

(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.

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### A NOTE ON THE TREATMENT OF MINOR SEPSIS.

By MAJOR D. P. LAMBERT,  
*Indian Medical Service.*

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.

(2) Rest, general, local, or both, is assured for all patients, and with that warmth and a good blood supply to the injured part.

(3) Where the septic focus is surrounded by an area of cellulitis or where drainage is not free, dressings of warm 10 per cent sodium sulphate are used. Enthusiasts have reported very glowingly on this dressing. These reports I am not prepared to endorse in full, but in my experience the results from its use have been slightly superior to those I have previously got from other wet applications of eusol, boracic lotion, and the like.

(4) Where there is no cellulitis and where drainage is free, a sterile vaseline dressing is applied. This dressing is also used in cases of the previous group when they have healed sufficiently. The vaseline is put on the part and left on. Discharge accumulates beneath it and sometimes an offensive smell develops, but beneath the discharge healing goes on very smoothly. Patients greatly appreciate their release from the pain of a daily dressing, and when inspection of the wound is necessary the greasy lint comes off painlessly and with no tearing of granulation tissue or of delicate young epithelium beneath. A great variety of oily or greasy dressings has been suggested from time to time. Elsewhere I have used cod-liver oil, bipp, acriflavine in paraffin, and several others. None has seemed better or worse than plain vaseline, and probably their chief merit lies in their protective oiliness rather than in any more specific quality.

(5) No patient is discharged till his wounds are completely healed, and where the area of new epithelium is large it is protected for a day or two by sticking plaster. Otherwise the thin new skin is apt to be broken.

(6) These methods have been found applicable to most cases. Naturally, exceptions occur. These, as they are recognized, are treated appropriately. The most common extra call has been for a stimulating application. Raw linseed oil has proved useful here, combining as it does stimulation with oily protection.

The advantages claimed for the above scheme are five :—

- (1) Therapeutic efficiency at least equal to that of other methods.
  - (2) Great sparing of pain to the patient.
  - (3) Reduction in the time spent in daily dressings, so that fewer attendants can deal with a greater number of patients.
  - (4) Great economy. Both sodium sulphate and vaseline are very cheap, and with the latter dressing there is also a great saving of gauze and lint.
  - (5) Simplicity and universal availability.
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