

Clinical and other Notes.

GAS CLEANSING CENTRES, FIRST-AID POSTS, AND THEIR COUNTERPART IN THE FIELD.

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GAS cleansing centres and first-aid posts are terms familiar to all concerned with passive air defence. Details of these are found in "Protection Against Gas and Air Raids, Pamphlet No. 3." The principles involved will be considered in this article, and an attempt made to show their application in the field.

For details, Pamphlet No. 3 should be read in conjunction with this article, Plans No. 1 and No. 2 being reproduced from this pamphlet.

The teaching given in the pamphlet replaces that given in "The Medical Manual of Chemical Warfare, 1939"; the terms "decontamination centre" and "first-aid post and decontamination centre," referred to in the manual are no longer used, and have been replaced by the terms "gas cleansing centre" and "first-aid post." As a result medical officers should realize that the unit is responsible for cleansing men who are "contaminated only"; these men are not dealt with by the medical services unless they are showing eye symptoms or signs of blistering, and therefore may become casualties. It is, however, the responsibility of the medical services to cleanse "contaminated wounded" as well as to give medical treatment.

GAS CLEANSING CENTRES.

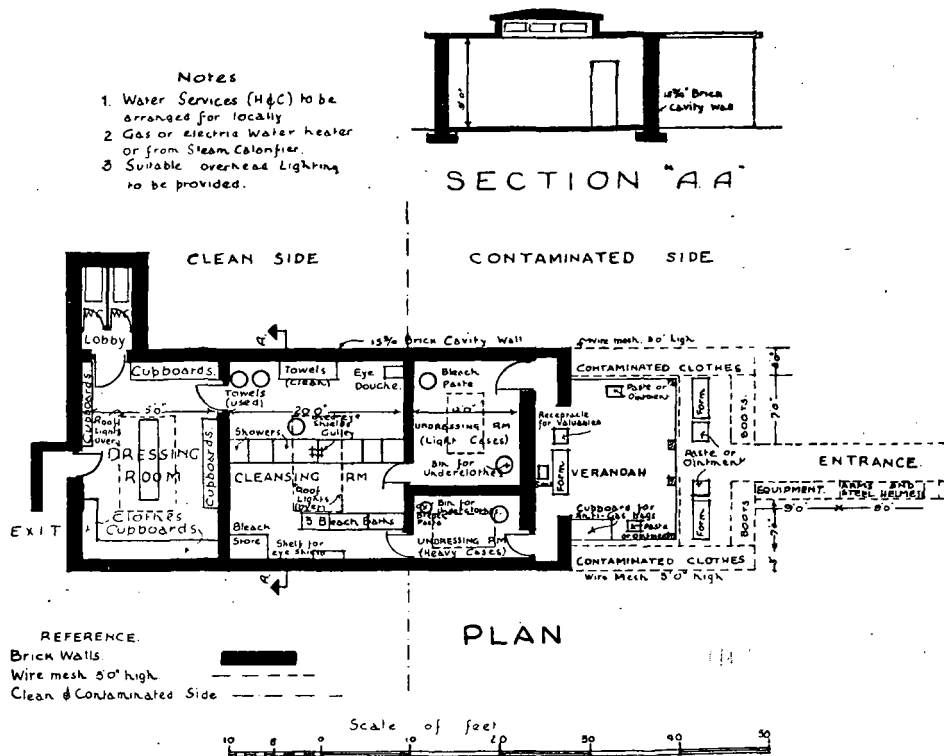
These are designed to cleanse *unwounded* personnel who have been contaminated by blister gas through exposure to the vapour of these gases, or as the result of contact with the liquid.

Provision is made on a scale which will ensure that all personnel will be cleansed within ten minutes of liquid contamination.

THE COUNTERPART TO GAS CLEANSING CENTRE IN THE FIELD.

It is obvious that it is not possible to establish buildings, described in Pamphlet No. 3, in the forward areas. The principle involved in these centres can be applied in the field without the erection of any special buildings. A study of Plan No. 1 of a gas cleansing centre will reveal that there must be a "clean and dirty line" clearly marked between the undressing room and the cleansing room. No man may cross that line until all his clothing and equipment have been removed.

Three separate areas are essential. An area for contaminated anti-gas clothing, an area for cleansing, and an area for clean clothes, respirator and ointment. Only those who are heavily contaminated require a bleach bath. The counter part in the field therefore consists in marking out areas as described above, and having a supply of water and bleach, and a supply of clothing for men after cleansing. If there are no buildings at hand which can be adapted on these lines, then the ground will be marked off, with, if possible, some overhead protection.



PLAN 1.—P.A.D. Gas Cleansing Centre.

FIRST-AID POST.

These posts are designed to deal with all types of casualties in an air raid on a military centre. They are not staffed by R.A.M.C. except at an R.A.M.C. depot. The men are drawn from their units and must be trained in first-aid and anti-gas measures. The responsibility of training rests with the unit commanders and medical officers of units.

The functions of a first-aid post are as follows :—

- (1) It receives all types of casualties, serious and light. These include wounded, wounded and contaminated, and choking gas casualties.
- (2) It forms a sorting station. Lightly wounded are treated and returned

to their unit, serious cases remain at the first-aid post until it is safe to evacuate to the nearest reception station or hospital. It should be noted that during an air raid it is not possible to send to hospital serious cases immediately they are collected, but they will be evacuated as soon as the raid is over.

(3) It receives both male and female. Suitable arrangements for this must be made.

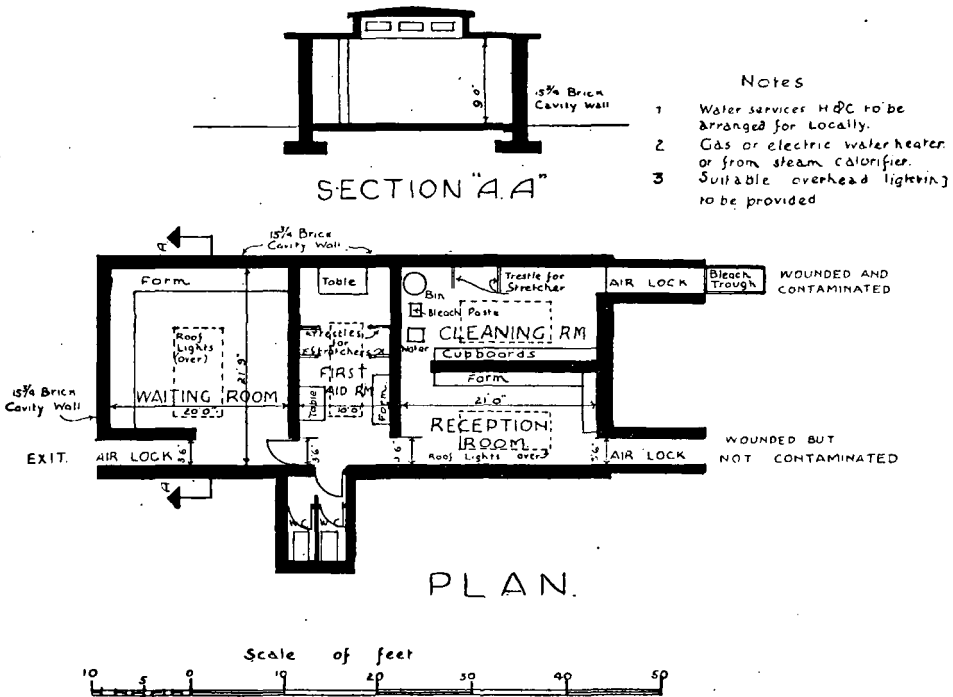
(4) It cleanses "contaminated wounded" before further evacuation. This is important as it means that after a man has been cleansed he can mix with, and be evacuated in, the same transport as the "wounded but not contaminated." One line of transport is therefore only required. Detail of procedure will be found in Pamphlet No. 3.

THE COUNTERPART TO FIRST-AID POST IN THE FIELD.

A study of Plan No. 2 in conjunction with detail in Pamphlet No. 3 reveals that:—

(1) There is a separate entrance for contaminated wounded, and one for wounded only.

(2) Patients who are cleansed may be evacuated in the same transport as ordinary wounded.



PLAN 2.—P.A.D. First Aid Post.

(3) By cleansing a casualty at this post he will be saved from the effects of the blister gas if he is treated early. Even if ten or fifteen minutes have elapsed, the effects will be reduced.

(4) No items are required that could not be obtained in the field. It will be noted that shower baths or baths are not necessary.

The regimental aid post will correspond to a first-aid post in passive air defence. All that is required is a separate entrance for contaminated wounded, and an area or room for cleansing. After cleansing, patients can be treated and evacuated with ordinary wounded. If this is done at the R.A.P. it will save the patient from unnecessary suffering and ease the transport problem.

The R.A.P. should still retain its name and *not* be called R.A.P. and Cleansing Post. The cleansing is as much a part of the work performed as is the treatment of the wound.

The difficult problem is that of personnel to staff the R.A.P. In this case it will be necessary to demand additional men to those allotted at present. Units should be able to afford these additional men, or if necessary, lightly wounded may be employed for this purpose.

The suggestions for the R.A.P. will also apply to the A.D.S. and the M.D.S.

CONCLUSION.

An attempt has been made to show that the functions of a gas cleansing centre and a first-aid post are distinct. The principles involved can be applied in the field. R.A.P.s should have a cleansing side, but retain the letters R.A.P.

“The old order changeth, yielding place to new” (Tennyson).

REFERENCES.

- “The Medical Manual of Chemical Warfare,” 1939.
 “Protection against Gas and Air Raids,” Pamphlet No. 3.

A NOTE ON THE TREATMENT OF MINOR SEPSIS.

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FOR the last six months the following scheme of treatment for minor septic injuries has been in force in the surgical wards of the C.I.M.H., Wana.

(1) Each patient is fully examined and is assessed as a whole—not merely as an example of a local lesion—and any factors likely to delay healing are appropriately treated. Ankylostomiasis is particularly sought for, because in the presence of this infestation wounds seem to heal very badly.