

## THE TREATMENT OF IRRITANT GAS POISONING.

Captain J. M. Lazenby, R.A.M.C., gives in the *British Medical Journal*, in the following notes, the treatment suggested. It applies to all cases of irritant gas poisoning when the symptoms are those of acute catarrh of the mucous membranes of the eyes and of the respiratory tract. With various modifications it has been employed on this ship for the past three months, and gives very satisfactory results. My experience is that success depends entirely on the care with which the method is carried out and the frequency of the treatment.

### INSTRUCTIONS TO ORDERLIES.

1. Before embarkation begins furnish a dressing table with a throat spray, eye bath, Carrel syringe, vaseline, plain gauze cut to size, cotton wool, jaconet, bandages, and one pint of a warm solution of sodium bicarbonate—10 grains to the ounce. Cover with a clean towel.

2. After embarkation is complete, select all the severe eye cases whose eyelids are closed through photophobia or dried secretion, and place over the eyes a compress of gauze wet with solution. When the milder cases have been dealt with the severe ones will be ready for treatment, the compresses having unsealed the eyelids and relieved the acute photophobia.

3. Bathe the margin of the lids till all the crusts can be wiped away with a wet cotton wool mop.

4. Fill the syringe with solution, and, taking a piece of cotton wool in the left hand, draw down with it the lower lid. Instil a few drops into the eye from the syringe, and close the lids. Repeat this till all the secretion has been washed away—about four times. Dry the skin with cotton wool.

5. In mild cases leave the eyes uncovered except by the eye shade. In severe cases put on another compress, cover with jaconet, and bandage lightly on.

6. In all cases it is better to smear a little vaseline on the skin to prevent irritation from the discharge.

*For the throat (respiratory) cases proceed as follows:*

1. Fill the spray half full with the solution.

2. The patient sits up and gargles his throat and mouth with the solution. He then opens his mouth wide and breathes in and out. The spray nozzle is held an inch from the mouth and the jet directed to the back of the throat. The patient *must* sit up and respire during spraying.

3. Cease when the patient wants to spit out, and repeat four times.

4. When patients are numerous, all cases who can see to use the apparatus should be instructed to carry out the treatment for themselves, using an eye bath for the eyes instead of the syringe.

5. Since success depends largely on frequency of treatment, patients must be dealt with every three hours. The last application should be made before lights go out at night, and in all severe eye cases the compress must be placed in position and secured with a bandage.

In a ward containing gas cases and other affections of the respiratory organs the former are kept on one side. When the percentage of gas patients is large the orderlies always suffer from irritation of the throat and cough. The

other patients also cough more than they should for the same reason. It is therefore advisable, when possible, to isolate patients suffering from gas poisoning.

As regards results: Photophobia is either completely relieved or markedly diminished, so much so that patients coming on board unable to open their eyes are sometimes found, without their shades, looking at pictures and reading. The catarrh of the eyes still persists, but the pain is much relieved.

In throat cases the immediate result is the expectoration of a large quantity of purulent mucus. The dry cough becomes loose and the pain in the chest lessened. The soreness of the throat usually persists. The chief benefit obtained is relief from the distressing night cough. These patients generally have a good night's sleep, and the whole ward is, in consequence, quieter.

Chronic cases of two or three weeks are not materially relieved by the treatment. Our most successful cases are from three to six days old. The treatment is cheap and simple, and is suitable for all cases in transit from the clearing stations to their destination in England. Since we have them for so short a time on board ship, I cannot say whether it is curative, but from the relief obtained I believe that if these cases were treated continuously from the beginning the period of convalescence would be materially shortened.

## SPANISH FLU.

In our hospitals the Nursing Staffs have suffered severely during the past week from influenza, and in France hundreds of hospital workers have been attacked. The French Public Health Department orders doctors and nurses who come in contact with influenza victims to wear small gauze compresses, soaked in disinfectants, over the mouth and nose.

In a report on influenza the Public Health Committee of the L.C.C. states that in the June and July epidemic there were 16 000 deaths in London. As compared with earlier epidemics the incidence is higher between the ages five to forty-five, and lower at ages over forty-five.

Concurrently with the influenza mortality, there was a large increase in deaths from bronchitis and pneumonia, and as this increase cannot be accounted for by any abnormal climatic conditions by which these diseases are governed, it is reasonable to assume that the major part of the additional deaths from these causes are of influenzal origin.

Influenza is raging in Cape Town, and Bombay is suffering more from influenza than it ever did from plague. The daily mortality in the city from all causes rose from 110 on September 6th to 712 on September 30th. Plague and cholera are practically absent; the increase is due to influenza followed by pneumonia which is sweeping away young and old among the poorer classes in particular.

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