Lecture.

FIRST-AID TEACHING TO NON-MEDICAL PERSONNEL[1],

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IT may appear strange that in the fifth year of the war we should be discussing here to-day the matter of First-Aid Teaching to Non-Medical Personnel in the Forces but it is a subject the importance of which is apt to be overlooked.

During my service it has been one of my duties to lecture to a variety of different people, ranging from R.A.M.C. orderlies and regimental stretcher bearers to Civilian First Aid personnel and V.A.D.s, and one has always followed the syllabus laid down in their manuals for their instruction. These manuals have altered little with the changing years.

As far as the Army is concerned, up to the outbreak of war, it was the custom to attempt to train the regimental stretcher bearers who, as a whole, were the unit bandsmen, to a high standard of efficiency so that they might be able to deal effectively in the matter of First Aid in any emergency.

The teaching was based on sound lines, that is to say, a preliminary course of elementary anatomy and physiology, followed by the various accidents, wounds, etc., and their appropriate first-aid treatment. It must be remembered that one was dealing with men who were to undertake a special job, viz. first aid to the wounded ; in other words it was their training for war.

With the exception of a talk to the unit on the First Field Dressing that, as a rule, was the only first-aid teaching given to non-medical personnel.

With the outbreak of war, however, with changed conditions of fighting occasioned by mechanization, open warfare, Commandos, and combined operations, troops are much more on their own and are often separated into small detachments isolated from their main body and as a result have to look after themselves and therefore it is necessary to give them some instruction in first aid.

Now, the combatant officer holds, and quite correctly, that it is the fighting man's job to fight and get on with the job for which he has been detailed and not to stop and look after his wounded comrade. To the leader a casualty is a loss which he can ill afford ; one less for the job in hand. The casualty must be left to help himself or be dealt with later. To do that he must have some instruction.

Again the presence of a badly wounded man in a post or armoured vehicle, calling out for help and no one with sufficient knowledge to aid him, is bound to have a demoralizing effect on the garrison or crew. So we have come to the question what of first aid do we want to teach our combatant troops.

It must be remembered that the curriculum of the fighting soldier of to-day is already a very heavy one. He has a lot to learn and little enough time to learn it in and, therefore, one must cut down first-aid teaching to the mere essentials ; one must make it as simple as possible and as practical as possible and it must be constantly repeated.

The medical officer, first of all, must enlist the interest and support of the Commanding Officer and the other officers of the unit. He must impress on them the necessity for first-aid and if they are not already trained he must train them and they will have to help in the training of the men. They should realize that, though it is the medical officer's first duty to keep the men fit to fight, his second is to alleviate suffering and to save men to fight again.

When talking to the men he must use simple and everyday language and avoid medical

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technicalities. For example, he must not talk of hæmorrhage but of bleeding, a word they know and use or, again, broken bones rather than fractures.

One has heard a man say " I ain't got a fracture, I've broken my bleeding leg," which, after all, is not a bad description of a compound fracture.

The point is not often appreciated by the newly qualified medical officer but it is an important one.

Instruction should be given to small classes not larger than the size of a platoon and it must be given during training hours. It should be dove-tailed into whatever training is going on at the time. The instruction should be short, snappy and to the point. They should be told what has happened, what you are doing, and why.

> " This man has broken his leg, any movement of the leg hurts him and it may cause him further damage. Therefore we must stop movement and we do this in the following way."

The use of model wounds is of great value as, first of all, they hold the men's attention and the soldier gets used to the sight of wounds and as a result they are not so scared when they see the real thing. I am going to show you them later and I think you will agree that they are quite realistic and at any rate they give the men something to see and work on and something to bandage.

Casualties can be arranged beforehand, the men find out what is wrong for themselves and deal with it and, by getting used to dealing with casualties whilst they are at work, they do not get scared when the real thing comes but deal with it automatically. The model wounds are simple to make out of newspaper, paste and a little paint. They are attached to the body by tapes.

Now, what are the essentials to be taught ? I would put them under six headings : (1) Wounds ; (2) Bleeding ; (3) Broken bones ; (4) Shock ; (5) Burns ; (6) Artificial respiration.

(1) Taking *wounds* first. There is no need for any classification. The men know of bullet, bayonet and shell wounds and one should show examples of each. There is no need to bother them with infection of wounds. All that they require to know is that they must cover it, either with their first field dressing or a shell dressing, as soon as possible and fix it firmly and not dirty the dressing with their hands.

Wounds of the head, chest and belly require a few words as to the position of the patient, etc.

(2) *Bleeding.*—Elaborate descriptions of circulation are not required. The soldier wants to know how he can stop bleeding. Impress on him from the first and repeat it constantly that, in the great majority of wounds, the bleeding can be controlled by a firm bandage over a dressing and that it is only when this fails that a tourniquet is required. Impress on him that the great majority of wounded do not bleed to death. Finally show the line of the arteries and how he can, if necessary, control them.

(3) *Broken Bones.*—Simple and compound fractures need only be discussed and the danger of converting the former into the latter. The frequency of the association of fractures with wounds should be stressed and the necessity of dealing with the wound first. Splinting must always be taught with improvised splints from their own equipment as it is all that they will have. The rifle splint should be taught.

(4) *Shock.*—The word is not understood by the average soldier and rather tends to alarm him. It is better to talk of the general condition of the man and how this condition is liable to be lowered after injury or loss of blood and how his general condition can be kept up by warmth, hot drinks and the position of the patient. They should be taught to anticipate and not wait for it to occur. Though blankets will not be available men should be taught that coats are necessary below as well as on top of the patient.

(5) *Burns* are much more frequent on account of universal use of petrol and, here again, the simplest instruction is necessary. If you have the first-aid outfit, use the sulphonamide cream and cover it with a dressing. If not, put on a dressing or cover it with your towel, wrung out in water if possible. *Be prepared for and treat shock.*

(6) *Artificial Respiration.*—The necessity for instruction is emphasized by the surprising number of non-swimmers that one comes across and, with amphibious operations, casualties may occur and lives may be saved. Schafer's method should be taught and its use for poisoning by exhaust gases and charcoal fires should be stressed.

You may notice that I have said nothing of stretchers or stretcher exercises. This is not in their province. They must only make the man comfortable and leave him for carriage by others or, if he is able, to make his own way back. They should, however, be taught to leave some sign as to where the wounded can be found such as a rifle stuck in the ground.

So much for the regimental medical officer. Now it is the duty of the Administrative medical officer, the A.D.sM.S., D.D.sM.S., to impress on the General Staff the necessity for testing out first-aid teaching in all exercises and schemes by arranging for casualties and for their evacuation. It is too late to wait until dire necessity calls for the action which should have been practised and made perfect.

I must commend to your notice a most useful pamphlet which the Canadian Authorities have produced for the instruction of instructors of first aid to non-medical personnel and, at the end of this session, you will be shown a film on "First Aid" which I think would be hard to better.

Well, gentlemen, I must apologize for talking to you in this rather dogmatic way on such an elementary subject but very often the simpler subjects are the hardest to get across and we have got to get them across.