

The interesting information subjoined is sent to the *Lancet* by its foreign correspondent.

TREATMENT OF GASED PATIENTS.

The number of victims of enemy gas has become great, and the Under Secretary of the Service de Santé has reorganised completely the arrangements for their treatment in the sense of making it both more effective and more rapid. The therapy of gas cases is becoming better understood. As regards hyperite, which is the agent most frequently employed by the enemy, it is now known that if the victims can be doused within the first three hours, with lavage of the stomach and complete cleansing of the clothing, they are almost certain to recover. But the consecutive treatment of pulmonary and ocular complications is protracted. The need was felt of a mobile organisation to give at the close of a bombardment prompt aid at points where cases have occurred in great number, and of a special hospital service at the base to deal with all the cases evacuated after undergoing preliminary treatment up to complete recovery. The first object is attained by means of motor ambulances, a new model of which has recently been planned. Each consists of a lorry and a trailer. The lorry contains tent, portable flooring, douching apparatus, and other accessories. The trailer contains a stove to disinfect clothing. The whole installation can be set up in about a quarter of an hour. The routine is simple. Cases are received and undress in a part of the tent screened off from the douche. Their clothes are passed through the disinfectant while the patients douche, and on returning they resume their clothes, which have been freed from all traces of hyperite. Each installation serves for the treatment of 100 men an hour. Forty men can be doused at a time, while the disinfectant has a capacity of 40 complete equipments. Every combatant division is to be provided with one of these motor ambulances, and all the gassed cases thus treated are then to be evacuated to base hospitals in the rear, none remaining in the army zone. Numerous beds have been reserved in the Paris military hospitals in two sections, one to receive patients suffering chiefly from pulmonary symptoms, the other for burns of the skin, eyes, and mucous surfaces.

RECURRENT HÆMOPTYSIS DUE TO GUNSHOT WOUNDS OF THE CHEST.

M. Courtois-Suffit, in a study of hæmoptysis among soldiers who have been shot through the chest, states that a large number of cases relapse. Since this relapse may occur after a long interval he warns medical men against the tendency to consider such symptoms as necessarily pointing to tuberculosis, whether or no of traumatic origin. Radioscopy and examination of sputum are essential in each such case to control the information elicited on auscultation, or misleading statements will appear in the patient's discharge sheet.

OPEN LETTER TO THE STAFF NURSES OF THE TERRITORIAL FORCE NURSING SERVICE.

It has been proposed that the Staff Nurses of each T.F.N.S. hospital should sign a joint letter to Miss Sidney Browne, the Matron-in-Chief of the T.F.N.S., requesting that the title of "Nursing Sister" be officially recognised as the correct address for all Staff Nurses of the T.F.N.S., not merely "Nurse."

In most cases the T.F.N.S. works in conjunction with civilian hospitals, from which come drafts of probationers, T.P.'s and V.A.D. workers, who have to be trained by the T.F.N.S. nurses, who urge that their authority can neither be so powerful nor so useful without the befitting title. Nor is it advisable that qualified women—many of whom have held posts of high authority and great responsibility previous to "joining up"—should have the same form of address as these unqualified ladies, who are always addressed as "Nurse."

The Sisters by appointment could be designated as already recognised, viz., as Sisters-in-Charge. This, we believe, is done in all the Army hospitals and in Q.A.I.M.N.S. If all the Territorial Nurses who agree with this view will sign a letter to that effect, from any hospital to which they may be attached, and send it, not later than October 20th next, to Mrs. James, 3, The Pryors, Hampstead, N.W. 3, she would be glad to do her best to further the matter.

The letter must in each case be signed, "T.F.N.S. Staff Nurse."

"A WELL-WISHER."

We are pleased to insert this "Open Letter" from "A Well-wisher" of our profession, and to heartily endorse the claim of thoroughly qualified nurses to professional recognition in the Army Service.

When in 1901 we drafted a modern Constitution for the then Army Nursing Service, which was presented by a deputation to the Secretary of State for War by the Matrons' Council, and was almost in its entirety adopted in forming Q.A.I.M.N.S.—we laid stress on the value of rank, and provided that "Sister" should be the title of all regular ward nurses—senior and junior. We have never approved of "Staff Nurses" in military hospitals.

Military probationers and V.A.D.'s are products of circumstance—not, let us hope, to be permanently included in our Military Nursing Services in times of peace; and justice and good discipline demand that certificated

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