

Vol. VII. The Boy Scout's Library.

SAVING LIFE

By

A
"B.P."
SCOUT.

ILLUSTRATED.

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Editor's Note:

The reader is reminded that these texts have been written a long time ago. Consequently, they may use some terms or express sentiments which were current at the time, regardless of what we may think of them at the beginning of the 21st century. For reasons of historical accuracy they have been preserved in their original form.

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PREFACE.

There is no branch of scout work so useful in our everyday life as First Aid, for accidents are happening on all sides, and at all times, and sooner or later every Boy Scout will be present at one.

If, however, the scout is to be of any use in such a case, it is necessary that he should "be prepared," and it is to enable him to be this that this little work has been brought out by the publishers.

Let me draw your attention first of all to an extract from a recent issue of the "Daily Telegraph": –

An inquest was held at Dudley last evening on a boy named Albert Ernest Phipps, who met with his death under very sad circumstances. He was knocked down by a horse and cart, and the horse's shoe struck his neck, severing the jugular vein. He bled to death, the onlookers not knowing how to stop the flow of blood. A verdict of accidental death was returned.

Now let me give you an example on the other side, this again being an extract from a well-known weekly.

SCOUTS' ASSISTANCE IN TRAIN WRECK.

At the time of the terrible railway accident at Stoa's Nest Station on the Brighton line on Saturday, valuable help was rendered by some Boy Scouts who happened to be near by.

The boys belonged to H.R.H. Princess Christian's Own, and the joint statement of three of their members – Scoutmaster F. H. Beckett, Adjutant Parker, and Patrol-leader Rosen – was to the following effect: –

"We were in a field on the Croydon side of Stoa's Nest Station when we noticed that an express engine and a portion of a train of Pullman cars had come to a sudden standstill, and that something was amiss. Hurrying to the line we saw that the rear part of the train had come to grief and was stationary beside the platform, with one or more of the carriages apparently at right angles to the track. We rushed for our stretcher and ran to the spot. We extricated a badly injured woman and conveyed her to the Coulsdon Nursing Home, and afterwards assisted in searching for the wounded and dead. We did our duty; that was all."

Commenting on the incident, the "Times," in a leading article, says: –

Not least among those who lent their help and almost first upon the scene, were a number of boy-scouts who saw the accident from a field close by, went immediately in search of their stretcher, and hastened to the relief of those imprisoned in the overturned coach. The nerve and decision which these boys seem to have shown is greatly to their own credit and that of their corps, which thus shows its value in training its members to meet emergencies with spirit and resource.

The "Globe" remarked: –

One may notice with pleasure the good work of the rescuers, and especially the Boy Scouts. The uses of drill were never better proved than in the manner in which they got to work; and even those who have rather foolishly criticised the movement from the anti-militarist point of view will admit that there is little "militarism" in helping at a railway accident.

Would you not rather have been one of the troop who so ably assisted at Stoa's Nest, than one of the crowd who looked helplessly on while a poor lad bled to death.

Only recently at the House of Commons Steeplechases, held near Epping, where the Right Hon. James Tomkinson, a Privy Councillor, was killed by a fall while racing, the "Daily

Express," 11th April, in reporting the event, says "Some of the 1st Epping Boy Scouts were quickly on the spot. They seemed to spring up out of the ground. Calmly and with the utmost despatch they proceeded to render first aid and constructed a stretcher with their poles."

These boys knew the value of to "Be Prepared," and they were a credit to the Scout World.

No scout should neglect the study of saving life. No scout is too young to start the study. Think what you would do in the cases given in this book; read, mark, learn and digest its contents; practise them whenever possible, and then, when the time comes, and you get your opportunity, you will be able to go about your noble task of saving human life without fuss, without worry, without hesitation, and with the certainty that you are doing valuable work.

A "B.P." SCOUT.

SAVING LIFE.

NOTES FOR SCOUTMASTERS.

If possible, have classes in First Aid. Practise boys in stretcher drill, saving life drill, carrying unconscious men, forming a scrum, and rescue drill, as given in this book. Practise boys in throwing a lifebuoy and climbing into one, lowering people from windows by ropes, and forming lines of bucket men. Attend at local fire station, and have instruction given in carrying, unrolling and rolling up hose, and affixing to hydrants, also in the use of ladders. Practise fire alarms, especially in camp. Have five minutes occasionally for practising scrums for keeping back crowd at fire, and holding and wrestling with drowning men. Encourage scouts to know the position of neighbouring fire plugs and hydrants, police points, fire alarms, fire stations, ambulances, hospitals, doctors, chemists, etc., and also to draw maps of neighbouring towns, giving the same information. Remember that no scout can "Be Prepared" unless he has been well instructed beforehand. Do not forget, above all, to accustom the boys to the sight of blood; this can be done by privately bespattering one scout with blood and letting the others think it is a "real case." Keep a sharp look out during the first one or two lectures for any boy turning pale. Some lads faint at the mere mention of blood, but this soon passes off with experience. Spare no effort to make practices as *real* as possible.

BLEEDING.

Haemorrhage, or bleeding, is of three kinds: capillary, venous, or arterial.

Of these three, capillary is the least dangerous, and is usually caused by a scratch or a graze. In it very little blood comes from the wound, and that which does come is a brick-red, sticky fluid. It can be quickly treated by bathing the part in cold water, and placing on it a pad of lint or linen rag, dipped in water, and kept in place by a bandage.

The next kind, venous, is more serious, and can be told by the blood being of a dark purple colour, and welling up from the wound, from the side furthest from the heart. This should be treated by a pad of lint dipped in cold water being at once applied to the wound, and held firmly in place by a bandage. If this is insufficient to stop the flow of blood, a bandage should be applied round the limb on the side of the wound farthest from the heart

The most serious of all is arterial bleeding, as unless this is soon stopped, the patient may bleed to death. This can be told by the blood being of a bright red colour and spurting up from the wound in jets, corresponding with the beats of the heart. In such a case act without a

moment's delay. Place a pad over the wound, and, holding it firmly with one hand, feel with the fingers of the other for the artery above the wound, between it and the heart, and press firmly that artery, with the thumb against the bone of the limb.

If this is not sufficient, pressure may be applied by means of a tourniquet, but this is a dangerous thing for an unskilled person to attempt. A tourniquet can be made by tying a knot in the middle of a triangular bandage, thus –



and pressing the knot on the artery. If a very thin handkerchief is used, something solid should be placed inside the knot. If this pressure is not enough, a stick should be passed under the bandage, and twisted round until the bleeding stops.



The following diagram shows the positions of the principal arteries.



Note. – Be sure before applying pressure between the wound and the heart that it is a case of arterial and not venous bleeding.

The following table gives the treatment, when wounded, of the main arteries: –

Head. – Apply pad and bandage over wound. This will press the artery against the skull,



Neck. – Apply pressure with fingers to the mouths of the severed arteries.



Thigh. – Pressure in the groin by fingers or tourniquet. The piece of stick used for tightening the handkerchief is kept from loosening by means of another handkerchief, folded, and fastened round the limb and stick.

Armpit. – A firm pad should be pressed into the armpit, and the arm bound down to the side. If this is insufficient to stop the bleeding, compress the subclavian artery, which will be found behind the inner bend of the collar bone, lying on the first rib.



Arm. – Apply pressure by hand or tourniquet to the brachial artery, which will be found in a groove inside the arm, just where the inner seam of the coat comes.



Palm of the Hand. – In bleeding from the palm, a pad of some firm material should be placed on the wound, the fingers closed upon it, and a bandage tied round the fist. Then sling the forearm in a large arm sling.

Always remember that blood, like water, cannot flow uphill, so that, if at all possible, keep the place from which the patient is bleeding higher than the rest of his body. Many a man who has broken a varicose vein in his leg has been sent to the hospital in a cab, in a sitting position, and died before he got there, whereas if he had been made to lie on his back, with his leg up through the window, the bleeding would very likely have stopped of its own accord.

Internal Bleeding. – In the case of internal bleeding, which is indicated by the coughing up of a light-coloured blood, mixed with froth, send for a doctor at once, and in the meantime lay the patient on his side and give him all the fresh air possible. Do not allow him to be disturbed

or talk; give him ice to suck, or cold water and vinegar to sip, and apply cold water cloths to the chest Warmth may also be applied to the feet.

Severe Bleeding from the Nose. – In the case of severe bleeding from the nose, do not allow patient to hang his head down, but make him sit with it thrown back, and his arms above and behind his head. Undo all tight clothing round the throat, and apply a cold wet sponge to the top of the nose and the back of the neck.

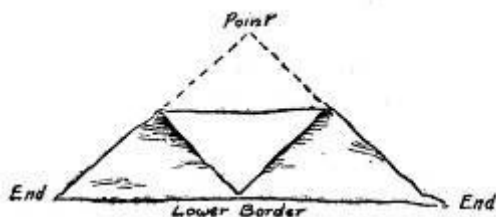
BANDAGING.

There are three kinds of bandages in use, but scouts may confine their attention to the triangular bandage, which is practically the only one used in first aid work. This is made by cutting a piece of linen or calico forty inches square into two pieces crossways. A scout's handkerchief makes a good triangular bandage by folding it diagonally.

- Bandages are used
- 1) to form pads to stop bleeding.
 - 2) to keep dressings in place.
 - 3) to form slings for wounded limbs.
 - 4) to hold splints in place.

Caution. – Coloured handkerchiefs should never be placed next to a wound, lest the dye should come out and cause blood poisoning.

Bandages are either broad, made by spreading the bandage out, and after bringing the point down to the lower border, folding in two.



or, narrow, made by drawing the point down to the lower border, and then folding into three.



Bandages should always be secured by means of a reef knot.



The following are some of the recognised methods of bandaging: –

Wound to Scalp. – Take the whole bandage, and turn in a hem about 1½ inches deep along the whole border. Place the bandage on the head so that the hem lies on the forehead and the point hangs down at the back. Pass the



two ends around the head, above the ears, cross them at the back, and bring them forward and tie on the forehead; then draw the point downwards, and turn it up and pin it on the top of the head. Be careful to carry the ends above, not over the ears, and to tie them close down to the eyebrows.



Wound to Jaw or Side of Face. – Apply the centre of a narrow bandage to the point of the jaw, and tie the ends at the top of the head.

Wound to Shoulder. – Place the centre of a bandage on the injured shoulder, with the point running up the side of the neck. Pass the ends round the arm, cross and knot on the outside. Take a second broad bandage, and place one end over point of first bandage, sling the arm by carrying the other end of the bandage over the sound shoulder, and tying at the back of the neck. Bring the point of the first bandage under that part of the sling resting on the injured shoulder, draw it tight, turn it down and pin it.



Wound to Hip. – The bandages in this case are applied in a similar manner to that of a wound in the shoulder.

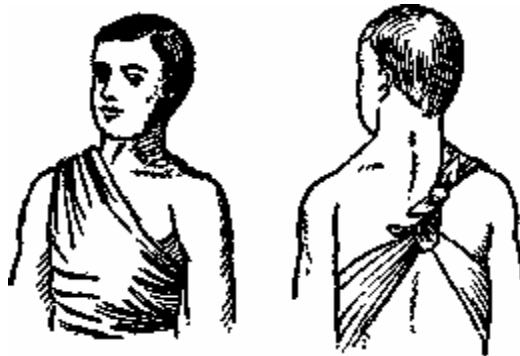


Wound to Hand. – Having spread out a bandage, place the wrist on the base, with the fingers towards the point. Now bring the point over the wrist, pass the other two ends over the wrist, cross, and tie them.

Wound to Foot. – Spread out a bandage, and place the foot on its centre, with the toe towards the point; draw up the point over the instep, bring the two ends forward, cross, and tie them either on the sole or around the ankle.



Wound in Chest and Back. – Place the middle of the bandage on the wound, with the point over the shoulder; pass the two ends round the waist and tie them, and then, drawing the point over the shoulder, tie it to one of the ends.



Wounds in the back as above, only bandage to be placed on the back.

Wound on the Temple. – To be bandaged as below, taking care that the centre of the narrow fold of bandage is on the temple opposite to the wounded one.



Wound in Upper Arm or Forearm. – Apply narrow fold bandage, with centre over the dressing, and knot on the opposite side. If wound is in the forearm, use large sling; if in the upper arm, narrow fold sling.



Triangular bandages can be obtained, giving diagrams showing each kind of bandage. One of this kind should be carried by at least one member of the patrol.

To Make a Large Arm Sling. – Spread out the bandage, and allowing one end to hang down in front of the chest, place the other over the sound shoulder. Now carry the point behind the elbow of the injured arm, and bend the arm forward over the middle of the bandage. Carry the second end over the shoulder of the injured side, and tie it to the other end. Now bring the point forward, and pin it to the front of the bandage.

To Make a Small Arm Sling. – Fold the bandage into the broad bandage, and, placing one end over the shoulder on the sound side, cross the arm over the middle of the bandage, hanging down the chest, bring the other end over the injured shoulder, and tie at the side of the neck.

SPRAINS, DISLOCATIONS AND FRACTURES.

Strains. – Sprains should always be treated by keeping the part affected as quiet as possible, and in the case of a sprained wrist or ankle, by the application of cold water bandages. Do not be content with one application, but constantly renew the water. When this cannot for any reason be done, bathe the part in water as hot as can be borne. If the sprain is a very severe one, the part should be placed in a splint. The injured limb should have complete rest.

Dislocations. – A dislocation is caused by the displacement of the bones forming a joint, and is accompanied by pain on trying to move the joint, and an alteration in its shape and of the length of the limb. It can be distinguished from a fracture by the injury always occurring at a joint, and from the fact that the limb is firmly fixed, instead of being unnaturally moveable.

In these cases the limb should be supported by a splint, and the patient placed in as comfortable a position as possible, to await the arrival of a medical man. On no account should scouts attempt to put the joint in place, as this requires a good deal of technical knowledge.

Fractures. – A fracture is a broken bone, and of these there are roughly two kinds, simple and compound, the first being where the bone only is broken, and the second where there is an external wound as well. The signs of fracture are pain and swelling, deformity at the injured part, and loss of power in the limb. In such cases first aid is very necessary, firstly to prevent further injury such as may be caused by the sharp ends of the broken bone working about and cutting into the flesh, and secondly, to see to the proper conveyance of the injured person to a place of safety.

Treatment of Fracture. – The general lines on which a fracture should be treated are as follows. First and most important, do not handle the limb unnecessarily with the idea of finding the exact nature of the injury. If you have reason to think that a fracture exists assume that there is one, and treat accordingly. You cannot do wrong, and you will probably do a great deal of good. Secondly, never attempt to move the patient until the limb has been rendered immovable by means of splints; this prevents the broken bones forcing their way through the skin. Before fastening splints the limb must be restored as near as possible to its ordinary position by grasping it both above and below the seat of fracture. In doing this, handle the patient as gently as possible. Splints can be made of anything handy – walking sticks, folded newspapers, pieces of bark, branches of trees, etc., and they should be placed on each side of the limb to keep it in position, and, further, should be made long enough to extend some distance above and below the injured part; also, to prevent the splints from pressing tightly on the skin and giving the patient pain, they should be padded with something soft, such as folded bandages; cotton wool, tow, etc.

If the injury occurs out of doors the clothing should not be removed from the injured limb, as the attempt to remove it will probably do much injury. Bandage outside the clothing, and remove to some house or hospital, where a proper examination can be made.

fracture of the Skull. – In this case there will probably be bleeding from the mouth, nose, or ears, and unconsciousness. Lay the patient on a bed or sofa, with head slightly raised, stop the bleeding, and await doctor's arrival.

Fracture of the Jaw. – In this case the patient will be unable to speak properly, and the mouth will remain open, as the jaw will drop. Gently raise the jaw to its natural position, and apply a narrow triangular bandage round the jaw and over the head. If the bleeding from the mouth or gums is continuous the patient can be given ice to suck, and he should also rinse out his mouth with cold water. In this, as in all cases of fracture, it is essential that the patient should be kept quiet.



Fracture of Collar Bone. – In addition to complaining of pain, the patient supports the elbow on the injured side with the opposite hand, and leans his head towards the injured side.



To treat a broken collar bone, place a pad, such as a couple of handkerchiefs, or a rolled up bunch of grass or fern in the armpit and apply a sling as shown above. Then lie a broad fold round the chest, so as to keep the arm on the injured side fixed to the side.

Fracture of the Ribs. – In this case patient will complain of a short cutting pain when he takes a deep breath or coughs; he will keep his hand on the injured part to prevent the side moving, and will breathe in a short jerky manner. If the hand is placed over the seat of the pain the ends of the broken bones may be felt. In such a case tie two broad triangular bandages firmly round the chest, making the lower part of one and the upper part of the other cover the seat of pain. Apply the bandages during expiration, and tighten them up until the patient is just comfortable.

Fracture of the Thigh. – Place a long splint, such as a scout's pole, broom handle, or billiard cue, on the outside of the body, extending from the armpit to the foot. Tie this firmly to the body by bandages passing round the chest, hips, below the knees, above and below the fracture. The legs must then be tied firmly together. Take care not to place any bandage over the stomach, as this will cause sickness.



Fracture of the Forearm. – This can be told by the loss of power in the limb, and great pain at the seat of the fracture. The treatment in this case is to bend the forearm, keeping the thumb upwards, and then to apply two splints, one on the inside or front of the forearm, the other on the outside or back. The inner one should extend from the bend of the elbow to the palm; the outer should extend from outside the elbow to below the wrist. Tie the splints to the arm by a bandage on each side of the fracture, then sling the forearm in a large sling.

Fracture of the Leg. – This can be detected by passing the hand gently down the leg, when the rough ends of the bone will be felt. To treat, apply one splint on the outside of the leg and another on the inside, tie them firmly to the limb, and then tie the legs together.



Fracture of Knee-cap. – In this case also the broken bone will be felt under the skin, and the patient will be unable to move the leg, which will be quite stiff. For treatment a splint must be tied to the leg, extending from the buttocks to the heel.

INSENSIBILITY, WOUNDS, BITES, ETC.

Cuts and Wounds. – Thoroughly cleanse the wound by washing with clean water – you cannot overdo this. Letting a minor wound bleed freely assists the cleansing greatly. Then join the edges of the wound by means of plaister, placed in diagonal strips across the cut, and apply a bandage. The great essentials are (1) to see that the wound is clean, and (2) to exclude the numerous harmful germs which are always present in the air, and which may cause the wound to fester.

Bruises and Sprains. – For bruises and sprains apply cold water, and plenty of it. The part should be kept at rest, and, if necessary, a sling used. If the skin is unbroken the injured part might be well rubbed with opodeldoc, or soap liniment, a drug obtainable from any chemist, and one which should always be carried by the patrol.

Wound in Palm of Hand. – This is mostly caused by barbed wire, or in opening tins. Cleanse the wound by suction and washing, and place a pad over the wound; the hand should then be clenched tightly and bound up.

Stings. – In cases of wasp or bee stings, extract the sting, which is generally left sticking in the wound, then press the barrel of a key or the end of an empty cartridge case over the wound to prevent the poison spreading, and apply common soda, soap, or the homely blue-bag.

Burns and Scalds. – Immediately remove the clothing by cutting it off, not pulling it off, as it causes much pain to the sufferer if the clothing is drawn over the wound. Then apply cotton wool or some soft cloth saturated in oil, or, if the skin is not broken, and oil is not to hand, cover the burn with ordinary flour. Always remember to keep the air from a burn or scald.

A burned person is very liable to suffer from shock; if this is the case, and it can be told by the patient's face going pale and cold, keep the head low, and give hot drinks, such as tea and cocoa.

If you happen to be present when a person's clothes catch fire, lay him or her instantly flat on the floor, and roll in hearthrug, tablecloth, or blanket, pressing out the flames with your hands.

Dog Bites. – Cleanse the wound by suction and washing, and send for a doctor at once, to have the wound cauterised. If possible have the dog traced in case of it being mad.

Snake Bites. – The signs of snake bites are faintness and a difficulty of breathing; two small wounds will also be visible at the seat of the injury.

Send at once for a doctor, and in the meantime tie a piece of cord, a lanyard, or a handkerchief tightly around the limb, above the bite and between it and the heart. This prevents the poison from being absorbed into the system. Bathe the wound with warm water to encourage bleeding, and cut the flesh round the bite freely, and squeeze as much blood as possible out of the wound. Afterwards wash with a *strong* solution of permanganate of potash, or rub a few crystals well into the wound. Give the patient plenty of stimulants, and if he shows a tendency to lie down and sleep keep him on the move at all hazards.

If the patient ceases to breathe practise artificial respiration, as in the case of drowning.

Foreign Body in the Ear. – If an insect gets into the ear passage fill the ear with olive oil, or failing that, water, when the insect will float and may be removed. Never syringe or probe the ear. If a pea or similar body gets into the ear seek medical assistance at once.

Epileptic Fits. – When a man cries out, falls, twitches his limbs and froths at the mouth, the scout will be fairly safe in concluding that such a person is in an epileptic fit. Nothing can be done for the patient except to prevent him injuring himself, so accordingly his limbs should be held, but not so tightly as to stop his movements. To prevent him biting his tongue place a bit of wood or cork between his jaws. Loosen all tight clothing round the neck, chest, and abdomen. When the fit has passed, the patient should be encouraged to sleep, as he will be much exhausted, and when he awakes he should be given soup or beef tea, but no stimulants.

Apoplectic Fits. – These usually occur in the case of stout and elderly people, the symptoms being a falling down unconscious, very laboured breathing accompanied by a snoring noise, while the pupils of the eyes are dilated and fixed. The patient should be at once placed on a bed or on the ground, with his head slightly raised, and all clothing loosened round the neck and chest. Cold water should be applied to the head, and hot water bottles or flannels to the feet and legs. Under no circumstances give stimulants. Send for a doctor at once.

Sunstroke. – In the case of sunstroke, place patient in the shade and apply cold water to the head, which should be kept well raised. Loosen clothing at neck and chest, and pour water down his back. Give no stimulants. Sunstroke can be told from the fact that its first symptoms are giddiness and weakness, generally followed by drowsiness and often semi-consciousness. The skin, moreover, feels burning hot to the hand.

Scouts when bathing in the summer should be careful not to stand in the water with their heads dry and exposed to the sun's rays, as this is a fruitful source of sunstroke. Wet the heads and keep on the move.

Fainting Fits. – The symptoms of a fainting fit are that the face turns pale, a cold sweat comes over the face and hands, and finally the person affected swoons away and falls to the ground unconscious. In such cases the patient should at once be laid on the ground with his head lower than the rest of his body. This can be done by slightly raising the feet. Never stand the patient

on his feet or sit him up. Loosen all clothing at the neck and waist, and bathe the face, hands and chest with cold water. Give plenty of fresh air, and do not allow people to crowd round. Apply smelling salts to the nose, and when coming round give a little stimulant. Do not allow the patient to get up until he is thoroughly recovered

Hysterical Fits. – This usually occurs with ladies, the patient falling down into a sofa or arm chair, grinding her teeth, and alternately laughing and crying. The best treatment is to tell the patient that if the fit doesn't stop you will drench her with cold water, and if it doesn't do so – drench her; only look out for scratches afterwards.

Poisoning. – Make patient swallow some milk or raw eggs, then if the mouth is not stained or burnt by the poison make him sick by giving him salt and warm water or tickle the throat with a feather to bring on vomiting. If the poison is an acid that burns, milk and salad oil should be given. Do not let the patient get drowsy. The following are antidotes for the various classes of poison: –

For any strong acid – Common chalk and water, linseed, olive oil or soap suds.

For alkalies – Weak vinegar and water or lime juice.

For arsenic – Magnesia, powdered charcoal, oil and limewater.

For prussic acid – Ammonia.

Frost Bite. – This can be told by the affected portion becoming blue, and tingling, later becoming white and numb. Rub the parts affected with snow or cold water. Do not let the patient go into a warm room or near a fire until the frost-bitten part has been thoroughly thawed.

Choking. – If the air passage is obstructed by a piece of meat, crust, or some similar body, choking may ensue. To render aid open the mouth, pass the forefinger right to the back of the throat, and attempt to dislodge the obstruction. Also bend the patient's head well forward, and when his mouth is wide open thump his back hard between the shoulders.

Grit or insects in the eye. – Do not let the patient rub the eye. If the grit is in the lower eyelid, draw down the lid as far as you can, and gently brush it out with the corner of a moistened handkerchief or a feather. If the foreign body is under the upper eyelid, seat the patient in a chair, and, standing behind him, place a pencil on the lid; take hold of the eyelashes and turn the lid upwards. Then, having exposed the substance, brush it off with the corner of a handkerchief or a feather.

Concussion. – Concussion is produced by blows on the head, or by falling from a great height. In slight cases the patient will be very pale, breathe very slowly, and lie in a semi-conscious state. In more severe cases the symptoms will be like those of apoplexy. In slight cases lay patient on a bed, apply warm bottles and flannels to feet and hands, and, when able to drink, give a cup of warm tea or coffee. Encourage sleep. For severe cases treat as for apoplexy, and send at once for a doctor.

Poisoning by Gases. – This may be caused by an escape of ordinary gas, a charcoal fire in a badly ventilated room, carbonic acid gas in sewers, wells, etc., or “after damp” in mines. The signs of poisoning are insensibility, pale face with livid lips and tongue, hands clenched and nails bluish.

Remove patient at once into the open air, and loosen all clothing round the neck and chest, bathe the face and chest with cold water. If these means are unavailing, resort to artificial respiration, as in the case of drowning, and send at once for a doctor.

Care of Feet. – Bathe the feet at night in tepid water with salt and alum in it. If suffering from sore feet rub the feet with soap or tallow before a long march.

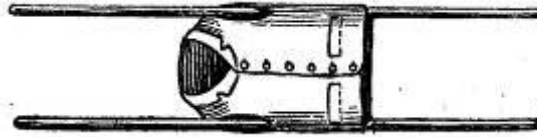
If blisters have formed on the feet, prick with a clean needle, press out the liquid, and cover with a clean cloth. Do not let the stocking come in contact with the blister.

Chapng. – Where the foot scout gets sore heels from marching, the cyclist scout occasionally gets chafed at the fork and inner side of the thigh. This should be attended to as soon as possible. Wash the parts affected with warm water, and apply vaseline or fuller's earth. A good substitute is damp pipeclay.

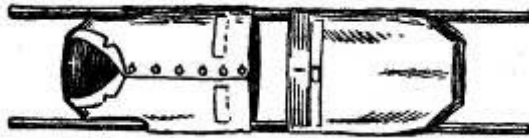
Gunshot Wound. – Send for the doctor. In the meanwhile stop the bleeding, wash and dress the wound, and make the patient as comfortable as possible.

TO IMPROVISE A STRETCHER.

Where a proper stretcher cannot be obtained, scouts can show their ingenuity by making one from the materials at hand. A very good stretcher can be made in the following manner. A coat is taken, and the two sleeves are turned inside, two poles are then passed through them, and the coat buttoned. The patient sits on the coat and rests against the back of the first bearer.



If a larger stretcher *is* required, two coats are treated in the same way, and on such a one a scout could lie at full length. If necessary, a third coat can, of course, be added. A headrest can be made by filling a haversack with grass or leaves. If necessary, two sacks can be used instead of coats, a hole being made in each corner of the sack at the bottom, and the two poles passed through the sack and out of the holes.



A large piece of carpet, sacking, or a blanket can be utilised in the following manner: –

The carpet or blanket having been spread out, two poles are rolled up in the sides. Two bearers standing on each side now grasp the middle of the pole with one hand and near the end with the other, and carry the patient by walking sideways.



If a hurdle or shutter can be obtained they make a good substitute for an ambulance, but hay, straw, or clothing should be first packed on them, the whole being covered by a piece of stout cloth or sacking, this being useful in taking the patient off the stretcher when the bearers arrive at the bedside.

STRETCHER DRILL.

Every well-trained troop should have an ambulance section, consisting of at least four scouts (one being reserve), and a corporal. This section should march in the rear of the troop, and carry with them a stretcher (borne by Nos. 1 and 2), a water-bottle (No. 3), and a first aid haversack (No. 4 or corporal).

Fall In. – On their services being required, the patrol should double forward, and No. 1 taking the head of the stretcher, and No. 2 the foot, place it in a line with the patient's body, the foot of the stretcher being close to his head. No. 3 attends to the patient, being assisted by Nos. 1 and 2 when necessary.

Ready. – No. 1 now placing himself on the patient's right side and No. 2 on the left they sink down on one knee, and, locking hands underneath the shoulders and hips, raise the patient, and, carrying him forward over the stretcher, lower him on to it. In the meantime No. 3 takes charge of the injured limb and steadies it, with a hand on either side of the wound.

Lift. – No. 1 now places himself at the head of the stretcher with his face towards the patient, No. 2 at the foot with his back to the patient, while No. 3 places himself at the side; the two bearers then bend down, and gripping the poles, rise together slowly.

March. – On the command "March" being given, No. 1 steps off with the left foot, and No. 2 with the right, both taking a step of some 18 inches.

RULES FOR STRETCHER BEARERS.

1. Bearers must march *out* of step.
2. The pace of bearers should be 18 inches.
3. See that the patient is carried in such a way as to avoid pressure against the injured part. Accordingly with fractures of the lower limbs he should be carried uphill feet first, and downhill head first, in order to prevent the weight of the body pressing the upper end of the broken bone against the lower portion.
4. The head of the patient should be kept low and not pressed forward upon the chest
5. In case of wounds in the upper limbs place the patient upon his back or upon the uninjured side.
6. In case of wounds in the lower limbs place the patient upon his back and incline him towards the injured side.
7. Be careful that your patient is comfortable before you start.

**TO CARRY SINGLE-HANDED AN UNCONSCIOUS
PERSON.**

Turn the patient on his face, and then raise him into a kneeling position. Place yourself under him, so that his stomach is on your right shoulder. Pass your right arm between his thighs and behind his right thigh. With the left arm draw his left hand forward under your left, and grasp his wrist with your right hand, then rise to an erect position.



Lifting insensible man.



Carrying insensible man.

TO CARRY AN UNCONSCIOUS MAN WITH TWO HELPERS.

The bearers should kneel one on each side of the injured man, each passing one arm beneath the patient's buttocks near the knees, and with the other grasp the shoulder or hip of the other bearer at the back of the patient. Both then rise, lifting the patient between them.

SAVING LIFE FROM DROWNING.

Although a scout may be quite at home in the water it does not follow that he will be able to save life, for this is a science in itself, and must be learned just as you learn to swim.

Moreover, the ability to save life is a grand possession for a swimmer, for not only is the danger to himself minimised, but his chances of being successful are increased a hundredfold. When we think that between 6,000 and 7,000 lives are lost annually in and around the United Kingdom by drowning it makes us realise how necessary is this knowledge. But not only must the person be brought to land, but when there he must be properly treated, otherwise a life may be lost that could with a little knowledge have been saved. To provide a system the Royal Life Saving Society was formed in 1891, and classes of instruction in connection with it are now held at most of the baths in the United Kingdom. Those passing the examination are granted proficiency certificates or medallions, according to their degree of proficiency, and it is most satisfactory to record that although over 30,000 awards have been granted by the society for special ability no person holding the award has been recorded as having lost his life in attempting a rescue. The rescue drill, as laid down by the society, is divided into three parts, (1) How to rescue the drowning; (2) How to effect a release in the event of being clutched by a drowning person; and (3) How to resuscitate an apparently drowned person, and it is these methods which can be learned on land that we have followed in this book.

HOW TO RESCUE A DROWNING PERSON

(From "Swimming" by Experts, Gale and Polden, Ltd.)

1. – *The Best Method when there is no Struggling.* Provided the drowning person does not struggle, turn him on his back, place your hands on either side of his face. Then turn on your back, hold him in front of you, and swim with the back stroke, taking care to keep his face above the surface of the water.

Remember that it is most important to keep the face of the drowning person above the surface of the water. Avoid all jerking, struggling, or tugging, but swim with a regular well-timed kick of the legs, husbanding the strength for continued effort.

2. – *The Best Method for one who Struggles.* When the drowning person is struggling, and difficult to manage, turn him on his back, and take a firm hold of his arms just above the elbows. Draw the arms upwards at right angles to the body and swim with the back stroke. This hold will put the drowning person under the control of the rescuer, who can prevent him from turning round or clutching.

When carrying a struggling person on the surface of the water it will be of advantage to keep the elbows well out from the sides, as this expands the chest, inflates the lungs, and adds to his buoyancy. The legs should be kept well up to the surface, the body being as horizontal as possible.

3. – *The Best Method for one who Struggles Violently.*

If the arms be difficult to grasp or the struggling so violent as to prevent a firm hold, slip your hands under the armpits of the drowning person and place them on his chest or round his arms. Raise them at right angles to the body, thus placing the drowning person completely in your power. Then turn on your back and swim with the back stroke.

Rescuers should at all times be governed by circumstances, using their judgment which method to adopt in conveying the drowning person to shore, taking care to avoid wasting their strength hopelessly against tide or stream – always float or swim with it and gradually make for shore, or wait until a boat or other help arrives.

4. – *The Best Method of Assisting one Taken with Cramp.*

The person being assisted must place both hands on the shoulders of the rescuer with the arms at full stretch, and lie upon the back. The rescuer being uppermost, and having arms and legs free, swims with the breast stroke. The face of both persons is thus above the surface of the water and thus allowing each to breathe freely.

HOW TO MAKE A RELEASE IF CLUTCHED BY A DROWNING PERSON.

1. – *If Clutched by the Wrists.*

If the rescuer be held by the wrists, turn both arms simultaneously against the drowning person's thumbs, outwards, and bring the arms at right angles to the body, thus dislocating the thumbs of the drowning person if he does not leave go.

2. – *If Clutched round the Neck.*

If clutched round the neck, take a deep breath, lean well over the drowning person, immediately place one hand in the small of his back and pass the other over on to his face; with the thumb and forefinger pinch the nostrils close, at the same time place the palm of the hand on the chin and push away with all force possible.

3. – *If Clutched round the Body and Arms, or round the Body Only.*

Lean well over the drowning person, take a breath as before, and either withdraw both arms in an upward direction in front of his body, or in accordance with the instructions for releasing oneself if held round the neck. In either case place the one hand on his shoulder, and the palm of the other hand against his chin, at the same time bring the knee up against the lower part of his

chest, and then, by means of a strong and sudden push, stretch the arms and legs straight out, throwing the whole weight of the body backwards. This motion will break the clutch and free the rescuer.

How to Revive the Apparently Drowned by the Silvester Method.

After a person has been lifted out of the water, and no sign of life can be observed, nor the heart's action heard, release all tight clothing round the neck and chest, especially braces or corsets, and at once proceed to clear the mouth and throat.

To do this, turn the patient face downwards, the head resting on one of the arms, and wipe the mouth and nostrils.

Replace the patient on the back, and place a roll of clothing under the shoulder blades.

Attend to the tongue, draw it forward, and keep it projecting beyond the lips by fastening it in position with a piece of handkerchief or string tied under the chin.

Kneel at the patient's head, lean forward and grasp the arms below the elbows, draw them steadily upwards at full length beyond the head.

Having held the arms in this position for two seconds, carry them back to the body, fold them and press them firmly against the sides and front of the chest for about two seconds.

Repeat these movements deliberately about fifteen times a minute, and persevere until natural respiration is established, upon which cease to imitate breathing, and proceed to induce circulation and warmth.

Another method now more often adopted, and known as the Schafer system, is as follows: –

Lay the patient face downwards with his arm bent and placed under his forehead to keep his nose and mouth clear from the ground, and place some folded coats or blankets under his chest. Then, kneeling alongside him, place both your hands on his lower ribs, press steadily down and forwards for a few seconds, to drive the air out of his lungs, and then ease the pressure, so that an indraught of air will be taken. Continue this action, counting “four” between each movement, until breathing is restored, only *do not despair*, as it sometimes takes hours before even the faintest sign of returning consciousness is shown.



After Natural Breathing has been Restored.

Rub the limbs upwards, with firm pressure, using handkerchiefs, flannels, etc

Dry the hands and feet, and as soon as dry clothing can be procured strip the patient and re-clothe or cover.

Continue friction over dry clothing or under the blanket. After respiration has been restored, carry the patient to a house.

Continue to promote warmth by the application of hot flannels to the pit of the stomach, and bottles of hot water, heated bricks, etc., to the armpits, thighs, and to soles of the feet.

If the power of swallowing has returned, small quantities of warm water, warm brandy and water, or coffee, should be administered; the patient kept in bed and sleep encouraged.

In all cases send for a medical man as soon as possible.

THROWING A LIFEBOUY.

Now it may sometimes happen that a life can be saved without risk if a lifebuoy is thrown, but even in such a case the person to whom the lifebuoy is thrown should know the proper way to use it, or otherwise it will not be of the assistance that it might otherwise be. The best way to obtain all possible advantage from this life-saving appliance is for the person to whom it is thrown, after he has secured it, to place both hands near each other, and press with all his weight on the edge nearest to him. This will cause the buoy to jump over him, and by putting out his arms he will be able to get his shoulders through the buoy, thus supporting him under the armpits.

ACCIDENTS ON THE ICE.

There is hardly anything so likely to cause a panic among onlookers as an accident on the ice, but it is also one of those in which prompt action is most necessary. If a rope is handy, that, of course, should be thrown at once, but if there is not one available a substitute can be quickly formed by knotting together garments by the sleeves, braces, etc. If a hurdle or gate is handy push it at once towards the edge of the hole, and shout to the person immersed to hang on to it. Procure a ladder as quickly as possible and push it out towards the hole, and, if possible, over it; someone can then crawl out on it and give the necessary assistance. The person immersed should not attempt to climb out until a ladder, rope, or hurdle is procured, but be content to hang on to the edge, as the tendency is for the ice to break directly anyone attempts to climb on to it.

In case of a skater falling through a hole and not reappearing, it should be remembered that the hole is behind him, and that he will probably rise under the ice in advance of the hole.

If the unfortunate person is much exhausted by his immersion care should be taken to promote warmth and circulation.

This is done by wrapping the patient in dry blankets and rubbing the limbs upwards in a firm and energetic manner. Hot water bottles or hot blankets should also be applied to the soles of the feet and the pit of the stomach.

The patient should also be got to bed as quickly as possible and sleep encouraged in every way.

Small quantities of wine, warm brandy and water, or hot coffee, might be given.

If the person is apparently dead by the time he is taken from the water recourse should be made to the Schafer method.

RESCUE FROM FIRE.

A scout who discovers a fire should at once take steps to alarm those in the house. He should then run to the nearest policeman, police station, fire brigade station, or wall fire alarm, and give the alarm. Wall fire alarms are given by breaking the glass and pressing the knob until the bell ceases to ring, a sign that they have received the message at the, fire-station. Having done this he should arouse the neighbours to bring ladders, buckets, and jumping sheets, and until the arrival of the fire brigade assist in forming chains for passing buckets. On the brigade's arrival he can, if required, assist the police in keeping the crowd back. If more than one scout is present one should at once double back to headquarters for bandages, etc.

In the case of a person's clothes catching fire when you are present, throw them at once to the floor and roll them in a big coat, tablecloth, or hearthrug, pressing out the flames with your hands. Do not allow them under any circumstances to run about, as the draught only fans the flame. Afterwards dress the burns in the manner already explained.

If a fire breaks out in your own house at once close all windows and doors, and so confine the fire and prevent it being fanned by the wind. Throw a blanket or hearthrug over the fire to smother it, and pour water over the blanket.

If a scout finds it necessary to enter a burning house in search of insensible persons, he should place a wet bandage over his nose and mouth and crawl in on all fours, if possible, there being less smoke and gas nearer the floor. Another good plan is to cut a hole in a blanket and put your head through the hole, then thoroughly wet the blanket, and you have as it were a fireproof coat. If in your quest you find an insensible person, you should either carry him out by means of the "fireman's lift," or harness yourself to him by tying a bowline round his waist, another round his ankles, and another round your own neck, and then turning your back on him drag him out, you proceeding on all fours with the rope underneath you.



Never forget also if in a large hall and an alarm of fire is raised to do everything in your power to stop any panic that may arise.

STOPPING A RUNAWAY HORSE.

This is perhaps as fruitful a source of accident as any, and everyone should know how to stop a runaway horse. Firstly, we may say that the correct way is *not* to run out in front and wildly wave your arms, but if possible to race alongside the runaway, and catching hold of the shaft with one hand seize the reins with the other and then drag the horse's head round towards you until you can compel him to stop, or at any rate guide him into a quiet road.

PERSON CHASED BY A BULL.

Endeavour to distract the attention of the bull from the person he is pursuing by waving something in front of him, the best thing is something coloured, such as a red jacket or skirt. If

pursued yourself, slip off your coat as you run, and as the bull nears you throw it over his horns and dart rapidly to one side.

PANICS.

Every year numbers of lives are lost by panics, which as often as not arise from the most trivial or unexpected causes. Someone in a crowded building starts a cry of "Fire," everyone rushes to the exit, and many are killed in the mad struggle for life, whereas, had order been kept, and everyone gone out in their turn, there would not have been a single life lost. Such a case occurred at Sunderland some years ago at a children's entertainment, in which nearly 200 children were trampled to death. On the other hand, when a fire did actually once break out in a theatre a young actress advanced to the front of the stage and commenced her song as if nothing was the matter. Her self-possession recalled the audience to their senses and the panic was averted.

Now people are after all very much like sheep, and will generally follow a leader, so that in such cases if someone can keep his head and do the right thing hundreds of lives may be saved. Be like the young actress, keep calm, think what is the right thing to do, and do it

TO TACKLE A MAD DOG.

To meet a mad dog is a real danger, as a bite from the animal often means death in one of its most painful forms. A mad dog can be told from the fact that it runs along snapping and trying to bite everyone in its way, and is usually foaming at the mouth.

One plan of meeting a mad dog is to hold out a handkerchief in front of you, and in 99 cases out of a 100 the dog will first try to pull this down before attacking you. This will give time to render him *hors de combat* by a well delivered kick under the jaw.

Another method is to wrap a coat well round your arm, thus obtaining a covering which the dog cannot bite through. Then when the dog makes a spring, seize him by the throat.

A third way, but one that requires an immense amount of nerve, is to twirl a hat rapidly round and round on your hand at such a height that the dog will have to jump to reach it. This gives an opportunity to give him a kick in the stomach, from which he will probably not recover for some time, and thus give time for a gun to be brought. For cases of dog bite see page 13.

STRUCK BY LIGHTNING.

Persons struck by lightning are usually killed immediately, but in some cases it only produces insensibility. In these cases all clothing should be at once loosened round the neck, chest, and waist, and cold water applied to the head, neck, chest, and back.

ELECTRIC SHOCKS.

This usually occurs through a person coming into contact with a "live wire," such as a broken electric tram wire. Such a wire touching anyone sends a strong current of electricity through the body and burns them.

In rescuing a person touched by a live wire, do not attempt to take hold of him if he has still a grasp on the wire, unless your hands are protected by rubber gloves, a waterproof coat, several thicknesses of dry cloth, or some non-conducting material. Also stand yourself on glass or dry

wood. Take immediate steps to have the current switched off, and send at once for a doctor, in the meantime applying artificial respiration.

As an instance of what may happen when people do not know the right thing to do, General Baden-Powell, in his "Scouting for Boys," narrates an incident that happened at St. Ouen in France, where a boy, hunting butterflies, fell on the "live" rail of the electric railway, and was killed instantly by the shock. A passer-by in trying to lift him off fell dead beside him. A brickmaker ran up and tried to rescue them, and was himself struck dead in the same way. Thus two deaths occurred through persons not knowing what to do. Remember this and "Be Prepared".

SUICIDES.

Hanging. – Cut down the body at once, supporting it with one arm while cutting the cord. Loosen all tight clothing about the neck and chest, and given plenty of fresh air. Throw cold water over the face and chest. If these methods are unavailing try artificial respiration as in the case of drowning. Look out for signs.

Gases. – As above. Apply friction and warmth to body.

Poison. – Give two tablespoonfuls of salt or one of mustard in a tumbler of warm water. Repeat this dose at intervals of 10 minutes until patient vomits. After vomiting give patient plenty of milk to drink or raw eggs, and if he shows signs of shock, plenty of strong coffee.

Throat Cut. – If the artery is cut press hard with the thumb on the side of the wound nearest to the heart, and sustain pressure until the arrival of the doctor. (See Bleeding).

Prevention of Suicide. – This, more often than not, proceeds from the fact that there is something wrong with the bodily health, and that consequently the patient has become hysterical and lost control of himself. Reason with him gently, showing the weakness and cowardice of his proposed act, and, above all, show him kindness. By the use of a little tact and sympathy you should be able to turn him from his wicked purpose.

SAVING LIFE AND FIRST AID DRILL.

To CARRY SINGLE HANDED AN UNCONSCIOUS PERSON Scouts are formed up in two ranks at arms length (or greater distance, if necessary) apart, those in the rear rank correctly covering those in the front rank.

On falling in scouts stand at the *At Ease* position.

Attention. All spring to the *Alert* position.

<i>Rear Rank, About—Turn.</i>	{	The rear rank turns about and then receives the command <i>Quick—March</i> , upon which it moves forward until the desired distance is reached, when it is halted and again turned to the front.
<i>Front Rank, About—Turn.</i>	}	The two ranks are now facing each other at some paces apart as below.



The front rank now constitute the carriers, and the rear rank the patients.

- Rear Rank, Lie—Down.* } The rear rank lie down, their bodies forming a line parallel to that occupied by the front rank.
- Take Post, Advance.* { The carriers (front rank) advance till they reach the line of patients, when they halt and drop on both knees.
- One.* { Each scout turns his particular patient on his face, and then raises him into a kneeling position.
- Two.* { Each scout places himself under the patient so that the injured man's stomach is on his right shoulder.
- Three.* { The right arm is now passed between the patient's thighs, and behind his right thigh, while with the left arm his left hand is drawn forward under the scout's left and the wrist firmly grasped in the right hand.
- Four.* { The scout arises with his burden to an erect position.
- Advance.* { The line of bearers and patients move forward.

After going through the exercise the roles should be changed, the former carriers becoming patients, and *vice versa*.

CARRYING AN UNCONSCIOUS MAN WITH TWO HELPERS.

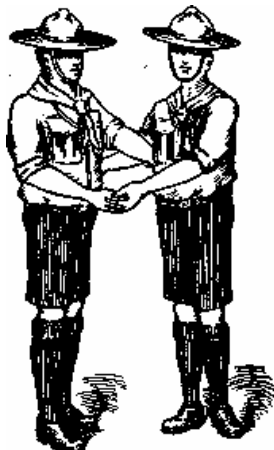
For this drill one wounded man is required for each two scouts, the wounded being laid out in line, at about three paces interval, some distance in front of the patrol.

- Patrol—*
Number. { The patrol numbers off and is told off to the patients as follows:—1 and 2 first patient, 3 and 4 second patient, etc.
If in two ranks they will be told off as follows:— *First File, No. 1 Patient; Second File, No. 2 Patient.*
- Take Post*
—Advance. { Each two scouts step off towards their corresponding patient, and when immediately in rear of him, No. 1 goes to the right, and No. 2 to the left, halting when in line with and close up to the patient.
- Lift.* { The bearers turn inwards, kneel on the knee nearest the patient's feet, at the same time each passing one arm beneath the patient's buttocks, near the knees, and with the other grasping the shoulder or hip of the other bearer at the back of the patient.
- Two.* { Both then rise steadily together, lifting the patient between them.
- Advance.* { The bearers step off, No 1 with the right foot, and No. 2 with the left foot.
- Halt.* Bearers halt.

FORMING HAND SEATS FOR INJURED PERSONS.

The patrol having fallen in in double rank is numbered, the instructor then giving the command *Odd Numbers – Right Files; Even Numbers, Left Files*. In order that he may be certain that each scout knows his position, the right files are first ordered to *Stand at Ease*, the left files subsequently doing the same thing.

- Form Two-*
handed
Seats. { On the last sound of the word *Seats*, the right files turn to the left, and the left files to the right, the couples thus facing each other.



Two. { On the word *Two* each left file (or even number) locks the fingers of his left hand with the fingers of the right hand of the odd number facing him, palms uppermost, each placing his disengaged hand upon the other's hips.

Files, Right and Left Turn. { The position of *Attention* is at once resumed, and all turn to the front.

Note. – The pairs of scouts forming these seats should be as near as possible about the same size.

FORMING A SCRUM.

The patrol falls in in single rank, each scout standing properly at ease.

Attention. Everyone springs smartly to attention.

Form Scrum. { Each scout passes his right and left arms round the waist of the boy next to him on each side.

Two. { The whole line adopt a bending attitude, keeping the head well down.

Advance. { The line advances, heads down, into the crowd, and pushes it back.

Note. – This drill is of great use for keeping back a crowd, say at a street accident or a fire.

RESCUE DRILL.

Half the patrol, lying down, form a line of insensible persons, there being some two or three paces distance between each patient. The remainder of the patrol is drawn up opposite the patients, each rescuer who carries a rope facing his patient at a distance of not less than 10 yards.

Rescue Drill—Advance. { Each scout doubles forward to his patient and kneels beside him on his right knee.

Two. { Passing the rope under the patient's body it is secured round his waist by a bow-line.

Three. { The line is carried downwards and again secured by a bow-line round the patient's ankles.

Four. { The rescuer now secures the end of the rope by another bow-line round his own neck and shoulders, and running out till the rope is taut, drops on his hands, the rope running underneath him.

Pull. { The rescuer goes forward on hands and feet, dragging the patient after him.

A FEW HINTS ON “FIRST AID.”

1. DON'T GET EXCITED.
2. If a serious case, send for a doctor at once, and say what you think is the matter. If possible, send a written message.
3. Think before you act, and then act quickly.
4. Don't allow people to crowd round.
5. Be careful about allowing stimulants to be given to your patient.
6. You can never do much harm, and often a great deal of good, with cold water.
7. Remember that quietness is essential to all patients.
8. Keep cool.



Ambulance Flag
(Red cross on white ground).

GENERAL INSTRUCTIONS.

Remember you never know at what moment you may be called upon to render assistance to an injured person. When the time comes DON'T GET EXCITED. Do not hesitate once you have decided the course you will take. Don't pay too much attention to the ignorant individual in the crowd, who, though he does nothing himself, gives plenty of gratuitous advice. Keep cool, and give the patient all the comfort and ease possible. Even if you think so, don't let him know by words or gesture that the case is serious. Send at once for a doctor, don't attempt to do everything "on your own." If successful, don't "swank." Above all, DON'T GET EXCITED.

There should be carried by every patrol a "first-aid wallet," containing the following articles: –

- 1 Pair Small Scissors.
- 1 Roller Bandage (2 inches wide).
- 2 Roller Bandages (1 inch wide).
- Lint.
- Box of Boracic Powder.
- Box of Carbolic Ointment.
- Strips of Adhesive Plaister.
- Needles.
- Safety Pins (small).
- A Small Bottle of Opodeldoc (Soap Liniment).

LIFE SAVING PRACTICES.

(From "Scout Games and Practices," Gale and Polden,
Ltd. Price 6d).

Life Saving Competition. – A line of patients of one patrol are laid out at 100 yards distance from the starting point. No. 2 Patrol run out upon a given signal, and bring in the patients by the following means: –

- (a) Carrying single handed an unconscious person.
- (b) Two helpers carrying an unconscious person.
- (c) On a stretcher formed of coats and staves.
- (d) Dragging out by a rope.

Played in this way the game will require four patients and six rescuers. The time is taken, and then the rescuers change places with the rescued.

Succouring the Wounded. – Three or four boys start from a given point to scout towards a certain village, a fairly wide extension being given. Upon reaching certain points, behind bushes, etc., for preference, they are declared to be wounded, and are ordered to lie still and await the ambulance squad. Each wounded lad bears on him a label stating what is the matter with him, broken arm, shot in the leg, etc. The remainder of the patrol start some minutes later, and also march towards the village, looking out for wounded or injured persons. When found the injured one is treated by means of "first aid," and conveyed to the starting point. No information of any kind must be given by the injured ones to the rescue party.

To the Rescue. – Instructor lights some coloured fire in the room adjoining the drill room, and sends one scout to rush in among the others and announce that the house is on fire. Patrol leaders at once assume command of their patrols and allot them to their various duties; some shut windows and doors, others search rooms for people, and endeavour to discover root of fire. If possible, have one scout apparently overcome by fumes of smoke, and let one party rescue him, while another attempt to restore animation.

Stopping the Runaway Horse. – Borrow cycle trailer or light hand cart and attach biggest boy in the patrol to it by skeleton rope harness. This boy must now come galloping down the road, whereupon the instructor raises a cry of "Runaway horse." Each scout in turn now endeavours to stop the horse, his methods being criticised by the others. The course should be a short one, and while going down it "the horse" should go at the top of his speed.

Fire Alarm Race. – Without giving any previous warning, the instructor suddenly announces that there is a fire next door, and that someone has been injured, and orders scouts to call fire brigade, police, and ambulance. Each boy now makes for the nearest fire alarm, the nearest police point, and the nearest ambulance station or hospital. Other scouts have previously been posted at these points who give each boy as he comes up a sign that he has been to that point. The first to return with evidence of having visited the three wins the game. Scouts, before starting, should be warned that if a scout is not found at the point it is a sign they have not gone to the nearest one, and must look nearer home.

AMBULANCE BADGE.

A scout must pass satisfactory tests as follows: –

Fireman's lift.

Drag insensible man with rope.

Improvise a stretcher. Fling a life line.

Show the position of the main arteries.

Demonstrate to stop bleeding, from vein, artery, internal.

How to improvise splints, diagnose, and bind fractured limbs.

Give complete practice of artificial respiration.

Bandage a given injury.

Show how to deal with choking, or burning, poison, or grit in eye, as examiner may require.

Have a satisfactory general knowledge of laws of health, and sanitation as given in "Scouting for Boys," including dangers of smoking, incontinence, want of ventilation, etc.

This badge is to be worn on the right arm half-way between elbow and shoulder.



First-class scouts to obtain this badge must pass the necessary tests before two qualified and independent examiners approved by the District Committee. Examiners will be required to sign all applications for badges.

MEDALS, ETC., FOR SAVING LIFE.

Victoria Cross (Army and Navy).

Albert Medal (granted by King).

Royal Humane Society's Medals and Certificates.

Edward Medal (for bravery in mine accidents) (granted by the King).

Stanhope Medal.

Scout Medals (granted only by the Chief Scout, or by the Scout President in a colony, on special recommendation from the patrol leader, or Scoutmaster, through the Local Committee, if one exists).

These are worn on the right breast, and are awarded as follows: –

Bronze Cross (Red Ribbon). – For saving life at risk to own.

Silver Cross (Blue Ribbon). – For saving life or helping to save life without risk to self, but where life might have been lost.

Gilt Medal of Merit (White Ribbon). – For meritorious service, assisting police at personal risk, or for *twenty* various good deeds, such as stopping a runaway horse, helping at a fire, etc. Full proof of each deed must be supplied. Records should be kept by scoutmaster until the twenty are complete; then they should be sent up to the headquarters.

WHAT I OUGHT TO KNOW.

	Home.	Headquarters.
Address of nearest doctor		
Address of nearest hospital		
Address of nearest fire alarm or station		
Address of nearest police point		
Address of nearest telephone		
Address of nearest Post Office		
„ „ „ ambulance		

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