

NURSING AND THE WAR.

A SANITARY NURSING SERVICE.

We have received several letters from nurses and others interested in the suggestion put forward on National Council Conference Day that it is desirable to organise a Sanitary Nursing Service for the Army. Of course, it was not to be expected that a proposal apparently so novel, and yet in effect simply the complement of the Sanitary Medical Service, which is doing such fine life-saving work, especially at the front, should receive at once an appreciative welcome from the official world. We did not expect it. The peculiar constitution of our insular people is incapable of assimilating a new idea without a severe attack of mental repulsion and consequent indigestion, but by and bye they nibble at an idea, and if they can persuade themselves it was evolved from their own consciousness it is not improbable that after germinating for a decade it may become active, and we may have results. Thus we waited from 1887 to 1909 for our Volunteer Nurse Corps (Territorial Force Nursing Service), and from 1885 to 1894 for an Army Nursing Reserve. We hope, however, as this War is going to last some considerable time, and as even after blessed peace is here we shall have to "keep our powder dry," that the Sanitary Nursing Service will take shape at no distant date. In the meantime the first thing to do is to define the additional experience a trained nurse will require to fit her for the Sanitary Nursing Service, and this is by no means a difficult matter, as there are now so many excellent schools and courses where instruction in the post graduate knowledge required can be obtained, that with a little adaptation there should be no difficulty about this curriculum. But a quite special practical experience will be necessary before a Sister can be given such a charge, and it is this practical work which will be somewhat difficult to provide. But of course the difficulty is not insuperable, and we must surmount it.

TRAINED NURSES NECESSARY AT THE CASUALTY CLEARING STATIONS.

Sanitary Sisters as near the front as possible are part of the scheme, and we are pleased to find that experience in France has proved the necessity for such nursing. The *British Medical Journal* last week had an article on "Early Operations in Military Surgery." The article gives a clear idea of the purpose filled by the casualty clearing station, and its relation to proposals for the institution of motor operating theatres, and it demonstrates the necessity for good nursing wherever the operation is done. The *Journal* says:—

"While all surgeons admit that it may be desirable to operate early in certain wounds of certain regions, especially the abdomen and head, experience shows that the number of cases of wounds even in these regions in which

early operation can be useful is strictly limited, and that in these after-treatment by absolute rest and good nursing are essential if the surgeon's skill is to lead to the recovery of the patient. It is this last consideration which has chiefly stood in the way of the schemes for mobile operating theatres, upon which much ingenuity has been spent, and which we confess seemed to us to offer a means of meeting a difficulty which had been felt during the autumn and winter warfare in France. The matter was very fully considered by the heads of the Army Medical Service and the consulting surgeons with the British Army, and the decision was against the motor operating theatre, for reasons which seem to us sufficient, and, in fact, in existing circumstances, conclusive. It was decided that the only way to ensure that any operation considered desirable at an early date should be performed under suitable conditions for the actual operation, and with proper provision for after-treatment and nursing, was to develop the casualty clearing stations immediately behind the firing line and to equip them with modern operating theatres.

"This has been done, and between Ypres and Bethune, at a distance of some five to seven miles from the trenches, there is now established a line of nine operating theatres, which form parts of the casualty clearing stations. They have now been at work long enough to prove that it is quite possible for operation, under favourable conditions, to be within reach of a seriously wounded man within one or two hours of his being wounded. . . .

"The casualty clearing stations with their operating theatres are all as near to the front as it is possible to put any operating theatre; indeed, on several occasions the clearing stations have been shelled, and they are all only just beyond shell fire. No operating van or motor could usefully be taken nearer; it would therefore not be more accessible than are the existing theatres. It must further be remembered that where operations for serious emergencies are required it is also most important, as has been said, that the patient should be kept absolutely quiet afterwards; in fact, without careful nursing and medical attention such operations cannot safely be performed at all. It is evident that good conditions for after-treatment cannot be found inside a travelling operating theatre, and if the patient has to be taken in a motor ambulance for some miles to a casualty clearing station after an operation it is quite certain that his chances of recovery would in fact have been much better if he had been taken there first of all. It is clearly necessary that wherever the operation is done the patient must there subsequently be treated and nursed for some time."

Since the beginning of the War an immense amount of ambulance work has been done by untrained women near the front in Belgium and France, and honours have been showered upon them. We want to see wounded men cared for by trained nurses from start to finish, and a

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