Clinical and other Notes.

NOTES ON THE ORGANIZATION OF A RECEPTION ROOM IN A GENERAL HOSPITAL ON ACTIVE SERVICE.

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Casualties reaching a General Hospital on active service generally arrive as a convoy either by Hospital Train or by M.A.C. Thus a large number of cases will reach the reception room in a relatively short time and, should the organization of that department fail, chaos will inevitably result. Doubtless there are many ways in which this risk can be minimized, and neither perfection nor originality are claimed for the following scheme. In its favour it can be said that it stood the test of practical application, and a convoy of roughly one hundred patients passed through to the wards with a time lag of less than two minutes per case in a General Hospital in the B.E.F.

Reference to the sketch plan will be made throughout the description to clarify the text. Briefly there were three sections; unloading and classification, examination and allocation, and clerical. Each section was clearly defined and no overlapping was permitted; every case admitted, serious or trivial, went through the same routine so that there was no risk of missing any essential detail or of patients being admitted without all particulars being recorded.

UNLOADING AND CLASSIFICATION SECTION.

Unloading.—All arrangements for traffic control, unloading of ambulances, exchange of stretchers and blankets, and detail of stretcher squads (including
bearers employed in taking cases to the wards after examination), were under the control of an officer detailed for this duty.

Ambulances unloaded at the entrance (A) and patients were carried into the classification room (D) by a waiting stretcher squad. Just inside the entrance (B) an orderly was stationed to check the number of stretchers and blankets brought in. Tallies, triangular for a stretcher and square for a blanket, were given to the ambulance orderly in exchange for each. When unloaded the ambulance drove on to the Stretcher Dump (C) where the tallies were handed in and the corresponding number of stretchers and blankets issued in exchange. The ambulance, now re-equipped, proceeded on its way.

Classification Room.—The classification room (D) was under the control of a general duties officer (normally the orderly officer) with a staff of one nursing sister and two orderlies. Field Medical Cards (A.F. W.3118) were examined and cases divided into "Surgical" and "Medical." A supply of spring clothes-peg, coloured red for surgical and white for medical, were used to identify the cases classified. With these pegs the Field Medical Card was attached to the clothing. The more serious cases were further segregated by being placed nearest to the entrance of the examination room.

Facilities were available for giving morphia or hot drinks, as required, and any minor attentions to increase the comfort of the patients could be carried out. The giving of morphia was indicated by writing with skin pencil on the forehead noting time and dosage.

EXAMINATION AND ALLOCATION SECTION.

Examination Room (E).—Two examination tables were available under the direction of the heads of the Surgical and Medical Divisions respectively. On being carried into the room the case was directed to the appropriate officer as indicated by the colour of the attached peg. Only a brief examination, sufficient to assess the type and the severity of the case, was made and a brief note made on the Field Medical Card.

Facilities for dressing wounds, administration of morphia, etc., were available but, wherever possible, this attention was given after the patient had been admitted to the ward.

Allocation.—Although manifestly impossible to reserve wards for special types of case, an endeavour was made to allocate similar types of case to the same ward, for example fractures, abdominal wounds, etc. A Bed-State Board was used by means of which it was possible to keep a continuous record of the vacant beds. A label denoting the ward was clipped to the clothing with the Field Medical Card serving as an "address" to which the patient was to be delivered by the stretcher bearers. Full details of the Bed State Board and the labels will be given at the end of this note, but it may be stated here that this proved the most valuable single factor in the scheme.
Clerical Section (F).—As the patient was being taken from the Examination Room to the wards he passed through the Clerical Section. Here details were taken from his Field Medical Card by an orderly and noted by the A & D clerk, supplementing the information where necessary by such information as the patient could give. The Case Card (A.F. I.1220) and diet sheet, etc., were made out at the same time and clipped as before to the patient’s clothing along with the Field Medical Card and label. A second clerk made out the Card Index card and filed it for record purposes.

Simultaneously the Pack Store staff (G) collected such clothing and equipment as could be taken without further embarrassing the patient. Ward clothing was not issued here; in order to avoid delay a set of these necessities was issued for each vacant bed and laid out in the ward.

Leaving the Clerical Section the patient was taken over by a stretcher squad (or guide if walking) and conducted to the appropriate ward where arrangements were made for operation or treatment by the ward medical officer. The stretchers and blankets were brought back to the Reception Department by the stretcher squad and deposited on the dump ready to be used as replacements for discharged ambulances.

Throughout the reception period R.A.M.C. personnel were not employed as stretcher bearers except in the rooms. Stretcher squads for unloading and for carrying patients to the wards were supplied by the A.M.P.C. and it is a pleasure to record the efficient and gentle manner in which they carried out this task.

Bed State Board.—In order to keep touch with the rapidly changing bed state, special boards were prepared for the Surgical and Medical Divisions. On the board were marked the index number of each ward, the type of case for which equipped, the number of beds and the name of the ward officer, for example:

Ward B.3.
Major Black.

Ward B.4.
Resuscitation. Beds 16.
Capt. White.

Beneath these data was a hook on which were hung a series of labels corresponding in number to the number of beds in the ward. Each label was marked with the index number of the ward and beneath it the number of the bed. Printing in red indicated a surgical and in black a medical ward.

The labels were hung up in numerical order beginning with No. 1. The board was checked daily or oftener by the ward-master’s staff, and a number of labels removed from the hook corresponding to the number of occupied beds in the ward. The bed number on the top label then indicated the number of unoccupied beds in the ward. As the labels were removed to act as “addresses” the bed state was automatically kept up to date. It will be obvious that inter-ward transfers must be notified to the Reception Department in order to have the bed-state corrected.
The writer wishes to disclaim any credit for the organization described above. The main credit belongs to Captain R. Chignell, R.A.M.C. The writer also wishes to acknowledge with thanks the permission of Colonel H. A. B. Whitelocke to record these notes.

THE TREATMENT OF VARICOSE VEINS IN THE SERVING SOLDIER.

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Varicose veins cannot be described as a severe disability but they can cause marked inconvenience and render a man, otherwise perfectly fit, incapable of prolonged standing or marching. Effective treatment will result in a considerable saving of man power.

Simple injection of a sclerosing solution into the vein has become the method most practised in recent years. The course of treatment is prolonged, however, and the results often unsatisfactory if the case is more than a slight one.

The technique of ligature and injection described below is slightly more drastic. In severe cases it is the minimal procedure likely to give a good result and in cases of a moderate degree it is the most economical procedure. The end result is attained with little disturbance to the man and his unit.

No claim is made that the technique described below is original. It is the routine followed which has given the best results in the shortest time. The purpose of this paper is to attempt to show that any case of varicose veins can be simply and effectively treated by this means, rendering the patient fit for full service.

Since November, 1939, over fifty cases of severe varicose veins have been treated. There was no obvious predisposing factor in the past history of the majority. This supported the belief that some congenital factor was the basic cause.

In every case the lesion had deteriorated or become evident with active service conditions. These conditions of necessity include two factors which rapidly demonstrate underlying weakness, namely, marching and prolonged standing. Several of the patients had had previous injection treatment which had resulted in sufficient palliation for civilian occupation but not for active service. Symptoms included aching in the calf, swelling of the feet, pigmentation and ulceration. In a few cases the actual disfigurement of a grossly dilated vein was the sole complaint.

Minor cases were treated by simple injection. Certain positive findings were considered essential before ligation and injection were undertaken. These were: (a) varicosities which could be controlled by pressure on the