

Doctor
Ambulance
House
Hospital

Is there any further danger to patient or any danger to Team at scene of accident? e.g., by wall collapsing.

Is Team expected to do the immediate treatment at spot where patient was found and then remove the patient to a nearby house to do the main treatment?

Having decided on the above details the Judge will prepare a preamble to the test and this should be typed on a postcard to be handed, in most cases, to the Leader of each team. This preamble may reveal several salient points in the test or may merely explain where the team are on the supposed day, and that, should any accident happen, they are supposed to act.

It may be convenient for a further card to be given to the Leader of the team after a lapse of a few minutes to give information of some new complication.

The Judge must, on the sheet to be sent to the Secretary of the Competition, write the ACTION of the test and lastly he will write an account of the STAGING required. Then using the method mentioned in Chapter 1, of arranging the Mark Sheet under group headings of IMMEDIATE ACTION, EXAMINATION, TREATMENT, DISPOSAL, proceed to fill in the rough outline of the test.

It will now be shown how an Ambulance Test is planned and as an example the Test set in the County of Worcester Final Ambulance Competition in 1943, will be used:

The rough details were decided as follows:

Any patients—no marked disability required.

One man and one boy required.

Bite on boy's hand by ? rabid animal in Zoo.

Father of boy to have apoplexy and fracture of patella.

Weather—very hot summer day.

Then the preamble which had to be worded to fit in with the above was:

“On a very hot day in August you and your team are on duty at a nearby Zoological Gardens. Hospital 1 mile away. No doctor available. Ambulance $\frac{1}{2}$ mile away. You are sitting in your St. John Ambulance Brigade Station which contains all you require should any emergency arise.

“In such a case—Act as you would.”

What is the action of the Test to be?

“A boy aged 10 years is teasing one of the animals in a nearby cage. His father is reading a paper whilst standing a few yards away. The Zoo attendant goes towards the boy. Suddenly there is a cry of pain from the boy. The father looks up from his paper and becomes agitated. Later he collapses as his son is having the wound cauterised. An old lady approaches one minute after the boy is bitten. She has a parasol.”

What staging is required?

Arrange a cage of wire netting over a wooden framework about 6-ft. tall by 5-ft. wide and 1-ft. deep—the wire netting being only on three sides.

This can rest against a wall in the Competition Hall and any stuffed animal be placed inside which bears some resemblance to a jackal. Label on wire netting “Canis aureus (Jackal) Southern Asia and Northern Africa.”

A chair is by side of cage.

A few yards off make an Ambulance Room complete with telephone, stretcher, whisky, brandy, sal volatile, industrial spirit, blue bag, iodine, carbolic acid, black coffee, matches, cup, stove, rugs and Surgical haversack. Arrange for an old lady carrying a parasol, a man and a boy. (Mr. and Master Boot of Shochorn Lane, Leatherhead) and another man as attendant.

At outset place team in Ambulance Room.

Visits from the patient to Ambulance Room will take one minute.

In Immediate Action it was intended that the team should approach rapidly and speak to the patient whom they could see was conscious. They should have seen that the cage was safe, and then have asked the boy where he had any pain. In examination of the boy the leader should have deduced that the boy had been bitten by the animal in the nearby cage, but this could have been confirmed by asking the boy. Leader should have examined or asked for signs of the type of wound and the degree of haemorrhage. He should have seen the name of the animal and considered whether it was suffering from rabies or suspected of it. He should have remembered the type of day and asked the Judge if the boy was in the direct rays of the sun.

In the treatment of the boy one member of the team should have asked the old lady, who was strolling by, for the loan of her parasol and she should have been escorted back to the Ambulance Station where she could have rested until her parasol was returned. The boy could then have received the

treatment advised for a bite by a suspected rabid animal, and should have been treated on the spot, at the same time being afforded some shelter (i.e., shielded from the sun's rays by the parasol). When a member of the team was sent to the Ambulance Room the leader should have told him all the materials which were required so that no unnecessary time was lost. When these things were available and the boy's hand was being cauterised the father collapsed.

The Immediate Action with this patient included rapid approach to him and quick determining whether he was breathing and or bleeding, the absence of danger and whether he was conscious or not. Examination of the father determined that he had signs of apoplexy. The Immediate Treatment should have been to apply a cold compress to the head and to send for the parasol which had been returned to the Ambulance Room when the son had been taken there. Further examination of the father revealed signs of a simple fracture of the patella. The treatment of the father should have been done on the spot and finally the leader should have arranged for the final transport of both patients.

The filling in of the details in the mark sheet is then merely a matter of referring to Chapter 7 and to the Official text-book. Marks awarded for each item must bear a consistent relationship to one another and to the importance or otherwise of the treatment, etc., given.

The final Test Sheet will then read as follows :

	<i>Marks possible</i>	<i>Marks gained</i>
IMMEDIATE ACTION.		
Method of reading instructions card and order to team to approach with haversack	2	
Tactful words to patient.	2	
Ask if cage is safe— (Yes)	2	
Ask boy where the pain is (right hand)	2	
EXAMINATION OF BOY.		
Tell boy to sit on chair	2	
Ask if animal bit his hand (Yes)	2	
Type of wound (small laceration and punctured with teeth marks)	2	
Ask if any Haemorrhage. (very slight)	2	
Note label (Jackal) on fence	2	
Ask attendant if animal is rabid. (No)	2	
Or suspected of suffering from rabies (Suspected)	4	
Are we in rays of sun? (Yes).	2	

	<i>Marks possible</i>	<i>Marks gained</i>
TREATMENT OF BOY.		
Provide shade by borrowing old lady's parasol	2	
Ask attendant to hold it over boy	2	
Send bearer to take old lady slowly up to the Ambulance Room, and bearer to remain there to deal with any other emergencies	2	
Immediately promote bleeding by constriction by Triangular Bandage from pouch round upper right arm sufficiently tight to produce congestion of the limb, but not tight enough to obstruct arterial circulation	4	
Keep right arm hanging down	2	
Send bearer for permanganate of potash and hot water, whisky, brandy or hot black coffee	3	
Test water temperature	2	
Bathe wound with warm water in which potash permanganate has been dissolved to make up a pale pink solution	2	
Ask age of patient. (10 years)	2	
Give brandy or whisky (2 teaspoonfuls in a wine glass of water)	4	
Or hot coffee	2	
Send bearer to phone for ambulance. (ambulance arrives in five minutes after phoned for)	2	
And bring back match and carbolic acid	2	
Cut match-stick to point	2	
Remove constriction	2	
Dip point of match-stick in carbolic acid	2	
AS SOON AS PATIENT IS BEING CAUTERISED FATHER OF BOY COLLAPSES.		
Probe and cauterise every tooth mark separately	3	
Apply dry gauze, wool and bandage	2	
Reassuring words to boy about condition of father	6	
Apply large arm sling	2	
Leave bearer with this patient with instructions to remove him to Ambulance Room pending arrival of Ambulance	2	

	<i>Marks possible</i>	<i>Marks gained</i>
IMMEDIATE ACTION WITH FATHER.		
Rapid approach to father	2	
Is he breathing? (Yes)	2	
Is there any haemorrhage? (No)	2	
Are we in any danger? (No)	2	
Speak to patient, does he answer? (No)	2	
EXAMINATION OF FATHER.		
Pulse? (Full and slow)	2	
Pupils? (One larger than the other)	2	
Temperature of body? (Raised)	2	
Colour of face? (Flushed)	2	
Breathing? (Stertorous)	2	
Any convulsions? (No)	2	
Is one side of body more limp than the other? (Yes)	2	
Examine for Head Injuries (No)	2	
Examine ears, nose and mouth for blood or blood-stained fluid (No)	2	
IMMEDIATE TREATMENT OF FATHER.		
Cold water to head continuously	3	
Send bearer to Ambulance Room for parasol	2	
EXAMINATION OF FATHER CONTINUED.		
Efficiency of examination for fractures of spine, arms, chest, pelvis and legs	5	
Right patella:		
Swelling? (Yes)	2	
Deformity? (Yes)	2	
Irregularity? (Yes)	2	
Wound? (No)	2	
TREATMENT OF FATHER.		
Raise head and shoulders and support on upturned chair	4	
One bearer straighten and support right leg	2	
Apply splint along back of leg reaching from buttock to beyond heel	2	
Large pad under hollow of heel to raise heel bone from splint	4	
Secure splint by bandages round thigh	2	

	<i>Marks possible</i>	<i>Marks gained</i>
Leg	2	
Splint, ankle, foot and splint	2	
Support foot well off ground	2	
Figure of 8 Bandage round knee	2	
Cold compress on fracture to lessen swelling	2	
Dressing bandage to keep cold compress in position	2	
Neatness and efficiency of work	4	
TRANSPORT OF PATIENTS.		
Ask if any change in patients. (No)	4	
Names and address of patients from boy (Mr. and Master Boot, Shoehorn Lane, Leatherhead)	2	
Decide to remove both to hospital in ambulance	4	
Phone hospital	2	
Remove father on stretcher, son seated	4	
Method of loading stretcher, care of injuries	4	
Method of carrying and of lowering stretcher	4	
Method of loading ambulance	4	
Method of helping son to ambulance	4	
Send bearer in ambulance to report to House Surgeon at hospital	3	
Remainder to remain on duty	3	
Efficiency of leader and team	10	
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NURSING.

The setting of the Nursing Test will follow much the same plan as the Ambulance Test, but may include knowledge of the infectious diseases and or the after-treatment of the patient at any convenient place to which he may be taken.

A useful list of questions for the Judge to ask himself would be:

How many patients?

Is this to be, (a) an accident?

(b) an accident complicated by illness?

1. non-infectious. 2. Infectious.

(c) a case of illness complicated by injuries?

(d) an illness?

What accident? What illness? or what combination?
Where is site of accident or illness?
Does weather complicate the test?
Is after-treatment required?
If so, where and to what extent?
Are the following available:

Doctor.
Ambulance.
House.
Hospital.

Can the test be staged realistically and easily?

One is so accustomed to the familiar tests where the accident happens almost under the noses of the team, that it is well occasionally to introduce some incident not so obvious. Such a test as the following will perplex the competitors and help to stimulate original thought in them.

Competitors were merely told: "You and your team have volunteered for service abroad and you are posted to a very small village 10 miles behind the front line in France. You have just arrived at the only house remaining intact and this is occupied by the Interpreter. Time allowed 20 minutes. Warning at 15 minutes.

The stages of planning as visualised were as follows:
Introduction of leader to Interpreter.

No prepared room.

Let team prepare—so leave all furniture in one corner.

No casualties to enter room but expect leader to organise a search.

No other occupants of village were encountered on their entry to the house.

Thus, Interpreter is most likely person to do the searching since he obviously knows the village and team do not.

Let one casualty be straightforward:

Man: Compound fracture of left humerus with foreign body in dirty wound.

and the other casualty be unusual:

Child: Typhoid. Clues: Pains in abdomen.
Rigor.
Rash on body.

Complicated disposal as follows:

Hospital—miles away.

Telephone—wires cut.

Transport—nothing available except Interpreter's car with only enough petrol to get him to base.

Marks
possible Marks
gained

Doctor—at base hospital.

Disposal should therefore, be:

Nurse boy at house pending final disposal.

Interpreter to take man in car to base hospital.

Having sketched this out roughly, all that now remains to be done is to fill in the detail.

The test then appears:

IMMEDIATE ACTION.

Introduce yourself to the Interpreter	2
Interpreter: "You may have the full use of this house as I shall be leaving to-day."	
Ask Interpreter to place notice outside house, saying "NURSE" in several languages	4
Ask Interpreter if he knows of any casualties needing attention. "No, but I will go and enquire"	4
Rapid inspection of house and equipment available	2
Select room suitable for surgery	2
Set out dressings, cotton wool, swabs, bowls, antiseptics, disinfectant, scissors, forceps, splints, soap, towels, receptacles for soiled dressings, etc., tables, chairs, couch	10
Sterilise all water	4
Ensure easy access to house	2
Weather? Warm summer day	2
Light fire in kitchen	2
After 5 minutes Interpreter returns bringing one casualty and reporting that he has found a boy who appears to be feverish	
Send No. 1 to boy	2
Invite man to sit	2
EXAMINATION OF MAN.	
Have you any pain? In my left arm	2
Exactly where in your left arm? Indicates middle of humerus	2
Expose and find dirty wound with foreign body	2
Carefully examine if foreign body is easily removable—find embedded	2
Bleeding? Only small amount of venous haemorrhage	2

	<i>Marks possible</i>	<i>Marks gained</i>
Discover swelling, irregularity and deformity of left humerus—bone does not protude	2	
Does track of foreign body lead to site of fracture? (Yes)	2	
Ask patient if he heard the crack of the bone (Yes)	2	
Diagnose compound fracture of left humerus, with wound accompanied by a small amount of venous haemorrhage and with embedded foreign body	2	
TREATMENT OF MAN.		
Ask patient to keep arm perfectly still	2	
Carefully wash wound, gently pouring sterile water over it	2	
Apply antiseptic dressing	2	
Bleeding controlled? (Yes)	2	
Apply ring pad to avoid pressure	4	
Splints, secure with bandages	4	
Small arm sling	2	
Ascertain no further injury, excepting shock	6	
Treat shock	4	
Leave No. 2 with man and ask Interpreter to take No. 3 and yourself to second patient	2	
EXAMINATION OF CHILD.		
Ask Interpreter to speak reassuringly to child	4	
Have you any pain and what has happened to you?	2	
Child: "My parents were killed and I feel ill and my tummy aches."		
Note child is shivering	2	
Ask child if he feels thirsty. (Yes)	2	
How long have you been feeling ill? About a week	2	
Examine body and limbs for rash—discover small rose coloured spots on abdomen and chest	4	
Examine tongue—furred and becoming dry and red at tip and edges	2	

	<i>Marks possible</i>	<i>Marks gained</i>
Ask child if he has diarrhoea. (Yes)	2	
Have you been drinking water from this village? (Yes)	2	
Does it hurt you to pass urine? (Yes)	2	
When did you have a meal? (Yesterday)	2	
Take temperature. (104°F.)		
Decide that child is probably suffering from typhoid	4	
Inform Interpreter and ask if he knows of any contacts with child? (No)	4	
Hospital? Miles away	1	
Telephone? Wires cut	1	
Transport? Nothing available excepting Interpreter's car with only enough petrol to take him to his base	1	
Doctor? Interpreter only knows of medical aid at base hospital	1	
Decide to nurse suspected typhoid at house and ask interpreter if he will take first casualty to base hospital when he goes? (Yes)	2	
Stretcher is not available so decide to carry child in blankets	2	
PREPARATION OF ROOM FOR TYPHOID PATIENT.		
Choose large airy room	1	
Open windows	1	
Remove unnecessary furniture	1	
Leaving bed, two tables, two chairs, easy chair, bowl with disinfectant for washing nurse's hands, pails containing disinfectant for soiled linen, bedpan with strong disinfectant for pouring over excreta	10	
Soak sheet in disinfectant and hang outside bedroom door, end hanging in disinfectant	2	
Correct position of bed	2	
Fire—decide not necessary	1	
Find clean bedclothes and put these to warm with nightclothes in kitchen	3	
See that bedsteads are clean	1	
Sacking	1	
Firm mattress	1	

	<i>Marks possible</i>	<i>Marks gained</i>
Under blanket	1	
Mackintosh	1	
Draw sheet	1	
Pillows in slips	1	
Top sheet	1	
Two blankets	1	
Counterpane	1	
Read room thermometer	2	
Transport of patient and placing into bed.	10	
Prepare chart—temperature, respiration, pulse, stools and urine	6	
Prepare food—6 tablespoonfuls of milk with 2 of water—see that patient takes it within 5 minutes	6	
Arrange for this to be repeated every two hours	2	
Ask Interpreter to take a full report to base including source of water under suspicion	3	
Extras for additional intelligent questions or work	10	
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	200	
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CADET.

The scope of a Cadet Team Test is necessarily more limited than that of the Senior members of the Brigade owing to the fact that the Cadets are required to know First Aid only as laid down in their handbook—"A Preliminary Course of First Aid to the Injured."

Judges should study a copy of this before setting a test and be careful to check all details afterwards, so that the final sheet conforms to the standard teaching.

The planning of the test will follow a similar outline to that for the Ambulance Test and the Judge should, at the outset, decide the following data :

- What manner of accident is to be staged and where ?
- How many casualties ?
- What injuries are visualised which are consistent with the accident ?
- Whether the accident can be staged realistically and easily ?
- Are the following available ?
 - Doctor.

Ambulance.
House or other shelter.

Hospital.

What is the weather ?
Is there any further danger to the patient or any danger to team at scene of accident ? (e.g., wall which may collapse).

Probably the best type of test for Cadet Teams is a simple straightforward one associated with stiff marking.

The data from the preceding questions may well be :

Bicycle accident in street.

One casualty.

Simple fracture of right thigh bone and a large dirty wound of left forearm with a piece of glass embedded.

Accident can be staged easily.

No doctor available.

Ambulance $\frac{1}{2}$ mile away.

Hospital 2 miles away.

House nearby.

Preamble to the test can be worded :

"You and your team are walking along a busy street when you see a boy approach on a bicycle. When a few yards in front of you the cycle skids and he crashes into a lamp-post. You have a First Aid haversack with you. ACT."

ACTION can be described as :

A boy of about 10 years on a cycle allows himself to fall gently on to the floor. Wound can be faked as described in Chapter 6 with a piece of perspex in the wound to simulate glass. When he lies on ground the boy turns his right foot outwards whilst lying on his back. The extent of the pavement and road can be defined by a chalk mark or other method. Boy lies in roadway.

STAGING.

- Required :
- Boy of about 10 years.
 - Bicycle.
 - Several bystanders.
 - Making-up of casualty.
 - House nearby to be represented by a screen, bearing a large label saying "HOUSE."
 - Articles inside screen to be : Blankets or rugs.
 - Cup of hot tea.

TEST.

	<i>Marks possible</i>	<i>Marks gained</i>
IMMEDIATE ACTION.		
Rapid approach to patient	2	
Comforting words by leader	2	
Saying that you are first-aiders and will help him at once	2	
Ask two bystanders to control traffic, one in each direction	4	
Allow all traffic to pass but keep clear of scene of accident		
Where have you any pain? (right leg and left forearm)	2	
Warn to lie still	4	
Enquire re obvious haemorrhage or examine quickly for signs of bleeding. (Discovered at left forearm).	6	
EXAMINATION OF BOY.		
Type of weather? (cold but fine)		
Send No. 2 to house for rugs or blankets	4	
Tell No. 3 to open First Aid haversack and after that to steady boy's right leg carefully	2	
Tell No. 1 to examine left forearm	2	
Discovers torn sleeve and blood	4	
Is bleeding severe and spurting? (Yes)	2	
Is there any deformity and swelling of arm bones? (No)	6	
Raise left arm	2	
Expose wound by pulling up sleeve	2	
Discover that wound is dirty	2	
Discover that there is a foreign body in wound	2	
That foreign body is not easily removable	4	
Decide to apply indirect digital pressure on artery of arm		
Correct position of indirect digital pressure	4	
No. 2 returns with 3 rugs. Place one over patient	2	
One under head—not to raise head but make more comfortable	2	
Reserve one for underneath him at earliest moment	2	
Cover wound with clean dressing temporarily	4	

Marks possible *Marks gained*

Examine right leg :	
Is there swelling and deformity of thigh bone? (Yes, in middle of thigh)	4
Ask patient has he pain anywhere else. (No, except left arm)	4
Ask patient to gently try to lift leg. (unable)	2
Again warn to keep still	2
Diagnose injuries as dirty wound of left forearm, accompanied by foreign body	4
Simple fracture of right thigh bone	4
Send member of team to telephone doctor (nearest)	2
and hospital (2) and ambulance (2)	4
(after two minutes allow return of bearer with message that doctor is not available and that ambulance will arrive in eight minutes).	

TREATMENT.

Remove temporary dressing over wound in left forearm	4
No sterilised water being available apply antiseptic all over wound and surrounding skin	4
Dry dressing (3). Pads of cotton wool to protect foreign body doing any more damage (3)	6
Bandage lightly	2
Relax indirect pressure	4
Does haemorrhage restart? (No)	4
Large arm sling	2
Steady right leg by holding ankle and foot	4
Gently draw down foot	4
Apply bandage as a figure of 8 round ankles and feet	2
Pass 7 bandages under patient in following order :	
Chest	2
Pelvis	2
Ankles and feet	2
Both thighs above fracture	2
Both thighs below fracture	2
Both legs	2

	<i>Marks possible</i>	<i>Marks gained</i>
Both knees (Broad bandage)	2	
(Half marks only for any bandage placed in incorrect order)		
Place splint along right side of body from armpit to beyond feet	2	
In the same order tie all bandages on the splint except the one round ankles, feet and splint which is tied under soles.	4	
TREATMENT OF SHOCK.		
Rug under patient	4	
Hot water bottle from nearby house	4	
Cup of tea from nearby house	4	
Encouraging words all through action of test	4	
Ambulance arrives: Correct placing of ambulance	4	
Get stretcher from ambulance.	2	
Prepare and blanket	4	
Correct loading of stretcher (for boys) or instruction (for girls)	6	
Correct loading of Ambulance (for boys) or instruction (for girls)	6	
Ask boy's name and address	4	
One bearer to go with boy to hospital		
Remainder of team to take bicycle to boy's home with tactful message	4	
EXTRAS for additional intelligent questions or work	4	
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CHAPTER 4.

On Planning Viva Voce, Individual and Dual Practical Tests Ambulance, Nursing, Cadet

VIVA VOCE.

The most important thing to avoid is the asking of questions which are responded to by stereotyped answers—the result of the examinee having learnt the text-book in a parrot-like fashion. The questions should be so worded that a different approach is made to the matter under consideration and that thought is stimulated. The wording should be kept simple and the meaning should be clear. There is no sense in being abstruse, and it is not fair on those members of the Brigade who have not been so fortunate in life in that they have received no higher education.

The tendency to-day is for the Viva Voce to be either very short, or absent, since First Aid is essentially a practical subject and so only one example will be given for each section. Average time given for a Viva Voce is generally about two minutes.

AMBULANCE TEST.

Instead of asking :

“Give the signs of Internal Haemorrhage,” which would be followed quickly by most candidates answering :
Pallor of face and lips and cold clammy skin.
Breathing hurried and laboured accompanied by yawning and sighing.

Pulse fails and may altogether disappear at the wrist.
Patient throws his arms about, tugs at the clothing round the neck and calls for air.

The following could be substituted :

“Name the case of Internal Haemorrhage where the signs are the opposite from those generally expected.”
(the answer being : Cerebral Haemorrhage due to injury (Compression) or (apoplexy).

NURSING.

A suitable question to ask would be :

“ What signs, symptoms or conditions would you take to be contra-indications for a patient to lie flat in a supine position.”

If face is flushed. Pulse full and slow. Breathing stertorous. Haemorrhage from nose.

Haemorrhage from mouth—especially due to complicated fracture of ribs.

Dyspnoea.

Sharp stabbing pains in chest (pleurisy).

Tight feeling in chest associated with cough and sputum (bronchitis).

Fractured patella.

Wound of abdominal wall with protrusion of organs.

Bite by snake or rabid animal.

Asphyxia when Shafer's Artificial Respiration is indicated.

Flatulence.

Hiccough.

CADET.

In your text-book it says : “ Where bones meet, a joint is formed.” Can you name any exceptions to this :

(1). Bones of head (except lower jaw).

(2). Lower part of spine (as shown in diagram in Chapter III).

INDIVIDUAL.

The planning of an Individual Test is that of a minor team test, save that there is only one person to do the treatment. There is generally little or no staging and there cannot be any stretcher work unless bearers are provided and then the member being examined will be expected to instruct them. Otherwise the transport can only be :

cradle if patient is small.

pick-a-back.

or human crutch.

This is essentially a practical test and should be planned with the usual everyday accident in mind. Each step in the examination, diagnosis and treatment of the case should be visualised by the judge and recorded on the mark sheet. A reasonable amount of time, up to 8 minutes, should be allowed for this test.

AMBULANCE.

You are on duty in a public park when you see a boy walk through a puddle of water and cry out in pain.

	<i>Marks possible</i>	<i>Marks gained</i>
Rapid approach to boy	1	
Reassuring words constantly	2	
Help him to a nearby seat. (? by cradle).	1	
Ask him where pain is (indicates right foot)	1	
Raise right foot and observe hole in shoe	1	
Is anything sticking in hole? (Yes, piece of glass)	2	
Is it easily removable. (Yes)	1	
Remove foreign body	1	
Remove shoe and stocking carefully	1	
What degree and type of haemorrhage. (slight, venous)	2	
Is there any swelling, deformity and irregularity in bones of foot or leg? (No)	2	
Is foot dirty? (Yes)	1	
Wash with water from bottle using cotton wool	2	
Apply antiseptic. Dry Dressing, Bandage tightly	4	
Is haemorrhage controlled? (Yes)	2	
Ask name and address	2	
Carry to First Aid hut and telephone ambulance to take him home	4	
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NURSING.

You have been sent to a girl of 10 years and told to give her a blanket bath.

	<i>Marks possible</i>	<i>Marks gained</i>
Place at bedside :		
Washing bowl	1	
Jug of hot water	1	
Pail	1	
Soap	1	
2 Flannels	1	
Nail Brush	1	
Bath and face towels	2	
Methylated spirits, surgical spirit or eau-de-Cologne	1	
Dusting Powder	1	

	<i>Marks possible</i>	<i>Marks gained</i>
2 Blankets on a clothes-horse before fire . . .	2	
Close all windows	1	
Place patient's clothes to air and warm . . .	1	
Remove top bedclothes except blanket next to patient	1	
Cover patient with one of the warmed blankets and remove bed blanket	1	
Roll second warmed blanket under her . . .	1	
Remove patient's clothing without disturb- ing her more than necessary	1	
Wash quickly and efficiently	1	
Dry well in all folds of skin	1	
Attend to skin over bony prominences :		
Massage with soapy hand	1	
Dry carefully	1	
Rub with spirit	1	
Dust with powder	1	
Dress in warmed clothes	1	
Cover with warm blanket	1	
Bath blankets are removed and put to dry .	1	
Make bed and leave patient comfortable . . .	3	
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CADET.

You see a man rescue a boy from a canal.
The man knows no First Aid and calls
on your help since he sees you are in
uniform

Is boy breathing? (No)	2
Can pulse be felt? (Yes)	2
See mouth is clean and no foreign body . .	3
Any obvious deformity or swelling? (No) .	2
Correct method of turning into prone position	4
Correct position of hands, etc.	3
Correct rhythm and rate of artificial respiration	4
After Interval :	
Is he breathing yet? (Yes)	2

	<i>Marks possible</i>	<i>Marks gained</i>
Regulate artificial respiration to correspond with breathing	4	
Tell man to rub limbs vigorously towards heart	2	
When breathing is good remove to nearest house	2	
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DUAL PRACTICAL.

This is very similar to the Individual Practical Test except
that there can be additional injuries in order to occupy the
two members of the team so examined. The essential differ-
ence is that transport can now include :

Two, three or four handed seats
and the fore-and-aft method.

A time limit of 15 minutes should be set with a warning at
10 minutes.

AMBULANCE.

The same series of questions as in the team test can be
answered by the prospective judge and the injuries visualised
as follows :

Street accident.
No hysterical relative.
One casualty.
Syncope due to want of food.
Fracture of left humerus.
Doctor arrives in 10 minutes.
Ambulance arrives in 14 minutes.
Hospital 2 miles away.
No danger to patient or team.

Preamble :

You and your team mate are passing along a street carrying
your first aid haversack. You notice an elderly man
approaching you on the same pavement as yourself.
He is staggering slightly. Suddenly he clasps his hands
to the upper part of his abdomen and falls to the pave-
ment.

	<i>Marks possible</i>	<i>Marks gained</i>
IMMEDIATE ACTION.		
Condition of weather? (Fair)	1	
Rapid approach to patient	1	
One bearer to control crowd	1	
Speak to patient. (No response)	1	
Is patient breathing? (Yes)	1	
What type of breathing? (Quick, sighing and irregular)	1	
Any obvious haemorrhage? (No)	1	
EXAMINATION.		
Pulse? (Rapid and weak)	1	
Colour of face? (Pale and dirty)	1	
Examine: Head for injury. (None)	1	
Ears for haemorrhage. (No)	1	
Nose for haemorrhage. (No)	1	
Mouth for odour, haemorrhage, staining, F.B. or froth. (No)	1	
Eyes for bloodshot, foreign body or signs of hysteria. (No)	3	
Pupils (equal and react to light)	2	
Bones for deformity, irregularity and swelling. (Reveals fracture upper end of left humerus)	3	
Is there any haemorrhage? (No)	1	
Other bearer support left arm	1	
Temperature of skin? (Cold and clammy)	1	
Gently turn patient on to back using help of bystanders	1	
Any swelling of abdomen? (No)	1	
Is patient still unconscious? (Yes)	1	
Broad bandage round left shoulder and body	1	
Small arm sling	1	
Borrow rug from house or shop	1	
Note appearance of man or ask appearance of man. (Dirty and unshaven)	2	
Send bystander with written message to telephone for doctor	1	
Send bystander with written message to telephone for ambulance	1	

	<i>Marks possible</i>	<i>Marks gained</i>
TREATMENT.		
Decide to remove to house or shop in rug, using bystanders	1	
Friction to lower limbs	1	
Hot water bottles to side and legs, pit of stomach and over heart	1	
Give nothing by mouth	1	
Fan patient	1	
Sprinkle face with hot and cold water alternately	1	
Patient recovers consciousness.		
Speak to him and reassure him	1	
Apply smelling salts (after testing) to nose	1	
Ask name. (Bill Sykes)	1	
Ask address. (No fixed abode)	2	
Ask re cause of Syncope:		
“When did you have last meal”? (2 days ago)	2	
Diagnose Syncope due to lack of food	4	
Give food sparingly at first	2	
Doctor arrives. (10 minutes).		
Report to Doctor	1	
Doctor examines and advises removal to hospital.		
Disposal.		
Help given by two bearers to ambulance driver	6	
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NURSING.

With the introduction of the new edition of “Home Nursing,” it will be necessary for the judge to read this well, since it is essential for him to know the alterations and additions which have been effected. The dual test in this competition may be in a manner similar to that of the Ambulance Test but may differ considerably. Thus it may be completely on Home Nursing and contain little or no first aid work. In order to see how this would work out a pure Home Nursing Dual Test will be used as an example.

The Judge should consider what he wishes to set and a few of the problems which would be suitable are:

The making of any of the different beds whether unoccupied or occupied.

The changing of sheets or draw-sheets.
 Giving of a blanket bath.
 Attention to skin over bony prominences.
 Preparation of a beverage.
 Preparation of a diet tray.
 Preparation of an enema.
 Preparation of a fomentation or poultice.
 Treatment of special symptoms.

The one selected here is to be the attention to the skin which owing to a dirty sheet would include changing the bed.
 Preamble :

"You and your team-mate have been asked by Dr. A to visit Mary Brown who lives next door to you, and to make her comfortable. She is suffering from heart disease.

	<i>Marks possible</i>	<i>Marks gained</i>
Greeting to patient, "Hallo Mary."	1	
Introduction of your team-mate to patient	1	
State your business: "I have been asked by Dr. A to call and make you comfortable"	2	
How do you feel? (My back and buttocks are sore)	1	
We had better examine your back (observe redness over spine)	2	
Examine under-sheet. (Dirty)		
Have you had your skin attended to by washing and rubbing with spirit? (No)	1	
We will soon make you feel better by doing that and changing this under-sheet	2	
Do you wish to use the bed pan? (No)	3	
Tell your team-mate to get things required	1	
Sheet to be airing in front of fire	1	
Draw sheet to be airing in front of fire	1	
Small blanket to be airing in front of fire	1	
Mackintosh to be airing in front of fire	1	
Place these and then get:		
Bowl of hot water	1	
Soap	1	
Flannel	1	
Towel	1	
Methylated spirit (or surgical spirit, caude-Cologne)	1	

	<i>Marks possible</i>	<i>Marks gained</i>
Dusting powder	1	
Mixture of methylated spirit and olive oil.	1	
Uncover patient partly	1	
And brush crumbs from bed on both sides	2	
Turn patient gently to one side (generally to the right side will cause least discomfort)	2	
Support in this position	1	
Roll under-sheet until it is under patient	1	
Place blanket on top of under-blanket	1	
Wash back and buttocks with soapy flannel	2	
Massage prominences with soapy hand	2	
Dry thoroughly	2	
If skin is well nourished and supple, apply methylated spirit		
<i>or</i>		
If skin is dry use methylated spirit and olive oil	2	
Rub either well into skin, and apply dusting powder	1	
Remove piece of blanket	1	
Roll clean sheet into tight roll with mackintosh and draw-sheet.	2	
Place alongside soiled sheet	1	
Smooth unrolled portion towards one nurse	2	
And tuck in under-sheet, mackintosh and draw-sheet	2	
Lower patient on to her back over rolled sheet, etc.	1	
Roll patient on to other side and support, well covered	1	
Withdraw soiled roll	1	
Unroll clean under-sheet, smooth out and tuck in	1	
Unroll mackintosh, smooth out	1	
Unroll draw-sheet, fold and tuck in	1	
Lower patient	1	
Tuck in bedclothes	1	
Ask if comfortable lying flat or would she like some pillows	2	

CADET.

This dual test will approximate closely that of the Ambulance one since it is generally on first aid only. It is, therefore, a halfway stage between the Individual and the Team Test.

The series of questions for the Cadet Team Test can be answered by the Judge and might be as follows :

- A home accident.
- One casualty.
- Severe burn of baby aged 2 years on right arm and right leg.
- No doctor available.

Preamble would be :

"You and your team-mate are playing in your own house when your mother calls you to say that a friend's baby has fallen on to the fire and no doctor is available."

	<i>Marks possible</i>	<i>Marks gained</i>
Immediate approach to patient	2	
Calm words to mother of child	2	
Immediately see that child will have to go to hospital	2	
Tell one of the two ladies to 'phone for ambulance with instructions to come at once (ambulance will come in 10 minutes)	2	
Carefully remove clothing from injured parts	2	
If any clothing is adherent, cut with clean scissors and leave in position	4	
No blisters to be broken	2	
Place injured parts in water at temperature of 98.4° until dressings are procured	4	
Ask if any baking soda is available. (Yes)	2	
Add a dessertspoonful to the pint of warm water and pour over adherent clothing	2	
Try to soak this clothing off	2	
Make fresh solution as above	4	
Soak strips of lint in this	2	
Apply to parts affected	2	
Cover with cotton wool	2	
Bandage lightly	1	
Ask own mother to give suitable fluid freely to baby	2	
Send team-mate to telephone warning to Hospital that baby with burns is being sent in	2	

Marks possible *Marks gained*

BABY'S MOTHER FAINTS.

Is patient breathing? (Yes)	2
Lie on back, turn head to one side	2
Is face pale? (Yes)	1
Raise feet on to stool covered by rug	1
Undo all tight clothing	1
See there is plenty of fresh air. Fan with triangular bandage	1
Has patient any obvious signs of injury? (No)	2
Give no fluid by mouth	2
Is patient showing signs of recovering? (Yes)	2
Drink of hot tea when recovered sufficiently	2

AMBULANCE ARRIVES.

Send baby to Hospital accompanied by one Cadet	2
Mother of baby to rest	1

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CHAPTER 5.

On Staging a Team Test

From the spectator's point of view the whole Competition is the Team Test, so that the success of the Competition depends largely on the merits of the staging of this, its most important part. The more modern the Hall and the better the environment in which the team will compete, the more enjoyable will the Competition be for both competitors and onlookers. A balcony to the Hall can be of great advantage and will enable the floor of the Hall to be kept less crowded so that the team will have plenty of room in which to work. The centre of the floor will in most cases be chosen to stage the incident and a chalk mark should show the limits over which the spectators should not be allowed to encroach on the contest space. In some cases it will be permissible to allow spectators to surround the contest space completely, whilst in others it will be impossible to do so owing to the manner of the staging where the action of the test takes place alongside or in front of one of the walls of the Hall.

Probably the most important feature is the "patient" and a member of a local amateur dramatic society will probably be only too pleased to help. Whether "conscious" or "unconscious," good acting can be most effective especially when it is accompanied by realistic make-up of the injuries as described in Chapter 6. If "conscious" the patient should be well schooled in his actions, his replies when questions are put to him by the Leader and in his conversation to the remainder of the team. If the patient is supposed to be unconscious he should likewise be well schooled as to his actions: such as the simulating of limpness of the one side of the body in apoplexy.

If the teams to be examined are Nursing or Cadet Teams it is advisable to provide a "patient" who can be handled easily by the bearers without any undue strain. It is, of course, realised that in an actual emergency in everyday life these same first-aiders would be called on to treat any sized patient and would have to decide then whether they were strong

enough to carry the patient or whether they would have to obtain help.

It is most important that at a Competition the same "patient" is used for all teams in any one contest, so that uniformity in replies and actions is obtained, and that each team receives identical conditions of staging.

The scene of the accident can usually be suggested realistically by some quite minor "props" such as broken furniture or masonry. A theatrical drop-scene depicting either a street scene or a country lane, whichever may be appropriate, could be hung against one of the walls, or a small piece of machinery (or a wooden model of it) placed on the floor would serve to represent a work-shop if the accident is to be an industrial one. At the Finals of the Dewar and Perrott Competitions, the helpful aid of the Cinema Industry has been most generously given in making the staging of the scene realistic and interesting.

An ambulance may most easily be represented by a table large enough to accommodate a stretcher.

Should it be necessary to represent a house, it will be found convenient to do this by means of a screen bearing a large notice stating "HOUSE" or a pictorial representation. The contents of the house can be concealed behind the screen and two officials placed in charge.

It would be the duty of one official to allow no competitor to peer round the screen, whilst the other official would hand only those articles specifically asked for by the team member. On the other hand, it is sometimes more of a handicap to place the contents of the house in full view of everyone, but in disorder and allow the competitors to help themselves to those things that are appropriate to the condition being treated. The Judge would have to consider what items to include which would not be required, but which on being seen by the competitors would confuse them. This is of advantage not only to the Judge, who is the more able to pick the winning team, but also to the spectators, since it adds greatly to their enjoyment.

Should after-treatment be required, it is wise to prepare a room, and this can be done by showing the limits by means of wooden forms. A wooden door frame set up will also give realism to the staging, and it will handicap the entrance of a stretcher and team who might, in its absence, walk in through a wide gap in the forms.

A fire-place together with red crepe paper and a lighted electric bulb can easily be provided and helps to make a

realistic homely scene. This room is best screened off from the competitors' sight by means of curtains suspended on wires, and it will only be revealed when asked for. Sufficient furniture should be placed in the room to make it look natural and provision made for a patient to be rested on a couch or put at once into bed. Every article which may possibly be asked for should be ready to hand either in this room or behind the screen already referred to.

If the patient is placed on a rug in order to keep him off the floor, attention must be closely paid that, should the Leader decide to move him quickly because of some imminent danger, his team do not use this blanket as the means of rapid removal.

A most important point for the comfort of and fairness to the teams is the keeping of silence, and notices to this effect should be hung in prominent positions in the Hall. If in spite of this the audience talks and the noise of conversation or laughter becomes too loud it would be well for the Officer-in-Charge to appeal for silence.

CHAPTER 6.

Methods of Making-up Casualties

Yet another help to the success of the Competition is the realistic appearance of the patients and this will obviate any possibility of a wrong limb being treated. When no attempt is made to depict injuries it is commonly found that a team will treat the wrong side of the body with a consequent loss of one third of the marks allotted for the treatment of that particular injury. This is not only annoying to the team, who would never make such a foolish mistake in actual first aid treatment, but also leaves a bad impression with the spectators as to the efficiency of our teaching.

With a minimum of equipment and a little practice realistic injuries and conditions can be produced by following the undermentioned directions.

The first requisite is a patient of the desired sex and roughly of the age and appearance necessary for the particular test in mind. If possible a patient who has some well-defined injury should be used since he or she will require less making-up. Should such a person not be available, any person will do since the injuries can be reproduced. Clothing would be consistent with the type of character portrayed and old suits of clothes or old overalls should be kept specially for this work. These garments can be torn at will to reveal fractures, wounds and other injuries which can be recognised easily by the team members on careful inspection.

One of the most useful helps in make-up is Nose Putty, and with the aid of this many wounds, fractures and burns can be depicted with the use of grease paints. The nose putty and grease paints may be obtained at many stores, but one of the most reliable sources is that of Messrs. L. Leichner (London) Ltd., of 30-32 Acre Lane, London, S.W.2. A colour chart showing their range of grease paints and liners will be found in the Appendix.

A useful kit would be a suitable tin box containing :

A stick of Nos. 1½
3

	3½	
	5, 6½	
	20	in grease paints.
	25	
	28, 32	
	42	
Medium Blue	326	
Carminc	1, 2 and 3	
	327	in liners.
Astringent lotion.		
Cold cream and vascline.		
Liquid paraffin. Glycerine.		
Blending powder. (Brownish).		
Spirit gum.		
Cellophane.		
Old cycle inner tube.		
Suitable meat bones.		
Nose putty.		
Small paint brush		
Orange sticks.		

The following will be the injuries mostly needed together with instructions as to their make-up.

SHOCK.

Clean the face with Cream and Astringent Lotion.

Apply foundation : apply a few dabs of No. 5 and smooth it all over the face and ears, right up to the hair line, as thinly as possible, and pat well in so that a perfectly smooth surface is obtained. Nos. 1½ or 20 may be applied over No. 5 if a paler colour is required.

Shade lines and hollows of the face with No. 28 liner, using lightly and fading out any hard lines with a stub made of leather and shaped like a pencil.

Apply blending powder over face with a soft puff patting it on and brushing off the surplus with a soft brush.

Dab glycerine gently on forehead with cotton wool to simulate beads of sweat.

Do not forget to make-up the hands since it will look incongruous to see a pale face and ruddy looking hands.

OLD AGE.

If old age is to be portrayed it should be done by using No. 5 with the slightest addition of No. 6½ for a lean type or No. 6½ alone for an obese type. The facial contour can be altered by shading the hollows and lips with No. 25 although Carmine No. 3 may be preferred for the obese type.

Hands can be given the appearance of age by drawing shadows between the knuckles with No. 32. These shadows must be well smudged out and powdered over with blending powder. Liner No. 32 may also be used to portray an unshaven face.

HAEMORRHAGE.

Mix Carmine No. 1 or No. 2 with light engine oil for running arterial blood, and this can best be prepared by placing one and a half sticks of the grease paint chosen, together with half a pint of engine oil in a suitable tin. This is then gently heated in a saucepan of hot water and the contents stirred.

For congealed blood the grease paint is mixed with vaseline.

Use Carmine No. 3 similarly for venous blood.

If it is necessary to avoid damage to clothes the following preparation can be obtained from any pharmacy and this will dry in a minute or two after being applied with a brush. It should be remembered that it will dry slightly darker in shade than when applied.

Gum sandrach	1 ounce
Rosin	½ ounce.
Ether Meth. 0.73 S.G.	10 drachms.
Scarlet Red	8 grains.
Safronin	16 grains.
Eosin	8 grains.
Surgical spirit	to 4 ounces.

Ether Meth. on pledgets of cotton wool rubbed on to the area covered by this synthetic blood will remove it.

ACTIVE HAEMORRHAGE.

By means of small-calibre rubber tubing suitably fixed and hidden, haemorrhage can be shown with lifelike realism. All that is required in apparatus is a small rubber bulb similar to that fitted to a Higginson's enema syringe, and having a one-way valve in the end of the tubing which will be inserted into the receptacle containing the "blood." The other end of the bulb will be connected directly to the rubber tubing acting as the artery or vein injured. With the bottle in his pocket and his hand working the bulb and suitably hidden, the casualty can operate the flow of Blood, varying the kind of pressure applied on the bulb according to the type of haemorrhage depicted.

VARICOSE VEINS.

This is a difficult condition to fake. It cannot be done satisfactorily, but the following can be tried : Trace with

suitable liners, the usual design of varicose veins on the patient's leg or legs, and in one place you can show haemorrhage coming from what is usually a very small break in the vein. Thin strips of nose putty can be glued to the leg with spirit gum, in a similar design and colour suitably. Fine drainage tubing, either of No. 1, 2 or 3 size can be sewn inside a stocking and active haemorrhage demonstrated. It may be well to use a flesh coloured stocking for this and to cover it with a darker stocking. The opposite leg to have a dark stocking to match and the flesh coloured stocking will then represent skin if the top is fixed either with flesh coloured Elastoplast or with spirit gum.

None of these methods is good but each can be tried and perfected until one is found which will satisfy.

HAEMORRHAGE FROM LUNGS.

Frothy blood associated with haemorrhage from the lungs can be reproduced by adding a few grains of scarlet red, eosin, and safronin mixed with a well-known brand of tooth-paste which produces a copious foam. The teeth are cleaned with this preparation on a tooth brush in the usual manner and the casualty should be instructed to keep his mouth as free from saliva as possible. Otherwise the foam will disintegrate and the effect will be spoilt.

Another method is to use hydrogen peroxide which has been made faintly alkaline, and suitably coloured. A mouthful is taken and held until the appropriate moment when the froth can be released.

WOUNDS.

Apply nose putty in a lump of sufficient size after it has been worked in the hands until soft enough. Hold in position with one hand and draw the edge firmly down with other hand away from the mass until a tapering edge is obtained which fades into surrounding skin. If difficulty is experienced in making the putty stick to the skin, this can be overcome by using a little spirit gum. Colour the putty with the rest of the face by using No. 5 and then obtain required tint with No. 3 or 3½. Make a mark of required dimension with an orange stick to represent the wound. Do not make the mark so deep as to reach the true skin or the putty will lift. Add "blood" to amount required. It should be allowed to flow down a glass tube so as to give the correct appearance of having run from the wound.

BRUISING.

Use a mixture of No. 25 and No. 326, either as a simple bruise or in association with a wound. Both these Nos. refer to liners and the one should be applied over the other, followed by gently fading out with the finger.

A more spectacular method of making-up casualties is by means of wax casts which may be prepared as follows:

WAX CASTS.

Melt five or six ordinary household candles in a suitable tin and remove the wicks. Obtain a piece of loosely woven material about the same texture as a hopsack tweed as the basis of the cast. A cast for an arm should be about 6-in. x 9-in, and that for a leg about 8-in. x 10-in. Tapes or lengths of one-inch bandage are sewn to the four corners and the material laid flat on the table. The melted wax is now painted on with a brush and gradually a thin layer of wax will be produced. The material is now reversed and the same process is repeated until the wax in the tin has been used. The thickness of the cast will now be about ¼-in. and it should be placed immediately on to a cardboard cylinder of suitable diameter in order to set. The side of the material having the thicker layer of wax will form the convex surface.

It is now ready for the application of the grease paint.

If it is intended to depict a deep wound, an A.R.P.-type first aid dressing or some cotton wool wrapped in a piece of bandage should be sewn to the back of the material before the wax is applied.

If greater depth is required in the wound, extra small pieces of cotton wool suitably dyed can be pressed under the wound edges to raise them.

If a compound fracture is to be demonstrated a small cut should be made in the material and through this should be placed a small triangular piece of broken bone. This piece of bone may be obtained from the butcher, and it should have two small holes drilled into the base. The bone can then be stitched into position and held securely.

Similarly, any type of foreign body can be inserted into a wound and secured in position or made so that it can be removed easily when the treatment required is performed.

Another method would be by using the first aid dressing, cutting down into it with a sharp knife or razor blade and laying a long piece of bone in the bottom of the cut. This bone could be broken transversely before insertion and it

would then demonstrate what may be seen in a compound fracture of the tibia.

A simple fracture may be shown by moulding the cast to give the appearance of mis-alignment of the two fragments. Bruising should also be shown near the seat of the fracture.

Many other conditions, such as the various types of wounds, can be demonstrated with a little ingenuity on the part of the first aider.

ABDOMINAL WOUND WITH PROTRUSION OF THE BOWEL.

Take a piece of rubber sheeting, 9-in. x 11-in. and sew tapes to each corner, shorter ones at upper corners and long ones at lower corners. Make a vertical or horizontal cut about $4\frac{1}{2}$ -in.—5-in. long, and line the edges with $\frac{1}{2}$ -in. or 1-in. sorbo rubber secured into position with rubber cement. Stuff cotton wool into a small length (about 12-in.—18-in.) of cycle inner tube and sew into position, allowing a small loop or loops to show through the wound. The whole of the back should be covered with material to make it more comfortable when placed next to the skin. It is now ready for the grease paint which should be applied as follows :

Rubber sheeting. (Skin of abdomen) No. 3 or $3\frac{1}{2}$.

Sorbo rubber (subcutaneous Tissue—including fat).

No. 1 or 2 Carmine to edge.

No. 327 for fat.

Cycle tube (intestines). Combination of No. 3 and No. 327.

Add synthetic blood of any type to suit individual requirements.

SIMPLE FRACTURES.

In addition to the method described under WAX CASTS, simple fractures may be depicted by the use of nose putty. A lump large enough for the moulding of the particular limb concerned is worked up until sufficiently pliable to adhere to the skin and is then applied, tapering the edges until they merge into the surrounding surface. The mass of putty applied can now be moulded to give the appearance of two fragments of bone, lying in poor alignment. This can be accentuated by shading with liner No. 28.

BURNS AND SCALDS.

These may take the appearance of anything between reddening of the skin, blisters and actual tissue destruction.

Reddening of the skin may be shown by the correct application and blending of No. 3 or $3\frac{1}{2}$ with Carmine liner Nos. 1, 2 or 3.

Blisters may be represented by sealing cellophane of the desired size and shape on to the skin by means of spirit gum. Small blisters where the skin is only just raised from the subcutaneous tissue or blisters which have broken can be shown by painting the areas required with Collodin Flex. Meth., until a sufficient thickness is obtained.

For tissue destruction take a thin ring of putty and lay on to the supposed position and fix in place by smoothing off firmly the outer edge with the fingers and thumbs. Apply No. $3\frac{1}{2}$ and perhaps a combination of this and a little No. 28 liner for the charred edge. Apply Carmine liner No. 1, 2 or 3 to the inner edge and vaseline and synthetic blood to the base.

AMPUTATIONS.

If the person acting as the casualty is not already suffering from the results of an amputation of the leg, it is practically impossible to fake this injury satisfactorily. It is, however, easily effected in the case of an arm since the "casualty's normal arm" on the "injured" side could be strapped to the body and larger clothing than normally worn will hide any bulkiness.

A piece of suitable bone is obtained from the butcher and the end which will protude from the stump should be broken to give a shattered appearance. The bone is wrapped round with an A.R.P.-type first aid dressing tightly, and in between the layers of the dressing can be placed pieces of white string to represent the nerves, and pieces of small rubber drainage tubing for the arteries and veins. This drainage tubing can be connected up to a reservoir of synthetic blood and the Higginson's syringe or other pump can be utilised for giving the appearance of "active haemorrhage."

The first aid dressing could be dyed a dark red, in order to represent the muscles, previous to it being wrapped round the bone. The dressing can be held in place either by stitching it or by tying with string. A piece of the skin of a recently killed pig is wrapped round the dressing to complete the stump and the join kept to the inner surface and stitched. Carmine liner 1, 2 or 3 to the edges and some touches of synthetic blood of the non-drying type will give a most realistic effect to the stump when finally placed in position in a torn sleeve.

HERNIA.

Take an old table tennis ball and cut about one third neatly, taking care that the cut is perfectly level. A small

piece of thin celluloid is then required, preferably of opaque or light colour. With the aid of a match or brush, the inner edge of the piece of table tennis ball is painted with either acetone or amyloacetate and the edge of the ball is then placed on the celluloid and held in position firmly whilst some more of the liquid is applied to the outer edge. It is then allowed to dry and a perfect join will result. When dry the surplus celluloid should be removed with scissors. The resulting model can then be fixed in the position required by means of spirit gum, and can be suitably coloured to blend with the patient's skin.

FROST BITE.

This will affect such places as the nose, ears, fingers and toes, and can be made up with No. 1½ blended with No. 5 or No. 20. Apply no powder since frost bite gives a waxy appearance.

RASHES.

The following are the descriptions given in "Home Nursing" :—

CHICKEN POX.

The small, round spots speedily fill with fluid, clear at first, then becoming pustular and later forming scabs. They are most profuse on the body, face and head, but few are seen on the limbs.

SCARLET FEVER.

The rash consists of small, bright red spots which appear on the second day on the neck and chest, and spread rapidly until the whole body may assume a scarlet appearance. The face is flushed, with the exception of an area round the mouth referred to as the "Circumoral pallor."

MEASLES.

The rash, blotchy in appearance, appears on the fourth day on the forehead, and behind the ears, and then on successive days spreads over the body and limbs. It is dusky-red to pinkish in colour, and, as it fades, becomes brown and yellow.

GERMAN MEASLES.

The rash, of which the spots are larger than those of scarlet fever but smaller than those of measles is often the first symptom.

These rashes can be represented on the person acting as patient by means of the following directions :

CHICKEN POX.

The papules may be imitated by small drops of collodion placed at wide intervals all over the trunk. In between these can be portrayed the burst papules by means of No. 8 together with a trace of collodion.

SCARLET FEVER.

Leave a clear area around the mouth but apply No. 4 and a little Carmine 1 or 2 to the rest of the body. Apply in pinpoint quantity.

MEASLES.

By using No. 3½ faintly all over the skin and then making blotchy marks all over the face and behind the ears with No. 8. The profuse lachrymation may be produced by holding raw onion near the nose and the eyes.

GERMAN MEASLES.

Apply No. 4 in small, round or oval marks the size of a pin's head to a pea and at fairly wide intervals.

CHAPTER 7.

Procedure of Leader and Team— Ambulance Competitions

GENERAL INFORMATION.

In Chapter 1 it was described how the test is generally divided into Immediate Action, Examination, Treatment and Disposal. The interpretation of what should be done in "Immediate Action" varies considerably according to the individual opinion of the Judge. Generally it will vary according to the local conditions at the time of the "accident." Should the "weather" be given as "cold" or should there be expected danger in the probable collapse of masonry, the patient should be given that minimum of treatment demanded by some major sign or symptom and then removed to a place of safety and shelter where the full and final treatment may be rendered more adequately. If, on the other hand, climatic conditions are good and there is no danger anticipated the treatment can be given in a straightforward, systematic manner. "Immediate Action" will, in this case, comprise the rapid approach to the casualty and the prompt treatment of such things as severe haemorrhage or cessation of breathing. The other three sections will then follow normally without moving the patient.

It will thus be seen that much of the success of a team depends on the interpretation which the Leader makes and whether this coincides with that laid down by the Judge in his Mark Sheet.

Leader and Team should have read the appropriate rules of the Competition and understand them.

When the Leader has discovered some injury he should state this clearly to his team so that not only do they know what is required of them but also the Judge is able to credit the team with all possible marks. e.g., "No. 1, treat the patient for a simple fracture of the left clavicle."

Another reason why the Leader should issue commands in a clear voice is that they may be heard by the spectators, so that their interest is always held. Otherwise the spectators

will chat and become restive to the detriment of the smooth working of the team.

Questions must not be asked by other members of the team unless two or more patients have to be examined and treated simultaneously, in which case there should be two or more Judges.

The remaining members of the team should be prepared to prompt the Leader (see Chapter 13) should he appear to miss any part of the body, or any salient point.

Listen to the replies of the Judge or "patient" and consider these well for they may have great significance, e.g., even *silence*. Silence to the question, "Does patient reply," or "How are you?" would imply that the patient is unconscious.

Team Tests are generally of 20 minutes' duration with a warning at 15 minutes, and the 20 minutes is timed from the moment that the Leader receives the instruction card.

Try to finish treatment by the time the warning comes.

Removal of patient will then be accomplished without undue haste.

Certain important procedures can be performed by other members of the team, calmly, without instructions from the Leader: e.g., opening the first aid haversack, preparing the stretcher, unfastening of tight clothing, etc.

Remember that the Judge should be given credit for some intelligence and that he can appreciate what is being done and that verbal explanations are not required for all the practical work done.

The Leader's duty is to discover the injuries, to decide on diagnosis and treatment, and to work his team to the best advantage without doing any practical work himself, unless he considers that his more skilled assistance is absolutely necessary.

All practical work must be done quickly but carefully and neatly.

Leader should check over all work and see that it is done as he directed.

Every member should remember his number and he must respond immediately when orders from Leader are given.

In treatment of wounds, etc., all the supposed procedures must be imitated.

Do not forget to re-examine the patient whose condition may have changed (i.e., concussion turning to compression).

When asking pulse, one member of team must be feeling artery at wrist, or elsewhere, properly. Otherwise Judge may not answer.

Remember that hot and cold applications may require re-application.

If needed and not brought with the team, ask for first aid haversack, blankets, hot water bottles and hot and cold water, etc.

Instruct member of team to obtain these. (They may be at some distance from the scene of accident and in order to economise time Leader should think of everything that will be needed since the Judge may keep member of team out of Competition 2 minutes for every journey done to ? house.)

Remember that blankets can be used successfully under patient as well as a covering.

Dressings, etc., to be placed on open triangular bandage.

Keep the haversack orderly.

If a policeman is on the scene, technically speaking, permission should be obtained from him to treat the casualty, since this officer, by law, is in full charge.

THE COMPETITION ROOM.

Smart appearance of team, uniforms, shoes, etc.

March team in smartly. Halt in front of Judge. Leader salutes.

Look round for clues. Shelter or cover for patient.

If a card is given the Leader, it should be read aloud twice, stressing the various data and indicating the member who is particularly instructed to remember the information.

If weather is not stated on the card and the accident is out of doors ask, "What kind of weather is it supposed to be?"

Note time allowed: Set wrist watch to read some particular hour so that an eye can be kept on the time.

Get to work quickly—but do not rush into a trap.

Visualise the test as an actual accident and treat casualties as if actual patients.

Rapid approach in formation or detail two to reconnoitre, with 3 in reserve in case of ? further fall of building, etc.

If patient is to be removed to nearby house for shelter, send member of team to ask permission and prepare room.

Consider the surroundings: (a) danger; (b) clues to diagnosis; (c) help available; (d) appliances available; (e) shelter; (f) transport available;—including method of communication by telephone. See that any source of danger is controlled if possible, e.g., machinery stopped.

Watch the action of the test and for any accident which may happen.

Consider if patient can be treated where he is?

If not, attend to immediate needs and move quickly but carefully to place of safety.

If possible, move anything preventing all round approach to the patient.

Detain, if reasonable, any passer-by who can be of use.

Ask whether he is a relative or friend of the patient.

Is he injured or shocked?

If physically able, make full use of him if he is willing.

If hysterical, detail one member of team or friend among bystanders to deal firmly with patient.

If more than one patient, divide your team with deputy leader taking charge of other section.

Control crowd and/or traffic.

Encouraging words to patient.

Tell him you are St. John Ambulance Brigade men who will help him.

Warn him to lie still.

Treat with utmost care.

Doctor and Ambulance. (This section should come during the examination of the patient but is placed here so as not to break the continuity of the examination).

If these are necessary ask Judge if available.

Ask if telephone is available. If not, consider other means: trustworthy bystander possibly in car or on bicycle.

If ambulance does not arrive in reasonable time consider sending another message, since the first messenger may have had an accident and been prevented from delivering the message.

Also consider taking patient to shelter if nearby.

Write message.

Correct use of telephone.

Ask if it is the Doctor who is speaking.

Give resumé of injuries and site of accident.

Remember free use of telephone for Ambulance and Police and method of obtaining, which differs with a dial telephone from the exchange type.

On arrival of doctor report your findings and be ready to help.

On arrival of ambulance, meet attendant and get the ambulance parked in exact spot required, braked and the engine switched off. If patient is to be sent to hospital, telephone hospital and give warning. If ambulance is not available, consider other means of removing patient.

ROUTINE EXAMINATION OF UNCONSCIOUS PATIENT.

Note position in which patient is found.

Remove debris, etc., which may have fallen on body.

If neither patient nor judge replies to question, "How are you," to patient, interpret that patient is unconscious and do a routine examination.

Consider question of sleep. (e.g., road accident in country).

Do pupil test to confirm that patient is unconscious.

Or, if confused answer is obtained do a routine examination.

Examine whether patient is *bleeding*.

If bleeding is discovered examine more fully and treat.

Expose wound.

Ascertain type of haemorrhage.

Is it bright red and spurting from side of wound nearest heart?

Dark red and flowing from side of wound furthest from heart?

Oozing gently?

Consider possibility of foreign body in wound or fracture nearby.

If no fracture consider possibility of dislocations.

If no contra-indication elevate limb. Otherwise support limb suitably.

Always ask judge whether your treatment has the desired effect.

If not, check over position of pressure.

Wash or apply spirit to hands.

Treat wound adequately, having regard to possible foreign body or dirt, etc.

If tourniquet is thought desirable note the time applied.

Shield patient's eyes when he regains consciousness so that he cannot see the haemorrhage.

Wash any haemorrhage off the body or limbs which would be seen by patient later.

Instruct member of team to apply appropriate treatment.

Examine if patient is *breathing*.

If so, note type.

If test for breathing is negative apply best appropriate type of artificial respiration.

If breathing is failing apply best appropriate type of artificial respiration.

If breathing is present and good, turn head to one side (except in the obvious case of a fracture of the cervical spine).

The side the head is turned to is indicated by any local conditions (e.g., cut on one side of face).

Keep chin forward and give good airway.

Remove any foreign body in mouth and throat (including dentures).

Examine in position found, unless artificial respiration has to be performed, when quick examination of bones will be necessary.

If patient has to be turned, all possible help must be used.

Examine PULSE.

Examine COLOUR OF FACE.

Examine HEAD (including facial bones and lower jaw) for wounds, bruising, irregularity, swelling and burns.

Examine EARS.

Haemorrhage : Local wound, foreign body or fracture of base.

Examine NOSE.

Haemorrhage : Local wound, foreign body or fracture of base.

Examine MOUTH.

Examine EYES.

Examine PUPILS.

} See Appendix.

Examine patient in a supine position as being the most convenient for a fuller examination.

Note quickly any tears or marks in clothing which may indicate injuries nearby.

If not in such a position, examine spine, scapula and throughout skeleton before turning, by using all help available.

Get blankets under patient and keep wrapped up as much as possible if conditions demand it.

To save words and repetition say :

No. 1 examine for swelling, irregularity and deformity of the :

Spine.

Right and left scapulae.

Right and left clavicles.

Right and left humeri.

Right and left radii and ulnae.

Right and left carpi, metacarpi and phalanges.

Sterna.

Right and left ribs.

Pelvis.

Right and left femurs.

Right and left patellae.

Right and left tibiae.

Right and left fibulae.

Right and left tarsi, metatarsi and phalanges.

No. 1 will examine carefully keeping time with the order of the bones stated.

If another member can be spared it may be convenient for each to examine the two sides simultaneously.

This examination must be thorough since, if faking is used, a cursory examination may fail to reveal the injuries in patient.

If faking is discovered indicating an abnormal condition it is well to compare with other side.

Then examine all joints for swelling, deformity or fixity.

Compare both sides of body for muscle tone and limpness.

Examine TEMPERATURE OF SKIN.

ROUTINE EXAMINATION OF CONSCIOUS PATIENT.

If patient replies to questions and judge says answers can be relied on :

Note whether patient is breathing well. If not, note type of breathing.

Enquire whether he has any pain.

If no pain other than that indicated by patient do not waste time in routine examination, except to consider possibility of frost bite which is often unnoticed by patient until observed and pointed out to him by an onlooker and injuries below the level of a fracture of the spine where pain would be absent owing to paralysis.

Decide whether to warn patient to lie still.

Consider whether it is wise to ask him if he can move all his limbs.

Enquire for dampness of clothing. e.g., haemorrhage.

Examine quickly but adequately any part where pain is indicated.

Remember patient may have heard a "snap" if a bone has been fractured.

Other conditions which may be present at site of pain :

Displaced cartilage of knee.

Sprains.

Strains or ruptured muscles.

Bite by snake or rabid animal.

Internal haemorrhage.

Bruise.

Foreign body in throat.

Effect of poison.

Scalds and burns.

Stings of plants and insects.

Needle or fish hook embedded in skin.

Rupture.

Foreign body in eye, ear, nose or stomach.

General conditions to be considered :

Shock.

Hysteria.

Concussion and compression (early).

Sunstroke and heatstroke (early).

Keep encouraging the patient if conscious.

No. 3 to collect and safeguard patient's property.

Obtain patient's name and address either by asking him or from a bystander or from Identity Card.

Tactful message to his home by member of team saying what has happened and if he has been sent to hospital.

One member to collect and pack equipment.

Return borrowed articles from ? nearby houses and thank owners.

Thank any helpful bystanders.

Give information to police if they came on scene or have been summoned.

STRETCHER WORK.

Practice in accordance with "First Aid to Injured," Chapter XVIII, which includes crossing ditch and wall.

When ambulance arrives, if team is short, ask judge if ambulance driver or attendant may help.

If required, ask if bystander may help.

If so, instruct him carefully and, if used, place so that he is not handling the injured part.

Consider position in which you require ambulance to be—whether there is a hill, and if there is no contra-indication, which way patient wishes to be loaded into ambulance.

Remember ambulance will have blankets and ? hot water bottle.

Consider how windows, ventilator and blinds in ambulance should be regulated.

ALTERNATIVE METHOD OF TRANSPORT TO AMBULANCE.

If one bearer available : Cradle.

Human crutch.

Pick-a-back.

If two or more bearers : 4 handed seat.

3 handed seat.

2 handed seat.

Fore and aft.

In deciding method

adopted consider : Nature of injury.

Severity of injury.
 No. of helpers available.
 Distance to shelter.
 Nature of route to be covered.

If stretcher is used see that it is securely fastened in ambulance.

When this is done check over treatment to see that there is no haemorrhage.

See whether or not dressings, etc., are in position.

Re-examine for any worsening in patient's condition.

Send at least one member with ambulance.

Inform ambulance driver of name of hospital to which he is to drive.

Final report to judge of injuries found and treatment given.

Cease work when "Time" is called.

Parade team Leader salutes Judge. March off.

Alternative to removing patient to hospital may be removing to First Aid Room at a works or suitable room in a nearby house :

Select room of easy access.

Clear passage or staircase of furniture and mats.

Prepare bedroom.

Prepare bed.

Provide stimulants.

Prepare for doctor.

Prepare clean clothing.

CHAPTER 8.

Procedure of Leader and Team— Nursing Competition

Considerable changes have taken place in the new edition of Home Nursing, and Nursing Teams will find much work in studying this very greatly improved text-book. Having acquired a good knowledge of this book, Nurses will realise that the important fact about Nursing Competitions is that the Leader must, at all times, be thinking well ahead. Either she should be considering the possibility of a case of an infectious disease or should be planning whether after-treatment is required and if so, where and when. She should also keep in mind the possibility of some constitutional trouble such as heart disease, renal disease, etc. These are listed later in the Chapter but their early consideration in the text may be vital.

Leader and Team should proceed as in the previous Chapter but should ask if the patient has a RASH.

If so consider :

Chicken Pox.

German Measles.

Measles.

Scarlet Fever.

Erysipelas.

If not, ask if he has been in contact with a case of infectious disease.

If not, and patient looks ill, consider whether he may be suffering from :

Diphtheria.

Mumps.

Whooping Cough.

Influenza.

Tuberculosis.

Lobar Pneumonia.

If one of the infectious diseases is diagnosed or suspected do all you can to prevent spread of infection.

Leader may have to arrange for a sick room.

Whether the patient is suffering from an infectious disease or not, choose the patient's own room if it is a suitable one.

If not, choose the best room from a nursing standpoint which is available.

Remove all unnecessary furniture and arrange the room as described in Home Nursing.

Prepare bed.

If patient is already in bed consider whether it is necessary :

- To change the sheets.
- To change the draw-sheet.
- To change the top sheet.
- To turn the mattress.

To prepare a bed for a special case :

- Blanket bed.
- Fracture bed.
- Operation bed.

Remember the aids to comfort in bed :

- Hot water bottles.
- Electro-thermal pads and blankets.
- Water or air pillows.
- Bed rests.
- Knee pillow.
- Bed cradles.
- Bed table.

Consider whether patient has a great tendency to slip down in the bed and might be helped by raising the foot of the bed.

When the doctor arrives report the patient's condition together with all the information which has been ascertained in your examination.

These include :

- Temperature.
- Pulse.
- Respirations.

and perhaps :

- Stools.
- Urine.
- Vomit.
- Sputum.
- Medicines.
- Food.

Rest—hours of sleep.

Any other signs or symptoms.

If doctor orders, or if it is thought necessary, to give any of the following :

- Blanket bath.

Massage of skin over all bony prominences.

Bed pan or urinal.

Attention to mouth.

Hair, a wash.

Food.

Under the last heading the Leader should enquire whether the patient has had a meal recently or whether he is hungry.

If the patient is hungry, or, in a gastric case, it is time that a feed should be given, prepare the appropriate meal.

If the food is not stored in the correct place alter it when groceries, etc., are being replaced.

Should the patient require a beverage consider :

- Albumen water.
- Barley water.
- Beef tea.

Does the patient require the beverage in a feeding cup ?

Is it time for any medicine to be given ?

If so, the correct dose should be administered after careful checking and may be given by mouth :

- In liquid form.
- In pill.
- In powder.
- In tablet.
- In oil.

By inhalation :

- Oxygen.
- Steam.
- Spray.

By hypodermic injection.

By inunction.

By rectum :

- Enema.
- Suppository.

Remember that treatment may be applied externally.

COLD. To whole body :

- Cold sponging.
- Cold pack.
- To part affected :
- Cold compress.

Ice bag.

HOT. To whole body :

- Hot, dry packs.
- Hot bath.
- Medicated warm bath ; brine, alkaline, mustard, sulphur.

To part affected :
 Hot water bottle.
 Salt bag.
 Hot fomentations : plain, turpentine, surgical.
 Poultices : linseed, bread, kaolin, mustard.
 Medicated baths : saline, boracic.
 Counter irritants : liniments, iodine, mustard leaf
 and plaster.

Enquire from the patient as regards :

Vomiting.
 Sleeplessness.
 Expectorations.
 Difficult breathing.
 Hiccough.
 Flatulence.
 Swollen ankles.
 Rigors.
 Paralysis.
 History of cardiac disease.
 renal disease.
 respiratory disease.

Tonsilitis.
 Quinsy.
 Laryngitis.
 Acute bronchitis.
 Pleurisy.

Pains in joints ("growing pains").

As part of the after-treatment, roller bandaging may be required and it may be necessary to instruct male helpers in stretcher work.

Should a bed be unobtainable, it may be necessary to improvise and use a couch.

If the patient has fully recovered from an infectious disease it may be necessary to deal with the disinfection of the patient and the sick room.

CHAPTER 9.

Procedure of Leader and Team— Cadet Competitions

The scope in Cadet Competitions is nothing like so extensive as either the Ambulance or the Nursing Tests, owing to the elementary standard of the Handbook, "A Preliminary Course of First Aid to the Injured," and to the fact that this book contains no chapter on the routine examination of patient. A systematic examination of the patient similar to that taught to the adult divisions which will be within the scope of the present official text-book will be indicated below.

In spite of the handicap referred to, a high standard of work is expected and it would be wise for the team to read the Preliminary Notes on : "General Information," "Competition Room" and "Doctor and Ambulance," which commenced Chapter 7.

After the usual preliminaries the Leader should :

Consider if the patient is still in danger.
 If so, remove cause or patient from cause.
 Are team in danger ?
 If so, control cause or source of danger.

Examine for HAEMORRHAGE.

If so, expose wound.
 Examine type of bleeding.
 Is it severe or spurting (arterial) ?
 Is bleeding slight (capillary) ?
 Is it severe and not spurting (venous) ?
 Is bleeding under the skin (bruise, ?
 Consider foreign body or dirt in wound.
 Consider fracture or dislocation nearby.

Treat adequately.
 Is bleeding due to burst varicose veins ?
 Special treatment for nose bleeding.

If bleeding is very serious consider whether to use a St. John tourniquet or an improvised one.

Preliminary control of bleeding at a pressure point may be necessary.

Haemorrhage may be under the skin. (i.e., bruise).

If so—treat.

Is patient BREATHING?

If not, or it is seen to be failing, apply artificial respiration.

Remove any foreign body from mouth.

Before turning patient for artificial respiration to be performed ask :

“ Is there any obvious sign of deformity ” ?

If answer is “ No ”—turn patient gently using all help available.

If answer is “ Yes ”—control fracture or dislocation and turn patient as gently as possible.

(The important thing is to get the patient breathing since it is very rare that a fracture is the cause of death except in old age, whereas if a person stops breathing—death will soon follow if respiration cannot be induced quickly).

Keep patient covered with blanket or rug if conditions demand it.

Consider getting rug under patient.

Examine COLOUR OF FACE.

Pale : Keep head low and raise feet.

Red or dusky : Raise head and shoulders.

Speak to patient.

Does he answer? Can answer be relied upon?

If not, do a systematic examination of the patient since you can generally interpret getting no reply from the patient or the judge, as meaning that patient is suffering from insensibility. Consider, however, possibility of fracture of the lower jaw, where the patient may be unable to speak.

Treat cause of INSENSIBILITY which may be due to :

Suffocation.

Strangling.

Hanging.

Choking.

Swelling about throat.

Suffocation by smoke or poisonous gas.

Convulsions.

Sunstroke.

Instruct one member of team to examine for swelling and deformity of :

Skull.

Spine.

Right and left shoulder blades.

Right and left collar bones.

Right and left bones of the arm.

Right and left forearm.

Right and left wrist, hand and fingers.

Breastbone.

Right and left ribs.

Pelvis.

Right and left thigh bones.

Right and left knee caps.

Right and left shin and brooch bones.

Right and left ankles, feet and toes.

A member of the team must examine at same rate as Leader names bones.

He must examine carefully in order that any abnormality may be found, especially if faking is used.

Compare both sides of body if faking is found.

If any fractures are found, treat.

Ask if there are any displacements of bones at a joint.

If so : treat for dislocation.

Any swelling or dislocation at one of the joints?

If so, treat for sprain.

Any signs of burns or scalds?

Other conditions to be considered are : stings of insects (i.e., on tongue). Wounds caused by a venomous snake or a rabid animal. Grit in eye.

If patient replies to questions and judge says patient's answers can be relied upon :

Ask where he has any pain. Examine place indicated.

If he has no pain other than that which he indicates do not waste time in a complete examination of the whole body.

If pain is indicated in joint—ask if use of joint increases pain.

Enquire for dampness of clothing.

If yes : examine for bleeding and treat.

Consider the amount of shock present and treat.

Consider giving a stimulant : Hot milk, strong tea or coffee or even cold water.

Consider injuries described under the examination and treatment of the unconscious patient.

Consider giving application of :

Cold compress : ease pain, lessen swelling.

control internal bleeding.

Hot compress : ease pain.

Prepare blanket and stretcher.

Transport of injured patient :

4 handed seat.

2 handed seat.

Stretcher (for boys only).

Improvised stretchers.

Keep encouraging the patient if conscious.

No. 3 to collect and safeguard patient's property.

Obtain patient's name and address either by asking him or from a bystander or from Identity Card.

Tactful message to his home by member of team saying what has happened and if he has been sent to hospital.

One member to collect and pack equipment.

Return borrowed articles to nearby houses and thank owners.

Thank any helpful bystanders.

Give information to police if they came on scene or have been sent for.

Re-examine for any worsening in patient's condition.

Final report to Judge of injuries found and treatment given.

Cease work when "Time" is called.

Parade team Leader salutes judge. March off.

CHAPTER 10.

On Judging a Team Test

The first thing which a Judge must do is to familiarise himself with the Test so that he knows the injuries and the action of the Test, and will be able to give spontaneous replies to the questions made by the Leader. It will be almost impossible for him to get the marks gained by the team recorded properly unless he has these facts at his immediate command. If he has set the test himself, this should be an almost automatic reaction. The test should be typed on to sheets of paper of a convenient size and these should be clipped at the top edges on to a piece of cardboard or 3 ply wood to act as a support. There should be a fresh set of sheets for each team, and the team letter should be placed at the top of each sheet. A clear signal must be decided upon previously so that the time-steward will know when to start timing the test, and this is generally from the moment that the leader is given the instruction card. The judge should concentrate on every move and action of the team and record the marks as they are gained. He should, however, review all the test sheets after the time limit has expired and complete the award of points, since it is often impossible to record the marks completely at the same time observing all the work done by the team. When the work done is too late or badly done it should be marked with an O but when it is not done at all it should be shown by a dash. The judge should either make-up his casualty so well that it will be unnecessary to answer questions or he should give his answers quickly, clearly and in an identical manner for each team. If he does not think it necessary to answer questions he should inform teams beforehand that the test is as near to an actual accident as it is possible to stage one, and that they will find conditions and injuries as they are portrayed. It has been known for teams used to the question-and-answer method to be completely non-plussed at a judge's silence to their repeated questions. This is not helpful behaviour on the part of the Judge and a word to all the teams before-hand would save

misunderstanding in a test if this method is adopted. The Judge should not be deliberately out to trick the teams, or to be funny at their expense. He should treat each team with the same attention and patience afforded to the first team judged, however long the competition may be.

If any team treats a casualty in a different way from the one visualised by the Judge he should be prepared to award full marks if he considers the method chosen as satisfactory as his own choice. He should record at the bottom of the last mark sheet any intelligent questions asked by the Leader or any meritorious work done by the team, which he had not foreseen when planning the test. Likewise, any mistakes should also be noted so that a review of each team can be correctly given at the end of the Competition.

When observing the work done by a team do not show by your actions any clues to the correct diagnosis and treatment. Should you require a second Judge for a casualty, he should be waiting ready with his own marking sheet, but should remain out of sight of the team. This is essential should this second casualty not be revealed at the start of the Competition. In this case there would be a clue, perhaps a shoe lying near the scene of the accident in which the owner of the clue had been catapulted over a hedge or a wall and was unconscious.

It will be found necessary for the Judge to keep moving in order to see all the work done, and it is therefore impossible to sit down comfortably whilst judging a team test. At short intervals, however, it may be possible to sit on any convenient resting place.

If the Judge has occasion to alter a figure, he should cross it out and place the correct one by the side and initial the correction. This will avoid any accusation later that someone else has altered the marks. The Judge should never add up the marks, but should hand the sheets to the "Runner" so that they can be taken to the mark stewards.

The following are the main points to be looked for in a good team :

Does Leader of team assume command and direct his bearers calling each by his respective No. ?

Is there instant response to his command ?

or

Do the Leader and team join in prolonged conference over the problem ?

Rapid approach to the accident having regard to the local conditions and the possibility of danger to the team.

Realisation that patient may be in position of more danger and needs removal to place of safety.

Control of that danger, if this is possible.

Attention to immediate treatment if this is of any urgency.

Thoroughness of examination having regard to whether patient is conscious or unconscious.

Quickness of decision that doctor, ambulance, hospital, police, etc., are needed. Correct use of telephone when these are informed.

Utilisation of any shelter for patient if conditions warrant removal there before main treatment is given.

Manner of speaking to an injured person who needs sympathetic words.

Efficiency of treatment, with priority for more serious injury or more seriously injured person.

Neatness in bandages, etc.

Collection of patient's belongings.

Correctness of stretcher work.

Proper disposal of patient.

Sympathetic handling of message to relatives.

CHAPTER 11.

On Judging Viva Voce—Individual or Dual Practical Tests

VIVA VOCE TEST.

The questions should be typed together with the answers in detail on sheets of paper, allowing a separate series of sheets for each team. The members should be brought into the examination room by one of the team-stewards when required, and it is kind to put them as much at ease as possible by inviting them to be seated. It is usual to give one member of the team a Viva Voce. The questions can either be read to the Competitor or a card may be given him with the questions typed on it. It is usual to allow a definite time in which the Viva Voce questions should be completed, and this is often about 2 minutes. No prompting must be given by the Judge, and marks should be given for correct answers only, and since the standard is generally high the judging must accordingly be strict.

INDIVIDUAL TESTS.

The same procedure can be adopted with advantage here as was suggested in judging the team test—that when the work is done badly or too late it should be marked with an O, but when it is not done at all, it should be shown as a dash.

It is usual to give two members of the team an Individual Test each. This again should be read to the competitor, or a card on which the test has been typed should be handed to him. Marks will be recorded in much the same way as in a team test, except that the member will be working and asking questions, or if the casualty is made-up he will be making obvious deductions which can be observed by his treatment. Marks will thus have to be recorded quickly, since this test will generally only take about 5 minutes, but may have a time limit as long as 15 minutes. Marks should be awarded for quickness with which the competitor appreciates any danger to the patient's life and for the prompt and efficient treatment given; for the consideration shown the patient in

his trouble; for the thoroughness and the systematic nature of his examination if the cause of the trouble is obscure; for the re-examination of the patient should the Judge intimate that a lapse of time has taken place; for the cleanliness of his dressings and the neatness of the bandages and slings; for the means of transport chosen and for the rapid and considerate disposal of the patient.

DUAL PRACTICAL TESTS.

Any two members are generally teamed together in a dual practical test, and this is a more elaborate version of the previous test, but not such a complicated one as the team test. By the previous test and the dual test it is possible to see whether each member of the team is a competent first aider and capable of treating a casualty when away from the help and direction of the Leader. Marking will follow in much the same way as in the Individual practical test, together with an extra assessment of how the two work in harmony. Little or no staging is required and the minimum of make-up will suffice, unless time allows of more elaborate faking.

Marks will be given for similar attributes to those mentioned under the judging of the Individual test, but the success of the dual test will obviously depend on how the two members work together. If there is harmony between the two bearers and the work is apportioned well, the patient will be treated calmly and fully and a large percentage of the possible marks will be gained. This co-operation between the two members should be looked for and marked accordingly.

CHAPTER 12.

On Judging a Uniform Test

Judges, whilst the clothing coupon regulations are in force should give equal credit for the general care and cleanliness of an old uniform, as they would do had the uniform been new. Marks should not be subtracted because of wear and tear if these have been attended to in accordance with the general principles of "Make do and Mend."

The regulations governing this test will vary from time to time and the Judge as well as the team would do well to check all the particulars with the latest edition of Dress Regulations for the respective Ambulance, Nursing, Cadet Ambulance or Cadet Nursing Division.

The Judge should obtain a form such as is shown in Appendix and should assess the merits of each uniform and the smartness and cleanliness of each member of the team, marking in the appropriate space the figure awarded.

AMBULANCE TEAMS.

The regulations give the following data :

If a Divisional Superintendent or an Ambulance Officer leads the team he should wear a uniform according to the following instructions, which have been extracted from Dress Regulations Ambulance Corps and Divisions, Revised 1944.

Jacket : Black cloth, army service pattern, 1942, with one pair of badges No. 103 on collar and 3 silver stars on each shoulder strap or 2 stars if Ambulance Officer.

Trousers : Black cloth, army service pattern, 1942.

Head Dress : Service pattern cap, black cloth, black welts, St. John pattern black lace band, black enamelled leather drooping peak, approved pattern, black enamelled leather slide chin strap $\frac{3}{8}$ -in. wide, buttoned on to 2 regulation buttons, No. 19. Badge No. 101. Plain peak of approved pattern.

Shirt : White shirt or white front.

Collar : Stiff white linen double collar.

Tie : Regulation pattern black silk, approved pattern tied in sailor's knot.

Gloves : Brown doeskin.

Boots or Shoes : Black (if shoes are worn black socks must be worn and bottoms of trousers must cover tops of shoes).

Water Bottle and Ration Haversack : Water-Bottle and black haversack of approved pattern. (To be worn in same manner as directed for N.C.O.'s and privates.)

N.C.O.'s and PRIVATES should wear :

Jacket : Black cloth, army service pattern (1920), stand and fall "St. John" collar. Regulation buttons Nos. 1 and 2. Badges : Collar—pair of No. 104. Shoulder strap—Arm—Sergt.—3 bar chevron point down midway between point of shoulder and elbow. Corporal—2 bar, ditto. Lance Corporal—1 bar, ditto.

Trousers : Black cloth of approved pattern, seams, piped white, 2 side pockets, plain bottoms.

Head Dress : Service pattern cap, black cloth, black cloth welts, white cloth band, $1\frac{3}{4}$ -in. deep, black enamelled leather drooping peak, black enamelled leather slide chin-strap, buttoned on to 2 regulation buttons No. 3. Badge No. 102 to be worn in centre of cap band in front.

Ration Haversack : White duck, approved pattern, with Brigade button No. 2, to be worn unrolled on left hip to the rear, the strap passing under right shoulder strap and under the belt, both in front and rear, top of haversack level with bottom edge of waist belt.

Water-bottle : of approved pattern, worn on the right hip, to the rear, the strap passing under the left shoulder strap and under the waistbelt behind and over it in front. The buckle of the haversack and water-bottle will be on the chest, the loose ends of the straps hanging downwards and secured neatly to the straps by runners. Water-bottle to be filled with fresh water.

Belt and Pouch : of brown bridle leather, with Brigade white metal furniture. Belt should not be worn loose. Pouch to be worn on left front of belt.

Gloves : of white cotton.

Boots or Shoes : same regulations as officer.

Pouch fittings : One triangular bandage. One 1-in. wrapped roller bandage. One 2-in. wrapped roller bandage. One $\frac{1}{2}$ -oz. packet plain lint. One $\frac{1}{2}$ -oz. packet absorbent cotton wool. One pair scissors. Six safety-pins. 1-oz. bottle containing surgical spirit. One piece strong cane to tighten

improvised tourniquet. 1-oz. bottle containing liq. ammon. aromat. One measure.

NURSING TEAMS.

If a Divisional Superintendent or an Ambulance Officer leads the team she should wear a uniform of regulation pattern made in regulation black and white washing material.

Remainder of team who will be Ambulance Sisters should wear a uniform made in regulation grey washing material.

Dress : Four-gored skirt, eased at back and hips and full at hemline ; no tucks ; 5-inch hem ; to be 14 inches off the ground all round ; pocket in right front skirt seam. Plain bodice, lined or unlined, pleated into 1½-inch waistband ; front fastened with 6 buttons under a 2-inch pleat ; straight neckband approximately ¾-inch wide with front and back studholes ; medium sized coat sleeve with 4 small pleats at shoulder and 7-inch opening fastened with 4 pearl buttons ; shoulder straps of same material, 2½ inches at base narrowing to 1½ inches at top, with pointed ends, fastened with regulation button No. 14 ; two small patch pockets, one on either side of bodice ; left side watch pocket size 3½ inches deep by 2¾ inches wide ; right side pencil pocket size 5¼ inches deep by 1½ inches wide.

Apron : Plain white linen, no hemstitching. Skirt to be 1 inch shorter than the dress ; to have shaped panel in front ; the hip and back fullness to be made by gores and gathers ; to overlap 1½ inches the whole length of the back opening ; hem to be approximately 2 inches wide, no pockets. Round bib to reach under collar, with straps approximately 2¾ inches wide crossing right over left at the back. Bib and skirt to be set into a 2 inch waistband and fastened at the back with two buttons. A St. John Cross, 5 inches square, to be outlined in black in the middle of the bib ; outline to be stemstitched with Clark's No. 18 embroidery thread, stitches to be ½ inch long.

N.B.—The apron bib should be adjusted closely under the collar so that no gap occurs. A gap showing the dress between the collar and the apron bib is incorrect.

Collar : Plain white starched linen, rounded edge, approximately 1¾ inches deep in front and 2¾ inches deep at the back, or 1½ inches deep at front and 1¾ inches deep at back, fastened with white stud.

Cuffs : Plain white starched linen cuffs, 3 inches deep, square ends fastened with white studs in line with sleeve opening.

Waist Belt : Starched white linen belt, 2¼ inches deep, with square ends, worn over apron, fastened with two white studs on left side in a line with the edge of the bib of the apron. On no account must this belt be worn without the apron.

Stockings : Black.

Shoes : Plain black.

Gloves :

CADET AMBULANCE TEAMS.

Shirt : Flannel or flannelette, grey, of approved pattern, double yoke back, plain, front collar band with buttonholes for stud, back and front, and two buttonholes and buttons down front. "Lancer" front, trimmed black mohair braid laid on stitched right shoulder, right side, base, and 4 inches in left side, remainder of left side and shoulder fastened with four regulation buttons No. 2. Shoulder straps same material 1¾ inches at base, with buttonhole fastened with regulation buttons No. 2, loose turn-down collar same material.

Tie : Regulation, knitted, black and white, tied sailor's knot.

Shorts : Serge, black of approved pattern, 2¾ inches waistband, three belt loops, fly front four buttons, side pockets, side seams piped white cloth.

Trousers : Boy Cadets of not less than 5 ft. 6 in. in height, or over 16 years of age may, at the discretion of the Cadet Superintendent, wear grey flannel trousers of similar shade to the shirt or Brigade Rank and File Trousers, instead of black shorts.

Stockings : Regulation pattern, wool, grey, knitted, 3½ in. fancy turn-over top, 1 in. grey, ¼ in. white, 1 in. black, ¼ in. white, 1 in. grey.

Belt : Web, black, full 2 in. wide, regulation furniture.

Cap : Balimoral, black cloth, approved design. Badge No. 105 on silk rosette on left front.

Field Service Cap may be worn provided that all members of the Division wear the same type.

Boots or Shoes : Black.

Rations Haversack : White duck, approved pattern with Brigade button No. 2. The haversack will be worn unrolled on the left hip to the rear, the strap passing under the right shoulder strap and under the belt, both in front and rear, top of haversack level with the bottom edge of the waist belt.

CADET BADGES.

Cadet Efficiency Awards and how worn : For the first year—

one stripe of black and white herringbone braid, $1\frac{1}{2}$ inches in length point outwards, placed transversely on the right sleeve $3\frac{1}{2}$ inches above bottom of cuff. For the second year—A further stripe of herringbone braid to be placed $\frac{1}{4}$ inch above the first stripe. For the third year—One Service Star. The two stripes previously awarded being removed. The service star will be affixed in the centre of the sleeve $3\frac{1}{2}$ inches above the bottom of the right cuff. For the fourth year—A stripe of herringbone braid to be worn $\frac{1}{4}$ inch beneath the service star. For the fifth year—A further herringbone stripe to be worn $\frac{1}{4}$ inch below the previous stripe. For the sixth year—Two service stars, the stripes being removed. The service stars will be affixed $3\frac{1}{2}$ inches above the bottom of the cuff, points of both stars meeting in the centre of the sleeve. In the case of Cadets who obtain sanction to wear the adult uniform, they shall wear their Efficiency Badges on the left arm, the first badge being 8 inches from bottom of cuff.

Cadet Proficiency Badges : Proficiency Badge shall be worn $\frac{1}{4}$ inch above middle of the left arm between the point of the elbow and the shoulder. Two proficiency badges to be worn horizontally $\frac{1}{4}$ inch space between each badge.

Grand Prior's Cadet Badge : Cadets who have been awarded the Grand Prior's Badge will wear it on the left sleeve midway between the point of elbow and shoulder and will discontinue to wear the proficiency badges.

Musician's Badge : To be worn $\frac{1}{4}$ inch below proficiency badges on left sleeve.

Signaller's Badge : To be worn $\frac{1}{4}$ inch below proficiency badges on left sleeve. If worn with Musician's Badge to be worn horizontally with $\frac{1}{4}$ inch between. The Signaller's Badge to be worn on the inside.

Nursing Badge : To be worn $3\frac{1}{2}$ inches above the bottom of the cuff on left arm.

A.R.P. Badge : To be worn $3\frac{1}{2}$ inches above the bottom of the cuff on left sleeve. If worn with Nursing Badge will be $\frac{1}{4}$ inch above.

CADET NURSING TEAMS.

Frock : Grey cotton or serge regulation dress material ; sizes 4 to 10 inclusive to the knee, sizes 11 to 13 inclusive 1 inch below the knee ; lapped seams ; back cut in one piece ; plain sleeve, elbow length, with $1\frac{1}{2}$ in. turn-back cuff of the same material ; plain neckband of material, not more than $\frac{3}{4}$ in. deep, to take white collar ; 13 in. opening in front, 4 buttonholes, 4 buttons No. 14 ; 2 pockets in

front, $6\frac{1}{2}$ by $6\frac{1}{2}$ inches laid on ; 2 in. belt loop each side, belt same material $1\frac{1}{4}$ inches wide, finished 2 buttonholes and 2 buttons No. 14. Badge 106p on right breast.

Collar : Regulation pattern Peter Pan shape with rounded ends.

White Rucked Cuffs : White Rucked Cuffs to be worn over rolled up long sleeves or over cuff of short sleeves.

Cap : White handkerchief cap with badge No. 109p in front.

Shoes : Black, Plain.

Socks : White. In cold weather black stockings may be worn.

Badges : District title on each shoulder strap. Cadet's Sergeant—3 bar chevron on right sleeve frock, the point of last stripe to be worn on the middle of the arm between shoulder and top of white rucked cuff.

Cadet Corporal—2 bar chevron worn in a similar position to the Sergeant's chevron.

All ranks—right breast of frock, overall Badge No. 106p to be worn in line midway between first and last button.

GENERAL.

Proficiency Badges : One badge to be worn $\frac{1}{4}$ in. above middle of left arm, between shoulder and top of white rucked cuff, centred on sleeve. Two badges to be worn side by side horizontally, $\frac{1}{4}$ in. between each badge.

Grand Prior's Badge : The base of the badge to be just below the centre of the left arm, between shoulder and white rucked cuff. Proficiency badges to be removed.

Efficiency Awards : First efficiency stripe to be worn $\frac{1}{4}$ in. below middle of right arm between shoulder and white rucked cuff. Second stripe $\frac{1}{4}$ in. below first. First star will replace first stripe, second stripe being removed. Subsequent awards will be worn $\frac{1}{4}$ in. below previous awards.

War Service Badge : The Cadet War Service Badge is worn on the uniform dress on the right breast $\frac{1}{4}$ in. above the Overall Badge. Second and third, etc., badges will be worn horizontally alongside the first with $\frac{1}{4}$ in. space between.

Signaller's and Musician's Badge : To be centred on arm $\frac{1}{2}$ in. below Proficiency Badges. If both are worn the Signaller's to be $\frac{1}{4}$ in. to the right of the Musician's.

CHAPTER 13.

Selection and Training of an Ambulance Team

CONSTITUTION OF A TEAM.

The Rules of the Competition for the Dewar Shield state that a team shall consist of five members, the Leader having a rank not lower than that of Corporal. The remainder, should, unless special permission is obtained, be Privates, and it is advisable to have a reserve who shall also be of that rank. The chief purpose of Brigade Competitions is, of course, to increase the efficiency of as many members as possible, therefore, a winning team must change at least one member for the next year. The leader is not allowed to take part in the actual practical work of the Team Test.

Other Competitions may allow a different constitution from the above, e.g., a leader and three men is quite a popular number in which case the leader is usually allowed to take a share in the transport of the patient(s).

All members of the Competition Team must be members of a single Division of the Brigade and it is really the responsibility of the Divisional Superintendent to make the final selection, although the setting up of a small Committee, which will give him help and advice, in what may prove to be a difficult problem, will possibly be of great assistance.

Should the Division have had previous experience in competition work, the most suitable Officer or N.C.O. to act as Leader may already be known, but just because a man has previously acted as a Leader does not mean that he is necessarily the best choice for the future.

SELECTION OF THE TEAM MEMBERS.

It is suggested that in order to stimulate interest in Competition work amongst its members, a Division should possess a trophy for an annual individual competition. All members should be encouraged to enter for this trophy and the Superintendent should note the names of leading competitors as possible members for the team. The Officer or N.C.O. with

the highest marks in this test is obviously a likely first choice as leader, but other factors must be considered :—

Is he a man who will definitely command loyalty from his team ?

Has he the necessary confidence in front of an audience to make his team carry out their work efficiently ?

Can he speak clearly and concisely without unnecessarily shouting and losing his coherency ?

If the prospective leader fulfils most of these requirements the Superintendent should explain to him at once and ask if he is prepared to take the responsibility and extra work involved. Should he agree to do so, the next step would be an interview with the other "possibles" during which it should be explained to them that competition work, if the team is to do well, really means *WORK*, and that at least two meetings per week for practice are necessary for a period of two or perhaps three months before the first competition.

Anyone who is unable to fulfil this requirement is not normally considered a suitable team member unless he has exceptional ability and can make up any leeway due to enforced absences from one or two practice meetings. The chosen reserve should also take his practices just as seriously as the team members because he may be called upon to take part at short notice.

It has been found from experience, that it is wiser to choose team practice meetings to take place at times which do not coincide with Brigade "drill and practice nights" or other functions.

NUMBERING OF TEAM.

Having thus established the names of the five team members and the reserve, the men should then be tentatively allocated their numbers. If, during the early practices, these numbers appear to be suitable for each man they should be adhered to and every member should automatically answer to his number instead of his name. If any change is deemed necessary make it as soon as possible so that everyone will get used to the difference before the competition day. The leader and the team trainer should also take every possible care to use numbers when giving instructions so that it becomes second nature to everyone to think in these terms. Next to bad first-aid there is little worse on the Competition floor than the leader calling "Joe" or "Bill" to do this or that.

The choice of numbers is not usually a serious matter but the following facts should be borne in mind : firstly the strongest

man should be No. 4 as he has the heaviest weight when lifting a large patient; secondly a man of roughly the same height as No. 4 should receive the No. 2 position because together these men will have an obvious advantage when carrying a stretcher which should be kept horizontal.

The Nos. 1 and 3 are then allocated to either of the two remaining men, bearing in mind that No. 1 will have the job of investigating all the portions of the patient's anatomy for injury when instructed by the leader. It is a good idea at this stage to consider the possibility of two or more patients requiring treatment and this being so, there may be more than one judge. In this case an early question by the leader, "Will the second judge answer questions from a member of my team?" may be answered in the affirmative. If so, the man most easily spared from the main casualty, in order that he can examine the second, will be No. 3. Therefore, it should be understood that this bearer must be well prepared for such an eventuality. In any case choose a man capable of being trained as deputy leader as No. 3.

Having thus established the team members and the reserve, the next time is the important one of the selection of the man to act as Team Trainer. It is not fair to expect a great deal from a team which does not have the chance to try itself out under similar conditions to actual competition work before the "great day."

SELECTION OF A TEAM TRAINER.

Therefore the trainer should be a man who has had previous experience in competitions himself, either as a judge or a competitor, or both. The Divisional Surgeon, if he is "competition minded" could be an excellent choice for this position, if he would consent to undertake the work. He should, of course, be assisted by others from the Division, especially the Superintendent and Officers, whenever he requires any help. Certain Corps Officers, or higher ranking Officers in the Brigade may be glad to assist at times throughout the training period. These Officers will, by virtue of their rank, be absolutely unbiased as their duties in the Brigade are concerned with more than one Division. They have the efficiency of the work of the Brigade at heart and can be relied upon to give any Division which asks for it the benefit of their experience and advice.

It should be made clear to the prospective team that whoever is chosen to be their trainer should be given every consideration by them, and his word should be law with regard to studying and practice training.

The following paragraphs are therefore chiefly addressed to the trainer as he is the man who will now try to weld five individuals plus the reserve into ONE TEAM, each member of which must pull his weight. It must be remembered that in competitions, as in other walks of life, "the strength of a chain depends upon its weakest link", so that if any member does not work as he should he may be the means of the whole team falling down at a critical time.

PROGRAMME FOR STUDY.

It must be assumed that each member has already a fairly good knowledge of the current edition of "First Aid to the Injured," the text-book of the Brigade. This "fair" knowledge must be firstly changed to an "excellent" one. Whilst it is not suggested that the team must be able to recite whatever is printed on the pages of the book, word for word, as if the members were five wonderfully trained parrots, it is felt that *every* sign and symptom and *every* item of treatment for any injury mentioned in the book should come to their minds instantly when necessary. The only way to achieve this end is by mutual progress and it is suggested that the trainer should set a steady pace from cover to cover (with less emphasis on the appendices as these are not taken within the scope of the Dewar Shield Competition syllabus).

The Team members should be given the following parts of "First Aid to the Injured" to study at home for the practice nights as enumerated below:

For Practice No. 1	Chapters I and II.
" " " 2	" III, IV and V.
" " " 3	" VI and VII.
" " " 4	" VIII and IX.
" " " 5	" X and XI.
" " " 6	" XII and XIII.
" " " 7	" XIV.
" " " 8	" XV.
" " " 9	" XVI and XVII.
" " " 10	" XVIII.

AIDS TO MEMORY.

PRACTICE NO. 1.

Chapters I and II should be studied before the first meeting and the trainer should ask questions set from these so that the Team Members can answer them verbally with all present. The answers can be noted and any weaknesses which are found can be revised. It should be realised that the words printed

in black type are shown thus, in the book, for emphasis and therefore they should be remembered really thoroughly. Some first-aiders are fond of making use of sentences which they learn by heart as aids to memorising certain parts of the textbook, *e.g.*, the thirteen Principles of First Aid enumerated in Chapter II commence with the following letters D R S A W R W W P T R S T. Using these for the commencement of words a simple mnemonic or "memory sentence" is:— "Doctor Roberts Shot A War Revolver When Walking Past The Railway, Shooting Thomas!"

No doubt there are other sentences which could be used in a similar manner and they would achieve the same purpose which is, of course, the elimination of the probability of the competitor forgetting one or more of the Principles when he is asked to state them. This method is not laid down as absolutely necessary but it is included here as one which could be used if the trainees desire it.

After knowledge of the two Chapters has been thoroughly established the Team should have a little practice with the triangular bandage. Each man knows how to put up the three types of arm sling but practice makes for extra speed and neatness. Do not always have the patient standing or sitting for first aid work of any kind, but try him lying down and then the job is not quite so readily done. The removal of the patient's clothing, as laid down in the book, can also be practised with advantage. The evening should close with instructions by the trainer that the competitors should read Chapters III, IV and V ready for examination during the next practice.

PRACTICE NO. 2.

The second training night should commence with this examination and if the trainer is not satisfied with the answers, he should make the trainees read again through the parts of the chapters in which he has discovered their weakness. Incidentally the Rules for the treatment of Shock should all be remembered without exception and it may be necessary to use another mnemonic here to help the competitors should they desire it. If they consider it necessary it is suggested that they are asked to make up their own sentence as in doing this they will be learning the necessary Rules which is the ultimate object anyway. This idea of mnemonic can be applied to many passages throughout the text-book but it will not be mentioned again in this Guide as it is entirely a matter of choice and when they wish it the candidates or the

trainer can compose and use any such aid when they think it suitable.

The last part of this evening can be spent in practising the application of the triangular bandage for the scalp, forehead, shoulder, etc., as laid down in the text-book Chapter V. Everyone of these should be carried out speedily, neatly and exactly as instructed, particular attention being paid to the size of the hem required.

SUBSEQUENT PRACTICES.

The other practice nights should follow the same lines—questions and answers succeeded by practical work on fractures. As all the fractures cannot be practised by everybody on one night, it is better to take a few only each time while continuing with the study of the text-book. When every type of fracture has been successfully treated by each member as near perfectly as possible all other practical instructions which are given in the book should be followed, *e.g.*, hot and cold compresses should be made and applied, burns should be treated, insect stings attended to, etc.

INDIVIDUAL TESTS.

On completing this programme the trainer should then, provided that he is satisfied with the progress of his team, commence giving simple individual tests to every man. The question and answer method will save time and the trouble of making-up the casualties and only simple cases should be given at first. The chief object is practice in the use of the routine examination of the patient as laid down in Chapter XVI of the text-book. The trainer should make his comments and suggestions for each individual's improvement after every test in as friendly and encouraging a manner as possible.

TEAM TESTS.

Part of each practice night should also be given to a Team Test. The trainer could make use of old tests which have appeared in print and give the team the marks which, in his opinion, they earn. After the test the trainer should go through the case with all the trainees, giving emphasis to all points that were badly missed or incorrectly done. As the practices continue so the percentage of marks obtained by the hard worked team should rise, even though the tests become more difficult each time.

TRANSPORT AND STRETCHER WORK.

The transport of the patient or patients must also be practiced until all trainees are absolutely familiar with all the methods of carrying, shown in Chapter XVIII. The loading and carrying of the stretcher are very well explained therein, but it is to be clearly understood that the leader of a five-man team should allow No. 1 to give the orders "lift patient" and "lower patient" during the loading of the stretcher. This is obviously because No. 1 is in a far better position to note the degree of preparedness of each of the other three bearers.

Good practice in stretcher work gives a team an extra smartness on the Competition floor which may be quite impressive, and a certain amount of time spent on this training can be well rewarded. All movements should be safe, steady and speedy, and if the bearers imagine the patient to be really injured the first two requirements will develop automatically, but the speed will only be attained by means of practice.

It is pointed out that the text-book is not as explicit as it could be with its instructions on the method by which the bearers, after depositing the patient on the stretcher, take up the correct positions. It is rarely necessary to lift a patient with No. 1 Bearer on any but the right hand side of the patient. The following instructions apply when No. 1 is on the right :

As soon as the casualty is lowered to the stretcher No. 3 should collect the patient's belongings, if any, and place them near to hand. The other bearers meanwhile should see to the comfort of their charge with the aid of blankets, etc., and then all bearers should remain kneeling in their "load stretcher" positions. At a prearranged signal from No. 1 the four men rise smartly to their feet and then make a right or left turn to face in the same direction as the foot of the stretcher.

Simultaneously, bearers Nos. 1 and 2 then step forward to place their toes in line with the end of the poles while No. 4 steps backwards and places his heels in line with the opposite end, and No. 3 takes one side pace to his left. The latter, while the others stand to attention, makes a left about turn and then doubles round No. 4 and the head of the stretcher, to halt in his position in line behind No. 1 and level with No. 4. The reason for the left about turn is obviously to fulfil the rule that the bearer should always turn away from the loaded stretcher.

In the event of the bearers being on the opposite side of the

patient when loading the stretcher, the above method of taking their permanent positions cannot operate successfully. When the men rise to their feet the simplest method would be for Nos. 2, 3 and 4 to make a right turn and No. 1 to do likewise and face the head of the stretcher—all four then march round the stretcher in an anti-clockwise direction and each man will halt when he reaches his permanent position. Nos. 2 and 4 will then right-about turn and all should then be ready for lifting the stretcher.

ADJUSTING SLINGS.

When Nos. 1 and 3 adjust the slings it is very likely that one or the other will finish before his fellow bearer. In order that they should right turn simultaneously it is wise to arrange a visual signal to pass between them when both are ready. No. 3 then places the patient's property if practicable, on to the stretcher. The leader then proceeds with the usual orders which follow in stretcher work.

Towards the end of the training programme it is advisable to get other people than the trainer to set the tests and if possible to introduce the making-up of the casualties. The team should also be limited in time as the competition day draws nearer, and time-saving methods may thus be found to enable quicker work to be performed.

LEADERS PRELIMINARIES.

There are a few fundamental things which a leader can be trained to say or do as soon as a competition commences. The method of approach to a real casualty is laid down in Chapter XVI and this should be followed, as near as possible but in a competition there are other facts which can be discovered promptly so that the diagnosis can be carried out with a clearer field of thought. These facts are :—

1. What type of weather (unless stated on card).
2. Where is the nearest doctor (unless stated on card).
3. Where is the nearest hospital (unless stated on card).
4. Where is the nearest telephone (unless stated on card).
5. Where is the nearest shelter (unless stated on card).
6. Where is the nearest ambulance (unless stated on card).

Throughout team practice the leader must be made to realise that it is mainly up to him to keep every member of the team *doing* something. Nos. 2 and 4, without instructions, should prepare and blanket a stretcher and place it three paces from the patient's head, if possible, and then report to the leader. It is imperative that no team member should

stand about doing nothing during a test. If any bearer finds himself idle and the leader is too busy to give him instructions the man himself should look round to find some little job—such as fanning, which he could do with profit.

PROMPTING THE LEADER.

Every bearer must carry out, without delay, any order he receives from the leader. Only a little talking among the bearers should be necessary and each man should listen to his leader carefully. If he is sure something has been missed he should prompt at the first available opportunity. Good prompting may be the means of winning a competition, but if it is overdone it may destroy the leader's train of thought and make for confusion. The leader must be trained to be receptive to skilful prompting.

PERSONALITY OF TEAM MEMBERS.

During all the practices the trainer can study with advantage the personalities of the team members. Some men may be very able first-aiders but may suffer from nervousness in front of spectators, or they may even have an inferiority complex. It is part of the trainer's job to do his best to help such people with encouragement and by gradually bringing the trainee to carry out his practices with as many people present as possible. In time the nervous man will get used to the spectators and when this end is achieved he will probably be a better team man than was at first thought. He will certainly have more confidence when he has a real casualty to deal with in public, and this is, after all, the chief purpose of first aid training. This can also be said of every member of the Brigade who undertakes to train and make himself fit to take part in competitions.

CHAPTER 14.

Selection and Training of a Nursing Team

CONSTITUTION OF TEAM.

The question of the selection of the team members has already been fully dealt with in the previous chapter and the advice given applies equally well to the choice of nursing team personnel.

PROGRAMME FOR STUDY.

A team which is to enter a competition for Nursing Divisions has a wider syllabus to study than an Ambulance Team, the members of which know that first aid and transport are the only subjects with which they will be concerned. The nurses have, in addition, to be prepared for a Team Test and Individual Tests to include Home Nursing.

The fact that first aid enters into the Competition to a great extent means that a Nursing Team can, with advantage, adopt most of the suggestions set out in Chapter 13 of this book. If a trainer is appointed, he or she will have to allow, when setting out the programme, the additional time required for instilling the extra knowledge of the "Home Nursing Book" into the minds of the team members, and would do well to go through the "Home Nursing Book," chapter by chapter, as well as First Aid To The Injured. After each chapter, questions should be put to the team members in exactly the same manner as required in training an ambulance team.

PRACTICAL WORK.

Practical training in Home Nursing should be insisted upon and the work should actually be carried out as far as possible, e.g., poultices should be made, temperatures taken, pulse recorded, and roller bandaging should be often practised.

It is suggested that a team should, at least once during the training period, prepare a room for the reception of an accident case, and to do this as far as possible as laid down. A surprising number of marks may often be gained by collecting the required articles in readiness for the doctor and it is a

good plan to make one member of the team responsible for remembering a specific list although of course, all members must have a sound general knowledge, as circumstances do not always permit of one previously selected person being able to carry out the job in the actual competition.

Bed-making should be practised until it can be done neatly and speedily although again, it is often a good plan for two specific members to be the recognised "bed-makers."

DISPOSAL.

The leader would be well advised to consider the disposal of patient(s) early in the Competition as often much time can be gained. If, for instance, it is obvious that a bed will have to be prepared—one member may be detailed to do so with the aid of a housewife who may be in the Competition, and thus avoid patient and team waiting whilst it is hurriedly prepared.

INFECTIOUS DISEASES.

As the making-up of casualties is becoming increasingly popular with judges, the team leader may find herself in the position of having to diagnose a specific infectious disease by the appearance of a rash applied to the patient's body by means of grease paint, etc. Therefore, all members and particularly the leader should inspect coloured pictures of rashes peculiar to various diseases.

LEADER AND TRANSPORT.

In accordance with the rules of the Perrott Challenge Shield Competition, there will be only four people in a nursing team and "the Officer or Member-in-Charge of the team shall usually only instruct members thereof and supervise the work generally; and she shall not participate in the actual treatment, after care or transport. Should, however, an emergency arise, for which, in her opinion, there is absolute need for her more skilled assistance she may help practically. Judges will penalize any unnecessary manual interference on her part." It is therefore, important to impress upon the team the use of bystanders, if any are allowed in the Competition, particularly the importance of retaining men who may be instructed in stretcher and transport work. Although all members of the team should be trained in hand-seat drill, stretcher and transport work, they should also practice instructing strangers in these duties. Particularly should the leader be trained to instruct non-first aid people how to load

and carry stretchers with the care necessary, as it can be far more difficult to give this direction than actually to do the job. It is obvious that nurses cannot be expected to transport heavy patients themselves. Hence the importance of obtaining any help which may be available for this purpose.

Work in front of an audience is likely to involve a strain on team members, so that whilst it is advisable to practise other than on Brigade nights, it is a good plan for the Superintendent to invite the team to do a test occasionally before the rest of the Division—actual Competition Day setting to be imitated as far as possible. Constructive criticism should be encouraged, and the team members made to realise that they are entering the competition for the honour of their Division.

CHAPTER 15.

Selection and Training of Cadet Teams

CADET COMPETITIONS.

At the present time there is no National Competition for Cadet Teams, but, as interest is increasing in the Cadet movement in the Brigade, it is possible that a trophy for an open competition may be in existence in the future. Certain Counties already hold an Annual Cadet Competition, however, and each one probably has its own Rules. That of the County of Worcester is known as the "Newton Cup" competition and the Rules state that a team shall consist of four Cadets only, including an N.C.O. to act as the leader, who directs the team and only takes an active part in the transport of the patient(s). The Competition consists of a team test, individual tests, and a uniform inspection. Nursing, as well as Ambulance, Cadets are allowed to enter, although the competition is judged on the St. John Ambulance Association book which is entitled, "A Preliminary Course of First Aid to the Injured." Preliminary Home Nursing is not taken into the syllabus.

It is known that Cadets of 16 years of age, or over, are required to pass the S.J.A.A. examination for the full course "First Aid to the Injured," but if Cadet Competitions are set on this latter book it gives an unfair advantage to the older boys and girls, and it is desired that the younger Cadets should have an equal chance of winning the trophy.

SELECTION AND NUMBERING OF TEAM MEMBERS.

The remarks printed in Chapter 13 of this book apply equally well to the selection of Cadet Teams. In this case, however, the leader has the No. 1 position in stretcher work and the other bearers are numbered 2, 3 and 4.

TRAINING.

The trainer, who may very well be the Cadet Superintendent, should carry out a similar procedure with the Cadet Team to that laid down for the training of an Ambulance

Team. Care should be taken to work strictly to the Preliminary First Aid Book, however, and it is suggested that the Cadets are given one or two chapters to learn in preparation for each night. It is emphasised that it is important that every trainee should carry out, at some time during the training, every item of practical work which is set out in the book.

EXAMINATION OF PATIENT.

As there are no instructions printed for the routine examination of a patient in the "Preliminary First Aid Book," it would be helpful if the Cadets were taught the contents of Chapter XVI of "First Aid to the Injured," as these will serve them in good stead when they become members of the Senior Division. Among other things neither the pulse nor the pupils of the patient's eyes are mentioned in the junior text-book, therefore the Cadets need not worry about them when in the competition room.

MAINTAINING INTEREST OF CADETS.

The trainer should remember that he is working with young people and "all work and no play makes Jack a dull boy." Therefore as much lightheartedness as it is possible to introduce should be made use of throughout the training. It is suggested that small prizes for individual competitions amongst the Cadets who are training should be given in order to stimulate extra interest; forfeits can be extracted from the losers—forfeits of a fun-producing nature are to be preferred so that all present at the end of the practice can have a little amusement. In this manner the Cadets will develop a team spirit and an enthusiasm which would be impossible with nothing but first aid training.

Many of the comments in Chapter 13 of this book apply to Cadet Team training, and any reader interested should note its contents and make use of any suggestions found to be applicable. A good team will not only be a source of pleasure to those actually taking part, but will also be the pride of its Division. The Cadets who have taken part in a Competition team invariably prove to be extremely useful later on in helping to run the Division, and they usually make very successful Cadet N.C.O.'s.

CHAPTER 16.

Questions for a Team Quiz

The questions which follow are specially compiled for members of competition teams. For this purpose variety must be introduced and more difficult questions asked as the training progresses. The majority of the questions call for a really good knowledge of the text books and the answers given are as they appear in the text.

The text books used in their compilation are the authorised ones of the St. John Ambulance Association, viz. :—

“First Aid to the Injured” (39th Edition).

“Home Nursing” (7th Edition).

“A Preliminary Course of First Aid to the Injured,” based on the 39th Edition of the Authorised Text Book.

AMBULANCE.

- Q. Give the “Do NOTs” which are mentioned in the Chapter on Fractures.
- A. Do NOT attempt extension in the case of a compound fracture when the bone protrudes.
Do NOT apply bandages round the chest in complicated fracture of the ribs.
Do NOT let go until the splints have been fixed.
- Q. When are First Aiders told to STROOP other than in Stretcher Work?
- A. To turn the patient to the prone position in Schafers’ method of Artificial Respiration.
In 2, 3 and 4 handed seats.
- Q. When are you instructed to use a teaspoon for measurement?
- A. In measuring a dose of Sal Volatile.
In measuring the salt to make normal saline solution.
In measuring alcohol to give to a child suffering from Hydrophobia.
In measuring Castor Oil to give to a child suffering from Irritant Poisoning after the emetic has acted.
- Q. When are you told that ADHESIVE PLASTER can be used?

- A. In the treatment of fractures and if sufficient bandages are not available adhesive plaster can be used to secure the splints.
- Q. What are you told must be AVOIDED in dressing a wound?
- A. Fingering the surface of a sterilised or improvised dressing, whichever is being used.
- Q. When are you told to use MEDICINAL PARAFFIN?
- A. In swelling of the tissues of the throat.
After the antidote has been given in the cases of Corrosive poisons.
To relieve the pain in cases of Irritant poisoning.
If readily available as the antidote in Carbolic and Lysol poisoning.
When a foreign body is embedded in the eye-ball.
- Q. In what cases are you told to give EPSOM or GLAUBER SALTS?
- A. Sunstroke or heatstroke.
In Carbolic Acid or Lysol poisoning if medicinal paraffin is not readily available.
In phosphorus poisoning.
- Q. In what cases are you instructed to give NOTHING BY THE MOUTH?
- A. When a patient is insensible.
When there is a wound of the abdominal wall with or without protrusion of organs.
In Haemorrhage from internal organs except from the lungs.
To a patient who has a Foreign Body in the Stomach.
- Q. In what conditions is the Breathing stated to be SHALLOW?
- A. Shock, Concussion.
- Q. In what condition is the Breathing stated to be SHORT and SHALLOW?
- A. Simple fracture of the ribs.
- Q. In what conditions is the Breathing stated to be HURRIED and LABOURED?
- A. Internal and severe external haemorrhage.
- Q. In what conditions is Breathing stated to BECOME STERTOROUS?
- A. Compression, Hypnotic Poisons. It also may become stertorous in sunstroke and heatstroke.
- Q. In what condition is breathing stated to be HELD?
- A. Infantile convulsions.
- Q. In what condition is breathing stated to be QUICK, SIGHING and IRREGULAR?

- A. Fainting.
- Q. In what condition is Breathing stated to be STERTOROUS?
- A. Apoplexy.
- Q. In what conditions is Breathing stated to be DIFFICULT?
- A. Corrosive poisons and at first in Sunstroke and Heatstroke.
- Q. In what conditions is the Breathing stated to be PANTING?
- A. Prussic Acid and Cyanide of Potassium poisoning.
- Q. In what conditions is the colour of the face stated to be :
EXTREMELY PALE : In the first stages of Infantile Convulsions.
- PALE : Shock, Internal and severe External Haemorrhage, Concussion, Fainting, Collapse. Later stages of Alcoholic Poisoning.
- FLUSHED : In the early stages of Epilepsy, Compression, Apoplexy, early stages of Alcoholic Poisoning.
- VERY FLUSHED : Sunstroke and Heatstroke.
- LIVID : Later stages of Epilepsy, Convulsant Poisons, Strychnine, Opium and its preparations and pain relieving and sleep producing tablets and preparations.
- BLUE : In the later stages of Infantile Convulsions.
- Q. When are you instructed to use a DESSERT SPOON for measurement?
- A. For measuring Bicarbonate of Soda to make :—
Solution for treatment of burns.
Alkaline solution in treatment of Corrosive Acid burns to the eyes and skin.
- Q. For what fracture are you told that a towel can be used?
- A. Simple fracture of the Ribs.
- Q. For what can Ice be used in treatment of Haemorrhage?
- A. To suck in complicated fracture of the Ribs involving the Lungs.
To place bag of it over region if the seat of internal haemorrhage is known.
To suck in Haemorrhage from the cheek, tongue, gums, socket of a tooth or the throat.
- Q. When is rest not allowed to the patient?
- A. In Hypnotic Poisoning.
- Q. When are you told the pulse is SLOW and WEAK?

- A. Opium and its preparations and tablets and preparations which are used to relieve pain and induce sleep.
- Q. When are you told the pulse is FULL and SLOW?
- A. Compression and Apoplexy.
- Q. When are you told the pulse is QUICK?
- A. Deliriant Poisons.
- Q. When are you told the pulse is QUICK and WEAK?
- A. Concussion.
- Q. When are you told the pulse is RAPID and FEEBLE?
- A. At first in shock.
- Q. When are you told the pulse is RAPID and WEAK, or ALMOST IMPERCEPTIBLE?
- A. Fainting.
- Q. When are you told the pulse is QUICK and BOUNDING?
- A. Sunstroke and Heatstroke.
- Q. When are you told the pulse may be IMPERCEPTIBLE AT THE WRIST?
- A. In the later stages of shock.
- Q. When are you told the pulse FAILS?
- A. In Internal and severe External Haemorrhage.
- Q. When may the pulse DISAPPEAR AT THE WRIST?
- A. In Internal and severe External Haemorrhage.
- Q. When are you told the pupils of the eyes :
MAY BE UNEQUAL? Compression.
ARE UNEQUAL? Apoplexy.
ARE FIXED? Coma.
ARE CONTRACTED? In bright light.
ARE MINUTELY CONTRACTED?
ARE DILATED? Opium and its preparations
Deliriant Poisons, Early stages
of Alcoholic Poisoning.
Darkness.
ARE DILATED AND FIXED? In later stages of Alcoholic
Poisoning.
- Q. When are you told MILK can be given?
- A. As a Stimulant.
If a patient suffering from snake bite can swallow.
If no antidote is readily available in Corrosive poisons.
In all cases of poisoning.
To mix Epsom or Glauber Salts in Carbolic Acid or Lysol Poisoning.
To mix with white of eggs as antidote for Corrosive Sublimate poisoning.
- Q. What is one told not to do in the treatment of wounds?
- A. Do not search for Foreign Bodies which cannot be seen.

- Q. Which is the one First Aid Dressing which should not be covered with Cotton Wool?
- A. A Cold Compress.
- Q. What uses has Cotton Wool in the treatment of burns?
- A. To cover the injured part when Medical Aid or Hospital is readily available.
To cover the injured part when Baking Soda or warm, strong tea are not readily available.
To a burnt face over the mask of lint which has been soaked in Bicarbonate of Soda Solution.
- Q. What type of bandage is applied when part of a limb is cut or torn off?
- A. Elastic Bandage.
- Q. What are you told must be AVOIDED in the treatment of Frost Bite?
- A. The application of moisture in any form.
- Q. Are you told that tape is of any use in the treatment of any arterial haemorrhage.
- A. Yes; from the fingers.
- Q. For what injuries are you told to exclude air?
- A. Burns and scalds.
- Q. For what conditions or injuries is a COLD COMPRESS used?
- A. To ease pain, to lessen swelling or to control internal bleeding.
Applied to seat of injury in complicated fracture of the Ribs.
To a fracture involving the elbow joint.
To a fracture of the patella.
To a dislocation; to displaced cartilages (both: at first).
To seat of haemorrhage, if known, in haemorrhage from an internal organ if an ice bag is not available.
To a bruise if Spirit is not available.
To a rupture if Ice is not available.
- Q. What are you told to AVOID in the treatment of fractures?
- A. Jarring the patient whilst working the bandages into their correct position.
- Q. For what are you told to use very hot water?
- A. Filling Hot Water Bottles and for making Hot Compress.
- Q. What are you told NEVER to do in the treatment of wounds?
- A. Wash the surrounding parts towards a wound. Disturb a blood clot.

- Q. When are you told a patient suffers from intense thirst?
- A. In Iodine poisoning.
- Q. When are you told a TABLESPOON should be used for measurement?
- A. To measure Alcohol to an adult suffering from Hydrophobia.
To measure Epsom or Glauber Salts in sunstroke, heatstroke and in Carbolic Acid, Lysol and Phosphorus Poisoning.
To measure whitening, chalk or magnesia for Corrosive Acid poisoning.
To measure Salt and Mustard Powder as emetics.
To measure Castor Oil in Irritant Poisoning.
To measure Condy's fluid in poisoning by Opium and its preparations.
- Q. What are you told to AVOID as a first aider, in removing a patient from contact with electricity?
- A. Touching with the naked hands the patient's skin, especially the armpits, wet clothing or the boots if the soles are nailed.
- Q. When are you told to apply ICE to the head?
- A. Concussion, Compression, Apoplexy, Sunstroke and Heatstroke.
- Q. Of what use can a towel be in the treatment of Hypnotic Poisoning?
- A. As a stimulant by wetting it and slapping the face, neck and chest of the patient.
- Q. When are you told to use a HOT COMPRESS?
- A. To ease pain.
Treatment of dislocation when cold ceases to give comfort.
Treatment of displaced cartilages when cold ceases to give comfort.
Treatment of strains and ruptured muscles.
Treatment of swelling of the tissues of the throat.
Treatment of corrosive poisons after antidote has been given to be applied to the front of the neck.
- Q. When are you told to use CASTOR OIL?
- A. In Irritant Poisoning after emetic has acted.
For foreign body embedded in the eye-ball.
- Q. What are you told must be prevented in cases of SHOCK?
- A. Any aggravation of the original injury or injuries by temporary measures until arrival at shelter.
- Q. When are you told to apply FRICTION of the limbs?

- A. As a stimulant, Fainting, Artificial Respiration after the patient has commenced to breathe, Frost Bite.
- Q. When are you told FROTH may appear at the lips?
- A. In Epilepsy, Hysteria and Infantile Convulsions.
- Q. When is 15 minutes mentioned in the Text Book?
- A. In changing the application to a wound of the abdominal wall when Internal organs protrude through the wound.
- Q. What is it you are told to Avoid in the treatment of Insensibility.
- A. Leaving the patient until he has been placed in the charge of another responsible person.
- Q. What are you told has to be the size of (a) Billiard Ball and (b) Lawn Tennis Ball?
- A. (a) **Hard pad in the armpit** for arresting haemorrhage from the **Axillary Artery**. (b) Pad placed on **pressure point for Femoral Artery**.
- Q. What are you told must be prevented in the treatment of Fractures?
- A. A simple fracture from becoming **compound** or complicated; an injured limb **from further movement** on the part either of the patient or the bystanders.
- Q. Which pressure point is it you are told is **most difficult** to find.
- A. The one for the Occipital Artery.
- Q. With what fractures are you told deformity is not always noticeable?
- A. When only one bone is broken in either the leg or the forearm.
- Q. How are you told may asphyxia be brought about?
- A. **Obstruction of the air passages**; **Inhaling poisonous gases**; **Pressure on the chest**; **Nervous affections**.
- Q. What are you told may cause obstruction of the Air Passages?
- A. **Drowning, pressure from outside (strangulation, hanging, smothering)**; by a foreign body such as a piece of food, false teeth, etc., in the throat; **choking**; by **swelling of the tissues of the throat** which may be caused by inflammation; **scald of the throat, poisoning by a corrosive or stings of insects**.
- Q. In what cases are you told vomiting may be encouraged by putting two fingers to the back of the throat?
- A. In choking if thumping the back between the shoulder blades is not successful and in the treatment of non-

corrosive poisons if an emetic is not immediately available.

- Q. In which poisons are you told to give the antidote before the emetic?
- A. Corrosive sublimate (Perchloride of Mercury) Iodine.
- Q. When are you told vomiting may occur?
- A. Shock, fractured base of the skull, fracture of the lower jaw, choking, irritant poisons, after an emetic, after passing two fingers to the back of the throat, Hernia.
- Q. When are you told a first aider can give ALCOHOL to his patient and in what doses?
- A. In Hydrophobia. To an adult 2 tablespoonfuls or in the case of a child 2 teaspoonfuls in a wine glass of water.
- In poisoning by prussic acid or cyanide of potassium. If patient can swallow give it freely diluted with an equal quantity of water.
- Q. To what parts of the face does the Facial Artery supply blood.
- A. Chin, lips, cheek and outside of the nose.
- Q. When are you told to apply constrictions?
- A. With wounds of a limb caused by a venomous snake or rabid animal.
- Q. What are you told must be AVOIDED in the treatment of Hysteria?
- A. Sympathy with the patient.
- Q. What are the differences in adjusting the patient's position in Silvesters' and Schafers' methods of artificial respiration?
- A. SILVESTERS.
Place patient on his back on a flat surface, inclined if possible from the feet upwards. Undo all tight clothing. Raise and support shoulders on a small cushion (firm) under the shoulder blades. An assistant must draw patient's tongue forward to prevent obstruction of the windpipe.
- SCHAFFERS.
Lay patient in prone position. Arms above head. Head to one side so as to keep nose and mouth away from ground. Do not waste time loosening clothing. No pad is to be placed under the patient. No need to draw out the tongue as it will fall naturally towards the lips.
- Q. In which two bandages to keep a dressing in position is the depth of the hem given as narrow?

- A. For the elbow and knee.
- Q. Upon what are you told will the method or methods of transport adopted in any particular case depend?
- A. The nature of the injury; the severity of the injury; the number of helpers available; the distance to shelter; the nature of the route to be traversed.
- Q. Give a definition of DEFORMITY as per the text-book.
- A. The limb assumes an unnatural position. In the case of fractures it is mis-shapen at the seat of fracture whilst in a dislocation it is mis-shaped at the joint.
- Q. Compare an incised wound with a lacerated wound.
- A. INCISED.
Caused by a sharp instrument such as a razor. Wound has clean cut edges. Bleeds freely.
- LACERATED.
Caused by such things as machinery, piece of shell or the claws of an animal. Wound has torn and irregular edges. Bleeds less freely and bleeding may be delayed for a time.
- Q. In which cases is it specifically mentioned in the Text Book that the patient must be cautioned not to resume physical or mental activity without the consent of a doctor?
- A. Electric shock. Any case of head injury, even if the patient has only been unconscious for a moment.
- Q. What are you told must NEVER be done to the ear?
- A. Syringed or probed.
- Q. When is 5 MINUTES mentioned in the Text Book?
- A. In the treatment of non-corrosive poisons repeat emetic every 5 minutes until vomiting occurs.
- Q. There is a general rule set out in the treatment of Irritant poisons which should not be applied in one of the Irritant poisons which requires special treatment.
- A. The giving of castor, olive or salad oil or medicinal paraffin in the treatment of Phosphorus poisoning.
- Q. Of what condition are you told that the patient does not always know he is suffering?
- A. Frost Bite?

NURSING.

- Q. In which illness can the patient, in some cases, dictate the treatment?
- A. Asthma.
- Q. In which 2 diseases are sulphonamide drugs of great value?

- A. Erysipelas and Lobar-pneumonia.
- Q. On what beds is only one pillow used?
- A. On an operation bed and in Rheumatic Fever.
- Q. For what diseases should the patient be in a horizontal position?
- A. Cardiac diseases if possible. Diphtheria. Lobar-pneumonia unless breathing is embarrassed. In any exhausting disease.
- Q. When in a sitting or propped-up position?
- A. Flatulence, Bronchitis, Asthma, Pneumonia, Cardiac diseases if necessary. In any disease where the breathing is difficult.
- Q. When does a patient prefer to lie on his back with his knees drawn up?
- A. Inflammation of the bowels.
- Q. When does the book say a patient prefers to lie on his face?
- A. When he is suffering from Colic.
- Q. When are 2 in.—2½ in. roller bandages to be used?
- A. For bandaging the hand and the fore-arm.
- Q. When are 2½ in. roller bandages to be used?
- A. For bandaging the head, ear, eye, foot and barrel bandage for the jaw.
- Q. When are 3 in. roller bandages to be used?
- A. Figure of 8 bandage for elbow, leg, knee, ankle, shoulder spica, breast, both breasts, groin or hip, jaw, many-tailed bandage (strips) many-tailed bandage for stump of limb.
- Q. When are 1 in. roller bandages to be used?
- A. Simple spiral for the fingers, recurrent bandage for the finger, spica for the thumb.
- Q. For what purposes are you told to use Soda?
- A. For destroying bacteria, as putting in boiling water for washing patient's china and silver when he is suffering from Phthisis. Also put in hot water for washing urinals.
- Q. For what purposes is Bicarbonate of Soda used?
- A. For destroying bacteria. To mix in solution for cleaning the teeth of a helpless patient. In solution for rheumatism and also for allaying skin irritation. In hiccup and flatulence. To allay irritation in Chicken Pox and Measles.
- Q. What are you told to AVOID in giving liquid to a helpless patient?
- A. Undue bending of the patient's neck.

- Q. What are you told must NEVER be done when taking temperature?
- A. Taken in the mouth for at least a quarter of an hour after the patient has had a drink. Taken in the armpit or groin just after the patient has been washed. The patient allowed to take his own temperature.
- Q. When are you told the breathing is difficult?
- A. Bronchitis, Asthma, Pneumonia, Whooping cough, some heart diseases. It may be difficult in Diphtheria and Erysipelas.
- Q. When are you told that the breathing is hoarse?
- A. Diphtheria.
- Q. When are you told that the patient may become increasingly short of breath?
- A. Pleural effusion.
- Q. In what disease are you told that the patient may literally have to fight for his breath?
- A. Asthma.
- Q. Why must a sick person never be left unattended in a bath?
- A. Because he may faint.
- Q. What are you told should NEVER be done when applying Roller Bandages.
- A. More than a few inches of the bandage to be unrolled at a time.
- Q. What forms of counter-irritation must only be applied by a trained nurse or under the direct supervision of a doctor?
- A. Blistering. Cupping and the application of leeches.
- Q. In what ways are you told COLD can be applied?
- A. General, to the whole of the body as in cold sponging and cold pack; and local, to the part affected as in cold compress and Ice Bag.
- Q. In what ways are you told moist heat can be applied to the affected part?
- A. Hot fomentations (plain, turpentine and surgical), poultices (linseed, bread, kaolin and mustard), and medicated baths (saline and boracic).
- Q. In which diseases is it possible for a patient to obtain considerable relief by sitting in an arm chair?
- A. Cardiac diseases.
- Q. In which infectious diseases is there a rash?
- A. Chicken-pox, Scarlet Fever, Measles, German Measles.
- Q. Of what use is vaseline in applying counter-irritants?

- A. It is used to outline the part to be painted when Iodine is to be applied.
- Q. What is a disadvantage of medicated steam inhalations?
- A. The patient is more susceptible to cold or chill after them.
- Q. How can ointment be rubbed into the skin?
- A. By thorough massage with the whole of the hand, the nurse wearing rubber gloves. By means of a large, flat topped stopper from a bottle.
- Q. For what purposes are you told enemata containing salt may be given?
- A. To destroy worms, to replace fluid lost owing to haemorrhage; severe diarrhoea or vomiting, etc.; to give nourishment (Nutrient) or as a stimulant to counteract shock.
- Q. What are you told is one of the greatest deterrents to a patient's recovery and what is the remedy for it?
- A. A close and stuffy atmosphere. A well ventilated room provides the ideal conditions for return to health.
- Q. For what types of patient is it necessary to protect the mattress by a mackintosh?
- A. Children, unconscious patients, helpless patients and those who are incontinent.
- Q. What are you told must NEVER be done in bed making?
- A. The comfort of the patient must not be sacrificed to appearance although neatness of the finished bed adds to the well-being of the patient and the tidiness of the room.
- Q. For what uses are you told chairs can be put in bed making?
- A. Two placed back to back at the foot of the bed on which the top bed-clothes, as they are removed from the bed, are placed. Clean bed-clothes can also be placed on them. One small square-backed chair placed upside down at the head of the bed and securely tied can be used as a bed rest. Two square-backed chairs can be used when a small child needs to be supported in a sitting position. Two strong chairs can be used to raise one end of the bed. The end bed rail being placed across the seats of the chairs.
- Q. With what types of patient are you told great care must be taken in applying hot water bottles and tins, and why?
- A. Those who are unconscious and those suffering from paralysis and dropsy, because they are insensible to

feeling and very serious results may follow a burn or scald from a hot water bottle or tin.

- Q. For what diseases are you told to use a blanket bed?
 A. Cardiac, rheumatic and renal.
- Q. What is the maximum rate at which the pulse can be accurately counted?
 A. 160 beats per minute.
- Q. In illness, between what rates, which can be recorded, can the pulse vary?
 A. Between 20 and 160 beats per minute.
- Q. Of what colour and condition are you told a patient's skin may be?
 A. Flushed, pale, yellow, blue, covered with a rash. Dry, moist, sweating, hot, cold, clammy, puffy or swollen.
- Q. What are you told may be a patient's facial expression?
 A. Calm, anxious, pinched or drawn with pain, apathetic.
- Q. Of what consistency may sputum be?
 A. Watery (mucous), thick and sticky (purulent), frothy, mixed with blood.
- Q. How are the rashes in the various infectious diseases described in the book?
 A. CHICKEN POX : Small round spots, which speedily fill with fluid, clear at first, then becoming pustular and later forming scabs.
- SCARLET FEVER : Small, bright red spots.
- MEASLES : Blotchy, dusky-red to pinkish colour, as it fades becomes brown and yellow.
- GERMAN MEASLES : Spots are larger than those of scarlet fever but smaller than those of measles.
- Q. What are you told should be given to all patients suffering from an infectious disease?
 A. Abundant fluids.
- Q. What diseases may Phthisis follow?
 A. Pneumonia, pleurisy, whooping cough and measles.
- Q. How may bacteria be destroyed?
 A. By sunshine, heat and chemicals.
- Q. How may bacteria be destroyed by heat?
 A. By fire, boiling water, flaming, baking, steam under pressure.
- Q. How can bacteria enter the body?

- A. By the air passages, digestive tract and by the skin.
- Q. How may bacteria be destroyed by chemicals?
 A. By fluids, such as carbolic acid, perchloride of mercury, iodine or by proprietary preparations specially recommended by the doctor; or by gases such as formaldehyde or sulphur dioxide.
- Q. What mineral salts are essential for normal growth and health?
 A. Iron, iodine, calcium, sodium, potassium and phosphorus.
- Q. Why should iron be necessary? Name a few articles of food in which it is present.
 A. It is necessary for the formation of blood. Lean meat, egg yolk, liver, greens, fresh fruits, raisins and prunes.
- Q. Why are the inhabitants in some districts liable to develop goitre?
 A. Because the soil in certain districts is poor in iodine which the body needs for the normal functioning of the thyroid gland.
- Q. In what forms may medicine be given by the mouth?
 A. Liquid, pills, powders, tablets, capsules and oils.
- Q. What are the main food-stuffs that may be used in "liquid" or fluid diet?
 A. Milk, plain or flavoured with cocoa, etc., milk diluted with soda water, raw egg and milk; fruit juice sweetened with sugar or glucose, strained soups, tea, albumen water and barley water.
- Q. Why should eggs and butter be kept away from any food with a strong smell?
 A. Because they quickly absorb other flavours.
- Q. What are the grades of designated milk mentioned in the text book?
 A. Tuberculin tested, accredited and pasteurised.
- Q. What are you told must be AVOIDED in the method of application of the simple spiral bandage?
 A. Straight circular turns, because they interfere with the circulation.
- Q. What are the advantages of many-tailed bandages?
 A. They are valuable for fixing dressings on an abdominal wound because they give good support and remain in position extremely well. They are also frequently used for limbs since the wound can be examined or a dressing changed without undue disturbance of the patient.
- Q. What is the ideal position for the bed in the sick-room?

- A. So that the patient is not in a draught and so that sunlight does not fall directly in his eyes, but in such a position that he can see the fire and look out of the window.
- Q. What happens if ice bags are kept in position too long?
- A. Loss of sensation and possible damage to the tissues may result.
- Q. What good effect does the general application of heat to the whole of the body have in some kidney diseases and why?
- A. The increased flow of blood through the vessels of the skin, which this heat causes, promotes perspiration and thus reduces the work of the kidneys in excreting water.
- Q. What are you told may cause vomiting?
- A. Dietary indiscretion, disturbance of the digestive system, infectious diseases and certain cerebral conditions.
- Q. With what may prominences be rubbed to prevent bed-sores?
- A. If skin is well nourished and supple, rub with methylated or surgical spirit or with eau-de-cologne. When the skin tends to be dry, it is better to use a mixture of equal parts of olive oil and spirit.
- Q. How may infection, to a considerable extent, be prevented from entering through the digestive tract?
- A. Obtaining milk, water and other foods from reliable sources. In doubtful cases water and milk may be rendered safe by boiling and other foods by adequate cooking.
- Q. What purposes does a sheet soaked in weak disinfectant and hung outside an infectious patient's room door serve?
- A. To prevent the scattering of dust both from and into the sick room. To remind other occupants of the house not to enter the room. Only the nurse and authorised visitors should be allowed to enter until the danger of infection is over.
- Q. Why is white fish the kind usually given to invalids?
- A. It has little or no fat. It is usually fine in texture and breaks up easily during digestion.
- Q. What are you told usually corresponds to the duration of the rash in eruptive fevers?
- A. The fastigium, the period during which the high temperature is maintained.
- Q. What precautions are you told must be taken to prevent the spread of an infectious disease?

- A. Notification of the disease when required by law. Isolation of the patient at home or in a fever hospital. Disinfection of linen and notification of same to the laundry authorities. Current and terminal disinfection. Visitors allowed only under special conditions. Good hygienic conditions. Patient given adequate rest in bed. Doctors orders with regard to medicines and special treatment to be obeyed. Light diet.
- Q. In what may infection of a wound result?
- A. Much more delayed healing. It may lead to severe toxæmia, septicaemia and specific diseases, *e.g.*, erysipelas, tetanus and gas gangrene.
- Q. What complications does the text book tell you can follow diphtheria?
- A. Asphyxia, heart failure, paralysis, bronchitis and pneumonia.
- Q. What complications does the text book tell you can follow measles?
- A. Inflammation of eyes and ears, bronchitis and pneumonia.
- Q. What complications does the text book tell you can follow whooping cough?
- A. Vomiting, convulsions and pneumonia.
- Q. What complications does the text book tell you can follow scarlet fever?
- A. Inflammation of the middle ear and inflammation of the kidneys. Others are rheumatism, heart disease and abscesses.
- Q. What complications does the text book tell you can follow german measles?
- A. These are uncommon but may include painful swelling of the glands of the neck and bronchitis.
- Q. Give two examples of how infectious diseases may be spread by carriers?
- A. Diphtheria by carriers who have sufficient bacteria in the throat to spread the disease by droplet infection. Typhoid by stools and urine of people who have recovered from an attack of the disease and remain infected. Many outbreaks of Typhoid have been traced to water supplies contaminated by sewage and others have occurred as a result of a carrier being employed in the preparation of food.
- Q. Give typical symptoms during the invasion period of an infectious disease.
- A. Rigors, rising temperature, headache, general feeble-

ness, thirst, dry furred tongue, rapid full pulse, quickened respiration, sometimes vomiting and diarrhoea.

- Q. What types of purgative enemata are mentioned in the text book ?
 A. Soap and water, olive oil or castor oil and glycerine.
 Q. What are you told may relieve pain ?
 A. Application of heat or cold, hot drinks, rest or movement, rubbing or change of posture.
 Q. How are you told vomiting may be relieved ?
 A. Keeping the patient lying down, loosening the clothes and affording fresh air.

CADET.

- Q. In the objects of first aid what is it the first aider is told he must endeavour to PREVENT ?
 A. The aggravation of the injury or condition.
 Q. In what fractures are you told to use only one bandage ? (slings to count as bandages).
 A. Fractured ribs, elbow, bones of the foot or toes (crushed foot).
 Q. In what fractures are you told to use two bandages ? (slings to count as bandages).
 A. Fracture of the lower jaw and collar bone.
 Q. In what fractures are you told to use three bandages ? (slings to count as bandages).
 A. Fracture of the arm-bone, fore-arm, bones of the hand or fingers (crushed hand) and spine.
 Q. In what fractures are you told a cold compress is part of the treatment ?
 A. Fractures or injuries at or near the elbow joint. Fracture of the knee cap.
 Q. What warning are you told must be given to a patient who is bleeding from the nose ?
 A. Not to blow the nose.
 Q. How far should a tourniquet be tightened.
 A. Just enough to stop the bleeding and no more.
 Q. What are the air passages of the human body ?
 A. Nostrils (or mouth) the throat and tubes leading to the right and left lungs.
 Q. What may cause asphyxia ?
 A. Drowning, suffocation, choking, hanging, strangling, swelling about the throat, inhaling poisonous gases, crushing and conditions which make the muscles of the chest unable to raise the ribs.
 Q. When must artificial respiration be resorted to ?

- A. When natural breathing is seen to be failing or cannot be discerned.
 Q. What steps should be taken, with a patient whose breathing is not apparant, to ensure that the breathing is possible ?
 A. That the air passages are not obstructed, that pressure does not prevent the necessary expansion of the chest and that there is an abundance of pure air.
 Q. Why is insensibility such a grave danger to the patient ?
 A. Insensibility is due to some cause which has thrown the brain out of working order and as the brain controls all the actions of the body, it will readily be seen why insensibility is such a serious condition.
 Q. How can you ensure an abundance of pure air to an insensible person ?
 A. Open windows and doors ; keep back a crowd ; remove from harmful gases or impure atmosphere.
 Q. Give two "Do Nots" which are mentioned in the general rules for treatment of a wound when bleeding is slight ?
 A. Do NOT disturb blood clots. Do NOT search for what you suspect but cannot see (foreign bodies).
 Q. What are there in veins which are not present in arteries ?
 A. Valves.
 Q. What pressure points are mentioned in the Preliminary First Aid Book ?
 A. That for the facial artery, temporal artery, the artery behind the collar bone, the artery of the arm, the artery of the thigh.
 Q. What are you told are the great dangers of burns ?
 A. Shock and the entry of harmful germs.
 Q. When are you told ice can be used ?
 A. For the treatment of a dislocation (at first) bruises and sunstroke.
 Q. What are you told seriously aggravates the condition of the patient in snake bite ?
 A. His natural alarm.
 Q. What are you told must be continued perseveringly ?
 A. Artificial respiration until respiration is restored or until a doctor pronounces life to be extinct.
 Q. How would you know that a constriction placed on a limb had obstructed arterial circulation ?
 A. The limb would become pallid, the pulse could not be felt and any bleeding would cease entirely.

- Q. When are you told that alcohol should be avoided?
- A. In all cases except under the orders of a doctor. It is specially mentioned to avoid giving any to a patient suffering from snake bite.
- Q. What is a varicose vein?
- A. One which is winding and knotty and which has become so large that the valves do not act, thus allowing the backward flow of blood.
- Q. Describe the brooch bone.
- A. It lies on the outer side of the shin bone; its upper end does not reach the knee but its lower end forms part of the ankle-joint.
- Q. When are you told the breathing is short and shallow?
- A. With fractured ribs.
- Q. When are you told the breathing may be difficult?
- A. In sunstroke.
- Q. When is the four-handed seat used?
- A. When the patient can assist the bearers by using one or both arms.
- Q. When is the two-handed seat used?
- A. Mostly to carry a patient who is unable to assist the bearers by using his arms.
- Q. Which bearer has his palm upwards in forming a two-handed seat?
- A. The one on the left side of the patient.
- Q. How should the bearers who are carrying a patient on a hand seat step off?
- A. The bearer on the right hand side of the patient with the right foot, and the left hand bearer with the left foot.
- Q. How should the bearers walk when carrying a patient on a hand seat?
- A. With the cross-over step and not by side paces.
- Q. What does a "Furley" Stretcher consist of?
- A. The poles with handles, traverses (which keep the poles apart), runners, a canvas bed fitted with pillow sack and slings with transverse straps.
- Q. What is present with every injury?
- A. Shock to a greater or lesser degree.
- Q. What must receive the first attention no matter what other injuries are present?
- A. Stopped breathing or severe bleeding.
- Q. What is necessary before any treatment can be given to a patient?
- A. To find out what is the matter with him.
- Q. What are the uses of a dry dressing?

- A. To prevent contamination, to protect a wound, to promote healing, or to help in the application of correct pressure.
- Q. What are the uses of a cold compress?
- A. To ease pain, to lessen swelling or to control internal bleeding.
- Q. What is a hot compress used for?
- A. To ease pain.
- Q. Which first aid dressing is not covered with cotton wool?
- A. Cold compress.
- Q. What are you told are the uses of triangular bandages?
- A. To retain splints or dressings in position; to afford support to an injured part, as in an arm sling; to make pressure and so reduce or prevent swelling.
- Q. Why must granny knots be avoided in first aid?
- A. Because they are apt to slip.
- Q. From what articles may bandages be improvised?
- A. Handkerchiefs, belts, straps, braces, neckties, or any piece of linen, calico, tape or cord that comes to hand.
- Q. When would you use the large arm sling?
- A. In applying a bandage to the hand. Fractured ribs, fore-arm and crushed hand.
- Q. When would you use the small arm sling?
- A. In applying a bandage to the shoulder. Fracture of the arm bone. May be for injuries at or near the elbow joint.
- Q. For what injury would you use a St. John arm sling?
- A. Fracture of the collar bone.
- Q. What does the small arm sling support?
- A. The wrist and the hand.
- Q. How may slings be improvised?
- A. Pinning the sleeve to the clothing; turning up the lower edge of the coat; passing the hand inside the buttoned coat or waistcoat.
- Q. How may a simple fracture become compound or complicated?
- A. As a result of careless movement or lack of support.
- Q. Where is the base of the skull?
- A. It rests upon the uppermost bone of the spine at a **point** where the nodding movement of the head takes **place**.
- Q. What is it that renders a broken back such an extremely serious injury?
- A. The presence of the spinal cord within the spine, the spinal cord being a continuation of the brain.
- Q. Describe the pelvis.

- A. It is formed by the two haunch bones which meet in front and are firmly joined behind with the lower part of the spine, which is placed between them. They are provided with sockets to receive the heads of the thigh-bones at the hip joints. The pelvis supports the abdomen and its contents.
- Q. When a bone is broken what may cause the broken ends to overlap?
- A. The shortening of the muscles attached to the bone.
- Q. What specifications are necessary in splints?
- A. Firm and long enough to keep the joints immediately above and below the fractured bone at rest.
- Q. How must bandages be applied?
- A. Firmly but not so tightly as to stop the circulation of the blood in the limb.
- Q. With a fracture of the arm bone and no splints are available what is the treatment?
- A. Secure the limb to the side by one or two broad bandages.
- Q. What is frequently mistaken for a sprained ankle?
- A. A fracture of the brooch bone 3 or 4 inches above its lower end.
- Q. What is necessary in the treatment of wounds?
- A. To stop the bleeding; to lessen the effects of shock, and to protect the wound against the entry of harmful germs.

APPENDIX I.

The loose wording of some sections of "First Aid to the Injured" makes it desirable to set out in this appendix the variations of pulse and temperature of the skin mentioned in the text of that book and it is convenient to note here the other signs which may be observed in a routine examination. They are listed below together with the conditions which cause them.

TYPE OF BREATHING.

Shallow	Shock, Concussion.
Stertorous	Apoplexy.
Becomes Stertorous	Sunstroke, Heat-stroke, Compression.
Deep and Stertorous	Hypnotic poisoning.
Suspended	Electric Shock, Suffocation, Infantile Convulsions, Strychnine poisoning.
Emotional	Hysteria.
Quick, sighing & irregular	Fainting (syncope).
Hurried and laboured accompanied by yawning and sighing	Internal haemorrhage.
Panting	Prussic acid and Cyanide of Potassium poisoning.
Difficult	Corrosive poisoning; sunstroke and heatstroke (at first).

TYPE OF PULSE.

Rapid and feeble	Shock.
Quick and weak	Concussion.
Rapid and weak	Syncope.
Quick and bounding	Sunstroke, Heatstroke.
Full and slow	Compression, Apoplexy.
Slow and weak	Hypnotic poisoning.
Quick	Deliriant poisoning.

COLOUR OF FACE.

Pale	Internal haemorrhage, Col-
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- lapse, Shock, late stage alcohol poisoning, Fainting (syncope), concussion.
- Flushed Compression, early stage alcohol poisoning, Apoplexy, early stage epilepsy.
- Very flushed Sunstroke, heatstroke.
- Livid Later stages epilepsy; convulsant and hypnotic poisons; strychnine poisoning.
- Extreme pallor, later turning blue Infantile convulsions.
- Waxy white Early stages of frostbite, ears or nose.
- Congested and of a purple appearance Later stages of frostbite.

EXAMINATION OF MOUTH.

- Odour Alcohol, Carbolic poisoning, Prussic acid, etc.
- Haemorrhage Tooth extracted, abrasion or cut, fractured jaw, blood from lung or stomach (? fracture of rib).
- Froth Epilepsy, infantile convulsions, hysteria (sometimes).
- Foreign body Choking.
- Scald Hot liquid.
- Staining Carbolic acid poisoning, etc.

EXAMINATION OF EYES.

- Blood shot eye May denote fracture of base of skull if orbit is involved.
 - Foreign body in eye Grit, quicklime (or other corrosive alkali) oil of vitriol (or other corrosive acid).
- (particularly must question of foreign body be thought of when patient returns to consciousness because this may cause intense pain.)
- Eyeballs turned upwards Hysteria.

EXAMINATION OF PUPILS.

- Unequal Compression, apoplexy.
- Dilated Deliriant poisoning, alcohol.
- Contracted Hypnotic poisoning.

- Pin point Opium and its preparations.
- Squint Infantile convulsions.
- React to light Stupor.
- Fixed Coma.

TEMPERATURE OF SKIN.

- Cold and Clammy Shock, internal haemorrhage, syncope.
- Beads of cold sweat Shock.
- Cold Concussion.
- Temperature raised Compression, apoplexy.
- Dry and burning Sunstroke, heatstroke.
- Temperature lowered Late stages of alcohol poisoning.

APPENDIX 2.

To be given to the Officer-in-Charge when he makes the Draw for position of Teams.

Team Letter	Name of Division	Corps
A		
B		
C		
D		

To be given to the Uniform Judge.
(similar sheets should be prepared for the Nursing and Cadet
Uniform Inspection).

<i>Uniform Item</i>	<i>Max. Marks</i>	<i>A 1 2 3 4</i>	<i>B 1 2 3 4</i>
Cap & Badge	2		
Hair	2		
Face	2		
Jacket	2		
Belt & Pouch	2		
Pouch Contents (if officer leads —collar & tie)	2		
Haversack	1		
Water bottle	1		
Gloves	1		
Trousers	1		
Socks	2		
Shoes	2		
TOTAL	20		

To be given to the Mark Stewards and finally to the Officer-in-Charge.

Final Placing	Letter of Team	Name of Division	Uniform Inspec.	Team Test	Indiv: and Dual	Total
1st.						
2nd.						
3rd.						
4th.						

APPENDIX 5.

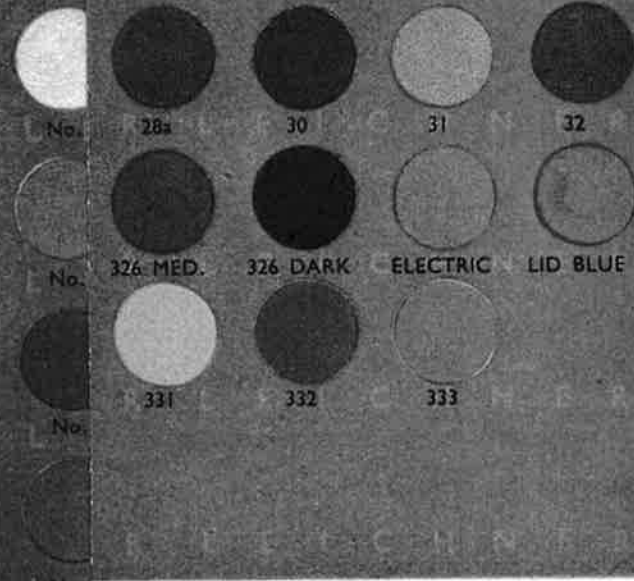
“DEWAR” CHALLENGE SHIELD, “SYMONS ECCLES” CHALLENGE CUP, “TRIMBLE” TROPHY, AND “ELLIS” CHALLENGE CUP.

CONDITIONS OF ANNUAL COMPETITIONS

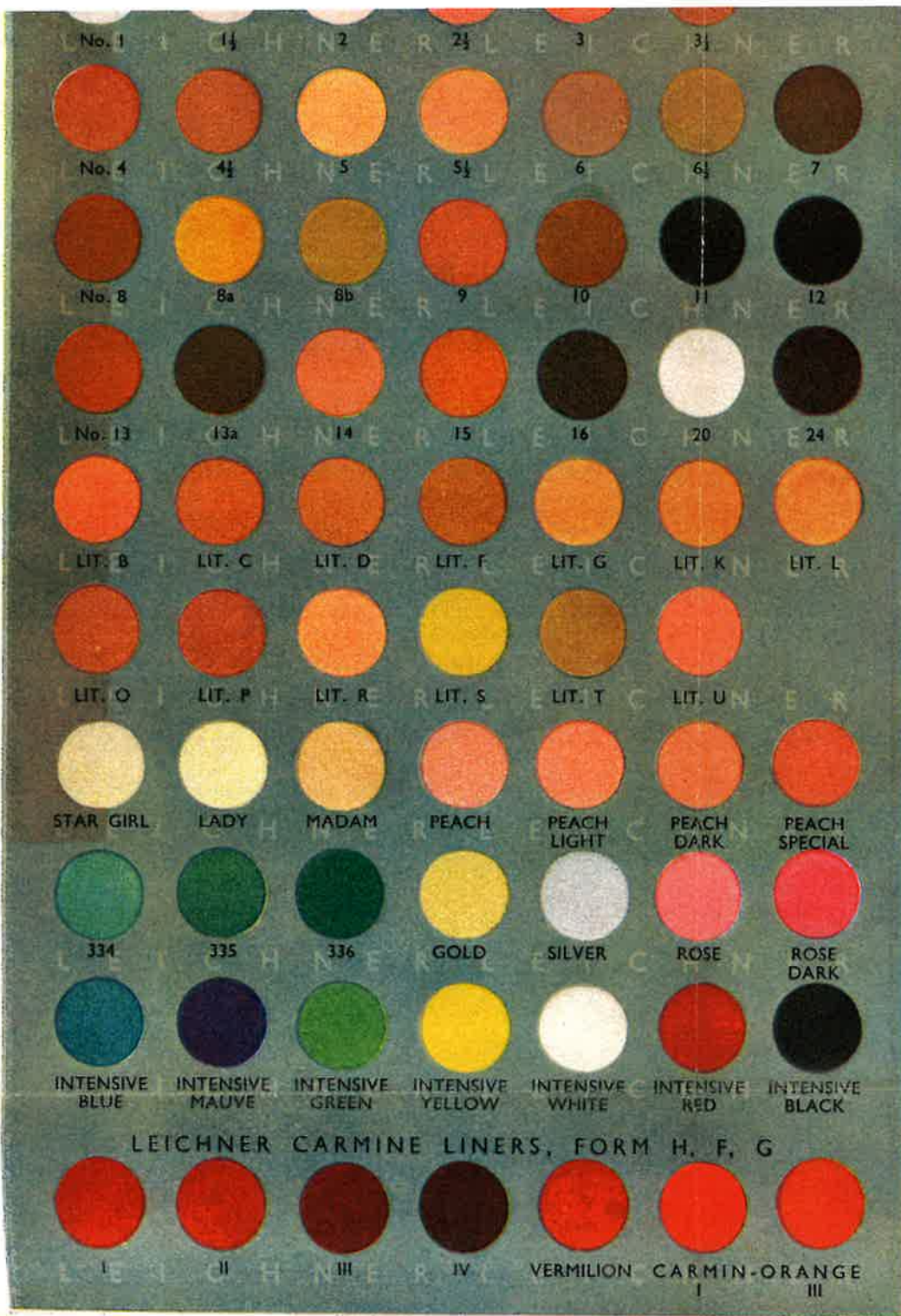
1.—The Competitions shall be open to teams consisting of a Divisional Superintendent, Ambulance Officer, Warrant Officer, or N.C.O., and of four privates. In special circumstances and with the sanction of the Commissioner a Corporal may be substituted for one of the privates. The whole shall be members of the same Corps or Division in the District, County, or Area which they represent (*vide* para. 9) and shall wear the uniform of the Brigade.

The winning team of Preliminary Competitions must change one member if it competes in the following year; and no team, once entered for the Competitions, may change a member except with the sanction of the Chief Commissioner.

INERS, FORM F, G, E



- Lit. G. Dull Yellow.
- Lit. K. Combination of Shades 5 & 9
- Lit. L. Delicate Brownish Yellow.
- Lit. O. Light Reddish Brown.
- Lit. P. Deep Reddish Brown.
- Lit. R. Delicate Light Reddish.
- Lit. S. Greenish Yellow.
- Lit. T. Grey Green.
- Lit. U. Yellowish Red.
- Star Girl Very Light Fleshing.
- Lady Matt Fleshing.
- Madam Light Ivory Fleshing.
- 334 336 Green I, II, III.
- 22 White



- 1 Whitish Pink.
- 1½ Pink.
- 2 Rose Pink.
- 2½ Deep Rose.
- 3 Medium Reddish.
- 3½ Deeper Red.
- 4 Dark Red.
- 4½ Reddish Brown.
- 5 Ivory.
- 5½ Dark Ivory.
- 6 Reddish Dull Brown.
- 6½ Sallow Grey Brown.
- 7 Dark Reddish Brown.
- 8 Bright Red Brown.
- 8a Dark Yellow.
- 8b Deep Greenish Yellow.
- 9 Deep Brownish Red.
- 10 Dull Yellowish Brown.
- 11 Deep Dark Brown.
- 12 Black.
- 13 Red Black.
- 13a Medium Brown.
- 14 Dark Sun Burn.
- 15 Bright Light Brown.
- 16 Dull Brown.
- 20 White.
- 24 Dark Brown.
- Lit. B. Bright Sun Burn.
- Lit. C. Light Yellowish Brown.
- Lit. D. Bright Brown Yellow.
- Lit. F. Deep Yellow Brown.

- Lit. G. Dull Yellow.
- Lit. K. Combination of Shades 5 & 9
- Lit. L. Delicate Brownish Yellow.
- Lit. O. Light Reddish Brown.
- Lit. P. Deep Reddish Brown.
- Lit. R. Delicate Light Reddish.
- Lit. S. Greenish Yellow.
- Lit. T. Grey Green.
- Lit. U. Yellowish Red.
- Star Girl Very Light Fleshing.
- Lady Matt Fleshing.
- Madam Light Ivory Fleshing.
- 334 336 Green I, II, III.
- 22 White.
- 25 Lake.
- 28 Brown.
- 28a Light Brown.
- 30 Red Brown.
- 31 Light Grey.
- 32 Dark Grey.
- 39 Blue Green.
- 42 Black.
- 326 Blue, Light, Medium and Dark.
- 327 Yellow, Light, Medium and Dark.
- 331 Citron.
- 332 Orange.
- 333 Orange Extra.
- 337 Mauve, Light, Medium and Dark.

2.—The subjects in which the teams will be adjudged shall be (a) first aid, and (b) transport by hand-seats or stretcher (Furley pattern) or both.

All first aid work and transport by hand-seats or stretcher, shall be judged in accordance with the latest edition of *First Aid to the Injured*, which is published by The St. John Ambulance Association.

3.—The tests shall consist of two parts, as follows:—

PART I.—INDIVIDUAL OR DUAL PRACTICAL TEST.—Each member of a team (the Officer or N.C.O.-in-Charge included) shall be required to diagnose and to treat a case of supposed disability.

It shall be permissible for the Judge or Judges to call upon any two members of the team to work together; and the treatment of the supposed injury may involve artificial respiration or methods of carrying by hand-seats. Members of the team may also be called upon to submit to a brief viva-voce examination on their cases.

PART II.—TEAM TEST.—The team shall be required—

(a) to treat a supposed disabled person or persons according to card (or cards) of instruction handed to team, markings on patient (or patients), or other information supplied to team; and

(b) to arrange for transport by stretcher, ambulance, or other conveyance to doctor, home, or hospital, as the circumstances of the supposed emergency may require.

4.—All first aid *must actually be carried out* as far as is practicable in the supposed circumstances; and only the ambulance material and appliances provided may be used.

Any supposed injuries may be depicted by chalk or other markings.

A supposed disabled person's clothing must not be cut or removed indiscriminately.

Patients shall as far as possible be selected from persons without a knowledge of first aid.

Competitors may not use any part of their uniform as covering or as a pillow for the patient.

The Officer or N.C.O.-in-Charge shall usually only instruct his team and supervise the work generally; and he shall not participate in the actual treatment or transport. Should, however, an emergency arise for which, in his opinion, there is absolute need for his more skilled assistance, he may help practically. Judges will penalize any unnecessary manual interference on his part.

A member of a competing team detailed by the Officer or N.C.O.-in-charge for any specific duty which would in reality

32

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III.

necessitate leaving the team shall report himself at once to the Judge or Judges, who will decide how long he is to be absent from the team.

The treatment of a wrong limb or side shall involve the loss of one third of the marks actually gained for the treatment the supposed injury.

5.—The Judges shall be members of the medical profession and of the St. John Ambulance Brigade. Each shall judge the same portion of the work of each team throughout the competitions, whether Preliminary or Final.

No Judge who has adjudicated in Preliminary Competitions may act in this capacity in the same part of the Final Competitions.

The Judges for Preliminary Competitions shall be selected by the Officer-in-Charge of the District, County, or Area, and for the Final Competitions by the Chief Commissioner.

At the conclusion of Preliminary Competitions the result may be announced.

In the event of a tie the team, which has gained the higher marks in the individual part of the Preliminary or Final Competitions shall be adjudged the winners. Should, however, the marks in this part also be equal, the deciding test shall be left to the Judge or Judges and shall include every member of the team. If a tie results for any Individual Trophy or Cup the Judge shall set a further and deciding test.

The decision of the Judge (or Judges) shall in all cases be final.

6.—The tests for the Preliminary Competitions shall be arranged by the Judges, and shall be identical for all competing Teams.

The tests for the Final Competitions shall be prepared at Brigade Headquarters by members of the medical profession appointed by the Surgeon-in-Chief and approved by the Chief Commissioner.

7.—Marks shall be given for (a) prompt and correct answers to questions ; (b) skill and accuracy in diagnosis of injury or illness ; (c) correct application of the first aid treatment appropriate to the case with the ambulance material provided and with special reference to the skill and promptitude with which the treatment is given and also to the neatness and care in the application of the appropriate splints, dressings, and bandages ; (d) judgment as to means of transport necessary in each case ; (e) skill and dexterity in preparing, loading, and carrying stretcher, loading an ambulance and unloading a stretcher if necessary or carrying by hand-seats ; (f) verbal explanation of any further treat-

ment and arrangements for after-care considered desirable, *if required by the Judges* ; (g) general smartness ; (h) correct and neat uniform ; (i) co-operation of team as a whole ; and (j) leadership of Officer or N.C.O.-in-Charge of team.

A time limit (which will include the time required for reading the cards of instruction) shall be fixed by the Judge (or Judges) in all parts of the Competitions ; and this shall be announced before the Competitions commence. At the expiration of the time allowed all the work shall be stopped ; and marks shall only be given for the work actually done.

Competitors must bear in mind that the Judge (or Judges) are closely observing their work ; and that it is therefore quite unnecessary to explain what is being done. Should the Judge (or Judges) require any further information they will ask it. It is, therefore, distinctly to be understood that no member of a team should make any verbal explanation of the treatment which is being demonstrated although questions relative to the condition of the patient may be asked.

Non-observance of these and the foregoing (para. 4) conditions shall incur loss of marks.

8.—For Preliminary Competitions each team shall provide a regulation surgical haversack and contents, and also a squad water bottle. For the Final Competitions the stretcher and all material and equipment shall be provided ; and no other may be used. The equipment of each team shall be identical for all Competitions.

9.—Each District of the Brigade (including the Priory for Wales) as at the 31st December, 1924, shall be entitled to enter one team for the Final Competitions ; and the Officer-in-Charge may arrange for holding Preliminary Competitions within his District for the purpose of selecting a team to represent it in the Final Competitions.

In the event of any District as above defined (including the Priory for Wales) being re-organized under the County system, such County or Areas thereof shall not each be entitled to enter a team for the Final Competitions. But if sufficient teams desire to enter in each County or Area, eliminating Competitions shall be held to select a representative team. The teams so selected shall then compete at Preliminary Competitions to be held within the limits of the District as above defined, the winners of which shall be eligible to enter for the Final Competitions. If the County or Area is able to raise one team only, that team shall represent it in the Preliminary Competitions.

10.—The Officer or N.C.O.-in-Charge of a Corps or Division

desiring to enter a team must send the entry form correctly completed, together with an entrance fee of two shillings and sixpence, to the Officer-in-Charge of his District, County or Area.

11.—The Officer-in-Charge of a District, County, or Area, entering a team for the Final Competition, shall notify the Chief Commissioner by 31st March in each year, and send the entry form (no fee required) for the selected team to Brigade Headquarters on or before twenty-one days prior to the date of the Final Competitions in London.

12.—The "Dewar" Challenge Shield shall be held for twelve months, or until the next competition should it be necessary to hold it within that period, by the District, County or Area securing the first place in the Final Competitions. In like manner, and under the same conditions, the "Symons Eccles" Challenge Cup, the "Trimble" Trophy, and the "Ellis" Challenge Cup shall be held by the District, County, or Area securing the second place, the highest total of marks in the practical tests, and the Team Leader gaining the highest marks in his Individual Practical Test and in the Competency of Officer section of the team test respectively.

13.—The Officer-in-Charge of the District, County, or Area winning either the Shield, Trophy, or Cups, shall decide where these are to be kept and shall be held responsible for their insurance, safe custody, and return to the Chief Commissioner at the expiration of twelve months, or as provided for in the preceding paragraph.

14.—The Chief Commissioner reserves the right to withhold the Shield, Trophy, and Cups from competition if less than three teams enter, and from time to time to make such alterations, additions, or amendments to these Conditions as may be necessary.

J. DUNCAN.
MAJOR-GENERAL,
Chief Commissioner.

BRIGADE HEADQUARTERS :

ST. JOHN'S GATE,
CLERKENWELL.

1939.

APPENDIX 6.

"Perrott" Challenge Shield, "Corbet Fletcher" Trophy,
"Ellis" Challenge Cup, "Chalmers" Trophy, and
"Lady Mountgarrett" Cup.

CONDITIONS OF ANNUAL COMPETITIONS

1.—The Competitions shall be open to teams consisting of a Lady Divisional Superintendent or Lady Ambulance Officer and of three Ambulance Sisters. In special cases approved by the Commissioner, four Ambulance Sisters may comprise the team, the senior Ambulance Sister being leader of the team. The whole shall be members of the same Division in the District, County or Area which they represent (*vide* para. 9) and shall wear the uniform of the Brigade.

The winning team of Preliminary Competitions must change one member if it competes in the following year; and no team, once entered for the Competitions, may change a member, except with the approval of the Lady Superintendent-in-Chief and the sanction of the Chief Commissioner.

2.—The subjects in which the teams will be adjudged shall be (a) First Aid (which may include superintendence of methods of transport); and (b) Home Nursing.

All first aid and nursing work shall be judged in accordance with the latest editions of the Official Text-books, *First Aid to the Injured* and *Home Nursing*, published by The St. John Ambulance Association.

Instructions given by the Officer or Member-in-Charge of a team for the removal of the supposed injured by hand-seat or stretcher shall be judged in accordance with the latest edition of *First Aid to the Injured*.

3.—The tests shall consist of two parts, as follows:—

PART I. INDIVIDUAL OR DUAL PRACTICAL TEST.—Each member of a team (the Officer or Member-in-Charge included) may be required—

- (a) To diagnose and render first aid to a case of supposed disability;
- (b) To nurse a case of supposed disability; and

(c) To demonstrate her skill in bedmaking.—Any two members of the team may be selected for this part of the test. The "bed" may be of any type (see B.O. 576) and marks shall be awarded for quickness, neatness, and deft handling of the patient.

It shall be permissible for the Judge or Judges to call upon any two or three members of the team to work together; and the treatment of the supposed injury may involve artificial respiration. Members of the team may also be called upon to submit to a brief viva-voce examination on their cases.

PART II. TEAM TEST.—The team shall be required (a) to treat a supposed disabled person or persons according to a card (or cards) of instructions handed to the team, markings on patient (or patients), or other information supplied to team; (b) to arrange for transport of the patient by hand-seat or stretcher (Furley pattern) to a given point and to unload (for which purpose male bearers will be provided); and (c) to arrange for after-care and nursing.

4.—All first aid and nursing *must actually be carried out* as far as is practicable in the supposed circumstances; and only the ambulance material and appliances provided may be used.

Any supposed injuries may be depicted by chalk or other markings.

A supposed patient's clothing must not be cut or indiscriminately removed.

Patients should as far as possible be selected from persons without a knowledge of first aid.

Competitors may not use any part of their uniform as covering or as a pillow for the patient.

The Officer or Member-in-Charge of the team shall usually only instruct the members thereof and supervise the work generally; and she shall not participate in the actual treatment, after-care, or transport. Should, however, an emergency arise, for which, in her opinion, there is absolute need for her more skilled assistance she may help practically. Judges will penalize any unnecessary manual interference on her part.

A member of a competing team detailed by the Officer or Member-in-Charge for any particular duty, which would in reality necessitate leaving the team, shall report herself at once to the Judge or Judges, who will decide how long she is to be absent from the team.

The treatment of a wrong limb or side shall involve the loss of one-third of the marks actually gained for the treatment of the supposed injury.

5.—The Judges (a) for first aid work shall be members of the medical profession and of The St. John Ambulance Brigade, and (b) for nursing work, one or more Matrons of General Hospitals, if available, or fully qualified members of the nursing profession.

No Judge who has adjudicated in Preliminary Competitions may act in this capacity in the same part of the Final Competitions. Each shall judge the same portion of the work of each team throughout the Competitions, whether Preliminary or Final.

For Preliminary Competitions the Judges for first aid shall be selected by the Officer-in-Charge of the District, County, or Area; and for nursing by the Officer-in-Charge of the District, County District, or Area in consultation with the Lady District or other appropriate Officer. For the Final Competitions the Judges for first aid shall be selected by the Surgeon-in-Chief, and for nursing by the Lady Superintendent-in-Chief, subject to the approval of the Chief Commissioner.

At the conclusion of Preliminary Competitions, the result may be announced.

In the event of a tie the team which has gained the higher marks in the individual part of the Preliminary or Final Competitions shall be adjudged the winners. Should, however, the marks in this part also be equal, the deciding test shall be left to the Judge (or Judges) and shall include every member of the team. If a tie results for any individual trophy or cup, the Judge shall set a further and deciding test.

The decisions of the Judge (or Judges) shall in all cases be final.

6.—The tests for the Preliminary Competitions shall be arranged by the Judges, and shall be identical for all competing teams.

The tests for the Final Competitions shall be prepared at Brigade Headquarters by members of the medical profession appointed by the Surgeon-in-Chief and approved by the Chief Commissioner.

7.—Marks shall be given for (a) prompt and correct answers to questions; (b) skill and accuracy in diagnosis of injury or illness; (c) correct application of the first aid treatment appropriate to the case with the ambulance material provided and with special reference to the skill and promptitude with which the treatment is given, and also to the neatness and care in the application of the appropriate splints, dressings, and bandages; (d) judgment as to means of

transport necessary in each case, correct and explicit instructions to bearers, who are supposed to be untrained in lifting patients, loading, carrying, and unloading stretchers, and in the formation of hand-seats and carrying patients by such means; (c) skill and dexterity in preparing for the after-treatment (nursing) of the case; (f) verbal explanation of further treatment and arrangements considered desirable if required by the Judges; (g) general smartness; (h) correct and neat uniform; (i) co-operation of team as a whole; and (j) leadership of Officer or Member-in-Charge of team.

A time limit (which will include the time required for reading the cards of instructions) shall be fixed by the Judge (or Judges) in all parts of the Competitions; and this shall be announced before the Competitions commence. At the expiration of the time allowed, the work shall be stopped and marks shall only be given for the work actually done.

Competitors must bear in mind that the Judge (or Judges) are closely observing their work; and that it is therefore quite unnecessary to explain what is being done. Should the Judge (or Judges) require any further information, they will ask it. It is therefore distinctly to be understood that no member of a team should make any verbal explanation of the treatment which is being demonstrated, although questions relative to the condition of the patient may be asked.

Non-observance of these and the foregoing (para. 4) conditions shall incur loss of marks.

8.—For Preliminary Competitions each team shall provide its own equipment, which will be specified by the Officer-in-Charge of the District, County, or Area. Nursing appliances, if required, will be provided by the District, County, or Area. For the Final Competitions all necessary material and equipment will be provided, and no other may be used. The equipment for each team shall be identical for all Competitions.

If stretcher bearers are required in the Preliminary Competitions they shall be provided by the Officer-in-Charge of the District, County, or Area, and in the Final by the Chief Commissioner. It is distinctly to be understood that the bearers are supposed to have no knowledge of the work and must therefore be instructed by the Officer or Member-in-Charge of the team.

9.—Each District of the Brigade (including the Priory for Wales) as at the 31st December, 1924, shall be entitled to

enter one team for the Final Competitions; and the Officer-in-Charge may arrange for holding Preliminary Competitions within his District for the purpose of selecting a team to represent it in the Final Competitions.

In the event of any District as above defined (including the Priory for Wales) being reorganized under the County system, such County or Areas thereof shall not each be entitled to enter a team for the Final Competitions. But, if sufficient teams enter in each County or Area, eliminating competitions shall be held to select a representative team. The teams so selected shall then compete at Preliminary Competitions to be held within the limits of the District as above defined, the winners of which shall be eligible to enter for the Final Competitions. If the County or Area is able to raise one team only, that team shall represent it in the Preliminary Competitions.

10.—The Officer or Member-in-Charge of a Nursing Division desiring to enter a team must send the entry form correctly completed, together with an entrance fee of two shillings and sixpence, to the Officer-in-Charge of her District, County or Area.

11.—The Officer-in-Charge of a District, County, or Area entering a team for the Final Competitions, shall notify the Chief Commissioner by 31st March in each year, and send the entry form (no fee required) for the selected team, to Brigade Headquarters on or before twenty-one days prior to the date of the Final Competitions in London.

12.—The Shield shall be held for twelve months, or until the next Competition, should it be necessary to hold it within that period, by the District, County, or Area represented by the team securing the first place in the Final Competitions. In like manner and under the same conditions the "Corbet Fletcher" Trophy and the "Chalmers" Trophy shall be held by the District, County, or Area securing the second place and the highest total of marks in the first aid part of the Individual Practical or Dual Section respectively in the Final Competitions. The "Lady Mountgarret" Cup shall be awarded to the team gaining highest marks in bedmaking in the Dual Practical Test. The "Ellis" Cup shall be awarded to the team leader gaining the highest marks in her Individual Practical Test and in the Competency of Officer section of the team test.

13.—The Officer-in-Charge of the District, County, or Area winning either the Shield, Trophies, or Cups shall decide where these are to be kept and shall be held responsible for their insurance, safe custody, and return to the Chief Commissioner at the expiration of twelve months or as provided for in the preceding paragraph.

14.—The Chief Commissioner reserves the right to withhold the Shield, Trophies, and Cups from competition should less than three teams enter, and from time to time to make such alterations, additions, or amendments to these conditions as may be necessary.

J. DUNCAN
MAJOR-GENERAL,
Chief Commissioner.

BRIGADE HEADQUARTERS :

ST. JOHN'S GATE,
CLERKENWELL.

1939.

APPENDIX 7.

Winners of Dewar Challenge Shield

Year	Winner	District	Runner up	District
1897	St. John's Gate Div.	I	East Ham Division	I
1898	Wellingborough Corps	III	East Ham Division	I
1899	East Ham Division	I	Wellingborough Corps	III
1900	South African War			
1901	East Ham Division	I	Wellingborough Corps	III
1902	Wellingborough Corps	III	Brierfield Corps	IV
1903	Cyclists Division	I	Kendal Division	IV
1904	Birmingham Corps	III	Cyclists Division	I
1905	Newport Division	VI	Newcastle-under-Lyne Division	V
1906	Causton Division	I	Northampton Corps	III
1907	Newport Division	VI	Northampton Corps	III
1908	Northampton Corps	III	Kendal Division	IV
1909	Kendal Division	IV	Sittingbourne Division	II
1910	Sittingbourne Div.	II	Kendal Division	IV
1911	Sittingbourne Div.	II	Six Bells Division	VII
1912	Murton Colliery Div.	VI	Sittingbourne Division	VIII
1913	Paddington G.W.R. Div.	I	Northampton Corps	III
1914	Northampton Corps	III	Acton Hall Colliery Div.	V
1915-19	European War			
1920	Snow Hill Division (Birmingham Corps)	III	Hampstead Division	I
1921	Abertillery Division	Wales	Dublin Division	XII
1922	Wolverhampton Div.	III	Sittingbourne Division	VIII
1923*	Brierfield Division	XI	Bricklayers' Arms Division	XI
1924†	Bricklayers' Arms Div.	XI	Hampstead Division	I
1925	Wolverhampton Div.	III	Bricklayers' Arms Division	XI
1926‡	Bricklayers' Arms Div.	XI	Littlehampton Division	VIII
1927§	Bricklayers' Arms Div.	VI	Cardiff Division	Wales
1928	Nelson Division	XI	Bricklayers' Arms Division	XI
1929	Bricklayers' Arms Div.	I	Wolverton Division	II
1930	Mitchells and Butlers Div. (Birmingham)		Middlesborough (Central) Div.	
1931	Bricklayer's Arms Div.		Brierfield Division	
1932	Crewe Division		Horsham Division	
1933	Horsham Division		Southampton Division	
1934	Crewe Division		Hitchin Division	
1935	Wolverton Division		Crewe "A" Division	
1936	Horsham Division		Crewe "A" Division	
1937	Wolverton Division		Hereford Division	
1938	Crewe Division		Redruth Division	
1939	Brighton Police Division		Hetton-le-Hole Division	
1939-45	World War			

*Team Test this year realistically staged with improvised material.

†Team Test realistically staged with real theatrical effects in this and subsequent competitions.

‡Cinematograph film introduced for Team Test of this and subsequent competitions. Certificates were also presented to individual members of winning team in this and subsequent competitions.

§"Trimble" Shield presented and awarded to best team in Individual Tests in this and subsequent competitions.

Winners of Perrott Challenge Shield

Year	Winner	District	Runner up	District
1922	Dublin Headquarters Division	XII	Craigs Court Division	I
1923	Craigs Court Division	I	Elswick Works Division	VI
1924*	Ramsgate Division	VIII	London Bridge Division	XI
1925	Hampstead Division	I	Equal	
	London Bridge Div.	XI		
1926†	Hampstead Division	I	Liverpool Division	IV
1927	Liverpool Division	IV	Elswick Works Division	VI
1928	Guildford Division	VIII	Bournemouth Division	II
1929‡	Bournemouth Division	II	Hampstead Division	I
1930	Guildford Division		Llanelly Division	
1931	Liverpool Division		Llanelly Division	
1932	Westgate-on-Sea Division		Temple (London) Division	
1933	Wellingborough Victoria Division		Hull (Kingston) Division	
1934	Shrewsbury No. 2 Div.		Ripon Division	
1935	Paignton Division		Shrewsbury Division	
1936	Herne Bay Division.		Kingston (Hull) Division	
1937	Herne Bay Division		Kingston (Hull) Division	
1938	Weymouth Division		Hampstead (London) Division	
1939	Horsham Division		Barnstaple Division	
1939-45	World War			

*Team Test realistically staged with full theatrical effects in this and subsequent competitions.

† "Corbet Fletcher" Trophy presented this year and awarded to runners-up in this and subsequent competitions.

Film introduced for Team Test in this and subsequent competitions. Certificates also presented to individual members of winning team.

‡ "Chalmers" Trophy presented and awarded to best team in Individual Test in this and subsequent competitions.

"Perrott Shield" presented on 1st December, 1921, by Lady Perrott, R.R.C., Lady Superintendent-in-Chief of Brigade, in the names of Sir Herbert Perrott and of herself, for Annual Competition in year 1922, and afterwards among Nursing Divisions of the Brigade.

Winners of Police National Competitions

1928	Lancashire Constabulary
1929	Scarborough Borough Police
1930	Birmingham City Police
1931	West Sussex Constabulary
1932	Monmouthshire Constabulary
1933	Monmouthshire Constabulary
1934	West Sussex Constabulary (No. 6 District)
1935	Liverpool City Police (No. 1 District)
1936	Metropolitan Police ("F" Division)
1937	Liverpool City Police
1938	Brighton Borough Police
1939	City of London Police
1939-45	World War

Winners of Metropolitan Police Competitions

"PARSONS" SHIELD AND PLAQUE.	
1934	"F" or Hammersmith Division
1935	"Y" or Wood Green Division
1936	"Y" or Wood Green Division
1937	"G" or Finsbury Division. "G" and "F" Divisions tied for Plaque
1938	"V" or Wandsworth Division. "W" or Tooting Division won the Plaque.
1939-40	Competition not held
1941	"F" or Hammersmith Division
1942	"G" or Finsbury Division. "Y" or Wood Green Division tied with "G" for the Plaque.
1943	"M" or Southwark Division
1944	"F" or Hammersmith Division

"LADY ABBISS" CHALLENGE BOWL.

1941	No. 3 District (East and North East London)
1942	No. 4 District (South-east London)
1943	No. 4 District (South-east London)
1944	No. 4 District (South-east London)

"VIVIAN ROGERS" TROPHY.

1943	Police Constable Ferris of "M" or Southwark Division
1944	Station Sergeant Clay of "F" or Hammersmith Division

"Parsons" Shield and Plaque was given by Major Parsons, at one time a Chief Constable in the Force. All Divisions and the Women Police compete and the Shield is awarded to the winning team, the Plaque to the team with the best aggregate of marks in the "Individual" tests.

"Lady Abbiss" Challenge Bowl was presented in 1941, to create and maintain interest in first-aid amongst the Women Police and is competed for annually by teams of Women Police from all parts of the Metropolitan Police District.

"Vivian Rogers" Trophy was presented in 1943, by Major V. B. Rogers, D.S.O., O.B.E., M.C., Commandant-in-Chief of the Metropolitan Special Constabulary and is awarded annually to the best individual first-aider in the Service.

APPENDIX 11.

Winners of Inter-Railway Competitions

1897	Great Eastern Railway
1898	Great Eastern Railway
1899	London and North Western Railway
1900	Great Northern Railway
1901	North Eastern Railway
1902	Metropolitan Railway
1903	Great Eastern Railway
1904	Great Eastern Railway
1905	Alexandra Docks and Railway
1906	Lancashire and Yorkshire Railway
1907	Great Eastern Railway
1908	Lancashire and Yorkshire Railway
1909	London and North Western Railway
1910	Alexandra Docks and Railway
1911	Midland and Great Northern Joint Railway
1912	Alexandra Docks and Railway
1913	Furness Railway
1914	Lancashire and Yorkshire Railway
1915-19	Great War
1920	Alexandra Docks and Railway
1921	London, Brighton and South Coast Railway
1922	Alexandra Docks and Railway
1923	South Eastern and Chatham (Bricklayers' Arms
1924	Southern Railway (Hither Green)
1925	London, Midland and Scottish Railway
1926	Southern Railway (Wimbledon)
1927	Southern Railway (Waterloo)
1928	London and Northern East Railway (Gorton)
1929	Southern Railway (Waterloo)
1930	Southern Railway (Waterloo)
1931	Southern Railway (Barnstaple)
1932	Southern Railway (Horsham)
1933	Great Western Railway (Pontypool Road)
1934	Great Western Railway (South Lambeth)
1935	Southern Railway (Horsham No. 1)
1936	Southern Railway (Waterloo "A")
1937	Southern Railway (Waterloo "A")
1938	L.M. and S. Railway (Crewe Machine Shop)
1939	L.M. and S. Railway (Camden Goods)
1939-45	World War

APPENDIX 12.

Winners of
Great Western Railway Competitions

<i>First</i>	<i>Second</i>
1911	Paddington
1912	Paddington
1913	Oxford
1914	Oxford
1915	Newport Dock St.
1916-19	Great War
1920	Newport Dock St.
1921	Newport Dock St.
1922	Gloucester
1923	Newport Dock St.
1924	Newport Dock St.
1925	Newport Dock St.
1926	Newport Alexander Dock
1927	Newport Dock St.
1928	Swindon
1929	Newport Dock St.
1930	Newport Dock St.
1931	Wolverhampton Stafford Road
1932	Newport Dock St.
1933	Cardiff Newtown
1934	South Lambeth
1935	Small Heath
1936	Swindon
1937	Cheltenham
1938	Pilning
1939	Barry Loco
1939-45	World War
	Newport Alexandra Dock
	Plymouth
	Newport Alexandra Dock
	Newport Dock St.
	Newport Alexandra Dock
	Newport Dock St.
	Newport Alexandra Dock
	Newport Alexandra Dock
	South Lambeth
	Pontypool Road
	Pontypool Road
	Fishguard Harbour
	Fishguard Harbour
	Newport High Street
	Westbury
	Pontypool Road

Women's Competition

1938	Shrewsbury
1939	Paddington
1939-45	World War

Winners of London, Midland and Scottish Railway Men's Ambulance Competition

1926	Stockport
1927	Liverpool (North Docks)
1928	Leamington
1929	Crewe (Machine Shop)
1930	Liverpool (North Docks)
1931	Salford Goods
1932	Wolverton
1933	Manchester (Mayfield)
1934	Crewe (Machine Shop)
1935	Agecroft Loco
1936	Crewe Machine Shop
1937	Manchester (Mayfield)
1938	Wolverton
1939	Crewe
1940-45	World War

Winners of London, Midland and Scottish Railway Women's Competition

1930	Liverpool (Waterloo Dock)
1931	Liverpool ditto "A"
1932	Liverpool ditto "A"
1933	Euston Oddments
1934	Euston Audit
1935	Euston Oddments
1936	Glasgow "B"
1937	Glasgow "A"
1938	London "C"
1939	London "C"
1940-45	World War

Winners of London, Midland and Scottish Railway Male International Competition

1929	Liverpool (North Docks)
1930	Crewe (Machine Shop)
1931	Motherwell
1932	Crewe (Machine Shop)
1933	Manchester (Mayfield)
1934	Dundee West
1935	Agecroft Loco
1936	Crewe (Machine Shop)
1937	Manchester (Mayfield)
1938	Wolverton
1939	Crewe (Machine Shop)
1940-45	World War

Winners of The London and North Eastern Railway Great Central Trophy

1903	Hull
1904	Hull
1905	Newton
1906	Godley Engineers
1907	Godley Engineers
1908	Hill
1909	Ashburys
1910	Newton
1911	Newton
1912	Manchester
1913	Wath Yard
1914	Wath Yard
1915	Hull
1916	Neasden (Loco)
1917	Wath Yard
1918	Neasden (Loco)
1919	Wath Yard
1920	Wath Yard
1921	Liverpool
1922	Gorton Works
1923	Wath Yard
1924	Gorton Works
1925	Gorton Works
1926	Dukinfield
1927	Gorton (Loco)
1928	Dukinfield
1929	Gorton (Loco)
1930	Dukinfield
1931	Dukinfield
1932	Dukinfield
1933	Dukinfield
1934	Dukinfield
1935	Tuxford
1936	Dukinfield
1937	Tuxford
1938	Tuxford
1939-44	World War
1945	Langwith (Loco)

Winners of The London and North Eastern Railway Great Eastern Trophy

1893	Norwich Thorpe
1894	Liverpool Street
1895	Norwich Thorpe
1896	Bethnal Green
1897	Liverpool Street
1898	Liverpool Street
1899	Liverpool Street
1900	Stratford
1901	Colchester
1902	Liverpool Street
1903	March
1904	March
1905	Thorpe-le-Soken
1906	March
1907	March
1908	March
1909	March
1910	March
1911	Lynn
1912	Lynn
1913	Lynn
1914	Stratford
1915-19	Great War
1920	Stratford
1921	Harwich and Parkeston
1922	Harwich and Parkeston
1923	Stratford
1924	Harwich and Parkeston
1925	Harwich and Parkeston
1926	Harwich and Parkeston
1927	Harwich and Parkeston
1928	Harwich and Parkeston
1929	Harwich and Parkeston
1930	Harwich and Parkeston
1931	Harwich and Parkeston
1932	Harwich and Parkeston
1933	Harwich and Parkeston
1934	Harwich and Parkeston
1935	Harwich and Parkeston
1936	Harwich and Parkeston
1937	Harwich and Parkeston
1938	Bishopsgate "B" Team
1939	Bishopsgate "B" Team
1940-44	World War
1945	Bishopsgate

Winners of The London and North Eastern Railway Great Northern Trophy

1898	King's Cross
1899	King's Cross
1900	King's Cross
1901	King's Cross
1902	King's Cross
1903	King's Cross
1904	King's Cross
1905	Doncaster Plant
1906	Doncaster Plant
1907	King's Cross
1908	King's Cross
1909	King's Cross
1910	Spalding
1911	King's Cross
1912	Spalding
1913	Spalding
1914	Spalding
1915-18	Great War
1919	Spalding
1920	Hitchin
1921	Hitchin
1922	Hitchin
1923	Boston
1924	Boston
1925	Hitchin
1926	Holloway (Electric Light)
1927	Hitchin
1928	Hitchin
1929	Boston
1930	Colwick
1931	King's Cross (Goods)
1932	Welwyn Garden City
1933	Leeds Central
1934	Boston
1935	King's Cross (Goods)
1936	New England
1937	Nottingham Victoria
1938	King's Cross (Loco)
1939	King's Cross (Loco)
1940-44	World War
1945	New England

APPENDIX 14D.

Winners of the Area Shield of The London and North Eastern Railway, North Eastern Area

1907	York Carriage Shops
1908	York Carriage Shops
1909	York C. and W. Shops
1910	York Carriage and Wagon Department
1911	Park Lane, Gateshead
1912	York Carriage and Wagon Class
1913	York Carriage and Wagon Class
1914	York Carriage and Wagon Department
1915-19	European War
1920	York Carriage and Wagon Department
1921	Leeds Police
1922	Leeds Police
1923	West Hartlepool
1924	Park Lane, Gateshead
1925	Hull, Alexandra Dock No. 2
1926	Hull, Alexandra Dock No. 2
1927	Leeds Police
1928	Hull Paragon No. 1
1929	Leeds Police
1930	Hull Paragon No. 1
1931	Darlington Works
1932	Tyne Dock
1933	Hull Police
1934	Tyne Dock
1935	Tyne Dock
1936	Hull Dairycoates
1937	Tyne Dock
1938	Tyne Dock
1939	Tyne Dock
1940	York Carriage and Wagon Class
1941-43	World War
1944	Tyne Dock
1945	Darlington Engineers

APPENDIX 14E

Winners of London and North Eastern Railway Challenge Shield

1927	Aberdeen
1928	Gorton
1929	Harwich and Parkeston
1930	Hull
1931	Harwich and Parkeston
1932	Aberdeen
1933	Harwich and Parkeston
1934	Dundee
1935	Dukinfield Works
1936	Harwich and Parkeston
1937	Tyne Dock
1938	Portobello
1939	Dunfermline
1940-45	World War

Area Shield was presented in 1907 by the late J. Lloyd Wharton. The original Shield was exhibited in York Station and owing to enemy action was totally destroyed by fire in April, 1942. The Shield will be replaced as soon as circumstances permit and in the meantime a duplicate has been provided.

Challenge Shield was presented in 1927, for annual competition between teams of the Company representative of England and Scotland.

APPENDIX 15.

London Transport Ambulance Competitions

1907	Carriage Department, Neasden Works
1908	Carriage Department, Neasden Works
1909	Traffic Department
1910	Traffic Department
1911	Traffic Department
1912	Traffic Department
1913	Traffic Department
1914	Traffic Department
1915	Mixed Team drawn from 27 entrants
1916	Mixed Team drawn from 18 entrants
1917	Mixed Team drawn from 20 entrants
1918	Traffic, Signals and Permanent Way Engineer's Departments— Mixed Team
1919	ditto
1920	Traffic Running Department
1921	Traffic Running Department
1922	Traffic Running Department
1923	Carriage, Engineers, Permanent Way Engineer and Traffic Departments—Mixed Team
1924	Traffic Department
1925	Traffic Department
1926	Engineers Department
1927	Traffic Department
1928	Traffic Department
1929	Traffic Department
1930	Traffic Department
1931	Carriage and Traffic Departments
1932	Carriage and Permanent Way Engineer's Departments
1933	ditto

**Competitions as Metropolitan Lines Centre
of London Passenger Transport Board**

1934	Traffic Department
1935	Traffic and Permanent Way Engineer's Departments
1936	Traffic Department
1937	Mechanical Engineer's Department
1938	Mechanical Engineer's Department
1939	Mechanical Engineer's Department
1940-45	World War

APPENDIX 16.

Winners of Southern Railway Competitions

	<i>Winner</i>	<i>Runner up</i>
1926	Wimbledon	Redhill
1927	Waterloo	Barnstaple
1928	Waterloo	Barnstaple
1929	Waterloo "A"	Bricklayers' Arms
1930	Waterloo "A"	Horsham No. 1
1931	Southampton West No. 1	Barnstaple No. 1
1932	Horsham No. 1	Waterloo "A"
1933	Horsham No. 1	Waterloo "A"
1934	Horsham No. 1	Waterloo "B"
1935	Waterloo "A"	Horsham No. 1
1936	Waterloo "A"	Horsham No. 1
1937	Waterloo "A"	Horsham No. 1
1938	Horsham No. 1	Exmouth Junction No. 1
1939	Horsham No. 1	Waterloo "A"
1940-45	World War	